By:	Kevin Lynes, Cabinet Member for Adult Services Oliver Mills, Managing Director, Adult Services
To:	Cabinet – 15 January 2007
Subject:	COMMISSION FOR SOCIAL CARE INSPECTION – ANNUAL PERFORMANCE REVIEW REPORT FOR ADULT SOCIAL CARE
Classification:	Unrestricted

Summary:	Enclosed is the Performance Review Report for Adult Social Care. It outlines the Commission for Social Care Inspection's view of the Adults Social Services Directorate's performance over the last year.

Introduction

1. On 31 August 2006, Adult Service's Annual Review Meeting with the Commission for Social Care Inspection took place to audit performance for the year 2005/06. This was the second year where adult social care was reviewed separately from Children's Social Services and covered the last year in which Adult Social Care was managed within the Social Services Directorate, before the Adult Services Directorate was established on 1 April 2006. Enclosed with this report is the ROPA (Record of Performance Assessment – Appendix 1), and the letter from CSCI informing us of our star rating for the period 2005- 2006 (Appendix 2). There is a requirement to present the ROPA to an executive meeting of elected members.

2. Although in the main the services this assessment applies to the Adult Services Directorate it does cover some services now managed within the Communities Directorate such as KDAAT (Kent Drug & Alcohol Action Team).

Policy Context

3. The ROPA outlines areas where Adult Services have improved and recommends areas for improvement. The recommendations are intended to help the council improve outcomes and the quality of services.

4. In assessing performance, CSCI uses Performance Assessment Framework (PAF) indicators and other statistical data, the delivery and improvement statement (Adults).

5. Key points we were commended for were:

- The successful implementation of the Adult Services Directorate
- The council continues to be at the forefront of the development of national policy.
- Kent's strong leadership at Member, Chief Executive, Director, and Senior Manager levels

- The council's strong partnership arrangements and its effective public and user participation processes that have enabled continued service development that is line with national priorities and local need
- Overall performance on PAF performance indicators has improved
- The council can demonstrate strong recruitment, retention and training and development opportunities for staff.

6. The main areas for improvement identified – increasing the take up of Direct Payments, closely monitoring the number of delayed transfers of care, and helping commissioning strategy under review in the light of pressure on Health funding - are being addressed.

The outcome of the performance analysis of Adult Services for 2005-06 was announced on 20 November 2006. KCC has retained its **3-star rating** for the **fifth year** for Adult Social Care. This is good news for KCC and people and their carers who use Adult Social Care Services as it demonstrates that 'we serve most people well and have excellent capacity for improvement', while recognising the hard work and dedication of staff.

Recommendations

7. Cabinet is asked to

a) NOTE this report, the ROPA and Star rating letter.

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Attached documents:
Appendix 1: Performance Review Report for Adult Social Care dated 2005-6.
Appendix 2: Star rating letter.

Making Social Care Better for People

RECORD OF PERFORMANCE ASSESSMENT FOR ADULT SOCIAL CARE
2005-06

Name of Adult Services Authority

Kent

Contents

Part 1
Part 2

Business Relationship Manager:	Jessica Slater
Performance Information Manager:	Joyce Phillips
Date Last Updated (dd/mm/yyyy):	20/10/2006
Final Version:	Yes

Part 1:

Summary of Improvements

- The implementation of the new Adults Services Directorate has been successfully achieved.
- The council has continued to provide strong leadership at Member, Chief Executive, Director, and Senior Manager levels.
- The council's strong partnership arrangements and its effective public and user participation processes have enabled continued service development that is line with national priorities and local need.
- The council's website is being used increasingly by people to access information about care services, with the information on registered services being linked to CSCI for latest inspection reports. This part of the website receives the greatest number of hits of any other.
- Overall performance on PAF performance indicators has improved.
- The council has made further progress in introducing its innovative Kent card enabling people to pool sources of income such as direct payments.
- The council can demonstrate strong recruitment, retention and training and development opportunities for staff, including its work with Swindon which has strengthened its own performance and passed on skills and experience to support others.

Summary of Areas for Improvement

- The council needs to ensure that it increases take-up of direct payments.
- Numbers of delayed transfers of care have been variable over the year and the council needs to maintain current processes of close monitoring and control.
- Practice Learning (D59) performance appears to be low, although this can partly be explained through sponsorship of social work degree places not being included. These form a significant part of Kent's training and development strategy.
- Commissioning strategies need to be kept under review in the light of pressures on health funding.

STANDARD 1: National Priorities And Strategic Objectives

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities

Improvements achieved/achievements consolidated since the previous annual review

General

- The council made a smooth transition to restructuring its social care services with minimum disruption to people using services and their carers, and with strong support from staff. From April 2006 there has been a fully operational Community Services Directorate with a separate Children, Families and Education Directorate.
- The council has strong Member support and engagement. A further strength is the range of cross directorate working and strategic planning encompassing employment, transport, and housing. The council employs a demographer in adult services to give expert advice to districts when planning services and has forecast increasing demand for social care, which is mapped, to a local level.

Older People

- The council has a falls prevention strategy that aims to restore confidence and reduce the likelihood of falls occurring. A number of voluntary sector groups are involved, some running exercise programmes and one offering a course in how to gain better balance and avoid falls. The Telecare service provides falls monitoring and timely response services.
- Telecare services are supporting an increasing number of people to live safely in their own homes retaining independence.

Prevention of Hospital Admission / Timely Discharge

- Numbers of delayed transfers of care have fluctuated over the year and been above the England average but current performance shows improvement, due to close working with health colleagues and monitoring and reviewing all delays during the year.

Extra Care Housing

- Alternatives to residential care are continuing to be developed by the council. Numbers of places of extra care housing have increased by 720 in 2005-06. Further increases in places are planned with additional PFI funding. An extra care partnership scheme in ten of the twelve District/Borough councils will see the development of 240 purpose built extra care housing units for older people. This will have community and nursing care available so people do not have to move, as their care needs change.

Learning Disability

- The recent Member led learning disability review has provided valuable research for the learning disability strategy and is proving to be a model for developments by other councils. We note the grip Kent has on strategic planning, with strong contributions from many different perspectives. It is clear that strategies are communicated well throughout the council and all clearly know what is going on.

Physical and Sensory Disability

- The council area has fewer registered places for people with a physical disability per thousand of population than nationally. This has been influenced by Kent's policy not to

place people in residential care in Kent and instead provide community support to enable people to live more independently.

Mental Health

- The council has fully integrated individuals and carers into mental health planning and service delivery. Carers and people using services are fully engaged in all review processes, revision of policies, and are a high priority in the public involvement strategy.

Drugs and Alcohol

- The council is working with Kent PCTs to provide better support for people with alcohol problems and to maximize services to target needs. The council is being creative in responding to needs by introducing a pilot scheme due to start in December 2006 targeting A and E. This is an example of opportunistic intervention. The council has also targeted PCTs to better engage with GPs and ensure that individuals going to primary care get access to services. A Section 31 agreement is likely to be in place by March 2007 with PCTs to provide more integrated alcohol support services.

Carers

- The council has effectively consulted with carers and satisfaction levels are high, carers have been involved in Kent's 2010-consultation exercise, and in recruitment. There has been very positive feedback from carers on the range of support they receive and on their participation in decisions.

Areas for improvement

Older People

- The council should continue its focus on managing the market for social care to ensure services commissioned and supplied in the local area give choice for local people, are effective and provide value for money.
- The council needs to consolidate its work with local hospital trusts to ensure a consistent downward trend in delayed transfers of care continues.

Prevention of Hospital Admission / Timely Discharge

- The council should continue to work closely with local health colleagues to prevent unnecessary hospital admissions and focus effort on timely hospital transfers of care.

Extra Care Housing

- The council should review future plans for extra care housing to ensure that targets are achievable in the planned timescales.

Learning Disability

- The council should continue to work with providers to ensure the supply of care for learning disabilities is tailored to local needs.

STANDARD 2: Cost and efficiency

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available

Improvements achieved/achievements consolidated since the previous annual review

General

- The council has welcomed the Commission's information on registration standards in the local area (the Local Authority Market Analyser) which it is using alongside other information and intelligence sources. Kent has been an active participant in the CRILL project, which brings together commissioning, and registration information at a local level. Information from CRILL is being given to all providers in Kent.
- Kent is expanding its on-line service directory with information on service standards to help consumers make informed choices about the services on offer. The Kent on-line directory receives the most 'hits' of all areas of the council website, indicating how helpful people find it.
- Kent has actively responded to consultations on new quality ratings for services and is contributing to the 2006-07 review of the social care performance assessment framework.

Older People

- The council has gained good quality information from its survey of users of domiciliary care, has fed results back to providers and has acted to address issues raised including areas of complaint. People have been impressed by the level of commitment made by the director who personally met with a group of users to discuss areas of concern. Alternative arrangements for charging users have been introduced as a result of this work. There is strong support from the Portfolio Lead Council Member.
- The council places more people in residential care in Kent than outside the area. Whilst this is not surprising given the level of places available in the local area, Kent is to be commended for its placing policies.
- Whilst the level of dementia care in Kent is lower than the national average, the council has a policy of providing support to people with dementia to enable them to stay safely in their own homes wherever possible.

Learning Disability

- The council is to be commended for its continued policy of avoiding placing people with a learning disability into residential care wherever possible. The council is encouraging providers to diversify when vacancies occur to reduce the local over-supply of learning disability places.

Areas for improvement

Older People

- Numbers of places for people with dementia are low. The council needs to work with providers to increase availability in the local area in the light of a significant projected increase in demand.

Learning Disability

- The council should continue to work with learning disability providers to manage the over-supply of learning disability residential places.

STANDARD 3: Effectiveness of service delivery and outcomes

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

Improvements achieved/achievements consolidated since the previous annual review

Older People

- PAF indicator performance is improving. The council has a policy of not 'PI chasing' and instead focuses on managing for better outcomes for individuals and more effective service delivery and performance. Performance on some PAF indicators (helped to live at home indicators PAF 29, 30, 31 and 32) is affected by the amount of services Kent has from by the voluntary sector and available on an open access basis to prevent the need for more complex packages of care.

Telecare

- Progress has been on an upward trajectory, and is enabling greater numbers of people to gain independence. The service is linked in with the falls strategy to ensure people who are at risk of falling have backup services in place should they fall again.

Mental Health

- Kent performance on PAF C31 people with mental health problems helped to live at home continues to be very good. Early intervention teams are now in place and the council is working closely with health partners to meet new Department of Health targets.

Areas for improvement

General

- The council should continue to increase the proportion of people allocated single rooms (PAF D37) which is currently 93%.

Older People

- Kent's performance on helped to live at home indicator PAF C32 continues to be low. The council does not expect this to change significantly in the future, but emphasises that it funds a high proportion of preventative services run by the voluntary sector which do not feature in data for this indicator. The council should continue to closely monitor outcomes for people using these preventative services and funding allocated to these groups to ensure good outcomes, effectiveness, efficiency and value for money.

STANDARD 4: Quality of services for users and carers

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

Improvements achieved/achievements consolidated since the previous annual review

General

- Performance on issuing statements of need (PAF D39) has improved with the council moving up a performance band due to improved use of IT systems and better performance management and monitoring.
- The council has outperformed its statistical neighbours for reviews and assessment waiting times (PAF D40 and D55).
- The council is ahead of most authorities in developing the Electronic Social Care Record.
- Kent is making good progress towards sharing information electronically with other partners such as health and education.

Older People

- The council's performance is particularly strong in speed of delivery of services following assessment, which will impact mainly on older people who are the largest proportion of service users. Kent's priority is to carry out urgent assessments within 48 hours of referral and non-urgent cases within 28 days. The council has maintained its high performance against these targets. Kent exceeded the performance of its statistical family in the percentage of new assessments of older people carried out within two weeks and in the percentage of assessments of older people begun within 48 hours of first contact with social services.

Learning Disability

- The council has strengthened person-centred planning and reviewed its transition process to ensure consistently good outcomes. One innovation the council is piloting is the use of family conferencing for adults.

Carers

- The council has produced a DVD giving information about direct payments and benefits for carers, which is aimed at encouraging more people to access services. Alternatives to direct payments are offered for people caring for others who need short breaks. This is achieved through carers deciding on which providers are selected which avoids the need to directly employ staff whilst still giving more choice and control over who supplies the service.

Areas for improvement

General

- The council is addressing variations in some locations of the percentage of people receiving statements of needs, which were identified in 2005-06.

Learning Disability

- The council should continue to undertake work streams identified by the learning disability review to make necessary improvements to policies, procedures and practices, in close collaboration with local PCTs and the PCP Implementation Group.

Mental Health

- At times during the year performance on issue of statements of need has been lower than for other service users.

STANDARD 5: Fair access

Adult Social Care services act fairly and consistently in allocating services and applying charges

Improvements achieved/achievements consolidated since the previous annual review

General

- The council has carried out assessments of all key areas, which have been expanded from race equality impact assessments to equality impact assessments. These have a wider remit than race equality only, covering the full range of diversity issues. Thirty managers have received impact assessment training.
- The council can demonstrate that it has achieved level 2 of the local government Equality Standard – it has incorporated a range of supportive groups into its personnel and operational management for example the UNITE Black staff group; race equality in procurement; the BME commissioning group and the Equal Care Project which is employing, training and mentoring 120 care workers from black and minority ethnic groups.
- Kent has achieved excellent comprehensive data on ethnicity of clients assessed, reviewed and receiving services, with 100% of adults having ethnicity data recorded.

Older People

- The council is continuing to maintain its excellent performance in assessing and providing services to older people without delay, exceeding its IPF neighbour councils in performance on PAF D56, percentage of social services for older people provided within 4 weeks of an assessment (Kent achieved 95% compared with an IPF average of 86%).

Mental Health

- The council commissioned Rethink to support a monthly black and minority ethnic forum to meet before each LIT to ensure that ethnicity issues are fully considered in new initiatives. There is a mental health race equality strategy.

Drugs and Alcohol

- The council is planning to expand access and funding to alcohol services to meet identified needs using its own resources as these services do not receive specific grant funding.

Carers

- The council has ensured that Carers have been a key focus of user involvement and have encouraged carers to participate in recruitment panels and to give their views quality of services via surveys. Survey results indicate that of those carers surveyed, 97% were satisfied with services, with 88% describing services as good. Half of respondents said that they believed that services like Crossroads have prevented the need for residential care, and 83% felt that these services had relieved or prevented a breakdown in the carer's personal health.

Areas for improvement

General

- The percentage of assessments of adults and older people leading to provision of service is lower in Kent than the average of the council's statistical family. The council needs to consider whether resources are being used effectively where a significant proportion of assessments results in no service being offered.
- In some areas of Kent there have been gaps in accessing social care services 24 hours a day, 7 days a week which are being addressed for 2006-07.
- The proportion of people being assessed by the council from black and minority ethnic groups differs from the proportion of people from black and minority ethnic groups who are receiving services. The council should consider how to test out fair access. One way might be to sample data by ethnic group linking those people assessed with those receiving services to confirm that allocation of services is equitable.

Mental Health

- The council should continue to support funding bids for 8 community development workers to support the race equality strategy priorities and look at alternative ways of providing support within existing resources for 2006-07 and beyond.

STANDARD 6: Capacity for improvement

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services

Improvements achieved/achievements consolidated since the previous annual review

General

- The council has a coherent series of medium and longer-term plans and takes care to ensure that targets fit with LPSA and LAA objectives.
- The council uses feedback from users and carers to develop targets and four-year plans. Individuals have welcomed the opportunity to discuss issues directly with the managing director of the adult social care services and have found the dialogue very positive.
- The council has excellent financial and forward planning. Restructuring was undertaken to coincide with the beginning of the financial year to ensure that re-aligned budgets were in place at the right time.

Commissioning

- The council has robust and comprehensive commissioning strategies and uses external sources of information and research findings to improve its knowledge of providers. Kent uses quality standards to improve local services.
- The council's directly managed older people's homes have achieved better average national minimum standard scores than Kent or England averages.

Partnership Working, etc.

- The council has smoothly achieved restructuring of adult social care services with the core objective of promoting independence. During the time of change the focus has continued to be on front-line services, improving performance within budget and with good staffing levels maintained.
- The council has a new strategy with the working title 'Towards 2010' which focuses on helping people to live at home, carers, self assessment and transition plans. An important theme is improving the quality of life for older people by linking financial planning, leisure, educational activities and other areas such as transport, which can have a positive impact on individual's lives. 'Brighter Futures' outlines Kent's plans to improve outcomes for older people, which will be supported by Kent's role in the Innovations Forum.
- The council's Public Services Board, with multi-agency membership has played a key role in co-coordinating and monitoring the council's PSA 2/ Local Area Agreement.

Human Resources

- The council has extended equalities impact assessments from a narrower focus on race equality to include wider equality issues, and trained senior managers in carrying out assessments.

Training

- The council supports staff to undertake social work degree courses in addition to offering social work placement days.

Equality and Diversity (including Race Equality)

- The council has undertaken a review of ethnicity data held on staff following submission of the SSDS001 return which did not meet the key threshold. By February 2006 only 7% of staff did not have ethnicity stated in Human Resources records.

Areas for improvement

Commissioning

- The council should continue to use research and registration data and reports to inform commissioning practice and use information collected as part of the CRILL project to gain a better understanding of costs and quality of services used.

Partnership Working, etc.

- The council needs to continue to work closely with health partners to ensure the best outcomes for individuals who need health and social care support, and to minimise the effects of budgetary pressures.

Human Resources

- There have been some increases in staff turnover in the last year although turnover has remained low when compared with Kent' statistical family. The council should monitor turnover on an ongoing basis to see whether this increase represents a temporary change, or whether it marks a more significant trend.

Part 2:

STANDARD 1: National Priorities And Strategic Objectives

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities.

Summary of admissible evidence (including sources)

1.1 The council has implemented a coherent strategy for responding to national priorities and can demonstrate progress year on year

R0PA 26 Oct 2005:

General Improvements

The council continues to be at the forefront of the development of national policy.

Kent works effectively with partners and consultation with service users and the public has been extensive, particularly in relation to Local Public Service Agreements and the Local Area Agreement, which set challenging targets for improved service delivery. Priority is given to promoting the independence of all service users. Referral, assessment, care planning and review processes are convenient, timely, and tailored to individual needs and preferences, including diverse groups. This is particularly well demonstrated in Kent's performance on waiting times for assessment and for care packages.

Good quality information about services and standards is readily accessible to all, including diverse groups in the community.

The council manages its resources effectively, and makes good and imaginative use of information technology and financial options.

General Areas for improvement:

The rate of service users who are in receipt of Direct Payments needs to increase, in line with Government policy. The rate is particularly low for low for carers and people with mental health problems, and for people from black and minority ethnic groups. The council expects that its new purchase card arrangements will support progress in this important area. The council should continue to use its strong performance management arrangements to ensure that improved outcomes for service users are demonstrated through improvement across all performance indicators. The council needs to continue to respond proactively to the challenges it faces. These include the profile of the care market and changes to Government funding.

Standard 1

Very strong correlation between national and local priorities. Kent is in the forefront of the development of national policy. Local priorities clearly stated in the Directorate's 10-year 'Active Lives' strategy, and are translated into operational policies and practice. Kent leads the Innovations Forum, which covers 10 local authorities and 20 PCTs focussing on innovation in the promotion of independence. Kent has worked with partners to set challenging targets via the Local Area Agreement and Local Public Service Agreement processes.

Consultation with service users and the public has been extensive. The council has sustained good or very good performance on a number of performance indicators and other data that demonstrate achievements in this standard. These include: the ratio of intensive homecare as a percentage of intensive homecare and residential care (PAF PI B11); the rate care packages involving 5 hours or more a week; the rate of extra care housing that Kent has developed through its innovative PFI scheme; the number of people funded in intermediate care services. The council has improved performance in relation to delayed transfers (PAF PI D41), which is now above the average for England councils. Over 600 people with disabilities in Kent now have direct payments, giving them more control and choice. The council is working with the NHS to develop Integrated Care Centres with funding from the NHS PFI fund. Kent has achieved very good performance on waiting times for assessment and for services (PAF D55 and D56).

The council has developed innovative IT-based systems to support service development (Telecare and TeleHealth) and to support user involvement. The council has made good progress in restructuring adult and children's social care in line with the requirements of the Children Act, and in response to the adult services green paper. A guiding principle for this is that form should follow function, and that financial structures should be in place at the start of the change.

Standard 1 Areas for improvement

Uptake of Direct Payments by carers and people with mental health problems is slower than the council would like. It is noted that a significant number of people with mental health problems are not charged for services, and for these people direct payments would not be suitable. New purchase card arrangements are expected to lead to improvements in the current year.

21 February 2006 RBM:

Standard 1: National Priorities and Objectives
Direct payments

Oliver Mills outlined work that Kent is doing with its bank partner. Trials of the original purchase card scheme indicated that it was not going to achieve the results wanted in time. Kent is aiming to increase the rate of change in the last weeks of the financial year and aiming to go up a band (to 960).

Current position is 560 users of direct payments, compared with last year's 360. Kent has targeted all client groups but take-up has been predominantly users with physical disabilities. Kent's progress is comparable with other local authorities as far as older people are concerned. RBM focused on direct payments for mental health service users in Kent. Last year in Kent there were 6 mental health service users with direct payments, however the total nationally was only 800, which puts this figure in context. Steph Abbott indicated that 50-60 carers of mental health clients are likely to use direct payments in 2005-06 – this shows progress made to support people with mental health problems through direct payments, although it does not feed into this indicator.

Kent is exploring new options, and working with key organisations to achieve a culture shift so there are more ways of promoting direct payments. The support service will continue to provide support to people with most complex support arrangements e.g. people directly employing staff. Oliver Mills outlined plans to employ support workers to make it possible to extend direct payments further for people with less complex needs.

To improve capacity Kent has been exploring options with the voluntary sector, with the aim of establishing a direct payment infrastructure group. The aim would be to use voluntary sector input to supply "direct payments navigators" and develop more creative ways to provide support.

Jessica asked how Kent had arrived at its direct payments projections. She requested additional material to show the current trajectory and when Kent might expect to reach the target set. Oliver Mills and Pat Huntingford gave details of management plans in place. There is a direct payments action plan. Oliver Mills stressed the need for action to be sustainable, Debra Exall said that managers are aware of this, and that training has been carried out. There are major strategic issues to be addressed as Kent shifts the bulk of people move towards direct payments. Caroline Highwood mentioned an issue with VAT, which applies to direct payments e.g.: the meals service is VAT chargeable if you receive it directly, but not if you receive it through the council.

Some concerns were expressed about the need to consider the potential political sensitivity of direct payments.

Delayed transfers: briefing pack page 30 states that since Dec 2005 there has been a meeting called the Unscheduled Care Group (USCG). It has been acknowledged that 50% of delays are of a health origin (NB Kent CC delays were higher proportion than national average but have fallen since March 06)

31 community beds closed across the EKHT patch and Kent has seen an increase in the health delays. Pack includes unscheduled care action plan on pages 31 to 33.

Telecare:

Briefing pack has newsletter example on page 35. Page 34 gives details of geographical coverage and numbers. Countywide roll out planned for late 2006.

UEM/DIS 2006:

2101 –director's statement summarising strategic direction for 2006-7 – missing

Older People:

2124 – PPF target increase numbers supported intensively at home by 30% of total at home/in res care PAF B11 – increase from 26 to 27, good, plan was 27 very good.
Service capacity: HH1 data on page 2 of UEM – 6170 people receiving 5 or more hours of home care, IPF average is 2882, so Kent appears to support double the average.
2144 - Extra care housing: number of additional extra-care tenancies to be provided – 720 in 2005-06, plan was 936, no IPF comparative data in latest UEM.
Residential places – SR1 data on page 2 of UEM: No. Of people in care homes supported by council - gradual reduction in places used from high of 8110 in March 03 to 7620 in March 05, does not give latest data for March 06. IPF comparative councils – average for 03 was 4251, average for 05 was 3980.
2139-2142 - Intermediate care
Sum of 2139-2142 – Kent outturn 05-06 was 2938; IPF was 2988 so overall numbers very similar. Kent exceeded its plan (2117) by a significant amount.
2143 non-residential intermediate care – Kent had low numbers (136) compared with IPF average (4202) so service seems to be skewed towards residential options.

Delayed transfers of care – UEM page 3 – Kent delays were 13.4 per 100,000 65+, England average 7.00 end of March 2006. Figures have fluctuated over the year, highest quarter was 25/9/2005 (15.1), and England averages have been consistently lower.
2145 – response to NSF – revised training materials to reflect policy direction of White Paper with particularly focus on outcomes.
2146 – person-centred care – increasing range of information so people can exercise choice.
2147 intermediate care – Westview, Victoria House, partnerships and intermediate care in people's own homes, such as in Tunbridge Wells, plus partnerships with housing associations e.g. Homebridge. Better Homes/Active Lives extra care partnership scheme in 10 of 12 District/Borough councils will see the development of 240 purpose built extra care housing units for older people. Community and nursing care will be provided so people do not have to move, as their care needs change.
2148 – Intermediate care 3 examples of best practice –
1)ID e A cited the Homebridge scheme as an example of best practice. This has assistive technology and supporting people components.
2) A PFI project with the NHS in Gravesend incorporating dedicated care for BME minority groups.
3) Intermediate care team in Shepway with care management staff and using TeleHealth approaches.
2149 – falls prevention services with exercise programmes being run in conjunction with voluntary sector groups.
2150 –

1) Preventative model of active care being developed further to restore confidence after falls.
2) Partnership with Age Concern to have postural stability course in Maidstone
3) Telecare provides falls monitoring and timely response services.

2151 - Section 31 partnership with Health and Social Care Mental Health Trust, with policies and protocols in place to give timely and appropriate delivery of diagnostic crisis support, outreach services for older people with mental health needs and their carers.

2152 –

1) Specialised domiciliary care service for older people with mental health needs.
2) Support group forums established in a connected care centre, developed with the NHS with KCC as the lead partner.
3) Worked in partnership with the NHS on the Gravesend Community Hospital project, a health led PFI project, which will included a residential unit and specialist day care for older people with mental health needs.

2153 – promoting an active and healthy life – KCC has established the Kent Department of Public Health with the joint appointment of the Director of Public Health. The unit has commissioned a survey to obtain baseline information. Activities link to the delivery of the LAA.

2154 – promoting active life – 3 examples

1) your. mob – project to promote exercise, fitness and healthy lifestyles.
2) Lifestyle surveys to find out what local communities want.
3) Encouraging use of direct payments for leisure activities.

2162 POPP pilot councils – missing – assume Kent is not a POPP council?

Learning Disabilities

2201 – strategic vision – "The Future of Social Care in Kent" published in Feb 2004 defines a 10 year vision. Based on promoting independence, putting service users and carers first. Remains the basis of all medium and short term planning for social care delivery. Supporting Independence Programme will continue its aim to ensure that people can live as independently as possible. Family Group conferencing will be developed to help improve outcomes for service users and their families/carers by putting the person at the centre and engaging fully with all stakeholders.
The principles of "in control" will be implemented to give more choice. Aim is to move towards individualised budgets. LDDF priorities will continue to provide a focus for delivery or commissioning of services designed to improve lives of service users and carers.

Physical Disabilities
2301 – strategic vision missing

Mental Health

2401 - strategic vision missing

HIV/AIDS

2501 – strategic vision missing

Drug and Alcohol Misuse

2601 – strategic vision missing

2601 – number of problem drug misusers accessing treatment services – Kent 2005-06 outturn – 3280, IPF average – 1970
2604 – PAF A60 – participation in drug treatment programmes – 05-06 7.8, -6.2% plan highlighted red in UEM investigate urgently – likely to be due to data quality issues, 04-05 data was 49.2. IPF average for 05-06 is 9, ask questions about performance.

Carers

2701 – strategic vision missing
PPF target additional 130,000 carers receive services in 2006, using carers special grant.
2711 – PAF C62: Services for carers – 26.5 outturn 2005-06, very good, IPF outturn good (10), Kent exceeded this.
2712 – total number of breaks provided – 18927 05-06 outturn, IPF average 51943
2713 – total number of new breaks with additional money – 1026 in Kent 05-06, 12086 IPF – IPF figure seems very high? Is this average?
2714 – percentage of grant spent on ensuring access to breaks by BME carers – Kent data missing, IPF average 4.5%

1.2 Local strategic objectives

Older People

2102 barriers to delivering the strategy for workforce planning for 05-06 and 06-07:

Financial difficulties of NHS, organisational changes arising from CPLNHS. Cost – shunting from the NHS to local authorities may flow from the decision about national eligibility framework. Demand managing of increasingly ageing

population. Increased incidence of dementia, and changes in public expectation re provision of person-centred support. Nursing and residential care placements in Kent by other authorities distort the market, increasing numbers of wealth depleters supported.

Learning Disabilities

2202 – barriers to the strategic vision – financial pressures plus analysis of future trends. Member – led review has taken place to agree strategy. No detail of what this is.

Physical Disabilities

2302 – barriers – Keeping up quality and standards during restructuring and new services being developed e.g. for deaf and deaf/blind. Continuous emphasis on integration with health partners and White Paper directives, ensuring PI's are met. Demand outstripping resources. Increase of 16% in referrals in 2005-06, health increase of 45% for integrated equipment service. Insufficient budgets in 12 District councils to support increase in disabled facilities grant applications.

Mental Health

2402 – barriers – further training for staff in CMHTs to stress importance of employment, accommodation and use of direct payments, and carer support in holistic care plans. Following successful "road show" on accommodation visiting CMHTs in 04-05, a further one on employment is planned.
The number of carer assessments in West Kent is still under target. Direct payments need promoting by CMHTs.
Split between 65 and under and 65 and over increasingly unhelpful. Kent wants to be needs led. Organic degenerative brain disease specialist services will be increasingly commissioned as part of older people's services.

HIV/AIDS

2502 – barriers – high incidence of sexually transmitted disease in young people and increasing prevalence of HIV both in the male gay community and in people from Sub-Saharan Africa, together with evidence that heterosexual transmission of HIV is increasing in the UK. There are financial risks arising from legal responsibilities of local authorities providing services to people arriving here with HIV/AIDs conditions. Kent at the moment is providing support over and above service provision including help with accommodation, rent, personal hygiene items, clothes, food and travel.

Drug and Alcohol Abuse

2602 – barriers – significant increases in the needs of individuals requiring alcohol specific support. Year on year under-investment by central government. Limited resources, demographic changes in the population, ageing population with alcohol problems. The ability of the social care system to respond to future needs, national agenda for PCT and social care i.e. direct payments.
KDAAT and partners plan to re-design alcohol services within the next year. Detail?

Carers

2702 – barriers - awareness of partner agencies of their role in supporting carers re Carers (Equal Opportunities) Act 2004. Capacity of the voluntary sector to increase support to carers. Encouraging professionals to develop creative responses to carer's needs. Meeting the needs of BME carers.

1.3 improving cost and quality and demonstration of Best Value

3201 – summary of strategic vision – missing
3202 – barriers – risks include:
Upward pressure of client numbers
Growth agenda
Higher prices for all client groups, going up faster than general inflation
Cost-shunting from health
Replacement of bespoke client IT software, capacity of staff to engage in implementing new processes, while still delivering core services
Lack of capital funds to renovate and improve existing in house services may impact on quality of care
Risks are being managed in a variety of ways, including a focus on robust budget management, and close and co-operative working with colleagues in health, to develop shared solutions.
Careful project management to implement major change projects (and Systems implementation). A wide-ranging review of property assets to determine cope for using assets.

1.4 involving service users and carers in development and improvement work.

Older People

2164 – social services contribution – Supporting Independence programme, schemes include the Brighter Futures project and the transformation of care services project. Service users and carers involved in Adult Protection forums and in the work of the Adult Protection Committee and the policy and protocol review group.
Online care directory allows people to select and view information on care providers. Online self-assessment allows people to assess their own needs at a time and place that suits them. Conference this year specifically for older people and development of older people user groups. Involvement of service users in the recruitment process, these include senior posts such as the director of operations in East Kent, Director of Policy, Performance and Quality Assurance, and the Head of Adults Policy.

Learning Disabilities

2230 – social services contribution – service users involved in all aspects of Valuing People, many in leadership roles via Partnership Board, District Partnership Groups, and Implementation and Focus Groups. The Partnership Board, largely through the Strategic Development Team influences decision-making in KCC and the NHS and other statutory and non-statutory groups. LDDF is used to promote leadership and enable service users to fully participate in events such as conferences and workshops.
A website has been developed that is easy to use by people with a learning disability; this will eventually include sound to help people with a visual impairment. There is a carer's website that includes a discussion forum and a secure section for young carers. It is now policy for service users and carers to participate in all KCC recruitment exercises including compiling person specifications, short-listing and interviewing.

Physical and Sensory Disabilities

2314 social services contribution- service users now engaged in business planning processes and have input. We are revising core standards; this is being reviewed with users. We are also operating to 10 standards that users have given to us. There has been direct involvement from users in the development of the Kent Card, Direct Payments and in recruitment (which includes the most senior positions).

Mental Health

2414 – social services contribution – Strong commitment to ensuring service user and carer participation. Every area has a service user forum, funded by KCC, which supports service users to participate in commissioning and decision-making meetings. The provider Trust has similar arrangements. In West Kent 134 service users took part in meetings in the first part of 2005-06, these included Joint Commissioning Boards, and the monthly meetings of the West Kent LIT. Service users involved in recruitment and some job panels, e.g. nurse practitioners developing SMI registers in primary care.
Following a review in 2005, some changes will be made to the structure of service user participation and the reimbursement strategy. What are these?

HIV/AIDS

2504 – social services contribution - We talk to employers, colleges, friends and family trying to dispel fears and myths and advocate for clients. Living with the virus can be bewildering and lead to friends and family falling away, leaving the clients in fear and isolation. Clients also offer peer advocacy – advice and help from someone with the same status, gender, ethnic background or sexuality.

Clients and specialist workers will also lobby policy makers – providers and commissioners of services as well as central government.

Drug and Alcohol Abuse

2607 – service contribution – service users are represented on all working groups of the KDAAT. They also support the implementation of the KDAAT annual treatment plan and the young people substance misuse plan. A service user survey has been conducted by KDAAT; service users were also involved in a recent tendering exercise of the Kent and Medway Young People's Substance Misuse Service.

Carers

2728 – Vision is set out in Active Lives. The views of people who use services and their carers will shape service developments and will be an integral part of monitoring. Culture of involving users is being promoted in Kent and in its partner organisations.
Committed to reaching out to minority communities and hard to reach groups to work with them to develop services and support for people the way they want it. Better support to be given to people caring for others on an unpaid basis.

1.5 Council has well – developed joint working.

Older People

Kent percentage of delayed transfers attributable to social care at end of March 06 – 33.7% above IPF average of 24.3%, seems high, ask question at ARM?

Days of reimbursement – 196 days at end of March 06. England average was 23.98 days. Cost of reimbursement days was 19,600 England average was 2528, however Kent is largest local authority in the country and has a large population of over 75 age group.

Evaluation

The Council has implemented a coherent strategy for responding to national priorities and can demonstrate good progress year on year, and sustained high performance.
The Council has developed local strategic objectives, priorities and targets for social care, which complement the national ones and serve the whole community. Many local services can be shown to have continued improvement.
The Council has developed a strategic approach to the continuous improvement of the cost and quality of its services based upon Best Value principles, which is evident in most services.
All services actively involve service users and carers, in development and improvement work. This includes all groups within the community fully reflecting local diversity. This work is well developed and is embedded in Council practice.
The Council has well-developed joint working with relevant partner agencies that operate effectively in all service areas.

STANDARD 2: Cost and efficiency

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

Summary of admissible evidence (including sources)

R0PA 26 Oct 2005:

Improvements:

The council's budget per capita is slightly above the average for similar councils. The resource allocation strategy is focused on developing more community-based services, and reducing hospital admissions and residential placements. There has been good investment in extra care housing and shared service centres using PFI funding. Innovative use of IT, effective arrangements with NHS and voluntary sector partners, and sound financial management are all used to support this approach. The council and NHS partners have made very effective use of the Reimbursement Grant. Restructuring has been planned for April 2006 to coincide with the start of the financial year to minimise disruption to budgetary procedures. The council has sustained very good performance on admissions of older people to residential/nursing home care (PAF PI C26). Kent's LPSA and LAA have set challenging targets for improving efficiency and effectiveness of service delivery. Successful delivery of these targets would result in significant additional funding for the council. The council has been working with Swindon for the last nine months to support the council in achieving improvement, which has created developmental opportunities for Kent staff.

Areas for improvement:

The unit cost of homecare for adults and older people has increased. Unit costs across all services are affected by: Kent's purchasing strategy which results in a high proportion of services being purchased from the independent sector; Kent's policy of promoting independence through preventative community-based services, which means that the services for which unit cost data is collected are biased towards more complex and costly care. The council is developing a matrix approach for residential care services for adults, and has commissioned the local Personal Social Services Research Unit to examine the costs of domiciliary care. The profile of the care market, which is influenced by other councils' purchasing of care places, continues to present challenges to the Kent's commissioning and budgetary position, as does the government's funding levels for the Supporting People programme.

21 February 2006 RBM:

Kent referred to the tabled briefing pack which included a report on PSSRU work commissioned by Kent (page 10 and page 17) on costs and quality of the home care service. It was noted that the home care unit cost given in the report is based on costs in a particular week, and is higher than it would be if averaged over the year. Higher costs this year have been influenced by Kent's introduction of single status, which not all councils have achieved yet.

A very successful PSSRU workshop was held in the last week, which gave, feed back on service user perspective and looked at in context of CSCI reports as well.

Jessica Slater indicated that CSCI was focusing more closely on the role and quality of council commissioning during this year's performance assessment process.

Caroline Highwood reported on the current position on Supporting People funding. Kent has achieved a significant amount of effective work, has banked some under-spends from previous years, and is now hearing more positive messages from ODPM about funding levels. Kent is not predicting such draconian reductions as at first expected, and recent exemplifications from ODPM suggest there will be less volatility than originally suggested. Kent is tightly monitoring this area in order to ease any possible pain.

Caroline asked about the CSCI role in performance assessing Supporting People and drew attention to some performance indicators that are proposed (consultation phase) which she felt were beyond the control of the council. Jessica Slater said that whilst CSCI carry out SP inspections jointly, CSCI does not manage the inspection process which is lead by the Audit Commission.

Caroline Highwood gave an example of a bizarre indicator the ODPM was using – based on data on burglaries per 1,000 population. Jessica Slater noted the issues raised, and said that she had become aware of an increase of activity some time ago when a number of registered services applied to be re-designated so that they would fit supporting people criteria.

Swindon

Page 39 of briefing pack describes aims of Swindon partnership and improvements and successes. Seem to be improvements for Swindon but what have been improvements for Kent?

2005-06 Audit Letter (draft):

Unqualified opinion on the use of resources, subject to the successful completion of our review of the management arrangements covering the Authority's Best Value Performance Indicators. One targeted review was undertaken during 2005-06 as part of the audit. This was a Joint Review of Capital Monitoring undertaken with the Authority's Internal Audit Section. This review identified a number of areas of good practice, including the new capital project approval process. Some areas for development were also identified, particularly around project management of specific projects.

UEM/DIS 2006:

2.1 council secures services at a justifiable cost and makes comparisons in terms of quality and cost

3229-3231 % increases in fees – missing
IPF comparisons – 3.5% care homes; 4.5% home care; 2.5% day care

2.2 Commissioning

21 February 2006 RBM:

Jessica outlined the impact of IBL changes on council commissioners. The changes should help commissioners identify which services are poor, good and excellent. CSCI intends to become much more rigorous about who councils commission with. If necessary we will take enforcement action. Information will be shared with Kent and Medway commissioners.

Oliver Mills mentioned Kent's on-line directory of care homes. He felt that there is a tension between the CSCI approach and exercise of choice by individual service users. It was felt that each person could choose as they wished, provided

they were allowed to make an informed choice, and there needed to be evidence of this.

A question was raised about multiple service providers some of who have units all over the country.

Oliver Mills and Caroline Highwood asked about people on preserved rights and self-funders? CSCI would focus on these people only if we find they are at risk, otherwise we will look at people being funded by Kent, or being assessed by the council for new placements. Jessica mentioned a recent meeting to set up the CSCI Kent and Medway Commissioner Forum and noted Cathi Sacco's enthusiasm and commitment to taking part in this. Kent feedback about the meeting had been very positive.

DIS/UEM 2006:

3233 – commissioning strategy: Strategic direction for services set by Active Lives, Next 4 Years, LAA and Value for Kent. 12 District Plans, set out 3 year commissioning intentions, built on demographic trends, needs and gap analysis. Policy trends factored in e.g. effect of direct payments. Plans include strategies for decommissioning and addressing gaps/shortfalls. Users, carers and partners endorse the plans. Kent also works with providers and encourages diversification. De-commissioning traditional residential care of which there is an oversupply in Kent. Tradition of strong contract function, with robust tendering processes. Developing more flexible contracts. Dom care contracts supply through a significant proportion of postcode based block contracts.
On-line directory for people looking for care they may choose to purchase. Risk assessment framework for contract monitoring which relies on CSCI inspection information and takes account of views of service users, providers, care management and other data.

3213-3226 – budgets and expenditure – 0.8% reduction in net expenditure from 04-05 to 05-06 forecast. Budget for 06-07 is 1.2% below 2005-06 expenditure. Figure of net forecast expenditure does not correspond with total PSS expenditure in 3226 for 05-06 – ask at ARM or before?
Percentage spend (UEM page 22) – largest spend is on Older People (51%, due to increase to 57% in 06-07. Second largest are adults with learning disabilities (22%, due to increase to 23% in 06-07). Asylum seeker spend is due to end this year.
BU07 budget per capita: 05-06 latest on KIGS UEM page 23 – £294.1 per capita, compares with IPF average of 291.9, very close to average.
EX04 SSD gross current expenditure per capita in Kent - £317.3, compares with IPF average of £303.90, slightly above average of IPF

Physical and sensory disabilities – BU03 per capita 18-64 – Kent 05-06 spend were 49.8, IPF was 36.5, Kent well above IPF average. Ask at ARM?

Learning Disabilities – BU04 per capita 18-64 – Kent 05-06 spend was 89.4, IPF was 83.9, Kent spend was therefore slightly above IPF. Kent's LD spend has fluctuated more than other IPF authorities over the past 4 years.

2220-2226 – LDDF funds - Kent overall spend for 05-06 and plan for 06-07 missing from UEM. Largest area of spend is on enhancing leadership in learning disability services.

Mental Health – BU05 per capita 18-64 – Kent 05-06 spend was 23.8; IPF was 23.9, very close to IPF.

Kent LAMA 2006:

Lower percentage placed outside boundaries of Kent than IPF and England.

34% supported in Kent, England average is 40%.

Net loss of places 31 March 04-31 March 06 (116 new registrations 1385 places, 150 de-registrations 1722 places)

Fewer dementia registered places per 1,000 pop in Kent than England (14.44 v 20.04)
Twice average no of places for LD than England (3.76 per 1,000 v 1.91 per 1,000)
MH similar to England average
Two thirds of England no of places for PD 2.38 per 1,000 v 3.18
There has been an increase in numbers of domiciliary care agencies between March 04 and March 06.

NMS Standards - Average % of NMS met:

KCC older people's homes – 80.2, highest of all types of home in Kent, and higher than England average – 76.4%

KCC nursing homes for older people – 35.3, lowest of types check data as it looks like data relates to only 2 units.

KCC younger adults' personal care homes – average 84.5% of NMS met

Domiciliary Care agencies – LA owned – average 66.7 NMS met, England 70.9,
Evaluation: small numbers of in house dom care agencies in Kent make comparisons difficult. (looks like there are 3)

Fig 2.7 nursing homes for younger adults

No Kent run homes. NMS standards noted to be noticeably below England average: risk, daily routines, protection, staffing, recruitment, training, operations. Noticeably above England average: meals, complaints, premises, hygiene, staffing, safety.

Fig 2.8 personal care homes for younger adults

LA owned homes: NMS standards above average on: risk, education, community links, daily routines, meals, support, medication, protection, staffing, recruitment, training, operations and quality assurance.

NMS below England average: assessment, service user plan, decision-making, relationships, healthcare, complaints, premises, hygiene, and safety.

Fig 2.9 personal care homes for older people

LA owned homes: NMS standards above average on: needs assessment, intermediate care, medication, social contact & activities, community contact, autonomy and choice, meals, complaints, protection, staff complement, recruitment, staff training, day to day operations, quality assurance, safe working practices

NMS below England average: service user plan, privacy and dignity, social contact & activities, premises, hygiene, qualifications.

2.10 nursing homes for older people:

NMS overall in Kent: generally good, exceeding NMS England averages, below England average on: service users plan (39.8 v 55.2%); medication (48.2 v 55.8%) meals (77.1 v 80.4%) complaints (76.2 v 86.0%) hygiene (63.1 v 73.2) staff training (61.7 v 71.6)

2.11 domiciliary care agencies

NMS overall in Kent: NMS above England average: care needs assessment, privacy and dignity, protection, recruitment and selection, supervision, business premises, complaints. Below England average: medication, safe working practices, risk assessments, development and training.

2.12 nursing agencies

NMS overall in Kent: NMS above England average: organisational policies, all other NMS standards below England average. Most significantly lower: staff suitability, recruitment checks, staff induction, protection, and professional conduct.

2.3 Plans for improved efficiency- in 2006-07

3203 FTE staff numbers increased in 05-06, lower level of vacancies due to improved recruitment and retention measures. Efficiency has arisen from changes to recruitment practices/advertising and specific changes to the OT bureau re managing for caseload/assessments.
3204 making better use of assets – replacement IT software, PFI on extra care housing.
3205 – modernising – modern technologies – electronic tendering; transaction data matching technology to reduce admin costs; direct payments to allow choice; self assessment website to reduce staff time; video links to enable assessment meetings with YOS clients, care staff and their families removing need for out of county visits.
3206 – improved working practices – reviewing high cost placements to see if they meet needs. Compares the costs of providing adaptations in the OTB by using external charitable providers against the cost of in house staff. Takes account of transport costs as well.
3207 Limiting cost of price increases to the guideline RPI or equivalent index. Efficiency takes account of changes of activity between years and calculates a financial target based on residential weeks, dom care hours, etc. Activity did not reduce as forecast so efficiency gains were lower than expected.
3208 better use of resources – more stable workforce, also reviewing use of agency staff
3209 – It project due to go live August 2006. Extra care PFI on sites, which have been secured. Contracts due to be completed by the end of the next financial year.
3210 – Modernising service delivery - Active Lives, Telecare, TeleHealth, unscheduled care desk, blue badge application process to move on line. More self-assessment – nothing about direct payments, personalised budgets.
3211 – Improved working practices – reductions in expensive placements, reviews of contracts, arrangements with other public sector and vol sector providers to gain efficiencies/review commissioning from this route. New specialist finance teams to reduce burden on care management and increase quality of financial assessment/advice.
3212 – other priorities – management action reduction in client numbers in residential placements.

Overall efficiency gains – Kent – have put most of the efficiency gains under "other

priorities for efficiency gains" – other England authorities have tended to use this category less.

Adults and Older People

2125 – PAF B12: cost of intensive home care for adults and older people – missing outturn for 05-06, ACA group 2 £534. update at ARM?
2126 – PAF BI7: unit cost of home care for adults and older people – missing, ACA group 2 £14.6

2.4 use of joint commissioning and partnership working

2104 – annual £2.4 million in intermediate care services by using reimbursement grant. Innovations Forum project will reduce bed days occupied by 75 and over by 20% of what it otherwise would have been, in three PCT areas. NB how do you know what it would have been? Ask at ARM? Other parts of Kent will reduce admissions by 15% as part of LPSA. Jointly working with Health to deliver LAA targets. Integrated working includes developing services for long-term conditions.

Health Act Flexibilities

Partnerships

3302-3310 – most are at the stage of action being implemented.
3310 – delayed transfers, considered no intentions to use health act flexibilities in this area. Kent is not in most common category (action plan implemented) Ask why no plans? Looks like in essence Kent is already there even if not in partnership. See 3324 for explanation.

Integrated teams

3302-3310

3302 OP missing
3303 LD integrated management and pooled budgets
3304 PD missing
3305 Sensory impairment – integrated management, pooled budgets and lead commissioning
3306 MH - integrated management and lead commissioning
3307 Drug misuse – pooled budgets and lead commissioning
3308 Intermediate care– integrated management, pooled budgets and lead commissioning
3309 Community Equipment Services – integrated management, pooled budgets and lead commissioning
3310 Delayed transfers of Care – integrated management, pooled budgets and lead commissioning

3311 – LD have jointly staffed community integrated teams, monitored via jointly staffed Strategic Development Team with Ashford PCT leading on behalf of NHS. MH teams are managed across health and social care. Commissioning is led from a PCT base, but appointments are made jointly. A lead commissioning structure is planned but will not be in place by 31 May 2006. 2 out of 3 areas are now fully integrated for core equipment. Kent County Supplies is lead agency for procurement. A web-based system (Soft) has been launched to manage the integrated service including provision of performance reports.

3323 high level of local partnerships to oversee the investment of the reimbursement grant in intermediate care services. Kent is looking to deliver the White Paper without going down the Section 31 route.
3324 – why have these partnerships been formed outside health act flexibilities?
All the relevant outcomes can be achieved without recourse to formal health act

flexibilities.

3322 – significant weaknesses – OT – precarious health economy in Kent where some PCTs have varying levels of financial difficulties. Restructuring and uncertainty in health has also created the potential for weaknesses.

2.5 sound financial management systems

3227 improvements in annual audit letter not applicable
3228 proposals for improving financial management in 06-07 not applicable

2.6 effective procurement processes

3325 use of block, spot or in house contracts – adults in residential care
96% spot purchase in March 2006, have moved away from block contracts (37.5% in 2005, 2% in 2006)
3326 use of block, spot or in house contracts – adults in domiciliary care – using more block contracts and less spot purchased.
3327 use of variable fees and incentive payments – adults in residential care – 34% used to encourage particular service provision, 23% for geographical reasons. (Figs do not add up to 100%).

Evaluation

The Council secures most services at a justifiable cost, and often identifies options and makes comparisons regarding quality and cost.
Expenditure on social care services reflects national and local priorities and is fairly allocated to meet the needs of diverse communities.
The Council can demonstrate improvements in efficiency across social care services and has clear targets and plans for further improvement, which include the involvement of people who use services.
The Council has made significant progress in using joint commissioning and partnership working and is starting to improve the economy, efficiency and effectiveness of local services.
The Council has sound financial management systems, which provide the foundation for good planning and commissioning in social care.
The Council has a range of effective procurement processes in place, which are starting to support the delivery of strategic objectives, and reflect the local social care market.

STANDARD 3: Effectiveness of service delivery and outcomes

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

Summary of admissible evidence (including sources)

Source

OP
LD - C30
PD – C29
Community equipment & D54
MH, C31
DP, C51
Carers, Breaks
Safeguarding

R0PA 26 Oct 2005:

Improvements:

As identified under Standard 1 (National Priorities and Objectives), services are designed to promote independence and improved outcomes for service users. There is a broad range of services, with continuing service development in response to changing requirements. Performance indicators and other data show that the council continues to achieve good and very good outcomes for services users in many key areas. People are less likely to have to wait for assessment or care packages than in similar councils. The rates of assessments of new clients aged 65 and over, and of these, the rate leading to provision of service compare well to similar councils. A higher number of older people 65 and over are in receipt of direct payments compared with similar authorities. The council has sustained a very good rate of supported admissions of people aged 65 or over to residential or nursing care, indicating that there are appropriate community-based preventative and support services. For younger adults, the rate of supported admissions has continued to reduce, in line with the council's policy to provide more community-based preventative and care services. However, the performance indicator has dropped from band five to band four, and the council should review the position, in order to ensure that there is a full and appropriate range of services from which service users can choose. The rate of people with mental health problems who are helped to live at home continues to be very good. 100 per cent of young people with learning disability who at 18 and over are in contact with children's social services have transitional plans. This is much better than the rate in similar councils. There is a consistently good rate of staff working in learning disability services that achieve at least NVQ level 2.

Areas for development

Performance indictors relating to the rates of people with physical disabilities, learning disabilities, and of older people show a reduced banding. In common with a number of other councils, Kent had previously included the high numbers of people that are effectively supported in the community through council-funded voluntary organisations. Data collection now excludes these people, in line with Department of Health guidance. The effectiveness of this policy is demonstrated through other related performance indicators and data (for example, the very good performance on supported admissions of older people to residential or nursing care). The rates of carers and people with mental health problems who are in receipt of Direct Payments are lower than council would like. New

purchase card arrangements are expected to lead to improvements in the current year. The council should explore the reason why data indicates that the proportion of carers aged 65 and over who have received an assessment or a review in the year is low in comparison to similar councils.

21 February 2006 RBM:

Oliver Mills outlined the current position, and gave details of areas, which will improve in 2005-06. PAF C32 (older people helped to live at home) is not likely to change significantly. However, Kent does not want to change its emphasis from preventative / drop in services provided through the voluntary sector and introduce unnecessary bureaucracy to improve the PAF indicator. Evidence was given last year that levels of service had increased despite some activity being excluded in line with tighter RAP definitions.

Debra Exall stressed that Kent support is in line with expected levels based on demography and other factors identified in the Tribal sector predictive model (Page 19 of briefing pack). She also asked Jessica Slater to note the list of support services provided by Kent that are not counted in the helped to live at home indicators (page 26 of briefing pack).

DIS/UEM 2006:

3.1 the independence of service users and carers is promoted

Older People

2118 – PAF C32 – Older People helped to live at home: 05-06 Kent outturn was 73, ask questions about performance, IPF average were 72, and ask questions about performance.

2119 – Kent estimate of people helped with non care managed support was 21.9%, IPF estimate (average) was 49.8%

2120 non-care managed support includes Brighter Futures encouraging community participation, training active older people as volunteers to work with less active older people. Medication reminders, practical and emotional support, accompanied transport, advice and support with technology. Diversion from hospital admission, investment in schemes such as handy van and key safes. Adult Protection for people placed in Kent by other authorities.

2121 – PAF C28 intensive home care – 11.1 outturn 2005-06, acceptable, IPF average is 10.3 acceptable.
2122 no estimate of numbers of intensive home care users who have direct payments instead of home care managed by Kent.
2123 – use of intensive home care has been stabilising over the last few years. The definition of the indicator is very narrow. Kent increasingly uses more innovative schemes. Service users using direct payments are no more likely to use home care services as any other service user therefore estimates would probably not carry a lot of meaning.
2127 PAF C26 admissions of supported residents aged 65 and over to residential /nursing home care (old definition) Kent outturn 81 in 05-06, very good, IPF 85 also very good.
2128 PAF C72: older people admitted on a permanent basis during the year to residential or nursing care (new definition) Kent 05-06 outturn 74, very good, IPF 84, good – Kent has exceeded IPF performance on this new indicator.

2203 Number of people with a LD known to the council – Kent 04-05 1803, 05-06 missing, IPF 1526 average.

2211 – PAF C30: Number of LD people helped to live at home per 10,000 population aged 18-64- 05-06 Kent outturn is 3.0 very good, IPF is 2.9 good.
2212 – estimated number helped to live at home with non-care managed support 0.2 per 1,000 in Kent in 04-05, not available for IPF. Data looks odd, doesn't match for Kent and IPF
2213 – contracts exist in the voluntary and private sector through Service agency agreements to provide help beyond the assessed need of service users and carers and to include people who fall outside Social services criteria.

2214 – very few people with a LD in paid work 0.5 per 1,000 18-64, IPF average is 0.48 so very similar.
2217 Number of LD who were in a nursing home or residential care home on a permanent basis as at 31 March 06: Kent 2454, IPF average is 640, big differences in sizes of authority.
2228 – describe needs analysis – Implementation of "fair Access to care" to ensure needs properly assessed and categorised. Community integrated teams with specialist skills. ILF and specialist supported living schemes to help people achieve independence.
Telecare to help people live at home
Specialist day opportunities commissioned
A revised strategy for short-term breaks ensures fair access for clients and helps carers enjoy respite.

Physical Disabilities

2303 KCC has a 3-year PSA target to increase the number of clients on incapacity-based benefits back into work. It is recognised that there will be different levels of work for each individual. First year has set up monitoring system to record employment gains. Profile of employment has been raised among front-line teams via workshops and an information site on KNET
2304 promoting independence – specifically PAF C29 – helping younger disabled people at home – no text.
2306 PAF C29 – helping younger disabled people at home per 1,000 18-64: Kent 05-06 outturn 5.3 very good, IPF 4.4 good.
2307 non-care managed support – negligible. 0.4, IPF 2.5
2308 – Adult Protection for people from outside Kent, sensory disabilities – range of activities via two local agencies, Kent Assoc. of Blind and HiKent.
2309 average wait for minor adaptations – Kent data missing, IPF 2.4 days
2310 average wait for major adaptations, Kent outturn 69 days, IPF 33.5 days, check at ARM? Medway has 56-day average.
Telecare
2155 number of users with one or more items of Telecare equipment in their own homes – Kent CSSR alone 1485, IPF group too disparate in size to have meaningful comparisons.
2156 – 06-07 data estimate of number of new users – Kent 972
2157 – 2007-08 data estimate of number of new users - Kent 2500
2158 – text states there are Telecare services in the independent sector but the information is not ready to collect yet.
2161 Telecare services being implemented: based on existing community alarm infrastructure, using range of passive sensors. There is an evaluation project to assess how the life outcomes of older people who have chronic diseases are helped. TeleHealth monitor enables the client to monitor the following vital signs and communicate back through simple easy to use devices.

2305 PAF D54 percentage of items of equipment and adaptations delivered within 7 working days
Kent 86%, IPF 86.3, very good, close to IPF average.

Mental Health:

2403 – PAF C31 number of adults with mental health problems helped to live at home per 1,000 population

3.7 very good Kent outturn 050-06, IPF 4.1 very good
Insignificant number with non-care managed support.
2405 – no text giving details of what non-care managed support there is.

3.2 Range of services is broad and varied to meet needs

Older People

2103- implementation of the National Assistance Act 1948
Kent has implemented LAC (2004) guidance and produced a leaflet for people supported by public funds. The launch of the care services directory website was very successful, with 13,000 hits in February 06 and 12,500 hits per month subsequently.

Learning Disabilities Development Fund (LDDF)

2220-2226 biggest spend is on enhancing leadership, followed by advocacy, and modernising day services. IPF greatest expenditure is on modernising day services – a question for the ARM?

2227 – advocacy – setting up an innovative self-advocacy service and supporting local initiatives. PCP training trainers, running awareness courses and establishing east and west Kent networks for facilitators and trainers. Database for older carers to identify this hard to reach group. Ongoing programme of carers' assessments. Leadership funding has gone directly to 12 Districts to help fund people to attend local and national events.

Deaf Blind services:

2312 – Kent response is sufficient services are in place.

Mental Health:

2408 – social services contribution to improved outcomes for MH users

Early intervention teams now implemented, work is being undertaken with the SHA to ensure new DH targets will be met. Social care model is reflected in commissioned model of service. There needs to be more direct involvement with resources available to EIS teams.

2409 encouraging signs although too early to evaluate fully. Good examples of work with employment services and education.

2411 progress on employment – work has been done to align employment targets to the new PSA2 targets. This has helped focus providers on moving people back into meaningful employment. The new "evolve" project in West Kent is working to establish relationships between providers, Job Centres and the DWP to increase job opportunities for people on incapacity related benefits.

In West Kent 24 people with MH problems were successfully moved into paid employment in the first 6 months of 05-06, this number is expected to increase for 06-07 indicating the MH component of PSA2 will be exceeded.

Carers

2710 progress on Carers Equal Opportunities Act 2004

City and Guilds e-learning programme being piloted for carers, in partnership with other KCC services and voluntary sector groups. Planning distance learning with OU for carers. Developing register of carers, adults and young people to involve them in planning and design of support services.

General Section

2131 PAF D37 percentage allocated single rooms – 93%, good, IPF outturn was 95% good.

3328 PAF C51 direct payments – 80 acceptable, IPF 91 good. Kent not keeping up with best authorities although numbers with direct payments is increasing. Unless using scheme mentioned at APA for adults as well. Check at ARM

3329 – increasing the uptake of direct payments – Set up client money service for those who don't want to manage money side of direct payments. Kent card piloted last year and will be officially launched in September. Acts like a debit card and can be used to pay for support, it removes the need to keep transactional records. Direct payments being used to provide support to people with dementia. How do they make choices?

3330-3341 – direct payments, total now 862 as at March 2006. Majority are PD, with 337 older people, and 47 with LD. IPF average overall is lower than Kent, but with greater numbers of LD and carers for disabled children (data missing for second data item). 23 people getting DP are from a BME, 2.7% of the people receiving direct payments, IPF figs on percentage from BME are incorrect (147)

3345 "in control" pilot authorities – what could inform the performance assessment framework for 06-07:

Self directed support should be a key PI.
Integrate direct payments with other forms of support e.g. self directed and individual budgets.
More information should be collected on wider range rather than counting services with no reference to the wider picture.
A much greater focus on customer satisfaction, the achievement of real and objective outcomes that enhance citizenship.
CSCI should talk collectively to the pilot authorities. Please contact Incontrol directly to set up.

3.3 the council provides a good range of services to support and encourage carers.

2703 Priority one is information, Kent priorities are same to England averages.
2716 percentage of the carers' grant spent on joint care management or pooled budgets missing in Kent 5.9% in IPF group.

2717-2724 numbers of break services provided through the Carer's grant – no IPF comparisons, difficult to judge whether data is good or bad, or indifferent.

5.8% BME carers have received a breaks service, 3% of the population is from BME, not sure whether BME percentage is percentage of those receiving breaks who are BME, or percentage of BME carers who got breaks. Check definition

Learning Disabilities

2206 – number of adults with LD per 10,000 18-64 who had planned short breaks – 0.2 in Kent, IPF average was 6.2 in 05-06

2207 Number of carers for LD who received a review – missing from Kent, IPF average 220.3
2208 number of carers as percentage of pop 18-64 – Kent 2.7, IPF average 0.7 so Kent data is improvement on IPF

2209 – number of carers of people with LD aged 65 and over who have received a review or assessment during the year – Kent is 585, IPF average is 144, comparisons difficult due to population differences.

2210 – assessment or review per 1,000 65 and over – Kent 2.49, IPF 0.9

3.4 service users are effectively safeguarded against abuse, neglect or poor treatment.

Multi-agency Adult Protection Committee, developing Safeguarding Board.
2609 – summary of no secrets work – training sub group, committee subgroup addressing serious case reviews with feedback processes in place, audits of case work, service user, carer and practitioner forums for adult protection. Work closely with Police and CPS to maximise access to criminal justice for vulnerable adults.

2610-2616 – older people's referrals reduced between 05 and 06
PD referrals increased by 50% from 40 to 62. Rest was relatively static.

Evaluation

Services promote the independence of most service users and are usually effective in minimising the impact of disabilities, and reducing family stress and breakdown. Services are sensitive to the needs of most diverse community groups. The range of services is broad and is increasingly able to offer choices and meet preferences. The Council provides a good range of services to support and encourage all carers in their caring role.
Service users are effectively safeguarded against abuse, neglect or poor treatment whilst using services. Incidents of this kind are rare.
The Council frequently seeks feedback from service users and carers, has acted on feedback and is often able to demonstrate that they value services.

STANDARD 4: Quality of services for users and carers

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

Summary of admissible evidence (including sources)

Source

SAP
Reviews, D40, D55, E61, D56, D39
Quality of services, D37

R0PA 26 Oct 2005:

Improvements:

Referral, assessment, care planning and review processes are convenient, timely, and tailored to individual needs and preferences, including diverse groups. This is particularly well demonstrated in Kent's performance on waiting times for assessment and for care packages. Good quality information about services and standards is readily accessible to all, including diverse groups in the community. A self-assessment website was launched October 2004, since then nearly 250 assessments have been requested.

Areas for development:

92 per cent of service users have received a statement of need and how these will be met. This is lower than in the previous year. The council has stated that this may be due to under-reporting resulting from the current information system, which is not configured to monitor this.

21 February 2006 RBM:

Statements of need D39 – (page 28 of briefing)– Kent will go up a band – there was under-reporting last year, this year Kent has improved recording of issue of statements, with regular schedules listing clients without statements. There was also a problem where cases were not being closed but recording has been improved.

Page 28 of briefing shows 78.8% of MH users received statements of need at end of March 05, and that of WK S28A clients only 44.4% received statements of need (relatively small no of clients involve – 16 out of 36 had statements). There were some variations in percentages between different locations.

DIS/UEM 2006:

4.1 convenience, timeliness and tailoring of referral, care planning and review

2106: 2006-07 priorities for assessment – priority is to carry out urgent assessments within 48 hours of referral and non-urgent cases within 28 days. Kent has maintained its high performance against these targets.

Older People

- targets and performance indicators: capacity and commissioning.

2110 – percentage of new assessments of older people completed within 2 weeks

71.8 2005-06 Kent outturn, IPF 60.1, Kent exceeded this performance

2133 – PAF D40 – clients receiving a review – Kent 05-06 85 acceptable, IPF 70 acceptable, check bandings as Kent figure looks really high

2107 – PAF D55 (part I) Percentage of assessments of older people begun within 48 hours of first contact with social services

Kent 2005-06 100, IPF 84.1

2108 - PAF D55 (part 2) Percentage of assessments of older people completed within 4 weeks

Kent 2005-06 81, IPF 73.9

2109 – PAF D55 Acceptable waiting times for assessments

Kent 2005-06 90.5 very good, IPF 78.99 acceptable.

Evaluation: Kent is outperforming the IPF group on reviews and assessment waiting times

2134 – PAF E47 Ethnicity of Older People receiving assessment.

Kent 2005-06 2.12 ask questions about performance, IPF 1.16 acceptable.

People with Learning Disabilities

2219 – person-centred planning

All young people in transition have person centred plans. The transition process is being reviewed to ensure consistently good outcomes. All agencies have been engaged in this process. Work streams have been identified and leads appointed to make the necessary improvements to policies, procedures and practices. PCT underpins this work and the Transition Champion works closely with the PCP Implementation Group.

Family conferencing has been established as the normal way of planning for children. This is now being piloted with adults. How does this work?

2218 – 0 adults in NHS patient accommodation

Single Assessment Process (SAP)

2112-2116 – Kent expects to implement after April 06 but before April 07. Training has been given to all staff (pre April 06). The locality approach has been published and disseminated.

2117 – how far has council progressed in providing a single assessment summary?

Kent – summary available by May 2006 to professionals only and only in part of CSSR. Only 16% of authorities are at the point of the Summary being available to professionals and individuals across the whole CSSR.

People with Physically and Sensory Disabilities

2311 – summary of strategy and implementation of transition – see learning disabilities above (2219).

Mental Health

2406 – Crisis resolution teams

Kent has successfully submitted to the DH "fidelity and flexibility" exercise and the pattern of implementation of Crisis resolution teams in Kent and Medway has been approved. All targets have been met. Strength of Kent/Medway.

2407 – plans for 2006-07 – outstanding issue for parts of West Kent is the degree of 24-hour cover. All existing clients of CRTs have support needs met 24 hours a day, 7 days a week. There are still a few areas in West Kent where new interventions to divert from hospital are not immediately available out of hours. Some inconsistency in coverage of the service seems there is a lack of equity, and this could put some people at risk.

During the coming year this will be put right. Submission to DH was for out of hours cover provided through joint working across areas. This was agreed by the DH, the schemes are funded to meet this obligation and joint working arrangements will be put in place during 2006-07.

4.2 quality assurance systems put in place

3407-3410 Electronic Social Care Record – are you on target

3407 Yes – CSSR has database in place
3408 Yes – April 2006 all new cases have an electronic social care record
3409 Yes - by October 2006 all new and existing cases to have an electronic social care record with meta data added for relevant cases. Likely to be achieved.

Evaluation: Kent is ahead of most authorities on 3408 and 3409, indicating its strength in using IT

3410 – any difficulties in meeting ESCR targets – Social Care is replacing its core client systems. Delays were caused due to requirement to implement the integrated children's system in the same time frame. Go live due August 2006. Current systems are fully integrated and produce high-level performance information but will not interface with other agency systems and cannot deliver the SAP. Replacement system will give KCC the capacity to connect with Health, Education, and other compliant systems.

Evaluation – Kent is making good progress towards sharing information electronically with other agencies.

4.3 Privacy and confidentiality

No information in the Delivery and improvement statement for this criterion. Ask at ARM how you ensure confidentiality etc when information is being shared- are there joint protocols yet?

4.4. Good quality information about services and standards is readily available.

Service users

2132 – PAF D39 – percentage of people receiving a statement of needs and how these will be met.

Kent outturn 05-06 was 98% good; IPF was 96% good. Kent has improved its results from acceptable in the past three years (0203-0405)

Evaluation

All referral, assessment, care planning and review processes are convenient, timely, and tailored to individual needs and preferences, including diverse groups.
The Council has quality assurance systems in place, and service quality is consistent across most sectors, services and communities.
Privacy and confidentiality are assured in most cases through appropriate policies and procedures, and compliance is usually well managed.
Good quality information about services and standards is readily accessible to all, including diverse groups in the community.

STANDARD 5: Fair access

Adult Social Care services act fairly and consistently in allocating services and applying charges

Source
OP, D56, E47, E48, E50,

LD including BME
MH including BME
Access
Racial Equality
Advocacy & Interpreters

Summary of admissible evidence (including sources)

R0PA 26 Oct 2005:

Improvements:

The council has clear eligibility criteria for all services, which are published, easy to understand and fair to all. Kent's charging policies are easily accessible on their website, written in plain English, and in a large, clear typeface. The needs of people from black and minority ethnic groups are carefully monitored and action is taken to increase take-up of services from most under-represented groups. PFI funds are being used to develop shared service centres, which will be more easily accessed. Kent has been awarded a partnership award to develop voluntary sector services in Ashford specifically aimed to meet the needs of ethnic minority community in that area.

Areas for development

Performance indicators show that the rate of older people from black and minority ethnic groups who receive assessments is higher than most similar councils, and that the proportion of these people who then receive services is relatively low. This is in line with the fact that targeted services for these people are predominantly funded through the voluntary sector, which receive some direct referrals and some referrals via social services. The council should explore the reasons for the relatively low percentage of people from black and minority ethnic groups who are in receipt of direct payments.

21 February 2006 RBM:

BME information (Page 29 of briefing)– The indicator is suggesting that a higher proportion of BME in Kent are being assessed and receiving services therefore giving the impression that Kent is over-performing on this indicator. Jessica Slater asked how she could describe the issues for Kent, which can appear to be too complex to analyse effectively. This may be because in Kent there are no high concentrations of ethnic groups living in particular locations, other than in Gravesend (which has the largest Sikh community in the country outside London). Caroline Highwood suggested that asylum seekers were being included in the numbers assessed/receiving services but were not included in the census based population estimates, skewing the results.

Kent can demonstrate the range of services through its commissioning of specific services

e.g. for Sikhs. Kent can also provide evidence of training given to people who assess and make decisions on services to ensure they take account of cultural and ethnic issues when carrying out this work. Kent has produced a booklet called "Culturally Competent Care". Kent's Equalities Standard covers this and other equality areas; Examples of specific services geared to particular groups were Guru Nanak, and Ashford Asian Elders. The two PAF indicators are monitored monthly District by District.

Steph Abbott reported that Kent would be re-submitting the 2005 SSDS 001 return later in the week. This would show that Kent had met the race equality key threshold indicator. Joyce Phillips had checked with DH and had been advised that councils affected by this threshold (26 in total) were being given leeway to resubmit their SSDS001 return up to April 2006; therefore Kent will easily meet the deadline

DIS/UEM 2006:

5.1 Clear eligibility criteria are published, easy to understand and fair to all

No information in DIS about this, but last year I checked the Kent website and criteria were clear, don't think there have been any changes, but maybe ask at ARM

5.2 Social Services are effective in monitoring the needs of the local population and take up of services. Fair access can be demonstrated.

2111 – PAF D56 – percentage of social services for older people provided within 4 weeks following an assessment

Kent outturn for 2005-06 was 95%, very good, IPF 86 good. Kent exceeded performance of IPF.

Evaluation – Kent is continuing to maintain its excellent performance in assessing and providing services without delay.

2135 – PAF E48 – ethnicity of older people receiving services following an assessment – 1.12 ask questions about performance, IPF acceptable 1.00.

Evaluation: Kent appears to be carrying out a larger proportion of assessments of people from BME than would be expected, but then giving them a smaller proportion of services, that's if this indicator can be taken at face value.

2136 – PAF E50 – assessments of adults and older people leading to provision of service – Kent outturn 05-06 was 59, IPF was 68,

Evaluation - Kent is assessing a higher proportion of people where no service is offered. Is this a good use of resources? Stats for Kent have been pretty consistent, whereas IPF has shot up in 05-06, is this indicative of poor quality data.

People with Learning Disabilities

2216 – ratio of percentage of LD adults receiving services that are from minority ethnic groups related to percentage of population from minority ethnic groups.

2005-06 Kent outturn is 3.10, IPF is 1.25

Ask questions about data? Kent data seems very high. "normal" ratio would be 1:1.

General data on ethnicity

2137 – percentage of adults assessed during the year where ethnicity "not stated" in the RAP return:

Kent figure is 0%, IPF average is 4.86.

2138 – percentage of adults with one or more service during the year whose ethnicity "not stated" in RAP return – 0.0 in Kent

Evaluation - strength of Kent – records of ethnicity are complete for clients assessed, reviewed and receiving services

Mental Health Services:

2412 – specific action planned to make MH services accessible to people from BME groups.

West Kent LIT made race equality in service provision the subject of its 2004 themed review. Following the review, West Kent LIT commissioned Rethink to provide a monthly BME forum to meet before each LIT to send a representative to ensure that the BME dimension is fully considered in new initiatives.

A race equality strategy group was set up chaired by the KCC policy lead for MH and includes both West and East Kent representatives. The group considered the outcome of the Rocky Bennett enquiry and was advised by the SEDC lead for race equality. It has established a race equality strategy, which includes a fully worked model to appoint 8 Community Development Workers to work within existing structures. The bid to PCTs to fund this did not succeed for 06-07. A further bid will be made for 07-08.

Evaluation – bid went in but was unsuccessful – has this led to unfairness in allocation? NB who is Rocky Bennett.

Ethnicity of Staff

3116 – percentage of staff in post as at 30 Sept 2005 whose ethnicity is not stated: Kent figure is 7.5%, IPF average is 4%

Drug and Alcohol Abuse

2605 – the PCTs and KCC have contributed to the mainstream allocation to alcohol services in Kent. Local pooling of resources under health act flexibilities has increase purchasing powers and helped maximise limited resources. There are some gaps in service provision and a need to increase funding targeted to support individuals with alcohol specific issues (what might this mean?)

Challenges - People with drug and alcohol problems and their carers/significant others have increasing expectations, there are also demographic changes, and requirements in the White Paper "Our Health, Our Care, Our Say".

5.3 There are clear routes to access all key social care services, 24 hours a day, 7 days a week, as needed.

No information in the DIS for this criterion. Evaluation - Some gaps according to text earlier, which are being addressed for 06-07 (2407)

5.4 the range of services available... demonstrates that diversity and social inclusion are valued.

3234 – please describe how you have implemented the Race Relations Act 2000 as part of the commissioning framework for adult social care

KCC has a comprehensive Race Equality Scheme. Consultation forums include the BME Health and Social Care Forum, BME information sharing group, and Kent BME Network. Adult services Equality Impact Assessment Panel has been established (following a series of pilot assessments) to oversee the process. All high impact assessments to be conducted in 06-07 and then medium/low assessments to follow in 07-08, training commissioned to support this**. Evaluation** – what are these impact assessments, how is risk decided? Some examples?

Work to confirm level 2 Equality Standard for local government has evidenced many examples of good race equality practice. Includes support for UNITE Black Staff group; race equality in procurement; interpreting/translation is standard; BME commissioning group; "Developing Health and Social Care Services with BME communities"; BME LD research; Equal Care Project to employ, train and mentor 120 BME Care workers.

Evaluation – there are some good management arrangements in place to support race equality and some positive schemes to support BME staff to progress in their careers. Does Kent have statistics on the nos. of BME staff in management positions?

3235 – examples of best practice in race equality in commissioning and or policy review/implementation

1) Equal Care Project to address under-representation of BME workers in the care sector. Care managers have been unable to provide a culturally appropriate, linguistically accessible service. EU Equal Funds obtained to employ 3 project staff who are undertaking innovative recruitment campaigns in the community, induction training, work with statutory/private employers, mentoring for 120 BME staff for 2 years to Dec 2007.

2) Research into appropriateness for BME communities of 15 LD services has been undertaken. £50k for 3 years awarded from LDDF to employ a BME development worker to help change services, plus a development fund.

3) "Developing Health and Social Care Services with BME communities – 20 successful commissioning projects.

5.5 Access to services is culturally appropriate, and inclusive. Advocacy and interpreting services are promoted and used appropriately.

Older People

2163 – advocacy – In addition to longstanding advocacy groups Kent is developing new ones such as the Age Concern Care Navigator in East Kent. Advocacy services will feature in the multi-agency commissioning framework.

Evaluation – scope to make economies by working with other agencies on advocacy – *timescale for this at ARM?*

People with Learning Disabilities

2229 Involvement of advocacy – Advocacy Focus Group steers development. A citizen-advocacy service is core funded jointly with NHS for west and mid Kent. LDDF funds a scheme in Canterbury and in the north west which also includes self-advocacy. There is a dedicated BME service. District Partnership Groups commission other services through the LDDF, including support for meetings of service user groups. Carers' forums are also LDDF funded from the centre.

Voice for Kent is an important development in provision of independent self-advocacy. Funded by the LDDF and a BILD grant, it began in the East but is now being extended across the county. Learning disabled people are employed to run it, with a paid supporter.

Evaluation – developments seem to vary across the county, although where developments are happening there are plans to extend the coverage.

2204 – total spend on advocacy services for LD people

Kent outturn in 05-06 was £338000, IPF was £19400 – spend varies depending on population.

2205 – total amount per 1,000 population – Kent was 0.4, IPF 0.7.

Physical and Sensory Disabilities

2313 advocacy – wide range of advocacy services available through voluntary organisations, these include specialist areas such as Strokes, Parkinsons, head fractures. Sensory disabled people can access other advocacy schemes, which are available for older people with learning disabilities. National voluntary organisations such as SENSE are sometimes approached to act as advocates on behalf of sensory disabled people.

Mental health

2413 advocacy – providers have continued to manage transition for long term partnerships and deliver a modernised short term approach (what does this mean?) In the first six months of 05-06, 1,024 episodes of short-term advocacy were delivered in West Kent and there are 29 longer-term advocacy partnerships continuing.

HIV/AIDS

2503 advocacy – describes why advocacy is provided, to champion cause if someone is discriminated against or there are breaches of confidentiality. Dispelling myths about the virus. Talking to employers, including KCC.

Drug and alcohol abuse

2606 Kent and Medway wide advocacy service established in 2005-06, key outcomes are to support users to make decisions and influence commissioning decisions affecting their lives. Increase engagement of service users in treatment services. Key objective for 06-07 is to ensure that advocacy services influence provision of substance misuse services run in the statutory economy e.g. health.

Carers

2727 advocacy – There are District forums and Carers Forums to engage in day to day business of the directorate. There is a credit card sized information card for the public being developed as a result of carer demand.

Voluntary sector organisations such as Age concern, MIND and Mencap are funded to provide advocacy services.

Advocacy services are being developed to link with family group conferencing.

Kent is assisting carer support organisations to develop their own network and infrastructure to enlarge their lobbying and advocacy roles.

3412 availability of advocacy and interpretation

Kent response is that advocacy is mostly available, most common response is always available.

Kent response is that interpretation is always available, most common response is always available.

5.6 Fair and transparent charging policy

3332 – has web addresses of where Kent has its charging policies for residential and domiciliary care.

Evaluation

Clear eligibility criteria for all services are published, easy to understand and fair to all.
Social services monitor most of the social care needs of the local population and the take-up of services. Fair access can be partly demonstrated and action is taken to increase take-up of services from most under-represented groups.
There are clear routes to access all key social care services, 24 hours a day, 7 days a week, as needed.
The range of services available reflects most of the needs of the community, promotes equality to comply with all relevant legislation and demonstrates that diversity and social inclusion are valued.
Access to services is culturally appropriate, and inclusive of most population groups. Advocacy and interpreting services are available and used appropriately.
A fair and transparent charging policy has been agreed with stakeholders and approved by the Council, and income is collected efficiently.
The complaints/ comments procedure is available on request and accessible to most people. Complaints are handled promptly and courteously.

STANDARD 6: Capacity for improvement

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services

Summary of admissible evidence (including sources)

Source
OP
LD
MH
Performance Management
Human Resources, D59
Delayed Transfers
Partnerships
PAF PI's – overall picture

R0PA 26 Oct 2005:

Improvements:

The council's leaders have a clear vision and strategic direction for social services, communicate this effectively, and organise the necessary resources required to deliver it. The council's improvement strategy is strongly based in its "Active Lives" strategy, and delivered through its Local Area Agreement and Local Public Service Agreement targets. Although the overall performance indicator picture is not one of improvement, other data and information supplied by the council demonstrates a comprehensive picture of service development and improved outcomes for service users. Performance management, quality assurance, and scrutiny arrangements are in place and are effective. The council's organisational structure and management arrangements promote improvements for social services and action is well in-hand to ensure that structures and arrangements are suitable for the requirements of the current adult services green paper. Local partnerships across all sectors have produced a human resources strategy that effectively trains, recruits and retains staff. The council works effectively with external and corporate partners to improve the range, quality and co-ordination of services.

Areas for development

The council should continue to use its strong performance management arrangements to ensure that improved outcomes for service users are demonstrated through improvement across all performance indicators.

21 February 2006 RBM:

Improvement of PAF Indicators
The meeting acknowledged that Kent would need to demonstrate significant improvement on its overall PAF performance for 2005-06, and on the particular PIs already discussed, if it hopes to retain its 3-star status.

LPSA update

Kent briefing (page 40 ff) covers the main targets for LPSA 2, although additional information is needed on the employment and public health targets – to follow from Debra Exall.

Kent is preparing a new strategy document for Member approval to cover the next four years (working title Towards 2010). Big themes will be: helping people to live at home, carers, self-assessment websites, transition planning. Kent is aiming to have a holistic target around older people to focus on improved quality of life – covering financial planning, leisure, educational activities and other areas, which make a difference to older people.

Kent is also aiming to use a common qualitative tool across the directorate – and to benchmark, linked with health impact measures. Jessica Slater asked how this links to the LPSA targets. Feedback from users and carers is being used for the first time to develop targets and four-year plans. Kent is aiming to avoid contradictory targets, which have sometimes happened in the past. "Towards 2010" starts April 2006, when the LPSA gets revised.

The longer-term vision for Kent is for the next 20 years and has been developed in the Kent Local Strategic Partnership. Oliver Mills felt there were great opportunities "to hit the ground running" and to carry forward the vision supported by the new directorate structure.

The briefing pack gives details of Kent's role in the Innovation Forum which plans to reduce unscheduled use of hospital beds (Page 40). "Brighter Futures" covers the council plans to improve the future of older people. Jessica Slater thanked Kent for including the report, which she said she would read in detail later.

Kent is on line to achieve LPSA targets. The Kent PSA process was lengthy and painful while targets were being developed, the focus was on value for money, and involved detailed discussion. Agreement of targets has made the process much easier.

The Public Service Board monitors targets. The PSA 2/Local Area Agreement is multi-agency so very different from PSA 1, Oliver Mills described some loss of momentum over a 9-month period, however the LPSA is now embraced in the LAA. There is a new context in relation to the White Paper and expectations, and these shifts mean that Kent has to have the flexibility to move with them.

One issue, which concerns Kent, is that if local government structures change dramatically this will have implications for the pattern of local care services in Kent e.g. Telecare. PCT reconfiguration has already had an impact on the ease or otherwise of data collection. The shared performance framework puts more emphasis on pooling information effectively. Recent changes have highlighted data quality issues within the health economy, which have yet to be resolved.

The stressed that restructuring had been achieved with minimal disruption and Kent had been able to maintain front-line focus throughout. Peter Gilroy, the new CE is supportive, he is interested in extending innovation, and is currently looking at setting up a partnership with Microsoft.

Kent has once again achieved an excellent CPA rating, is keen to maintain this and sees social care as a crucial part of this. In 2004-05 there was a change of administration, the new Leader is Councillor Carter, with Kevin Lynes taking on the role of Cabinet Member for Adult Social Care.

DIS/UEM 2006:

6.1 The council's leaders have a clear vision and strategic direction for social services, communicate this effectively and organise the necessary resources for delivery

Extract from DIS Director's Summary in UEM: From April 06 new adult services directorate was launched, placing KCC in a good position to begin making a reality of the White Paper and our core objective – Promoting Independence which is underpinned by the Kent agreement. During this restructuring we have ensured that a focus remained on front-line services, illustrated by improved performance (direct payments doubled) within budget with good staffing levels. During the year some of innovations began to be mainstreamed e.g. client money service. Our partnership with Swindon continues to be successful.

The focus in 06-07 will be on core priorities such as prevention, user choice, delayed transfers, and forging even closer links with health. KCC's new Public Health Department will be key in this.

Kent's 10 year vision, "Active Lives" will be refreshed with partners, other major drivers are modernisation, managing the social care market, changes to government grants, financial pressures on health services, placement of vulnerable adults in Kent by other authorities. Kent has systems in place to monitor and respond to risks. Kent continues to be concerned about helped to live at home indicators.

6.2 sustained recent progress, relevant policies, plans, objectives, targets and risk assessment in place.

No information in DIS on this criterion,

Evaluation: Kent has LPSA, LAA, 10-year plan, and risk assessment framework in place so this is a strength.

6.3 Performance management, quality assurance and scrutiny arrangements are in place and effective

21 February 2006 RBM:

3.4 Finance and resources

Kent's medium term plan is in place. The budget was recently signed off at a full county council meeting, with one minor adjustment in regeneration spend.

Kent has a rolling planning process, with an annual budget and medium term plan. This year's budget has been re-aligned to take account of the restructuring. Caroline Highwood reported that the budget for adult services in 2005-06 will be tight but there will be a balance and it is tight but deliverable in 2006-07. Achievable savings are also planned for 2007-08.

Kent is forecasting greater pressures in 2008-09 –year 3 of the medium term plan. Modernisation may help to achieve efficiency savings, it is hoped that the "Brighter Futures" PFI scheme for housing will have a further impact in reducing costs. Caroline Highwood gave further details of the schemes covering 10 Kent Districts with a total budget of £76 million. These should be cost neutral to the council but give a wider range of housing options to people with care needs.

Oliver Mills indicated that Kent would look at in house services in light of direct payments, relationships with primary care, TeleHealth, intensive home care greater independence and choice. The learning disability budget is under pressure every year and is forecasted to be under particular pressure in 08-09 because of demographic changes. A Select Committee is currently focusing on this.

Kent would hope for an assumption of NHS funds coming out of acute care into community services. Kent has adopted a model to help in assessing return on investment; this is described in Appendix 5 of the Kent briefing pack (known as the RSE Brent model). Financial problems in the health economy have an impact on demand for social care services, eligibility criteria are being revised in health, and this has an impact on Kent CC.

Policy and Overview is looking at the whole area of intermediate care, including partnership arrangements as well as services provided by the council.

Local performance management processes

Dealt with earlier during discussion of specific PAF indicators. Joyce Phillips invited to accompany Steph Abbott on some of her annual meetings with staff groups.

DIS/UEM 2006:

3401 please summarise the strategic vision for performance management and quality assurance for 2006-07

missing

3402 please summarise barriers to delivering the strategy

KCC has a robust performance management culture. Includes strong risk management, Performance Improvement Plan, monthly reporting on key indicators to senior managers, a programme of QA practice audits, and strong financial management. Kent continues to develop processes to involve users in performance management. This year Kent is implementing a major systems renewal programme. In future this should provide more sophisticated management information. There is a short-term risk of not having management information readily available.

KCC developed a risk-assessed approach to quality assuring providers based on CSCI inspections and other factors. This process needs to evolve to take account of CSCI's new inspection regime, in particular to ensure efficient sharing of information to avoid duplication.

3403 – Kent is strongly confident that estimated 2005-06 data for PAF indicator is accurate.

3404 – Kent did not use the self- assessment and audit tool to check data.

3405 – explains why Kent did not use the tool, Kent reports on each performance indicator at district level every month. Trends are analysed, data quality plans and management are looked at, manual accounts are reconciled to Kent's client system, Risks in performance and budget are identified early on, and all staff are involved in performance and management action plans. Local performance and DQ teams validate and disseminate details of each indicator and activity/budget line to a client name level therefore there is minimal room

for error. Quarterly FARM reports are compiled which analyse trends over time at a District level for key budget/activity lines, performance issues and local factors.

3406 – has adult social care in your local authority experienced any barriers or particular difficulties in establishing information sharing protocols with any partner agencies in the past?

- Kent and Medway have a 3-tier model for Information Sharing, which Kent is leading on implementing. So far 2 signed agreements have been returned out of a possible 12, so more work needs to be done with local District/Borough councils.

Evaluation – could not find information-sharing model on www.clusterweb.gov.uk, the web address given in the UEM.

6.4 Council's organisational structure and management arrangements promote improvements for adult social services and promote the wider modernisation agenda for social care.

No information –

Evaluation - text for earlier questions covers impact of Kent restructuring, which seems to have gone well

6.5 the social care workforce is well trained and reflects local diversity. Local partnerships across all sectors have produced a human resources strategy that effectively trains, recruits and retains staff.

3101 – describe strategic vision for workforce – Missing

3102 – summarise risks and barriers – if Kent had recruitment, retention and sickness problems this would impact on services, in addition continued reliance on agency staff may prove a potential risk

Evaluation – not clear how much Kent relies on agency staff, question for ARM?

HR Development Strategy

3110 % of SSD staff who left during the year – Kent was 10%; IPF average was 10.8%. Kent turnover has risen in the last year from 7.02 to 10; IPF average has fallen from 12.4 to 10.8.
3111 % of SSD directly employed posts vacant on 30 Sept 2005 – Kent was 5.2%, IPF average was 7.7% Kent vacancies have risen, IPF averages have fallen.

Evaluation – Kent has had lower staff turnover than IPF and continues to do so, but the gap is closing somewhat.

3103 – 3108 recruitment and retention of different members of staff – no problem in recruiting any staff groups in Kent.

Training

3113 – training and development indicator: estimate the % of SSD staff expenditure spent on training directly employed staff during the year – Kent outturn was 2.8%, IPF average was 3.52

Evaluation – lower turnover in Kent may lower training costs.

3112 % of days lost to sickness absence during the financial year – Kent outturn in 05-06 was 6.00, IPF average was 6.44

Practice Learning

3114 – PAF D59 Practice Learning Indicator (Adult Component) new definition – Kent outturn was 8.6 acceptable, IPF was 13.9 good
3115 – PAF D59 Practice Learning Indicator (Adult Component) old definition – Kent outturn was 8.8 acceptable, IPF was 13.1 good

Evaluation – Kent could do better on numbers of practice learning days

3117-3120 Human resources development strategy grant – expenditure

Kent 100% of grant (169,000) was spent on council staff.

IPF councils –averaged 58% on council staff, 42% on independent sector

3124 National Training Strategy Grant – expenditure

In Kent 18% of this grant (116,000) was spent on council staff, with 82% in the independent sector (528,000).

IPF councils – averaged 50% on council staff, and 50% on the independent sector.

Evaluation - Kent appears to be using these grants in different proportions from its comparator authorities

Service delivery for Vulnerable Adults

2617 numbers of relevant staff in CSSRs as at 31 March who had had training addressing work with vulnerable adults – Kent data is missing, IPF average is 499.5

2618 proportion of relevant adult social care staff trained to identify and assess risks to vulnerable adults Kent proportion is 38%, IPF average is 36.9%

Evaluation Kent not dissimilar to average.

6.6 The council works effectively with external and corporate partners to improve the range, quality and co-ordination of Adult social care services.

See Health Act flexibilities

Director's summary confirming that the DIS is a fair representation of the council's commitments and intentions for social services in 2005-06.

Kent has strong links with health partners; many parts of the DIS refer to partnerships e.g.

Practice Learning Indicator (Adult Component) new definition – 2149
2151
2153 – KCC Department of Public Health with jointly funded head of public health
2302
3202 – potential threat of cost shunting from Health

2104 – joint LPSA targets with Health
3310 – health act flexibilities
3324
3311 – joint LD/MH teams
3322 – precarious health economy in Kent with varying levels of financial difficulties in some PCTs
3410 – IT system has the capacity to connect to health systems
Director's summary – key priority for 06-07 is to build on already strong links with health

Evaluation

The Council's leaders have a clear vision and strategic direction for social services, communicate this effectively, and organise the necessary resources required for delivery.
Relevant policies, plans, objectives, targets and risk assessments are in place to support on going improvement.
Performance management, quality assurance, and scrutiny arrangements are in place and effective: performance improvement can be demonstrably linked to management action.
The Council's organisational structure and management arrangements promote improvement in social services but changes are still required to integrate and collocate some teams.
The adult social care workforce is adequately trained and is changing to better reflect local diversity. A human resources strategy, produced in partnership across all sectors, is bringing improvements to training, recruitment and retention.
The Council works effectively with relevant external and corporate partners to improve the range; quality and co-ordination of adult social care services.
The Council has a range of effective commissioning processes in place, often with targets for improving the economy, efficiency and effectiveness of services.
The Council has a track record of competently managing its social care budgets, in the context of sound corporate performance in this area.

Appendix 2

Commission for Social Care Inspection

Making Social Care Better for People

CSCI
Finlaison House
15-17 Furnival Street
London
EC1A 1AH

T: 020 7979 8079
F: 020 7979 8091
E: enquiries.southeast@csci.gsi.gov.uk
www.csci.org.uk

22nd October 2006

Mr. Oliver Mills
Managing Director of Adult Social Care
Kent County Council
Sessions House
County Hall
Maidstone
Kent
ME14 1XQ

CONFIDENTIAL: EMBARGOED UNTIL 30th NOVEMBER 2006

Dear Mr. Oliver Mills

Performance Ratings for Adult Social Services: 30th November 2006

I am writing to inform you of the 2006 performance star ratings and judgements for your council's adult social services. The performance (star) rating will contribute the 'adults' judgement to the Council's overall CPA rating to be announced by the Audit Commission in February 2007.

a) Judgements and Rating
The judgements and rating for your council are as follows:

b) Social Care Services for adults
Serving people well? *Most*
Capacity for improvement? *Excellent*

c) Adult Social Care Star Rating
Your social services performance rating is *3* star**.**

The Record of Performance Assessment provides the basis of our judgements about your council's performance and trajectory for improvement. The level of in-year monitoring by CSCI is proportionate to performance. Councils with low star ratings or councils deemed to be coasting could expect a higher level of monitoring.

d) Further Changes to Star Ratings

Current CSCI policy on star ratings is that they will be published each year, and for the most part will not be changed during the year. For councils with a zero star rating, a higher rating may be awarded later if robust and substantial evidence of performance improvement becomes available. Conversely, if serious concerns about performance arise during the year, a council's rating may be adjusted to zero stars, and special monitoring arrangements put in place.

e) Representations

The letter issued to councils by the Chief Inspector on 16th July 2006 explained the representation procedure for our adult judgements. This indicated that you would have the opportunity at this stage to make a formal representation.

Councils should ensure their representation is clearly headed according to the judgement in question, be no more than 2500 words maximum and ensure it can be linked to the published standards and criteria.

All notifications of intent to make representation and actual written representations should be sent to CSCI for the attention of Louise Guss Representations Officer, via her PA Annett Hegna using one of the following methods:
Email: annett.hegna@csci.gsi.gov.uk
Fax: 01484 770 421

You can also contact the Representations Office via telephone number: 0191 233 3501

Council intention to make written Representations by	25th Oct by 4.00pm
Council confirmed written Representations received by	30th Oct by 10.30a.m

f) Further Information and Publication

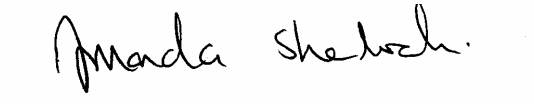
The new performance ratings and underlying judgements will be published on 30th November. The record of performance assessment for your council and a copy of this letter will also be available on our website at www.csci.org.uk/council_star_ratings/councils_star_rating/default.htm on 30th November 2006.

We will send you an e-mail containing the embargoed star ratings for all councils on 29th November. Both this letter and the e-mail setting out the star ratings for all councils are sent to give you time to prepare local briefings - for example, to handle press enquiries. If you need help or advice on dealing with the media the CSCI press team, Sharon Ward, Michelle Doyle, Andy Keast-Marriott and Ray Veasey are available to assist. Their contact numbers are 0207 979 2089/2090/2093/2094.

Any questions about your star rating that are not answered by the guidance, or by the contents of this letter should be addressed in the first instance to your Business Relationship Manager.

Access to the Performance Indicators website, which is password, protected will be issued to you at midnight 27th November with instructions.

Yours sincerely



Regional Director, CSCI
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