

**2007/08 BUSINESS UNIT OPERATING PLAN OUTTURN MONITORING – KENT ADULT SOCIAL SERVICES**

**1. Introduction**

This report outlines the Directorates final budget position for 2007-8 and a summary of the Directorates performance in the delivery of the unit business plans. The Unit Business Plans were:

- Adult Social Services plan – which covered most of the operational services in East & West Kent.
- Mental Health
- Occupational Therapy and Sensory Services
- Gypsy and Traveller Unit
- Supporting People
- Strategic and Area Management and Business Support

It is to be noted that the business plans for 2008 –9 have been significantly changed in response to the development of the Directorate and it's partnership with Health

**2. Revenue/Capital Budget Outturn**

The final revenue outturn variance was an overspend of £1,497k which is a reduction of £418k from the £1,915k pressure reported to the April meeting of this Committee. Attached at Appendix 2 is the report to Cabinet in June on the final revenue and capital outturn position for 2007/08. The main areas to note in the outturn position are:

**Older People -£948k underspend:** Although the overall position on gross is nearly at breakeven there are some significant unders and overs within this. Residential placements decreased during the year due to higher than expected attrition and the impact of management actions. The number of permanent clients in a placement at the end of March was 2,917 compared with 3,045 at the same time last year. Attrition within Preserved Rights clients is also higher than allowed for in the grant which has resulted in an underspend. The number of nursing clients has also fallen from a high of 1,433 in September to 1,386 at the end of March. Expenditure on domiciliary care has been a pressure all year as the service has often been used as an alternative to residential care. The average number of hours provided per client has increased over the year and could reflect the greater numbers of clients who require a higher level of support. The number of Older People receiving a Direct Payment remains below the affordable target and there has been a drop in the number of meals provided. The savings attributable to the latter are reduced because the terms of the meals contract includes penalties for activity dropping below certain thresholds. The Directorate was awarded funding in June from the Department of Health in respect of it's Whole System Demonstrator (WSD) bid and this has increased the number of people accessing both telecare and telehealth facilities, with a subsequent increase in costs. This is not currently budgeted for.

The significant over-recovery in income of £945k relates to £1,725k of unbudgeted contribution from the Eastern & Coastal Kent PCT in respect of intermediate care proposals and services for patients leaving hospital and requiring social care. The award of the WSD funding identified above has also impacted on the income variance as this too was unbudgeted. This is off-set by a drop in client income on residential care, including preserved rights, because of falling numbers, together with the impact of the Ombudsman's decision on charging for domiciliary care, and reductions in income from meals.

**People with a Learning Difficulty +£4,376k overspend:** Services for this client group remain under extreme pressure as a result of both demographic and placement price pressures. As a result there were overspends against the main budget lines – residential, direct payments and supported accommodation /independent living, day care and domiciliary. Part of the pressure relates to the impact of young adults transferring from Children’s Services, many of whom have very complex needs and require a much higher level of support. Alongside these so-called “transitional” placements is the increasing number of older learning disabled clients who are currently cared for at home by ageing parents who will begin to require more support. There are also more cases of clients becoming “ordinarily resident” in Kent. This is the term used to describe people deemed to be living in the county and therefore the responsibility of KCC, rather than just receiving care in a residential or nursing placement. A client would become “ordinarily resident” following de-registration of a residential home and conversion to supported accommodation, something which is starting to happen more frequently. There are 70 more Direct Payments than budgeted for, although 30 did not start until March so costs for these were minimal. The income target for Independent Living Scheme (mainly from Supporting People) is £100k lower than budgeted. The budget assumed a similar level of income as received in 2006/07. Although there are some increases to residential income, they are relatively small as although client contributions would have increased along with an increase in activity, health income has reduced due to less joint funded agreements.

**People with a Physical Disability +£1,012k overspend:** There were similar pressures here to those for services for People with Learning Disabilities – an increase in direct payments, without a corresponding reduction in domiciliary and other costs, together with demand and demographic pressures against residential care budgets, day-care and supported accommodation. There were 107 more Direct Payments clients at the end of March than budgeted for, although 37 of these did not start until March.

**Adults Assessment & Related -£790k underspend:** Significant savings were generated through management action which helped to offset pressures elsewhere within the Directorate. There was also some slippage on posts, for example Direct Payments staffing is underspent because the number of clients remained low until the last few weeks of the year. The amount of savings from management actions have been offset to an extent because increments were not funded. Additional income was generated primarily through secondments with Health and other local authorities. Funding was also received to aid in implementing the Mental Capacity Act and the Whole System Demonstrator.

**Older Persons Direct Service Unit +£524k overspend:** The overspend primarily results from increases in energy costs, and the need to staff establishments at levels that met care standards. There was also a £50k contribution to a new reserve to fund the feasibility costs associated with the future development of various capital projects.

**Adult Service Provider Unit -£290k underspend:** Despite an injection of £50k to the new feasibility reserve (outlined in OPDSU above), this line still underspent. This stemmed from vacancy management throughout the year plus savings resulting from the decision to close some respite units over the Christmas period. As well as this, four amounts of £25k relating to old invoices for the Ashford PCT were credited back to revenue following review of the bad debt provision, specifically where health debts had been 100% provided for. Successful negotiations with the Eastern & Coastal Kent PCT resulted in payment of these invoices which enabled the credit balances to be released back to revenue. This line showed a small over-recovery of income, in part relating to additional rent from group homes.

**SESEU -£22k underspend:** Minor variance resulting from Management Action.

**Occupational Therapy Bureau -£278k underspend:** Additional costs were incurred in respect of the Integrated Community Equipment Store (ICES) which is a S31 Pooled Budget, to meet growing demand, especially in East Kent, and the desire amongst partners to prevent admission to hospital/residential care, and keep people in their own homes. However these costs were offset by additional income from partners. The underspend primarily relates to the release back to revenue of a provision of £100K, and also because of slippage against planned recruitment. Although the provision was set up in 2006/07 to fund the bulk replacement of hoists on health and safety grounds the service was able to absorb these costs within its existing budget.

**Mental Health Service -£233k underspend:** The underspend primarily resulted from higher than expected attrition of Preserved Rights clients, together with the impact of management action to reduce pressure within residential care. The latter had an impact on domiciliary care and supported accommodation where costs have increased substantially, as these services are increasingly considered as an alternative to a residential placement. The number of clients in receipt of a direct payment has also increased. Savings have been generated through management action in staffing to offset pressures elsewhere within Mental Health. Spend on voluntary organisations was reviewed by the two new Social Care Commissioner posts, in conjunction with Health partners, and in some cases it was decided not to invest further funds in these schemes.

The drop in Preserved Rights clients outlined above is the main reason for the under-recovery of income. The reduced spend with voluntary organisations indicated above also meant a reduction in contributions from health, as some schemes were funded jointly.

**Supporting People -£26k underspend:** Management action has achieved a minor underspend within the Supporting People admin budget.

**Gypsy Unit +£7k overspend:** Minor variance against budget.

**Asylum All Appeal Rights Exhausted -£25k underspend:** Fewer clients than anticipated accessed this service.

**Strategic & Area Management -£1k underspend:** Minor variance against budget.

**Performance, Contracting & Planning -£874k:** The majority of the underspend on gross resulted from management actions designed to offset pressures elsewhere within the Directorate. Recruitment in East Kent was held back to offset pressures within the facilities budget. Additional income was also generated through joint working with other local authorities (eg Swindon and Staffordshire).

**Training, Duty & Support -£935k:** The majority of the underspend on gross resulted from management actions designed to offset pressures elsewhere within the Directorate, although the winding down of services through the Regional Regeneration Hub also contributed to this position. Management actions against Training have resulted in over £500K of savings, delaying the recruitment of the systems support team generated £112K, and £468K provision for risks in the Systems Renewal Package was not required and was therefore released back to revenue. However there are some significant costs within this line which are unbudgeted, for example £446K was injected into a provision to offset future pressures relating to the new client billing system. There were also costs relating to the PFI indicated below which were not budgeted for.

Although the overall position is an over-recovery on income of £108K, there are some significant unders and overs within that. The Public Private Partnerships & Property unit forecast £222K of contributions from 10 of the District Councils within Kent towards fees for the Better Homes Active Lives PFI. £100K of extra external income was generated from third parties who contributed towards training courses and activity, together with other recharges within the Directorate. These were mostly been offset by an under-recovery of income relating to the wind down of services through the Regional Regeneration Hub (with a corresponding decrease in gross).

The capital budget reported break-even at the end of the year following agreed re-phasing of schemes that are reflected in the 2008/11 MTP.

The following table summarises the headline financial information:

The main reasons for the change between original budget and the revised budget are as follows:

a) Revenue:

- Mental Health Services – transfer of Out of Hours Service from CFE, other adjustments.
- OT & Sensory Disabilities Services – disaggregation of County Services, other adjustments.
- Gypsy Unit – minor adjustment for savings

Budgets Business Unit/Service Unit	Revenue			Capital		
	Original Budget (£'000)	Revised Budget (£'000)	Final Outturn (£'000)	Original Budget (£'000)	Revised Budget (£'000)	Final Outturn (£'000)
Mental Health Services	15,947	16,109	15,876	382	5	5
OT & Sensory Disabilities Unit	6,844	6,175	5,897	769	784	784
Supporting People	0	0	-26	0	0	0
Gypsy Unit	346	345	352	0	29	29
Adult Social Services (Total)	273,683	271,996	273,493	7,018	2,486	2,486

Adult Social Services Total - roll-forward of £1,0011k pressure from 2006/07, disaggregation of budgets to and from other Directorates, various savings and other adjustments.

b) Capital:

Re-phasing of expenditure reflected in the MTP, majority of Mental Health funding used for dementia related projects.

### **3. Key Performance Indicators**

Outlined below is the Directorates performance for 2007 – 8 in the delivery of key performance indicators

<b>Adult Social Services</b>	Actual Performance 2006/07	Target 2007/08	Actual Performance 2007/08
PAF C26. Admissions of supported residents aged 65 or over to residential/ nursing care per 10,000-population aged 65 and over.	72	72	73
PAF C28 BVPI 53, KPI Intensive Home Care per 1000 population aged 65 and over	11	12	11
PAF C32 BVPI 54 Older People aged 65 and over helped to live at home per 1000 population aged 65 and over	75	76	77
PAF D40 BVPI 55 Clients receiving a review as a percentage of adult clients receiving a service.	86	88	86
PAF D39 BVPI 58. Percentage of people receiving a statement of their need and how they will be met.	98	99	98
<b>Mental Health</b>	Actual Performance 2006/07	Target 2007/08	Actual Performance 2007/08
Reviews conducted within time (PAF county position).	86	88	86
% of people receiving care plans (PAF county position)	98	99	98
Increase number of service users receiving direct payments (PAF)	101	120	109
Reduce the number of mental health clients in residential care (PSA 2)	234	249	222
<b>Occupational Therapy and Sensory Services</b>	Actual Performance 2006/07	Target 2007/08	Actual Performance 2007/08
<b>Occupational Therapy Bureau</b>	15923		14282
No of referrals for service (adults)		15,326	
No of people provided with service (adults)	15252	15,236	14882
PAF D39 - Percentage of people receiving a statement of their needs and how they will be met.	98	Data not available	98
PAF D54 - Percentage of items of equipment and adaptations delivered within 7 working days	92%	93%	91%
PAF D55 PAF - Acceptable waiting times for assessments. (Percentage of new older clients who had their assessments completed within 28 days of contact)	94.5	Data not available	90.9

<b>Services for Deaf People</b>	1,249		1,008
<b>Hi Kent</b>			
No of referrals (adults)		1,249	
No of people provided with service	1,258	1,249	1,008
<b>Deaf Services Bureau</b>	578		578
No of referrals (adults)		578	
No of people provided with service(adults)	461	461	486
<b>Kent Association for the Blind (KAB)</b>	6,984		6,657
No of Referrals Adults		6,164	
No of people provided with a service (Adults)	6,804	6,164	6,571
<b>Recuperative Care</b>	100%		100%
% People aged 65 and over, assessed within 48 hrs of referral.		100%	

*Supporting People - to be reported to ASSPOC in November*

#### **4. Adult Services Business Plans**

##### **4.1 Projects/developments/key actions**

Many of the projects/developments/key actions outlined in all of the KASS business plans of 2007/08 were long term and therefore continue on course to be completed beyond this year. Outlined below is a brief summary of progress on each of the plans

In this plan there were twenty-two projects, of which

- 6 were fully delivered in 2007/08..
- 16 projects are ongoing, such as ALfA, Telecare, development of Extra Care Sheltered Housing and supported accommodation through PFI.

##### **4.2 Achievements in 2007/08**

Briefly outlined below are some of the achievements obtained within the context of this Adult Services Business plan activity. These include:

- Successfully bidding to gain the POPPS bid which has now been launched in East Kent – INVOKE.
- Successful Implementation of the Brighter Futures Project in West Kent
- Telehealth /Telecare - Successfully achieving the WSD grant, which is now being implemented. The Kent Telehealth Pilot team was the winner of the Telehealth award at this year's Health Business Awards. Held at the Royal College of Physicians on 13 December, the awards, organised by Health Business Magazine and Public Sector Publishing.
- Kent Adult Social Services (KASS) and the Pension Service are joint working across the Thanet District. To progress to 'full' joint working, negotiations are underway with the Revenue and Benefits Department of Thanet District Council.
- **Modernisation & Personalisation.** There are many examples of achievements under these key themes which include:
  - Dementia Services at Lawrence House, Shepway. Work is progressing with the Eastern and Coastal Kent PCT to take forward this service development, with capital resources confirmed.
  - The modernisation of services for people with a learning disability in Sevenoaks District is progressing. Service users are now accessing different venues in the community. The Mencap hall is now accessible and meets the needs of service users.
  - As part of the modernisation of services and promoting independence and choice for individual service users, an independent living scheme is being established in Maidstone. The Area has successfully managed the procurement of a Registered Social Landlord as a partner in the Bower Mount project.

- Successful partnership working with Tonbridge & Malling Borough Council and Invicta Housing, the Mary Magdalene project, has facilitated the provision of accommodation for people with learning disabilities
- Modernisation of in-house day services for people with a learning disability. This proposal has been modified with the Government's refresh of the "Valuing People" White Paper. Consultations have been taking place on the "Good Day Programme" which will aim to facilitate what people with a learning disability really want. The programme is now underway.
- The development of the **County Duty Service** will be key to the progression of the modernisation agenda outlined below are some of its achievements from last year.
  - New Adult Social Services client database fully established.
  - Introduced pilot project to fast track Occupational Therapy assessment and provision, consistent with Active Lives for Adults ( ALfA). The project will be extended early 08/09.
  - Public Direct Payments Helpline transferred into County Duty Service.
  - New efficiency and quality assurance measures introduced into Service
  - Consolidation of County Duty Service presence within Ashford Gateway and plans to extend CDS function into new gateways during 08/09.
  - Highest number of people for six years have travelled through County Duty Service during 07/08, reaching 1000,000 for first time. 10% above target.

## **5. Adult Mental Health Business Plan**

### **5.1. Projects/developments/key actions.** There were five projects:

- 4 were fully delivered
- 1 is ongoing. This is the development of information systems with connectivity between KCC and the Trust, and implementation of training and changes to data inputting methods

### **5.2. Achievements in 2007/08**

- Excellent progress was made on delivering the PSA 2 target in reducing the number of people of working age in residential care. There was a reduction of the numbers of people aged 18-64 in residential care down to 225, and this figure is continuing to reduce as we pursue our policies through the residential and continuing care panels in conjunction with the PCTs and the Trust. We aim for a further 8% reduction in the next 2 years.
- Mental Health's contribution to the employment PSA2 target. Mental Health's share was 75 and at present there are 71 identified.
- In conjunction with our District and Borough Local Authority Housing partners, there was the development of an additional 21 units of supported accommodation across Kent.
- The launch of the Maidstone "One Stop Shop" for Vocational Support marks a significant change in the way service users access employment services in Kent. The development of a single point of access for Vocational Support has been welcomed and will lead to greater numbers of service users accessing Vocational Support and permanent paid employment.
- The year saw the continued development of an integrated health and social care workforce with the transfer of the management and operation of the ASW Service to the Trust. Continued improvements to the level of community support offered to service users led to a reduction in the average length of stay on hospital wards.
- The Out of Hours ASW service transferred successfully to the KMPT Trust from KCC on 1<sup>st</sup> December 2007, involving considerable planning and input from the Trust and KCC staff.
- The introduction of the Mental Health Commissioning and Contracting Team led to a renewed focus on the commissioning of Mental Health Social Care provision.

## **6. Gypsy and Traveller Unit business Plan**

**6.1 Projects/developments/key actions.** There were six projects. Four were fully delivered and two are ongoing.

### **6.2 Achievements in 2007/08**

- Made best use of available pitches and tackled long term issues for the benefit of residents and neighbours.
- Installed water meters on all plots and will start charging licensees for water use from April 08.
- Installed additional equipment to solve ongoing and expensive drainage problems on two sites.
- Supported Districts in carrying out Accommodation Assessments.
- In partnership with District and Borough Councils, co-ordinated the submission of long term countywide pitch requirement data to South East England Regional Authority (SEERA).

Carried out a number of stakeholder engagement events

## **7. Occupational Therapy Bureau Business Plan**

**7.1 Projects/developments/key actions.** There were 11 projects.

- Seven projects were fully delivered
- 4 projects are ongoing, such as the review of Equipped for Independence.
  
- Established a new countywide Sensory Disabilities Unit.
- Developed service user and carer Involvement Strategy including setting up Area groups.
- Established a specialist outreach service for Deaf people with mental health needs.
- Facilitated Deaf Awareness training for GP surgeries to improve accessibility.
- Developed strategy for implementing Local Authority Circular (2001) 7 Social Care for Deafblind Children and Adults.
- In partnership with Health, Education, Medway Council, voluntary organisations and service users, finalised an Options Paper to better meet the needs of visually impaired people.
- With the Duty Service introduced pilot project to fast track Occupational Therapy assessment and provision, consistent with Active Lives for Adults (ALfA). The project will be extended early 08/09.
- Supported people to maintain their independence in the community by providing 90% of all their equipment and minor adaptations within 7 working days of assessment.
- Embedded Microsoft, an integrated electronic system to manage the delivery of equipment.
- Quality Service Award for Technician Service.

## **8. The Supporting People Business Plan**

**8.1 Projects/developments/key actions.** There were twelve projects, all fully delivered

### **8.2 Achievements in 2007/08**

- The Audit Commission in September 2007 inspected the Supporting People Programme in Kent. The outcome was Good with Promising prospects. The recommendations from the Audit Commission Inspection were incorporated into an action plan, which was developed in co-operation with the Core Strategy development Group, and the Commissioning Body. The outcome of the inspection was also subject to Cabinet Scrutiny, and an action sheet was confirmed. The recommendations from the Audit Commission related to:
  - strengthening the strategic approach to the Supporting People Programme
  - improving performance management and governance of the Programme
  - improving the approach to value for money
  - improving service user involvement
  - improving access and information in relation to the Supporting People Programme
  - All these issues are being actively worked on as part of this years business plan
- The inspection preparation led us to review, standardise and streamline business processes and procedures. The administrative burden on providers has also been reduced, by introducing one-page workbooks and fixed capacity contracts. Good practice has been cascaded to the Kent Adult Social Services Directorate in relation to contracting, monitoring and review.
- The Supporting People Programme met its LAA1/PSA2 targets and achieved a particularly good outcome in relation to Investors in People.
- The Commissioning Body revised and agreed eligibility criteria for the Programme, and its Memorandum of Understanding. There was also an evaluation of self-directed support and the implications for the programme in relation to individualised budgets.
- Strategic reviews were undertaken of older people's services and short-term accommodation based services, and further work was undertaken on the strategic review of floating support. This led to the commissioning and tendering of additional services. The strategic review of long-term accommodation based services is still ongoing due to the duration of the strategic review of older person's services.

## **9. The Strategic and Area Management and Business Support business plan**

**9.1 Projects/developments/key actions.** There were eight projects. 3 of which were fully delivered. 5 are ongoing such as service modernisation and the development of ALfA / Self Directed Support

### **9.2 Achievements in 2007/08**

- Successful project management of the performance framework process for adult social services ensuring we maintained our 3 star status.
- A further Housing PFI with four District Councils (Ashford, Dover, Thanet and Tunbridge Wells) for 182 Extra Care and Supported apartments for vulnerable people.
- Active Lives – a major process of engagement with the public in looking at KASS's priorities for the next 10 years. The new version was written with a editorial panel from the public.
- Implementation of user involvement recruitment policy.
- Successful implementation of Domiciliary Charging policy. Given the potential controversial nature of the changes, lessons were learnt from the past and it was implemented with fewer difficulties

## **10. Towards 2010**

All business units within KASS work towards the delivery of the Towards 2010 Targets which the Directorate is responsible (targets 52 – 56). Currently KASS is on course for the delivery of these targets and a more detailed report on progress is part of the agenda are ongoing such as service modernisation.

## **11. Summarised user feedback, survey feedback and external evaluation**

KASS received 368 statutory complaints in 2006/07 and 295 statutory complaints in 2007/08. The numbers of statutory complaints have gone down whilst there has been a rise in the number of compliments. The feedback we have from members of the public is that we are more receptive.

With the changes in the procedures in 07/08, KASS has spent time and energy in increasing training input around customer care and public involvement.

The Directorate has a strong ethos of engaging the public. We have developed a whole range of forums and engagement processes which means that people have other avenues to pursue issues other than complaints and are fully involved in the development of the Directorate. These include; The Partnership Board & District Groups, Occupational Therapy user groups, and a wide range of District forums. The public are being engaged in the development of Self Directed Support and other new initiatives including Tele health.

We have involved members of the public on numerous issues. For example, Public consultations were held across Kent regarding the Older Persons Strategy. People have also helped us to develop the KASS Core Standards and have been involved in monitoring them and raising their profile. Within the Sensory Services Unit, a health and social care Long Term Conditions sub group is being established. A more detailed report on our work with the public will be presented at ASSPOC in November.

## **12. Overall summary of achievements in 2007/08**

In 2007-8 Kent Adult Social Services achieved 3 star status for the sixth year running. Only six other 6 Local Authorities have achieved this.

The Directorate also played a significant part in ensuring that Outcome 18 of the Kent Agreement– Independence for All, was achieved. This was the Outcome which the Directorate led on. We also made significant contributions to other outcomes within the Kent Agreement

Despite increase demand and significant budget pressures as outlined above the Directorate continues to make good progress and improvement as outlined above. The Implementation of ALfA / Self Directed Support is key to the modernisation of the Directorate and ensuring that the personalisation agenda is embedded firmly into the future of the Directorate

The Modernisation Programme of Learning Disability Day Services, through the Good Day Programme has been launched and will in the future offer more choice and control. A Strategic review of Older People Services is also underway.

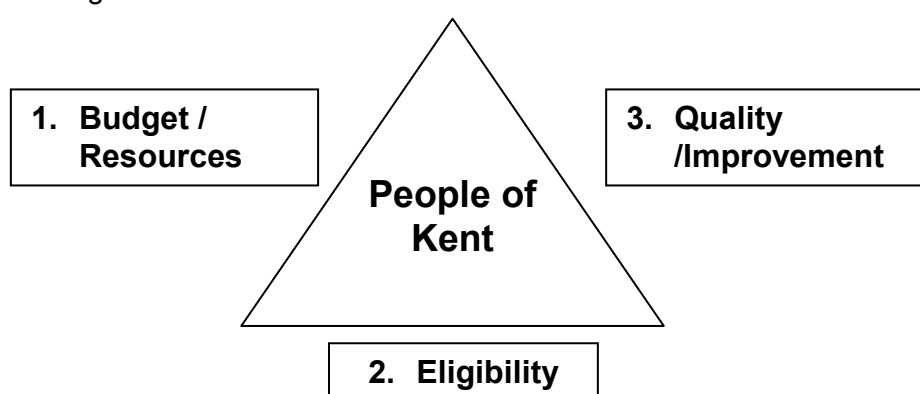
## Managing Directors Statement

Active Lives, our ten-year vision sets out our major priorities. Recently Active Lives was reviewed with the full involvement of the public. The priorities set out in Active Lives reflects so those set down in key Government Documents such as Our Health Our Care Our Say, Putting People First and Valuing People Now. These are underpinned with our core values of

- Promoting Independence
- Personalisation
- Prevention
- Partnership

These values are reflected throughout all the Business Plans

As outlined above the Directorate continued to make good progress through the implementation of our Business Plans, in an increasingly difficult environment of increased activity and resource pressures. Continued improvement and the delivery of good quality, value for money, adult social services depends on us effectively managing the three sides of the triangle as illustrated below.



- 1. Budget / Resources** – It is essential that we work within budget. This is increasingly difficult to do as the impact of an ever-increasing ageing population combined with more profoundly disabled young people surviving childhood. This is being evidenced through increased activity. Furthermore people's changing expectations has added to this pressure. These issues have been highlighted in the recent report from Commission of Social Care Inspection 'The State of Social Care '
- 2. Eligibility** - Our eligibility criteria has been maintained at Moderate. Key to our strategy for promoting independence is *prevention*. We believe that this focus on prevention is supported by keeping eligibility as low as possible, along with our major investment in preventative services. However, this position has to be kept under constant review. Again in 'The State of Social Care ' it was noted that 75% of Local Authorities are raising their eligibility criteria to substantial or even critical, with more planning to do so'. Kent is therefore unusual in maintaining moderate eligibility criteria
- 3. Quality / Improvement** – Good Quality Services are essential to maintain our focus on our core values of promoting independence, personalisation, prevention & partnership. It is essential that they deliver good outcomes and value for money, particularly in a society where people's expectations of social services continue to rise. We recognise that to ensure that quality continues to keep in step with expectations, we need to strive for further improvements and look at new ways of doing things – modernisation. ALfA and the development of Self Directed Support is a key driver in pursuing this goal.

## **Partnership Working**

Partnership working is vital for the continued development of social care in Kent. The new PCT arrangements in Kent offer excellent opportunities for partnership working, building on a successful history of close working relationships with the health service.

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

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

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

## **Challenges**

Outlined below are some of the key challenges we are facing

**Maintaining a balanced triangle.** It is increasingly difficult to balance the budget, whilst meeting increasing demand/ activity.

**Valuing People Now.** As part of this review the Local Authorities nationally are taking the lead on Learning Disabilities, including the transfer of resources and those people placed in NHS units. As the Commission has noted this is a major challenge, Kent having one of the largest cohorts of people in the country. This is as a result of geographical position historical trends and size of Kent. The Directorate is determined that the principles of person centered planning will be paramount in meeting the needs of those people transferring from the NHS. In the pack there is more detail on the implementation of this.

**Active Lives for Adults (ALfA).** This is a major cultural change, which will see a shift in emphasis away from 'managing care packages' and towards personalisation - supporting people in identifying how best to meet their own needs. It will transform all front line services.

**Workforce-** KASS continues to have a skilled and stable workforce. Staff Care package, Training and IIP have all contributed to maintaining this healthy position. As outlined already the future holds a range of challenges and to meet these the Directorate will need a skilled, committed workforce with the right 'skill mix'. Within ALfA workforce development is a major workstream. The issues regarding workforce extend beyond KASS to the Private & Voluntary Sector and the NHS. We have been working now for sometime with the Private and Voluntary Sector to develop the wider social care workforce as evidenced by such initiatives as 'Training 4 Care'. We are also working with the PCTs to look at some of these issues. The Directorate has developed a detailed workforce plan to address these and other issues such as succession planning and continuous improvement.

**Mental Health.** Currently the Mental Health Trust is in the process of seeking Foundation Status, and the outcome of this will have implications for the Directorate.

**Transition.** This is a key T2010 Target that we share with Children Families & Education Directorate. Good transitional planning is a key element ensuring independence and personalisation and is a key issue in Valuing People Now. Implementing the recommendations of the recent select committee will be a key driver.

**Carers.** We are committed to implementing the recommendations of the recent KCC Select Committee report, and the new National Carers Strategy is a further driver in the development of services for carers..

**Improving Performance.** Every year it becomes increasingly difficult to maintain our three star rating. As already outlined the Directorate is finding it difficult to maintain its performance with increase demand. Furthermore year on year the Commission for Social Care Inspection continue to raise the bar to achieve 3 star rating. As outlined in another paper on performance before the committee this trend is set to continue.