

**Kent Adult Social Services
2009/10 End of Year Monitoring
May 2010**

This year has been a time of major change for the Directorate. We restructured in October 2009 and adopted an operational model to enable us to deliver self directed support. Service users and carers now have more choice and control about how and when they receive support.

In March 2010 we published our vision for the future of social care in Kent. "Active Lives Now" sets out our priorities for the next three years and describes how we will turn the national concordat 'Putting People First' and Kent's 'Active Lives' ten year vision into a reality.

During this time of transformation we have continued to maintain our performance, performing well in our external inspections and with the latest comparative data showing good performance against statutory neighbours.

1. Areas of Progress

a) Personalisation

We are delivering more personalised services through the self-directed support programme. We have made good progress with:

- **Growth in numbers of people taking personal budgets and direct payments**
- **Increased focus on person centred planning which maximises choice and control**
- **Working with the social care market to ensure there is a range of services offering people**
- **Continued integrated working with the NHS**
- **universal information and advice available for all**
- **Mechanisms to involve family members and other carers**
- **Appropriate safeguarding arrangements**
- **Effective quality assurance**

In order to drive forward the personalised agenda for service users and carers we have begun to put into place a range of services including:

- **Information, advice and guidance:** We have continued to make improvements to the way we deliver information and advice to members of the public to ensure that people can make informed choices including extending services available through

- Gateways
- Redesigning the KASS website and
- Ensuring the public has information about SDS, personal budgets and the transformation of services.

The Kent Contact and Assessment Service (KCAS) is the main access point for people wanting to contact Social Services. KCAS will signpost people to other appropriate agencies or will provide relevant information and advice. KCAS handles up to 90,000 contacts and referrals each year from the public and from main partner agencies.

- **Personal Budgets:** Numbers of people taking up personal budgets and direct payments continues to rise. Personal budgets for all new service users were introduced from April 2009 and since December 2009 have also been allocated to existing service users when they have their review. **At the end of March 2010 1019 people had received an approved Personal Budget.**

We are striving to exceed the minimum target of 30% take up by April 2011. Service Users (or third parties where appropriate) can be paid their direct payments through a bank account or via the Kent card (a pre-loaded payment card). Those clients who are unable to, or do not wish to manage their personal budget, but still want to manage their care and support are offered the option of using the KASS Client Money Service. Those who wish to have KASS manage their support and personal budget can still make this choice.

We are working jointly with the Eastern and Coastal Kent PCT on the Personal Health Budgets pilot. The Kent Card will be used as the mechanism for people to receive their personal health budget as a direct payment, so that people can have choice and control over their health related services.

KASS are supporting the Up2Us Kent project, funded by the Housing Associations Charitable Trust and which aims to look at ways that people can come together to use their personal budgets in a collaborative way.

- **Brokerage:** Brokers assist people who have a direct payment, want to manage their own support but may need some help to navigate the system and to find services that meet their needs. Pilots have been developed across service user groups including specialist brokers for people with a learning disability, blind and partially sighted people and those who self fund. We continue to develop Brokerage as a key part of enabling people to have the information advice and guidance they may need to exercise personal choice.

- **More choice for people with a Learning Disability:** The Good Day Programme is supporting people with learning disabilities to move away from traditional day services giving them choice and control over how they spend their time. The NHS learning disability re-provision programme is a good example of person centred planning in partnership with Health to move people from residential care to community settings, supporting people to live how they want, where they want. This year saw the transfer of 170 people with a learning disability from campus provision to private providers. Along side this was the investment of a capital programme to redesign and rebuild a number of registered properties into supported living services. The remaining people transferred (230) were already receiving social care services in Kent with a range of private and voluntary services. The transfer means that KASS now have the responsibility of commissioning, contracting and reviewing all social care services in Kent for people with a learning disability.
- Work is ongoing to implement personalisation across **Mental Health** services. The implementation of personal budgets in mental health will be started during the coming year. Cost setting guidance has been developed and workshops have been held across Mental Health teams, identifying people to lead on Self Directed Support.

b) Promoting Independence

Ensuring Carers are supported to have their own life: Supporting Carers is a Towards 2010 Target and work has continued to improve the services and support provided to carers. The KASS Carers' Assessment Policy was revised in April 2009 and the Carer's Strategy and Annual Report were launched in July 2009. A Carers Advisory Group is active in Kent, bringing together all the key strategic partners involved in supporting Carers together and a Mental Health Carers' support group is funded in each locality in Kent.

We have developed a range of innovative initiatives, for example the Kent Carers' Emergency Card – there are currently over 1140 Carers signed up to the scheme and the number is growing steadily. KASS provide a range of 'short breaks' which benefit Carers and the people they support. One-off direct payments are available to carers for relaxation away from caring and can be used as they wish.

In the latest Carers' Survey commissioned by Kent 68% of carers reported being satisfied with the help they received from Social Services.

(The second annual report is being presented to ASSPOSC as part of this agenda so please see papers for more detail.)

Enablement - intensive short term support, usually lasting up to 3 to 6 weeks. Its purpose is to support and encourage someone to lead as independent and fulfilling a life as they can. Enablement is part of the assessment process and helps us to decide if someone will require an on-going community service. At present, there is no charge for enablement. As at the end of February 2010, 801 people had benefitted from an enablement service. The majority of service users receive between 5-10 hours of enablement. Early indicators suggest that 71% of service users who completed a period of enablement did not require any kind of ongoing support from KASS.

Suitable Housing: A number of housing schemes providing accommodation for people with a whole range of needs from older people, through to people with learning disabilities have been developed through PFI's in partnership with District Councils. We fully expect there to be at least 417 new housing units built and ready for occupation by the end of 2010. Based on the success of Better Homes/Active Lives we have, in partnership with 5 District Councils, developed another PFI bid to deliver 228 units of social housing for vulnerable people.

KCAS can now provide fast access to community equipment and minor adaptations following first point of contact, speeding up the process and enabling people to stay at home for longer.

Access to work: We continue to invest in supported employment for people with learning disabilities, mental health conditions and physical disabilities across a mixed economy of providers. KASS is committed to ensuring people who want to work are supported in doing so and are developing a range of employment opportunities with the voluntary and community sector, social firms, co-operatives and other enterprises. Those services commissioned by KASS are focused on support with open employment that will promote social inclusion and combat social exclusion.

Kent is a demonstration site for Getting a Life. The emphasis of this project is to ensure that there are greater numbers of young learning disabled people going into employment from education.

c) Prevention

This is the 'cornerstone' of our ambition to promote independence.

Prevention through partnership: KASS has some excellent joint initiatives with the NHS including, dementia and stroke developments, tele-technology, intermediate care and enablement services. Those people who took part in the pilot "Independence through the voluntary action of Kent's elders" (INVOKE) programme reported improved health related quality of life and reduced stays in hospital. As part of the programme Community Matrons, Care Navigator and Community Information and Liaison Assistants have supported early intervention-

providing information, health promotion activities and support to ensure take up of benefits.

Intermediate care continues to develop across the county to support people who are discharged from hospital and explore ways to work together to reduce admissions. For example joint services such as rapid response have resulted in more people being treated in their own homes and has prevented them from being admitted to hospital.

Telecare and telehealth, is well developed and established in KASS and through partnership arrangements with the two PCTs. Data shows that the use of telehealth is associated with fewer hospital admissions (A & E visits and bed days of care) along with high patient and carer satisfaction and that the general and physical health of patients increased during the trial period.

The Live it Well website was launched in December 2009 to promote physical health and mental wellbeing for all.

d) Safeguarding

In partnership with other agencies the Directorate has worked to improve its safeguarding arrangements for adults in Kent. We have had a safeguarding action plan in place and have put into place a programme of events to help us raise awareness and to support people to report incidents that have caused them concern. As service users and carers move to self directed support we continuously seek ways to ensure that this reduces risks to their safety and have put into place a new positive risk policy supported by training for staff.

KASS have employed a Board Manager on behalf of the multi agency Board, a jointly commissioned post, to take forward the strategic development of safeguarding issues on behalf of the Safeguarding Board.

It was noted by the Independence, Wellbeing and Choice Inspection:

“The council and its partners gave high priority to adult safeguarding. The Kent and Medway Safeguarding Vulnerable Adults Committee was effectively managed and there was a wide range of stakeholder membership, including people who use services and carers. The council and its partners responded promptly to allegations that people were at risk of harm or abuse”.

e) Performance

Overall we were pleased with the outcome of our inspection. However we did identify a number of areas for improvement. An action plan was agreed with the

Care Quality Commission and has been worked on and monitored over the last year and progress was reported to ASSPOSC at the last meeting.

Kent has been one of three authorities working with the DoH to pilot a new outcomes based indicator. Although this is in the initial stages we have already been able to look at particular patterns of personal outcomes in different areas and the information that we are able to analyse will clearly support strategic commissioning and allow staff at a local level to start develop services to meet people's needs, particularly if they are not the traditional services of the past.

2. Challenges

Over the next year the Directorate faces significant challenges:

Demographic changes which have been well documented. The demand and complexity of need is a significant feature. Kent has an ageing population and people living longer with more complex conditions. These issues will continue to have a major impact on budgets and resources. For example the proportion of people being admitted to residential and nursing care with dementia is significantly increasing.

Recession and Public Sector Funding. The Impact of the recession is being felt in a number of areas in relation to the work of the Directorate but especially in the increase in demand for services. The indication is that there will be less resources available to social care in Kent as public spending will shrink over the next few years, grants will be reduced and ring fencing of budgets removed with partner organisations and providers also experiencing similar issues.

The Market. Personalisation is dependent on a vibrant market place offering a range of services that people want. Over 85% of services are now provided from outside of the Directorate and we must continue to work with the sector to make sure they are able to meet the new demands of self directed support, offer quality services and value for money.

Ordinary Residence. This issue has been documented in previous reports, including a report to Cabinet. People, mainly those with a learning disability, who have been placed in residential care in Kent and then decide to live independently here, have their support package funded by Kent and not the placing authority. KCC continues to lobby Government and has responded robustly on the review of the guidance, but in the short tem at least this is likely to be a significant resource pressure on KCC.

Active Lives for Adults (ALFA) is the Directorate's modernisation programme, and SDS has been a major strand of this work. Over the next year it will be

important to implement other strands of ALFA which include FaME (flexible and mobile working) and the modernisation of in house older people services. Following the first 6 months of operations we will take time to review the SDS model and make any improvements or adjustments necessary.

Workforce. It is essential that we continue to develop a strong, skilled and flexible workforce across the social care sector in Kent in order to deliver the challenging agenda of personalisation and prevention. Again there are likely to be demographic pressures as the population profile shows that there will be a decline in the number of people of working age. The Directorate is responding to these challenges and has put in place an integrated local area workforce strategy.

3. Progress against Business Plans - Exception reporting against both core services and forecast activity levels and projects, developments and key actions

A) CORE SERVICES AND FORECAST ACTIVITY LEVELS

All core services and forecast activity levels on track to be achieved or already completed.

B) PROJECTS, DEVELOPMENTS AND KEY ACTIONS

| Total number of Projects/Development/Key Actions in Plan: | | |
|---|--|----------------------------------|
| Tasks Complete (Green) Number / % of total | Part Complete and being carried forward (Amber) Number / % of total | Red Tasks Number / % of total |
| 66/69 96% | 2/69 3% | 1/69 1% |

All projects, developments and key actions are completed apart from 3 outlined below. Many of the projects identified are part of the wider modernisation agenda for KASS and key deliverables were achieved in 09/10, however further developments will continue into 2010/11.

- **Projects reported as RED and AMBER**

| | | |
|---|---|--|
| Review and modernise the services provided in in-house Registered Care Centres | Feasibility studies and business cases developed on a project by project basis. | AMBER Further briefings will follow during the year to keep Members informed |
| Support Tonbridge and Malling Borough Council with redevelopment of the Coldharbour site | Dec 2009 | RED- the funding for this redevelopment has been cancelled by Government |
| Implement changes from current licence agreements to new pitch agreements under Mobile Homes Act 1983 and review allocations policy and leaflets. | Dec 2009 | AMBER- proposed regulations put on hold by the election. We await further developments |

C) PERFORMANCE INDICATORS

Data is not shown for 07/08 as these are new indicators. All data is provisional for 09/10.

| Indicator | 2008/9 Actual | 2009/10 Target | 2009/10 Est | Trend ▲ improving ▶ not improving ▼ deteriorating |
|---|---------------|----------------|-------------|--|
| NI 125 – Achieving independence for older people through rehabilitation/intermediate care | 75% | 77% | 78.5% | ▲ |
| NI130 - Social Care clients receiving self directed support (Direct Payments and Individual Budgets)) | 2342 | 3000 | 3909 | ▲ |
| NI 132 Timeliness of social care assessments | 83.4% | 83.4% | 83.3% | ▶ |

| | | | | |
|---|-----|-----|-------|---|
| NI 133 Timeliness of Social Care Packages | 95% | 95% | 87.1% | ▼ With the implementation of SDS, service users now complete their own support plan at a time of their choosing and this inevitably builds in a delay. In many cases they will also arrange their own services, again in their own time. DoH have acknowledged that this PI no longer fits with the personalisation agenda and it will be removed after next year. |
| NI 135 Carers receiving needs assessment or review and a specific carer's service or advice and information | 29% | 29% | 40.2% | ▲ |
| NI 145 Adults with learning disabilities in settled accommodation | 37% | 37% | 68.5% | ▲ This is a new indicator. For 2008/09, it was based on a half year and then doubled. The results across the country varied significantly (from under 10% to more than 100%). As such, it is acknowledged that performance for 2008/09 is not representative. In addition, Kent has a significant amount of 'preserved rights clients' |

| | | | | |
|---|-----|-------|-------|--|
| | | | | who are in residential care. Residential care does not count as settled accommodation. |
| C32 People aged 65+ helped to live at home per 1,000 population | 77 | 73.93 | 75.85 | ▲ This is no longer an indicator |
| PAF C72. Admissions of supported residents aged 65+ to residential/ nursing care per 10,000-population aged 65 and over | 84 | 82 | 77 | ▲ This is no longer an indicator |
| PAF C73. Admissions of supported residents aged 18-64 to residential/ nursing care per 10,000-population aged 65 and over | 1.8 | 1.6 | 1.5 | ▲ This is no longer an indicator |

d) Benchmarking information

External Inspection

Annual Performance Assessment- Published December 2009: The Care Quality Commission (CQC) no longer awards a star rating to Councils and has made the annual performance assessment a 'harder test'. Part of CQC's new approach is to comment on rather than score the capacity to improve domain.

Kent Adult Social Services was awarded 'Excellent' for the following outcomes by CQC.

- **Improved Quality of Life**
- **Making a Positive Contribution**
- **Economic Well-being**

This is an improvement on our performance last year when we had 2 out of 7 outcomes rated as excellent.

In addition the Directorate was inspected earlier in 2009 and the outcome was published in July 2009. The inspectors rated Kent Adult Social Services as follows:

- **Safeguarding Adults** **GOOD**
- **Delivering Preventative Services (focus on Older People)** **EXCELLENT**
- **Capacity to Improve** **EXCELLENT**

Comparative Data: latest data is from 2008/9

| Comparative data 2008/9 | Surrey | Essex | West Sussex | East Sussex | Hampshire | Kent |
|--|--------|-------|-------------|-------------|-----------|-------|
| NI125: Achieving independence for older people through rehabilitation/intermediate care | 73% | 79% | 65% | 88% | 75% | 75% |
| NI132: Timeliness of social care assessments (RAP) | 66.1% | 82.0% | 65.5% | 88.2% | 87.6% | 83.4% |
| NI133: Timeliness of Social Care Packages (RAP) | 84.9% | 91.2% | 93.7% | 91.4% | 90.2% | 94.9% |
| NI135: Carers receiving needs assessment or review and a specific carer's service or advice and information | 12.7% | 25.2% | 22.7% | 22.1% | 19.0% | 28.7% |

4. Customer Insight and Engagement

KASS continue to listen to service users and carers and to use data and intelligence to ensure we have a good understanding of the needs of local communities.

We continue to strengthen our partnerships with service users and carers to help us to set local priorities. During 2009/10 'Active Lives Now', was widely consulted on. It was written alongside an editorial board of service users and carers. We have reviewed our public involvement strategy, visiting community groups across Kent, particularly focusing on disadvantaged groups (e.g. BME groups, deaf groups, LD Partnership Groups, Disability Groups, Older People forums). We have also redesigned our Directorate Involvement Group in consultation with service users and carers, based on a partnership model, jointly chaired by a member of the public and a SMT Director, giving the public direct feed into SMT. This will enable us to work even more closely with a representative group and will act as a conduit for ideas, information and discussion, to inform both our planning and commissioning

A Joint Strategic Needs Assessment is in place, a mental health needs assessment and, during 2009, we developed a Learning Disability Needs Assessment in partnership with health. Joint Needs Assessments are used as

tools for future commissioning, along with information from MOSAIC which profiles local communities and our own demographic forecasting and performance data.

5. Towards 2010

| Target | Sept 2008 | Mar 2009 | Sept 2009 | Mar 2010 |
|---|------------------|-----------------|------------------|------------------|
| <p>Target 52: Increase the number of people (by 3,000) supported to live independently in their own homes. This will include:</p> <ul style="list-style-type: none"> • encouraging the development of more housing for older people, disabled people and those with special needs • encouraging more people to take control of their care/support through Direct payments • taking advantage of new technologies, such as expanding our Telehealth and Telecare programmes | On course | On course | Done and ongoing | Done and ongoing |
| Target 53: Strengthen the support provided to people caring for relatives and friends | On course | On course | On course | On course |
| Target 54: Work with our colleagues in the health service to reduce the number of avoidable admissions to hospital and combine resources, where appropriate, to improve the health and well-being of the people of Kent | On course | On course | On course | On course |
| Target 55: Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence KASS/CFE | On course | On course | On course | Done and ongoing |
| Target 56: Improve older people's economic well-being by encouraging the take-up of benefits | On course | On course | On course | On course |

6. Environmental Performance and Climate Change: End of Year Progress of Business Plan Objectives

KASS Directorate

Environmental Performance (including Climate Change Mitigation: energy savings / carbon savings)

| Objective/target | On track/more progress needed/completed | Supporting performance data for measurable objectives (e.g. cost savings, paper savings etc) |
|---|---|---|
| Carbon Emissions from estates reduction by 2010 | On track | Residential care/day care premises have reduced emissions by 1% compared with the 2004 baseline. At the same time gas usage has increased at all but 1 KASS office. This is expected to have increased due to the recent cold winter. Several KASS managed premises rated D (average) or C (better than benchmark) in their Display Energy Certificates, but this is a good result, because the test for A and B ratings are very rigorous. |
| Reduction in Carbon Emissions from travel | Complete but ongoing- we are increasing the target from 2% to 10% for 10-11 | Mid year business miles data shows that the Directorate target of 2% reduction is on track to be delivered. Full-year results by mid-June are expected to show a 10-15% reduction against 08/09 full year. KASS has been a heavy user of BT MeetMe, especially during the snowy winter. |
| Implement actions to reduce waste- particularly paper based KCC Target to reduce waste by 10% and increase recycling rate to 50% by 2010 | Complete but ongoing | Where full recycling programmes are in place using the KFM core contract the recycling target has been met. All premises have focused on improving hazardous waste disposal and recycling. The ISO 14001 audit process is helping identify ways of making more progress on this, including for co-located staff, shared premises and small outputs. |
| Report on compliance with ISO14001 (Audit reports, non-conformance, and corrective action) | On track- annual programme in place | 22 audits completed in 2009. 7 offices, 8 care homes, 6 LD services and Supporting People team (now in CMY). Very positive audit report from independent ISO 14001 auditors, following May visit, confirming progress |

| | | |
|------------------------|----------------------|---|
| | | in 09/10. |
| Training | On track and ongoing | All staff are expected to complete this 5 minute basic awareness training on KNet. 147 staff have now completed this training online. Residential care and day service facilities are using hard copies for staff with no access to a computer. Roles & Relationships pop-ups were attended in 2009 and input to area and service management meetings have been held. |
| Green Guardians | On track and ongoing | A steadily-rising number of Green Guardians are continuing to raise awareness and encouraging good practice and we need to build on existing numbers to further this success. Where Green Guardians are already in place there is a higher level of engagement and awareness amongst staff 52 have been recruited to date from a baseline of 13 in March 2008. The aim is to recruit at least 1 Green Guardian in each KASS location. All KASS managed offices now have at least one Green Guardian Residential Care and Day Services are still under represented |

Managing Climate Risk (how the Unit is preparing for how the changing climate in Kent (i.e., hotter, drier summers; milder, wetter winters; more extreme weather events) will impact business operations / service delivery)

| | | |
|---|---|---|
| Objective/target | On track/more progress needed/completed | Supporting performance data for measurable objectives (e.g. risk register updated, numbers of staff trained, business continuity, strategies) |
| Climate Change Risk and Adaptation action (NI 188) | On track | Health & Social Care has been identified as a high climate change risk sector for Kent. Key KASS staff |

| | | |
|--|--|--|
| | | <p>have been invited to participate in a Kent wide workgroup in order to review the risks and develop an action plan. All units need to consider the future impacts of Climate Change on their services and operations. Risk registers and business continuity plans are in place and regularly reviewed. KASS has a robust emergency plan in place to respond to all emergencies, including extreme weather events. The recent response to snow demonstrates the effectiveness of our response. Heat wave advice is available on Knet and sent out to providers annually.</p> |
|--|--|--|

Additional support required from the Sustainability & Climate Change team?
Please detail Support has been very useful. No additional support needed at present, and advice will be sought when necessary.