

By: Graham Gibbens, Cabinet Member, Adult Social Services
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To: Adult Social Services Policy Overview and Scrutiny Committee –
12 January 2011

Subject: **CORE MONITORING SEPTEMBER 2010**

Classification: Unrestricted

Summary: The purpose of this report is to inform ASSPOSC of the key areas of performance and activity across KASS as reported to Cabinet on 29 November 2010

Introduction

1. (1) The KASS extract of the Core Monitoring report that went to Cabinet on 29 November 2010 is attached (Appendix 1). This is the first opportunity since Cabinet to present this information to members of Adult Social Services Policy Overview and Scrutiny Committee.

(2) The Core Monitoring includes graphs and commentaries on a range of indicators, covering key activity and performance relating to the main services provided by KASS.

(3) The latest report provides information on the activity and performance up to the end of September 2010, including an update at the half year point on key projects and developments from this year's Unit Business Plans.

Core Monitoring Process

2. (1) The Core Monitoring process is corporately driven and considered to be an important step in helping to manage the overall performance of the authority. It is intended to contain the most important information which the Corporate Management Team and Cabinet Members need to be informed of. Each Policy Overview and Scrutiny Committee is expected to receive the section of the report relevant to their remit.

(2) Publication of the Core Monitoring report on the external web site is also an important element of our transparency agenda.

General notes on interpreting the data included in this report

3. (1) A wide selection of indicators for the core areas of activity and performance of KASS is included in this report. Indicator values are shown by graph and data tables,

including Direction of Travel and RAG ratings (see tables below for a key to interpreting these).

(2) Where relevant and available, the indicators are provided with comparative data showing national averages or other suitable benchmark information. It should be noted that annual data provided in this report (ie a full financial year up to and including financial year 2009/10 which ended on March 2010), is generally validated data which is public domain and available in many cases within the remit of national statistics.

(3) However, quarterly data provided in this report and all information subsequent to March 2010 is classed as provisional local management information which in some cases is provided on an estimated basis. This data is likely to be subject to future revisions.

Key to RAG (Red/Amber/Green) ratings

RAG Ratings		
Green	★	Performance exceeds local targets where set or is significantly better than the most recently published national average/benchmark
Amber	●	Performance not significantly different from 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 the most recently published national average
N/a		Data not available in order to assess performance

Key to DoT (Direction of Travel) ratings

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

Recommendation

4. Members are asked to NOTE this report.

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Background documents: None

Adult Social Services: Extract from Core Monitoring Up to End September 2010

Managing Director's Commentary

We are continuing to put into place our transformation programme for social care in Kent as described in 'Active Lives Now', published in April 2010. We have made good progress in enabling people to take control and have more choice about the services they receive through self directed support. We have maintained our focus on prevention, supporting people to stay in their own homes and remain independent for as long as possible.

This drive for modernisation has meant that the future of Health and Social Care remains high on the national and local agenda. The coalition Government has published the White Paper 'Equity and Excellence: Liberating the NHS'. The paper proposes far reaching changes for health and social care and KCC has responded to the consultation documents following the publication of the White Paper.

The future of KASS' **Older Person's Service Provision** is also under review and we are coming to the end of the formal consultation process. A proposal has been put together to change the way residential care is provided in 11 of the 16 places where KCC runs a home. Since 21 June 2010, 82 consultation meetings with Members, District Councillors, staff, residents, day care service users and relatives have taken place to provide information on the proposals for future provision. One to one meetings with service users affected by the proposals continue.

Key Activity:

1. We have continued the drive towards **personalisation**. The take up of Personal Budgets continues to increase. In the last quarter almost 1,000 people have taken up a Personal Budget and we have put in place a pilot with Health to explore Personal Health Budgets. This will give people more choice and control over how and when they receive support.

2. We continue to develop **prevention and early intervention services supporting people to live independently**. 82% of older people who have been discharged from hospital have been supported to live independently rather than going into residential or nursing care. This is an increase from 77% at December 2009. Other activity in this area includes :

- **mainstreaming of telehealth and telecare**. The evaluation of telehealth has been published, confirming that there were monetary savings through a reduction of unplanned visits to hospital and other take up of Health services. Service users and carers have benefitted from increased peace of mind and more independence.
- a range of **employment opportunities** for people with learning disabilities or mental health problems with the voluntary and community sector, social firms, co-operatives and other enterprises.

- ongoing initiatives to **support carers**, including respite care. The Kent Carers Emergency Card has over 1,520 carers signed up as at October 2010, an increase of 140 since July 2010, and take up continues to be actively encouraged.
- **partnerships to promote healthy lifestyles**. Partners have worked on a range of projects to reduce the health inequalities in Kent including health checks for adults with a learning disability and pathways work for Dementia, Stroke, Carers and Falls prevention. As part of the 'Wellbeing in KCC' initiative, flu vaccinations have been offered to staff.
- **supporting local commissioning**. A review of the Joint Strategic Needs Assessment highlighted a range of activities that had taken place to support reduction in health inequalities. A further review of the Adults JSNA is planned with Health, to ensure that there is an up to date, commissioning tool in place before GP consortias are established. We have also recently produced a need assessment for people with learning disabilities and are finalising one for Carers.

3. Demographic pressures and the NHS transfer continue to impact on **Learning Disability Services**. NHS Transfer and the NHS Re-Provision Programme is part of the Department of Health's programme to transfer NHS Social Care Commissioning to KASS which has meant a transfer of 441 people who received services commissioned and paid for by the NHS. Funding has transferred from the NHS to support these clients.

We have a small number of clients moving into residential care that are not part of the NHS transfer and therefore are our financial responsibility. These individuals have very complex and individual needs which make it difficult for them to remain in the community.

We have a robust plan in place to ensure that we can move people away from residential care to community settings whenever possible supporting people to live how they want, where they want. For example the number of clients living in supported accommodation has grown from 233 in 2008/09 to 408 at the end of June 2010.

4. The Care Quality Commission (CQC) published their Annual Performance Assessment of all adult social services in November 2010. Kent Adult Social Services (KASS) has been judged as 'excellent' in the following three (of seven) outcomes:

- improved quality of life
- making a positive contribution
- economic wellbeing

and judged as 'performing well' in the remaining four outcomes. This represents a significant achievement as performance has been maintained during a time of major change for KASS. The Directorate has been awarded an overall performance rating of 'performing well'

The Minister of State for Care Services Paul Burstow announced on 3 November that the CQC will cease to conduct annual performance assessment of councils in the future.

5. We continue to give the highest priority to **safeguarding** vulnerable adults. A more rigorous sign off process has been developed and has become a formal part of the adult protection process, ensuring that each case is audited by a senior practitioner prior to closure.

This increased professional oversight does lead to delays in closing cases on our electronic reporting system but this is an audit and administrative function of the business only and has no impact on the individual. In fact by adding additional checks and balances the sign off process adds further protection to individuals.

The robustness of our procedures was confirmed by a recent data quality audit undertaken by KCC internal audit that reported a minimal risk within our safeguarding processes.

A full report of our safeguarding activities will be presented to ASSPOSC in November.

6. We have continued to focus on joint working with our partners, including LINKS, service users and carers. Roles and Relationships events took place with service users and carers in July 2010 and more events are planned for the future.

Major Projects and Developments :

Mid year monitoring of 130 projects within the KASS business plans is as follows:

Delayed or cancelled	On Course	Done and ongoing
3	67	60
2%	52%	46%

Projects which are delayed or cancelled are as follows:

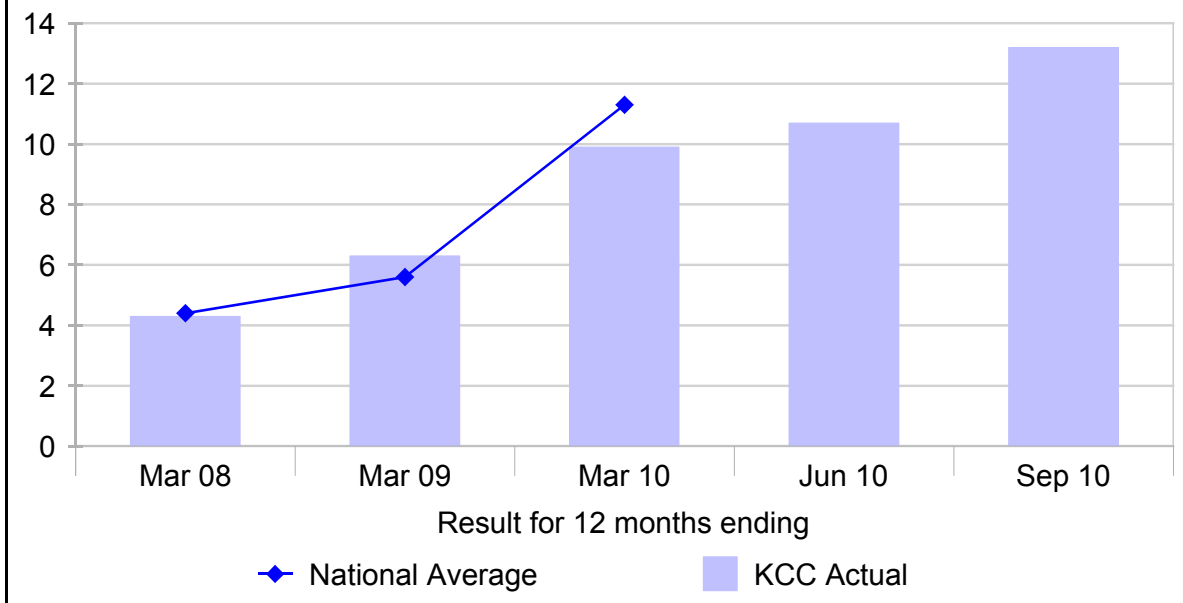
Project	Target dates	Explanation of red status
To identify potential local resources to create centres of excellence for dementia day and residential care	Ongoing	In light of Members agreement to consult on the future of KASS' Older Person's Service Provision this was stopped. Reprovision of services will be picked up through the project depending on the outcome of the consultation.
Develop action plan to improve services to learning disabled/sensory impaired people	January 2011	Not yet started due to delays in recruiting Team Leader (deafblind)
WorkChoices (KSE) – to provide most/all of the staffing for DWP's successful prime contractor in Kent and Medway	October 2010	This cannot go ahead as the contract does not enable KSE staff to provide most of the staffing.

Challenges:

- The financial unsustainability of adult social care in the future has been recognised nationally with an additional £2billion announced in the CSR for adult social care over the next four years - £1billion from the NHS and further billion extra to local government. Future funding is also being considered by an independent commission that will report back next summer.
- National Policy changes including the NHS White Paper, Equity and excellence: Liberating the NHS, which sets out the Government's long-term vision for the future of the NHS and which has far reaching implications for how social care and Health will work together in the future.
- Increases in demands for services and public expectations has resulted in an increase in referrals. There has been a 3.2% increase in referrals (17,281) in the first 6 months of the year compared to last year.
- Demand on Learning Disability services, with the rising demand for residential care, preserved rights clients and ordinary residence continuing to have an impact on KASS's budget.
- The rising numbers of people with dementia continue to impact on KASS' budget due to clients with this need requiring more expensive care provision. The number of clients with dementia in residential care has increased from 1,195 in March to 1,262 in September (a 6% increase).
- Ongoing modernisation of social care nationally and in Kent coupled with planned reorganisation of KCC presents the challenge of maintaining good quality front line services in a period of unprecedented local and national change.
- Pressure on partners to maintain joint working during a time of reduction in public spending and whole systems change, particularly in Health.
- Increasing **demographic demand** which has been well documented. While medical advances are welcomed it does mean that people are now living longer with more complex needs.

Oliver Mills
Managing Director
Kent Adult Social Services

Percentage of clients receiving community based services during the year, excluding carers, who received a Direct Payment and/or an Personal Budget

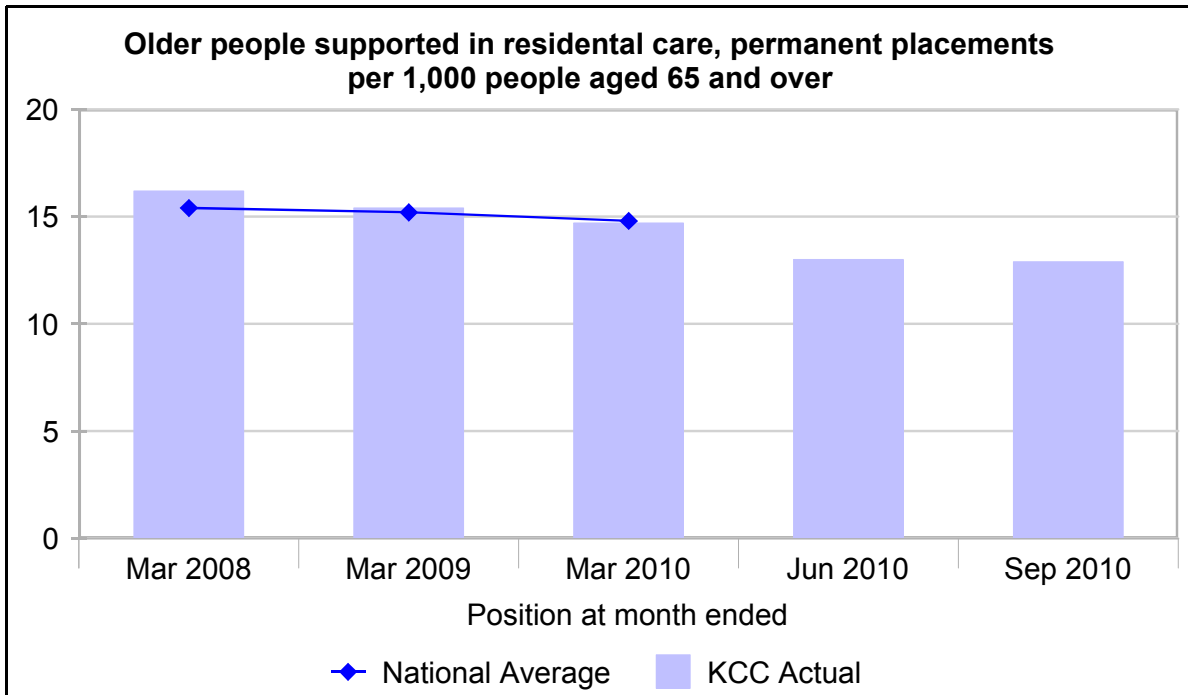


Higher result is better	Mar 08	Mar 09	Mar 10	Jun 10 Provisional	Sep 10 Provisional
KCC Result	4.3%	6.3% ↑	9.9% ↑	10.7% ↑	13.2% ↑
National average	4.4%	5.6%	11.3%		
RAG Rating	●	●	●	●	●
Number of clients	1,680	2,350	3,910	4,220	5,200

2009/10 was the first year of significant roll out of Self Directed Support with new clients being offered Personal Budgets for the first time.

Kent has seen continued substantial increases in take up of Personal Budgets during the six months from April to September.

There is a national target of 30% take up of personal budgets by April 2011.

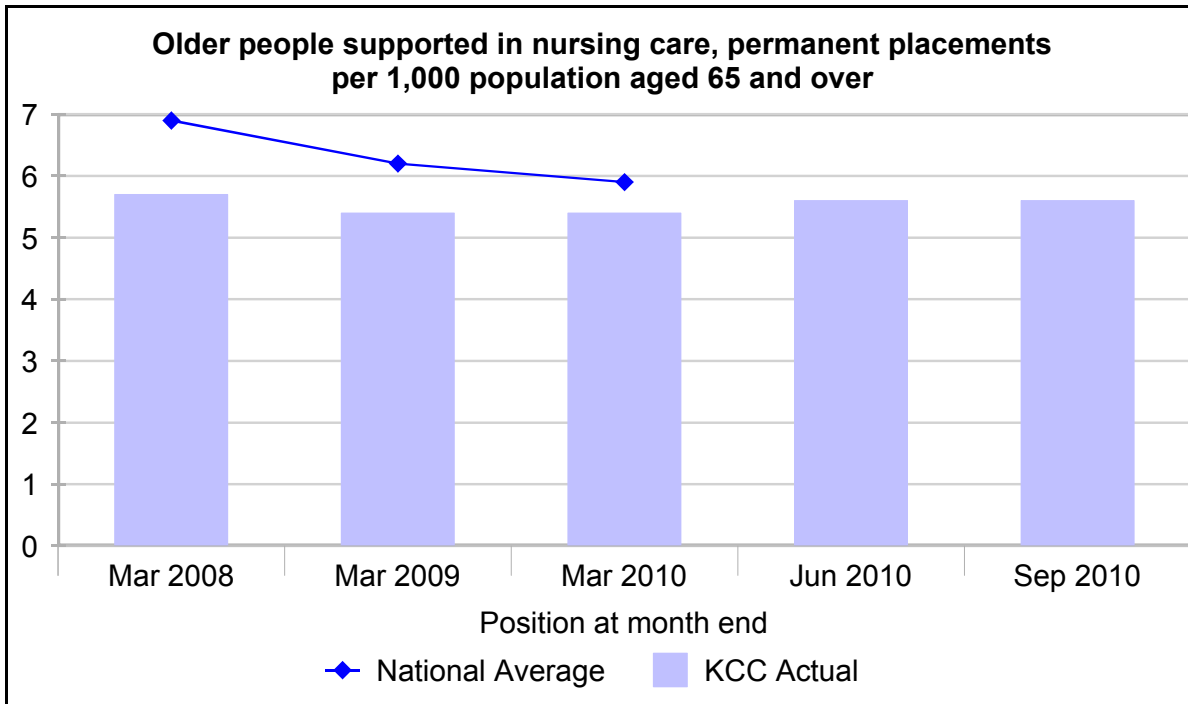


Lower result is better	Mar 08	Mar 09	Mar 10	Jun 10 Provisional	Sep 10 Provisional
KCC Result	14.5	13.6 ↑	12.8 ↑	12.7 ↑	12.7 ↔
National average	14.1	13.8	13.4		
RAG Rating	●	●	●	●	●
Number of clients	3,500	3,350	3,240	3,210	3,190

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.

While overall client numbers have continued to fall this year, the number supported in independent sector care has increased (as detailed in the budget monitoring report presented to the same Cabinet meeting). There are also ongoing pressures relating to clients with dementia and the number of clients with dementia in independent sector provision increasing from 1,195 in March to 1,262 in September.

It is estimated that there will be a 30.9% increase in people living with dementia by 2020.

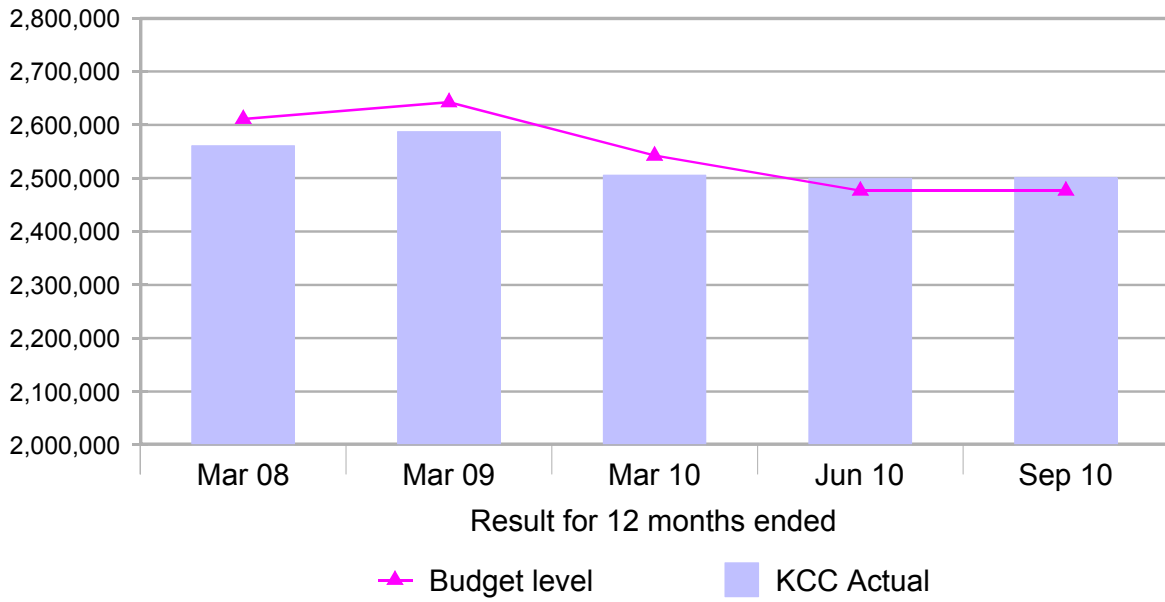


Lower result is better	Mar 08	Mar 09	Mar 10	Jun 10 Provisional	Sep 10 Provisional
KCC Result	5.7	5.4 ↑	5.4 ↔	5.6 ↓	5.6 ↔
National average	6.9	6.2	5.9		
RAG Rating	★	★	●	●	●
Number of clients	1,390	1,340	1,370	1,420	1,405

The number of clients in permanent placements of nursing care at the end of September was 1,405 up from 1,370 in March. There has been a drop in client numbers since June but the overall trend over the last 18 months has been upwards.

Kent has historically maintained a lower level of usage of nursing care than the national average, and even with the increases since March 2009, Kent levels remain lower than the last recorded national average.

Domiciliary care independent sector for older people, client hours, rolling 12 months



Lower result is better	Year ended Mar 08	Year ended Mar 09	Year ended Mar 10	Year ended Jun 10 Provisional	Year ended Sep 10 Provisional
Hours care provided (000's)	2,561	2,587 ↓	2,506 ↑	2,500 ↑	2,502 ↓
Budget level	2,611	2,642	2,542	2,477	2,477
RAG Rating	●	●	●	●	●
Number of clients	6,740	6,490 ↑	6,230 ↑	6,330 ↓	6,220 ↑

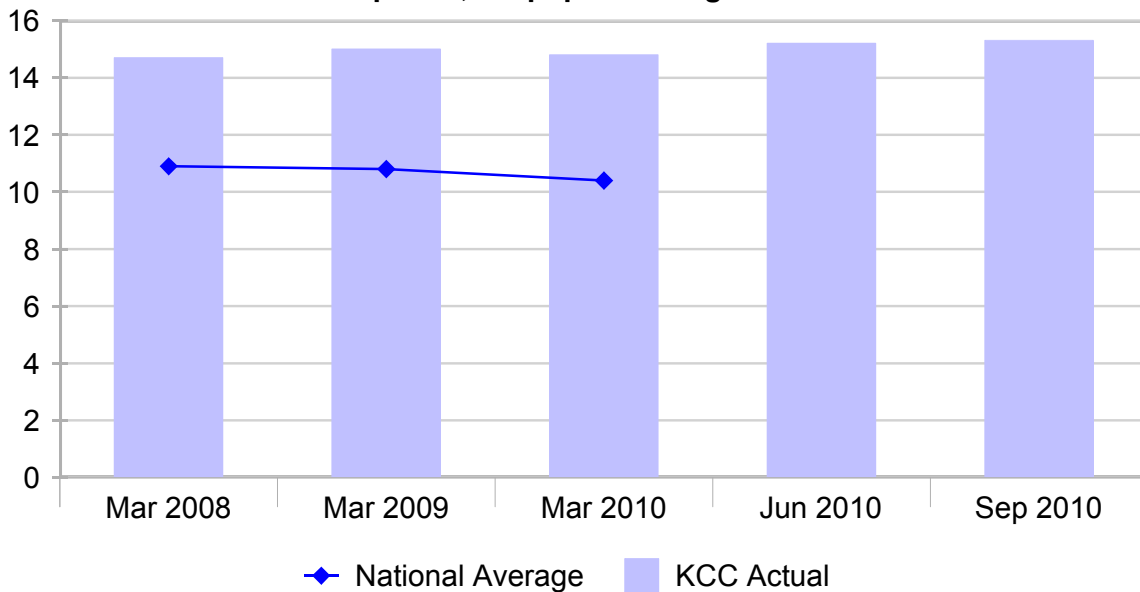
Client numbers with externally provided domiciliary provision were 6,220 in September, just slightly down from 6,230 in March. The number of hours of care provided in the last 12 months is very similar to the number provided in the 12 months ending March 2010 and is within 1% variance of the budget level.

The number of hours of externally purchased domiciliary care has decreased since 2008/09 and this was 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 and provision through voluntary sector provision.

In addition, with the introduction of enablement, more people are able to return home with minimal or no care package. However, although the number of people who continue to receive a service are fewer, those that do may receive a more intense care package.

Based on data for the year to March 2010 Kent also supports more older people to live independently at home than the national average – 36.7 per 1,000 population in Kent compared to 30.8 nationally.

**Adult clients with learning disability supported in residential care,
per 10,000 population aged 18 to 64**



Lower result is better	Mar 08	Mar 09	Mar 10	Jun 10 Provisional	Sep 10 Provisional
KCC Result	14.7	15.0 ↓	14.8 ↑	15.2 ↓	15.3 ↓
National average	10.9	10.8	10.4		
RAG Rating	▲	▲	▲	▲	▲
Number of clients	1,230	1,260	1,250	1,290	1,300

Kent reports a higher level of people with learning disability supported in residential care than the national average due to having a higher than average proportion of preserved rights clients. These are a cohort of clients that historically came within Social Services responsibility.

Those living in residential care have very complex and individual needs which make it difficult for them to remain in the community and require expensive and intensive packages of care.

The number of clients in residential care end of September 2010, excluding those with preserved rights was 697, up from 666 in April.

There have been 38 new placements this year that have been due to the NHS transfer and these transfers include the required funding.