

Kent County Council

Core Monitoring Report

KASS EXTRACT

**Including Information up to the end of
June 2010**

Produced by: Performance Management Group

Key to RAG (Red/Amber/Green) and DoT (Direction of Travel) ratings

These are based on quarterly data and movements except where annual data only available.

Where local targets have been set these are illustrated in the graphs with pink lines. For some services the targets represent affordable levels (eg adult social services) and RAG assessments are therefore indications of significant budget pressures.

RAG assessment is based on comparison to national average but we only the national benchmarks available on an annual basis. For these indicators RAG the assessment is therefore based on our current quarterly level compared to the most recently published national benchmark, which is the year 2008/09. New national data for 2009/10 will be available in late September for social services related indicators which may result in a revision to RAG assessments for these indicators.

		RAG Ratings
Green	★	Performance exceeding local targets where set or significantly better than most recently published national average
Amber	●	Performance not significantly different most recently published national average or close to but not exceeding local targets
Red	▲	Performance significantly behind local targets where set or significantly worse than most recently published national average
N/a		Data not available in order to assess performance (eg no specific target set and/or awaiting national comparative data)
		DoT Ratings
	↑	Improvement in performance or change in activity levels with a positive impact on budgets and resources
	↓	Fall in performance or change in activity levels with a negative impact on budget and resources
	↔	No change in performance or activity levels

Adult Social Services

Managing Director's Commentary

The future of Health and Social Care is high on the national agenda. The coalition Government has published the white paper 'Equity and Excellence: Liberating the NHS'. As well as a commission on the funding of long term care there will be a White Paper on public health-published by the end of 2010 and a White Paper on social care reform published in 2011.

There will also be an update on Putting People First – the 2007 vision for personalising adult social care – this autumn. It looks like the themes will be much the same - prevention, personalisation, partnership and protection but with a further focus on productivity. But this time it will be working with a very different health service, going through massive change.

The future of KASS' **Older Person's Service Provision** has been a focus for recent activity with the launch of the formal consultation process. Since 21 June 2010, consultation meetings with Members and District Councillors, staff, residents, day care service users and relatives have taken place to provide information on the proposals for future provision. The consultation period will run until 1 November 2010 after which a report will be prepared incorporating the feedback received. This will be presented to a meeting at ASSPOSC and then to Cabinet in January 2011 for individual decisions on each facility.

Other key activity:

1. Increasing **demographic demand** has been well documented. While medical advances are welcomed it does mean that people are now living longer with more complex needs. This will continue to have a major impact on budgets and resources. Referrals have continued to increase year on year and early indications for 2010/11 are that referral rates will increase by 4%. This monitoring paper demonstrates the increasing demand on nursing and residential care, due principally to an increase in the number of people with dementia. We continue to take robust action to manage resources.
2. We have continued the drive towards **personalisation**. The Self Directed Support (SDS) project was implemented last October and is now being bedded down across the Directorate.

The take up of Personal Budgets continues to increase and Personal Budgets are being implemented in Mental Health. An action plan is in place to ensure that SDS is embedded in Learning Disability, which already has well placed building blocks to support it.

Given this good progress in implementing SDS, there will no longer be a dedicated SDS project team from October.

We are also working with the market to ensure SDS and personalisation is embedded so that people have a choice of care and support wherever they live. A significant characteristic of social care in Kent is that KASS now commissions almost 90% of its services from outside the Directorate. We have worked well with

partners to develop a vibrant private and voluntary sector and we have a range of activity in place to support the sector in realigning its services to meet the challenges of the recession and to fully implement 'Putting People First'.

3. We are maintaining the strategic shift to **prevention and early intervention** as the key to promoting the independence of older and disabled people. We continue to target preventative interventions through:

- identifying people at risk, or people potentially able to benefit from **signposting** and early decision-making, including information and advice. We surveyed a small sample of people who contacted Kent Contact and Assessment Service and 94% reported that the information, advice and guidance given to them met their needs.
- supporting people in making decisions and providing access to **advocacy and brokerage**, to assist their choice of support options.
- providing **equipment and adaptations**. The Equipment Survey 2010 was recently published and reported that 94% of all respondents from Kent have a level of satisfaction with 44% being extremely satisfied.
- mainstreaming of **Assistive Technologies** (e.g. TeleHealth, Telecare). Indications from the Kent pilot are that the use of TeleHealth technology is associated with fewer hospital admissions (A & E visits and bed days of care) along with high patient and carer satisfaction. It is notable that the general and physical health of patients increased during the trial period.
- embedding **enablement services** - an intensive, short term service which assists people to maintain daily living skills. Between April 2009 and June 2010 1,631 clients had completed the programme or were receiving enablement at that time. Early analysis suggests positive results with a higher than expected number of people who had completed the programme not needing any further services. Further analysis will be done to confirm these findings.
- **Intermediate Care** continues to develop across the county to support people who are discharged from hospital, but also to prevent them from entering hospital. There has been ongoing partnership with the PCTs to provide services such as rapid response, resulting in more people being treated within their own homes and not going into hospital.
- providing **support to voluntary and community organisations**.

4. Continued implementation of the Good Day Programme and a full review of in-house **learning disability services**.

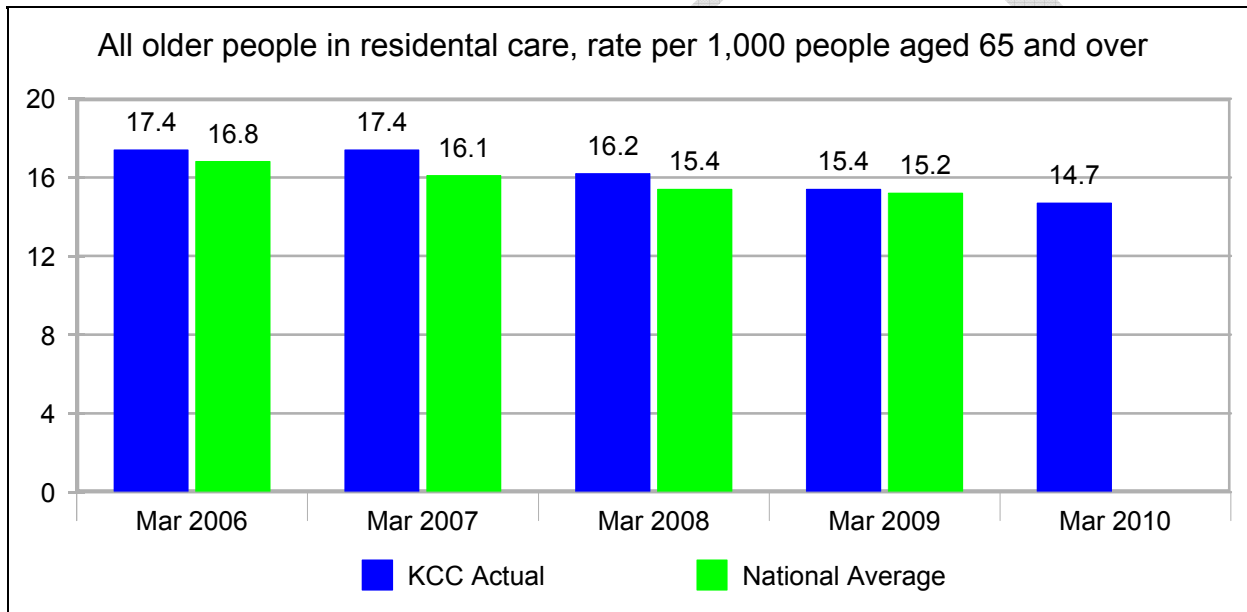
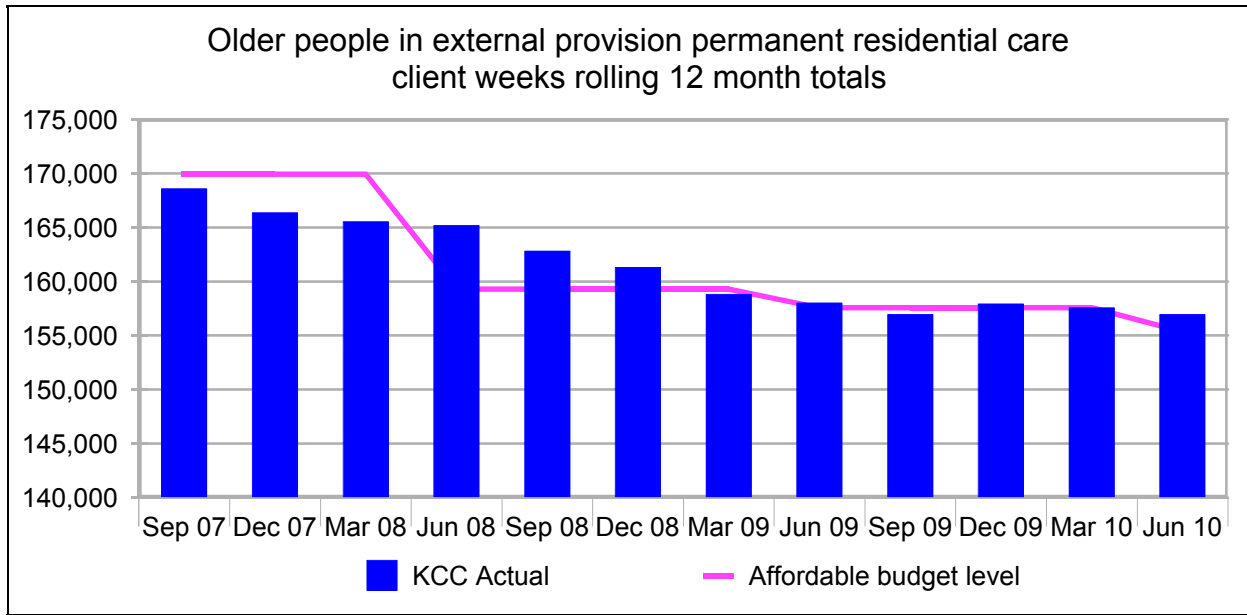
- **Residential Change Programme**. Currently Kent has 1,300 people with a learning disability in residential care and a further 440 are transferring from the PCT. A significant number of people have moved from their family home to supported accommodation avoiding a long term residential placement or from residential care to community settings, including sheltered housing. This work has ensured that there has only been an increase in residential

placements by 68 people, despite demographic pressures and the NHS transfer.

- **NHS Transfer and NHS Re-Provision Programme** is part of the DOH programme to transfer NHS Social Care Commissioning to KASS which has meant a transfer of 440 people who received services commissioned and paid for by the NHS - £34 million in total.
5. Completion or mainstreaming of activity from the External Action Plan drawn up with CQC. This has included:
- continued promotion of safeguarding awareness across Kent. In June we undertook a 'Safeguarding Awareness Week' with events held across the County.
 - development of a carers' action plan. The recently published national carers' survey 2009 shows that 74% of Kent carers were satisfied with the help they received from Kent Adult Social Services.
6. Continued focus on joint working with our partners, especially Health. The publication of the **Health White Paper** 'Equity and Excellence: Liberating the NHS' has far reaching implications. For adult social care there is a strong emphasis on the integration of health and social care with a much stronger role for local government, for example through proposed local Health and Well-being Boards. Local Involvement Networks (LINKs) will become the local HealthWatch, their role will be to ensure that views and feedback from patients and carers are an integral part of local commissioning across health and social care.

The key will be working with NHS colleagues over the next weeks and months in helping shape our response to the White Paper and how jointly we can help the new GP consortia to deliver the kind of personalised service which makes best use of the resources we have jointly available.

Oliver Mills
Managing Director
Kent Adult Social Services



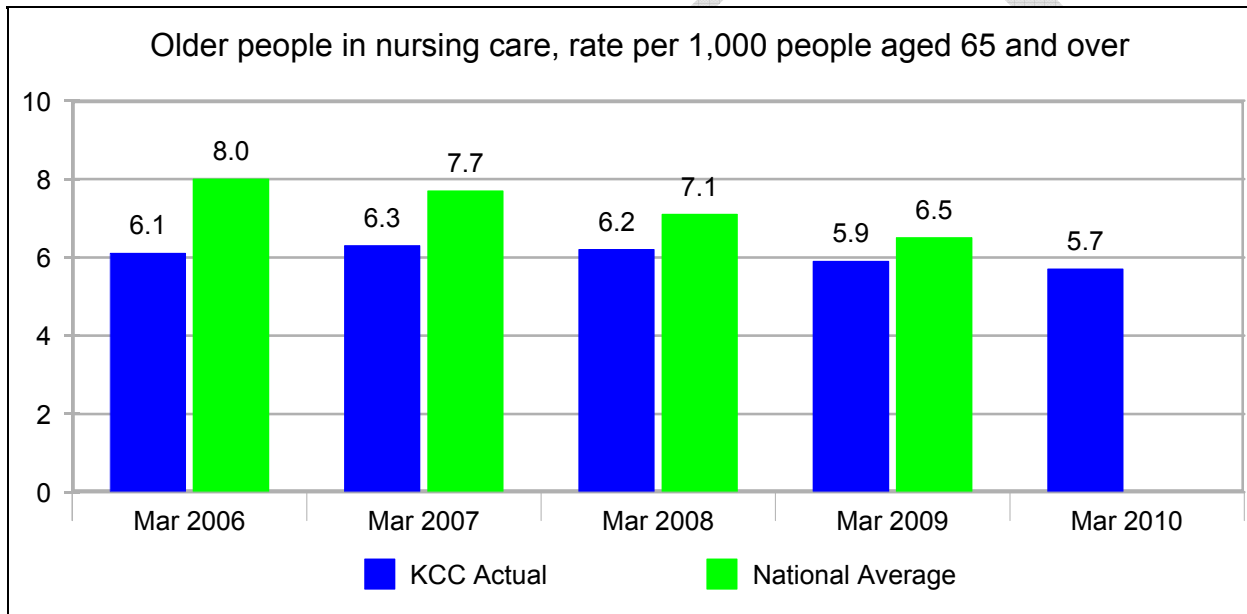
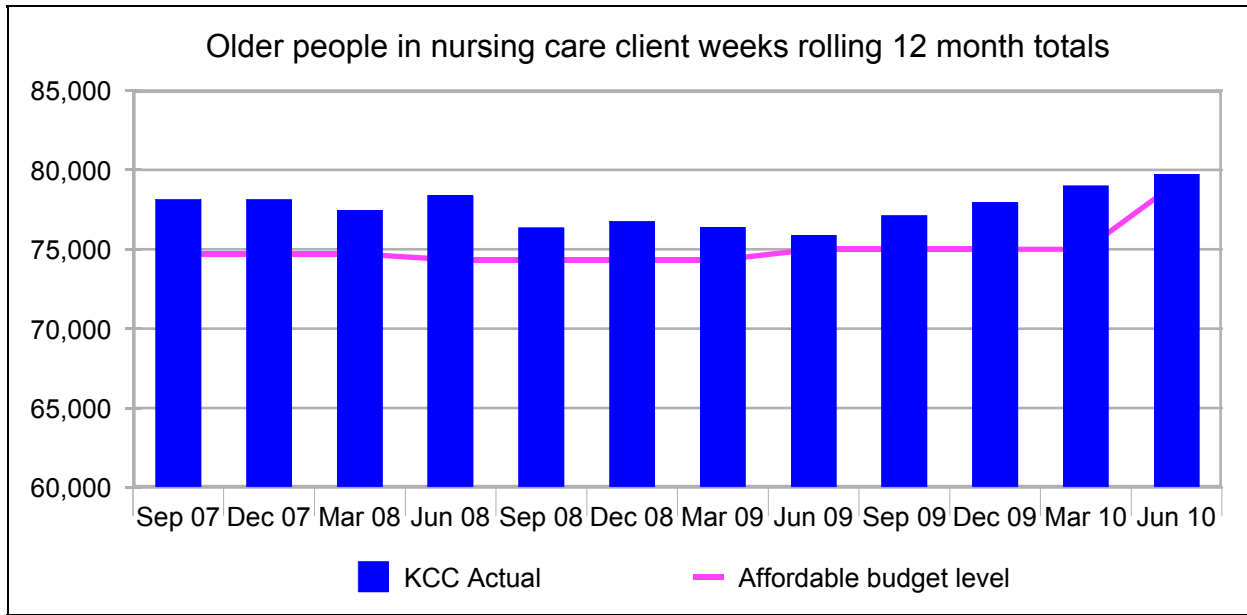
	Current RAG	Previous RAG	Current DoT	Previous DoT
Residential care - older people	●	●	↑	↑

Comments :

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

The number of clients in permanent non-KCC residential care at the end of June 2010 was 2,819, up from 2,751 in March. It is evident that there are ongoing pressures relating to clients with dementia and the number of clients with dementia has increased from 1,195 in March to 1,241 in June.

The current full year forecast is 155,570 weeks of external care against an affordable level of 155,351.

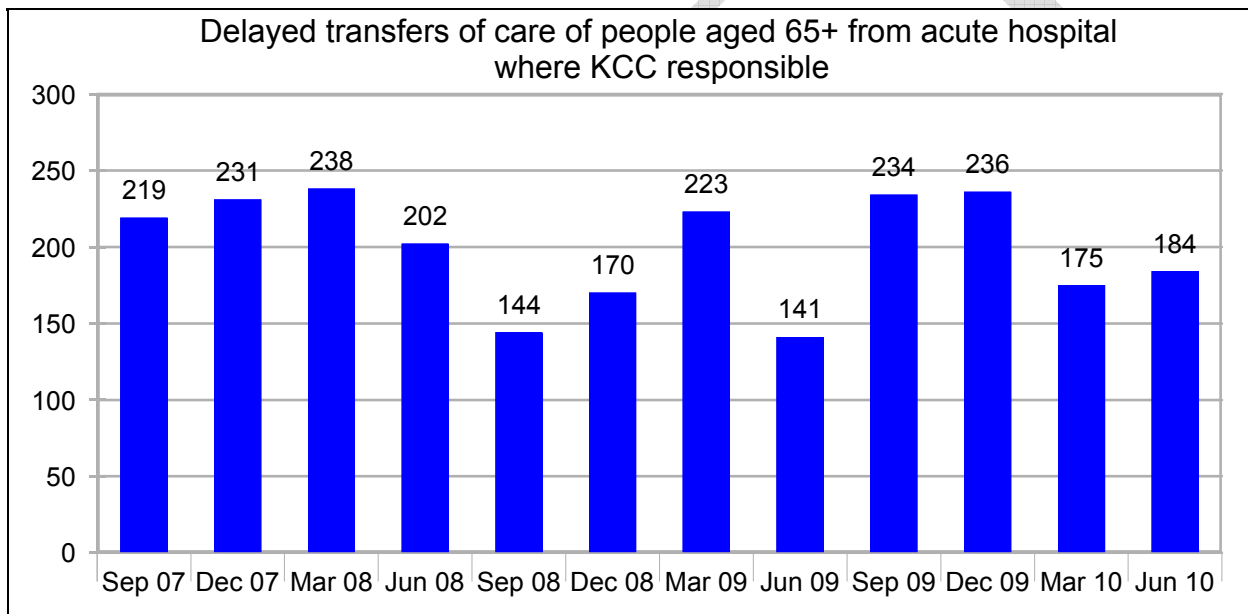
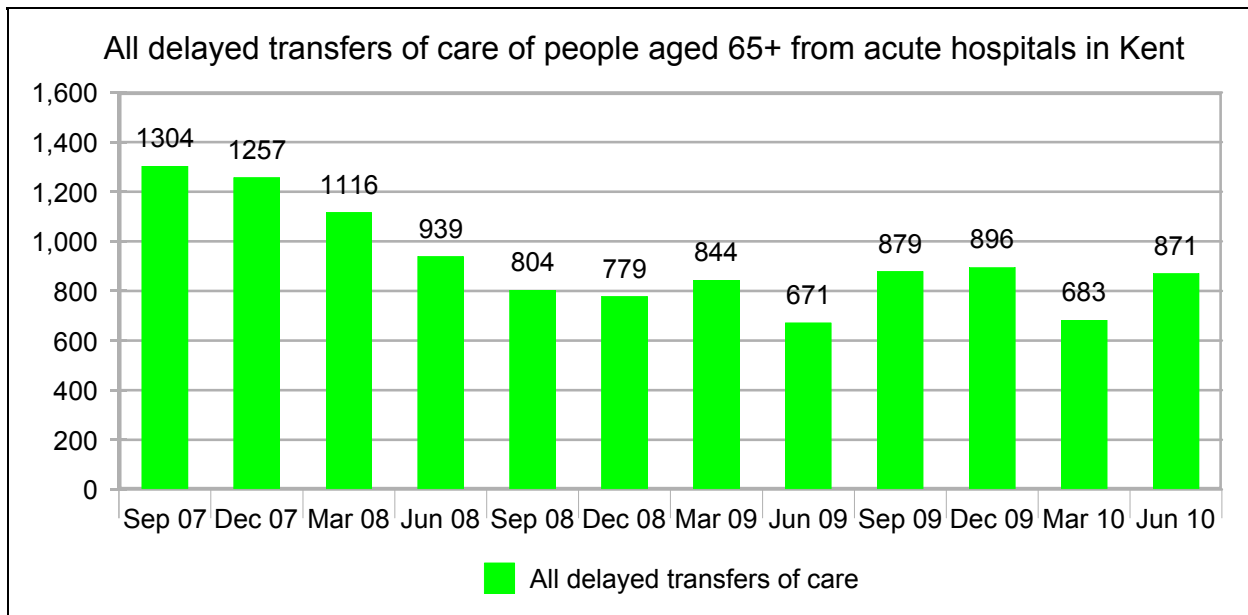


	Current RAG	Previous RAG	Current DoT	Previous DoT
Nursing care - older people	●	▲	↓	↓

Comments :

The number of clients and weeks of care provided for people aged 65 and over in nursing care has been increasing in Kent over the last year. Against last year's budget the position at March was rated as a Red alert. However, the budget/affordable target level has been increased for the current financial year and even though placements have shown a further increase, this has allowed the alert to drop to Amber. The current full year forecast is 78,429 weeks of care against an affordable level of 79,199.

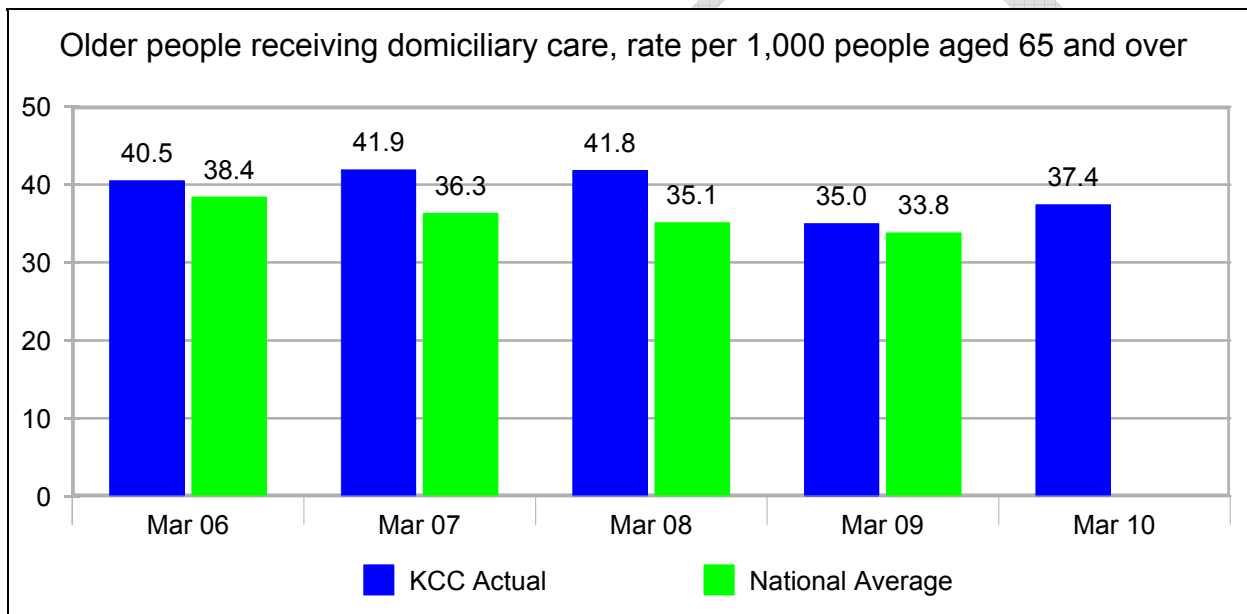
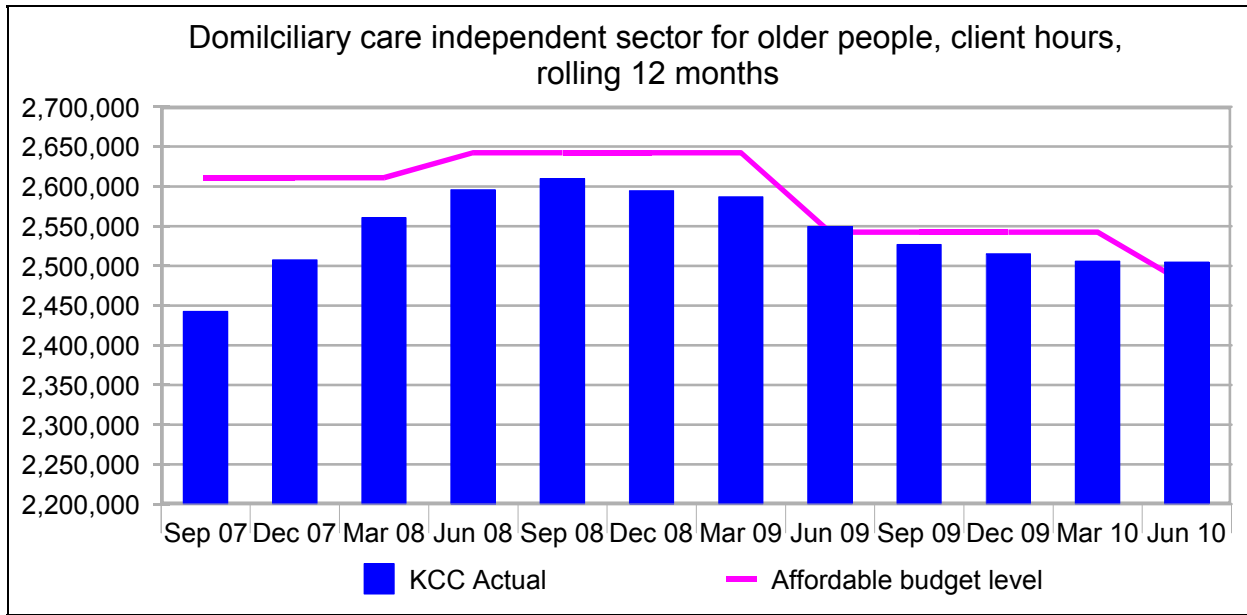
Kent has historically maintained a lower level of provision for nursing care than the national average, which also indicates that this service should not be showing a Red alert. The number of clients in nursing care at the end of June 2010 was 1,417 up from 1,374 in March.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Delayed transfers of care KCC responsible	●	★	↓	↑

Comments :
 Delayed transfers of care from acute hospitals for older people have reduced since 2007/08 and are averaging about 800 in a typical quarter. Of these KCC is responsible for about 200, or one quarter, which are therefore subject to reimbursement penalties.

The RAG rating is based on a level of 200 being maintained for KCC responsibility. In the previous quarter only 175 were due to KCC but this was up to 184 in the most recent quarter.



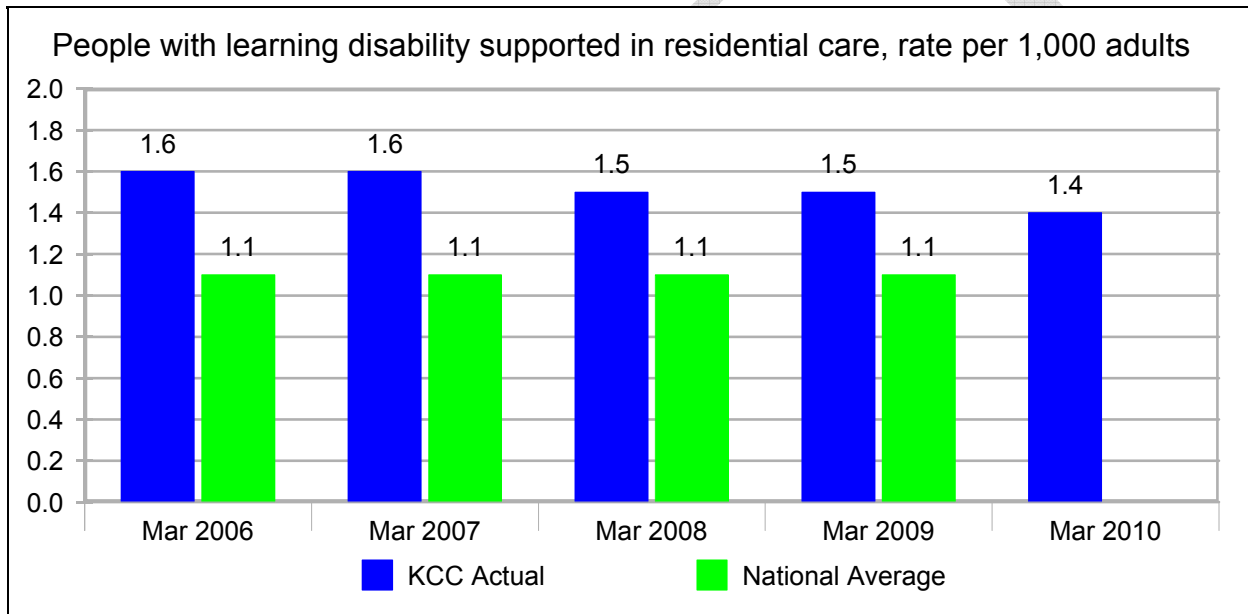
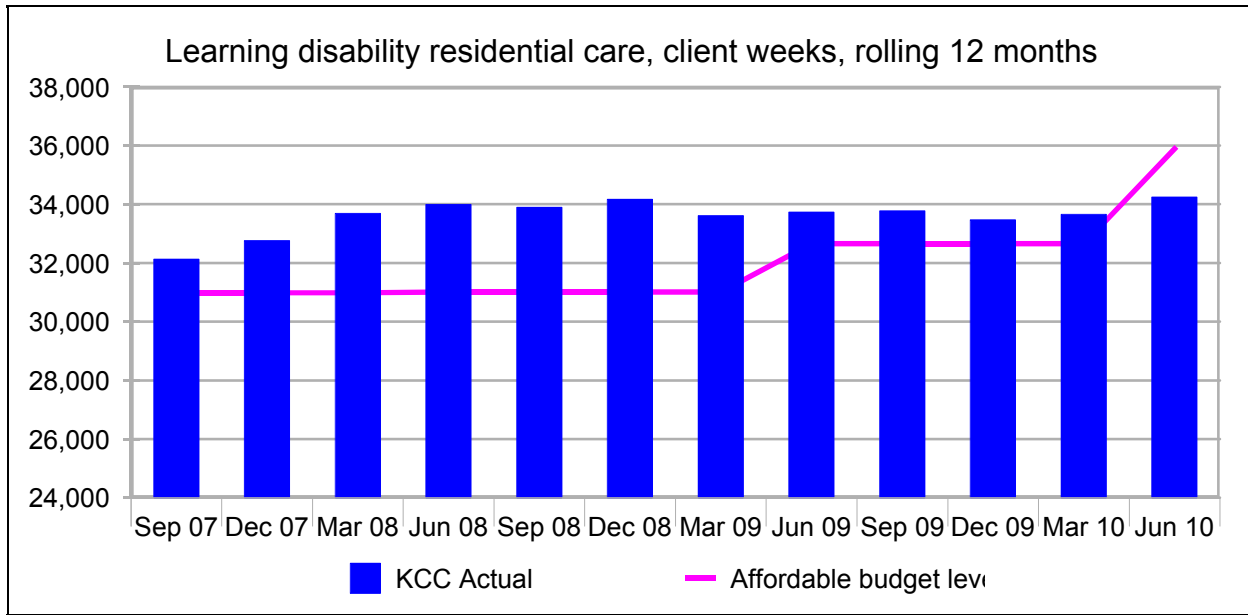
	Current RAG	Previous RAG	Current DoT	Previous DoT
Domiciliary care - older people	●	●	↑	↑

Comments :

Figures in the top graph exclude services provided directly by KCC from Kent HomeCare Services, whereas the second graph includes all clients, whether the service is provided in-house or purchased from external suppliers.

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

The current forecast for independent sector provision is 2,493,000 hours of care against an affordable level of 2,477,000 which is slightly down from last year's total of 2,506,000.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Residential care – people with learning disability	●	▲	↓	↓

Comments :

The 12 month provision up to the end of June was below the financial year target level resulting in an Amber alert compared to a previous Red alert as result of an increased budget/affordable target level provided for this year.

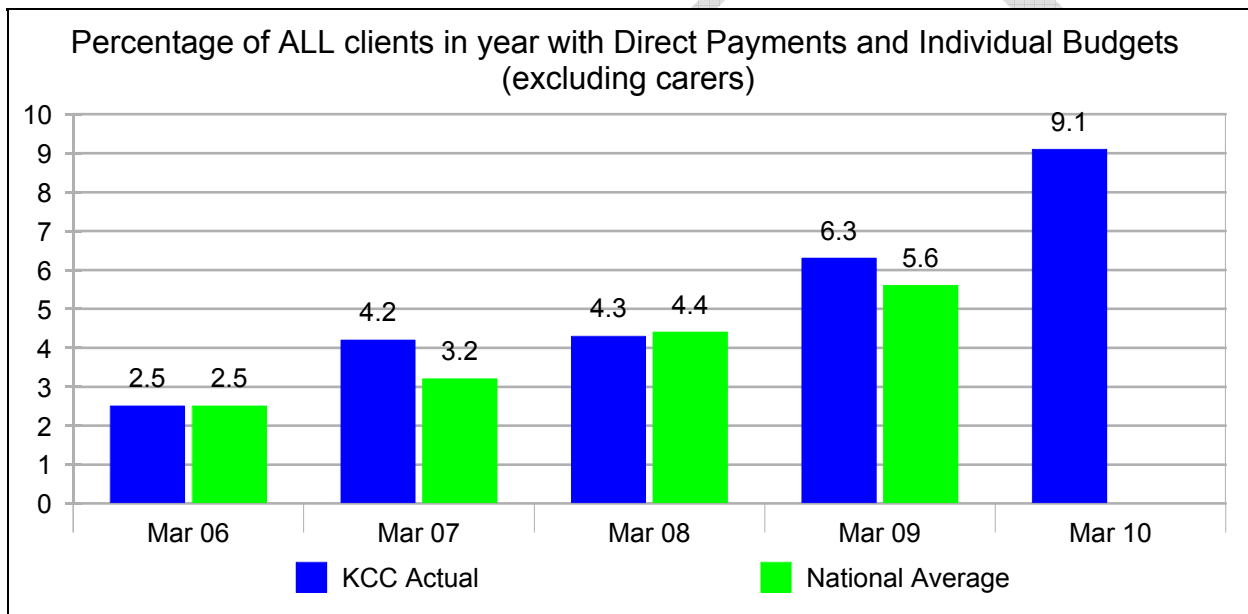
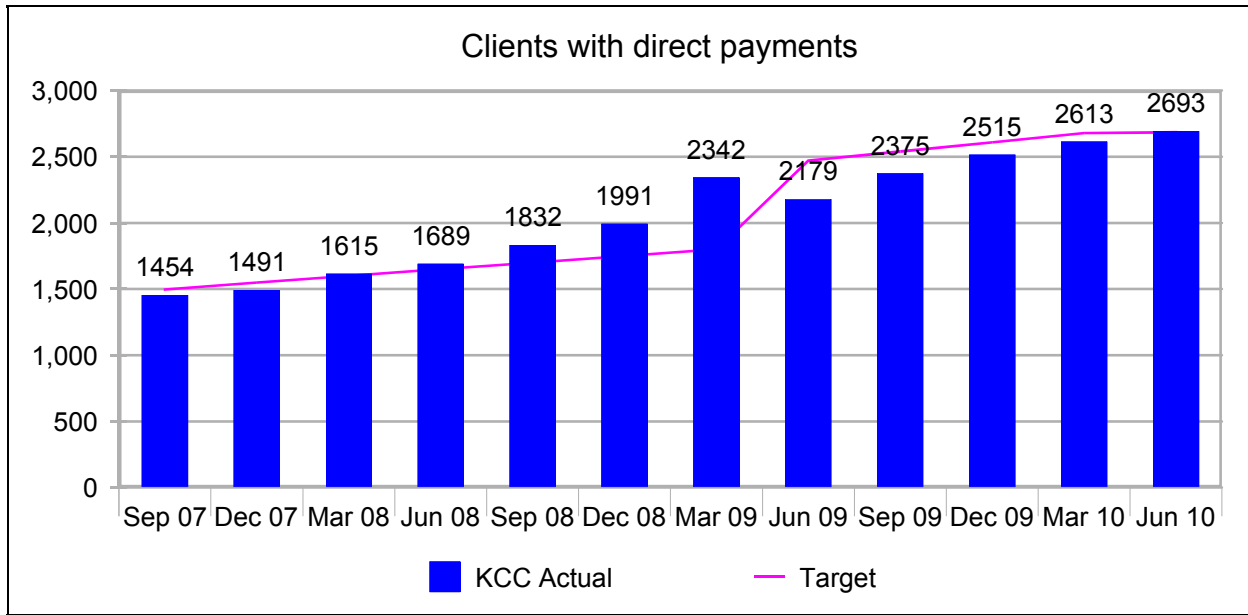
Demographic pressures and the NHS transfer continue to impact on Learning Disability services, particularly residential care. The number of clients in residential care at the end of June 2010 was 703, up from 635 in March and 9,021 weeks were provided compared to 8,311 in the previous quarter. This increase is likely to have an on-going impact for the rest of year and the current forecast is 37,026 weeks of care for the year against an affordable level of 35,893. It is therefore expected that this indicator will be rated Red again as the year progresses.

Kent Agreement Target	Mar 09	Sept 09	Mar 10
NI125 Achieving independence for older people through rehabilitation/intermediate care *	75%	77%	78%

* The proportion of older people discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed for rehabilitation with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital.

	Current RAG	Previous RAG	Current DoT	Previous DoT
Rehabilitation/intermediate care	●	●	↑	↑

Comments : Currently we are making steady progress on this indicator. Our LAA (Kent Agreement 2) target for 2010 /11 is 79%.



	Current RAG	Previous RAG	Current DoT	Previous DoT
Direct Payments	★	●	↑	↑

Comments :

The number of clients with direct payments continues to increase in line with targets set. 2009/10 is also the first year of significant roll out of Self Directed Support with new clients now being offered individual budgets.

The national comparative data shows Kent has kept ahead of national rates for clients taking up direct payments, and particularly for the main target group – adults with disabilities.

From 2009/10 the national data now also includes Individual Budgets and we await the release of the new national benchmark to determine if Kent has remained ahead of national uptake rates.