

**Kent Adult Social Services
2009/10 Half Year Monitoring
September 2009**

This has been at a time of major change for the Directorate; with a major re-structure which is delivering efficiencies and total transformation to put the Directorate in a position to meet the challenges set out in the national concordat Putting People First and Kent's Active Lives vision for the future of social care.

1. Areas of Progress

Personalisation - Self Directed Support (SDS) has been the major driver for change during this year. This is a programme of total transformation for Kent Adult Social Services and for all those services which the Directorate commissions. The implementation has seen major changes within KASS to ensure there is a structure and culture that supports and empowers people to develop their own solutions from an increasingly responsive and diverse market place. SDS enables people to self manage their support or if they choose to, have someone else (including KASS) manage it for them.

Restructure - The restructure the Directorate has undergone has been necessary to ensure that SDS is delivered. It has meant moving from 12 Districts to 6 Localities, establishing movement into new teams, and at the same time streamlining the management structure right across the Directorate, including at Headquarters. The challenge will be to continue to maintain standards during a time of change and with a significantly reduced management capacity.

Efficiencies - The restructure has been a major area where the Directorate has delivered efficiencies. Other areas are:

- reducing transactional costs, for example, extending the use of Transactional Data Matching (TDM) in purchasing services
- using technology to redesign more efficient services (Telehealth) and enable self management of support
- improved collection of management & performance information (SWIFT).
- enabling people to have easier access to services (Kent Adult Services Contract Assessment Teams (KASCAT) and self assessment, Fast track equipment)
- Modernisation of services. (The Good Day Programme is an example of this)
- Total Place - The Directorate is playing a key role in the work being undertaken by KCC under this national initiative.

Prevention - This is the 'cornerstone' of our ambition to promote independence. It is being delivered through a range of projects including INVOKE and Brighter Futures. The recent Independence, Wellbeing and Choice Inspection of the Directorate undertaken by the Care Quality Commission noted that:

"There was a clear focus on promoting the independence of older people and a strong emphasis on enablement and rehabilitation. The council worked effectively with its partners to deliver a wide range of preventative services. There were some excellent initiatives between the council and its health, housing, independent and voluntary sector partners to provide a holistic response to the needs of older people".

Safeguarding – In partnership with other agencies the Directorate has worked to improve its safeguarding arrangements for adults in Kent. This was noted by the CQC Inspection:

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

As Members are aware the Chief Executive has raised concerns about the risks to vulnerable adults within two wards in Thanet which are areas of high deprivation. The Chief Executive has written to the District Councils about the placement of homeless adults in these wards, and improving outcomes for people living in these wards is a theme in Kent's Total Place Pilot.

Direct Payments - The number of people on Direct Payments continues to increase. With the new structures in place, focus will be on offering people personalised budgets and direct payments to give them more flexibility and control over their support packages.

Whole Systems Demonstrator Project - This uses technologies such as Telehealth and Telecare, working with Health, to support people with long-term conditions maintain their independence and give them reassurance. Kent was one of only three sites to be chosen by the Department of Health for this project and has achieved the ambitious target set of 2,000 people on the project. The final figure achieved was 2,013.

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

Towards 2010 -The Annual Report was presented to County Council in October which showed that all of the Targets which KASS lead on or jointly share are achieved or on course.

Supporting Carers - This is a key Towards 2010 Target. The Carer's Strategy and Annual Report were launched in the summer. We have developed a range of innovative initiatives, for example the Kent Carers' Emergency Card.

Intermediate Care - We continue to develop a range of intermediate, recuperative care and enablement services geared at preventing avoidable hospital admissions and delayed discharges. These services have been developed in partnership with Health. They are having a significant impact in reducing the rates of delayed hospital discharges across Kent.

The Good Day Programme - This has been developed over the last 18 months. The programme supports people with learning disabilities to move away from traditional day services through person centred planning, the use of Direct Payments/SDS and the provision of more community based services.

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

Kent Learning Disability Partnership Board continues to work in a very inclusive way, working closely with KCC, East and Coastal Kent PCT and West Kent PCT. A review is currently being commissioned to ensure the Board, 12 component District Partnership Groups and the delivery structure can effectively implement **Valuing People Now**.

Learning Disability Re- Provision Programme - The Directorate is working with partners to re-provide new person centred care and support for those adults with learning disabilities who have been supported by the NHS. The Directorate has provided detailed briefings on this throughout the year. This is a good example of partnership working with the NHS to deliver effective person centred services.

Joint Commissioning with Health - Underpinned by Joint Strategic Needs Assessments and other specialist assessments, the Directorate is extending its integrated commissioning arrangements with the NHS. There is a further series of arrangements in place to support joint commissioning including jointly funded and appointed posts. These joint posts focus on key care pathways, such as dementia, stroke care, falls care and supporting carers.

2. Challenges

Over the next year the Directorate faces significant challenges which include a White Paper on care support early next year and the general election.

Impact of Restructuring. As already outlined above it will be a challenge to maintain improvement whilst the new structure beds down.

Demographic changes which have been well documented. The demand and complexity of need is a significant feature in regard to people with learning disabilities, as it is in respect to the increase in the ageing population, for example the prevalence of dementia is increasing significantly. These issues will continue to have a major impact on budgets and resources. For example the proportion of people being admitted to residential and nursing care with dementia is significantly increasing.

Recession and Public Sector Funding. The Impact of the recession is being felt in a number of areas in relation to the work of the Directorate.

- The people and families we work with. People are finding it harder to make 'ends meet' and to find employment. Consequently people find it harder to meet the charges for care and thus overall the Directorates debt is increasing.
- Increase in demand for services. For example it is well documented that mental health issues increase during a time of recession.
- The indication is that, in the medium term, it is likely that there will be less resources available to social care in Kent as after the General Election public spending will shrink irrespective of who forms the next Government..
- The impending General Election also adds to the air of uncertainty as to the future national direction of social care, in particular hypothecated grants after March 2011.
- Partner organisations are also experiencing similar issues as is the social care market, as set out below.

The Market. There are a number of challenges in working with the private and voluntary sector over the next year. These include:

- working with the sector to make sure they are able to meet the new demands of self directed support
- ensuring that we continue to have a pricing structure that offers value for money
- supporting the market to deliver good quality services.

Ordinary Residence. This issue has been documented in previous reports, including a report to cabinet in the summer. Kent has a large number of residential homes within its boundaries and is a “net importer” of residents placed by other Local Authorities outside Kent. In the main these are adults with learning disabilities where 1500 placements have been made by other local authorities into care homes in Kent. With the drive towards independence and personalisation, a significant number of people want to move out of residential care and live in the community, often in the area where they have been placed (i.e. Kent). To enable these people to live independent fulfilled lives they often need complex support packages. Current legislation and guidance leads to disputes over who should pick up the cost for these packages, Kent or the Local Authority which originally placed the person. On a number of occasions the disputes have been referred to the Secretary of State whose determination in all cases has led to Kent funding the support package and taking responsibility for the person who is considered to be an '*ordinary resident*' of Kent. KCC has responded robustly on the review of the guidance, but in the short term at least this is likely to be a significant resource pressure on KCC.

Active Lives for Adults (ALFA) is the Directorate's modernisation programme, and SDS has been a major strand of this work. Over the next year it will be important to implement other strands of ALFA which include FaME (flexible and mobile working) and the modernisation of in house older people services.

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

Business Continuity and Emergency Planning. The importance of this work has been highlighted by the threat of swine flu, which is predicted to have a significant impact. KASS has been working with its partners to put in place a range of strategies to minimise the potential disruption swine flu or indeed other unforeseen emergencies are likely to have.

Inspection Action Plan. The outcome of the Inspection was that Directorate was rated:

Safeguarding Adults – Good

Delivery of Preventative Services for Older People – Excellent

Capacity to Improve - Excellent

Although the Directorate welcomes the judgement, the inspection has identified a number of areas for improvement. These include access to services, and information, particularly in relation to disadvantaged groups. An action plan has been agreed with the Care Quality Commission. This plan will be monitored by the Commission over the coming year.

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

CORE SERVICES AND FORECAST ACTIVITY LEVELS

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

PROJECTS, DEVELOPMENTS AND KEY ACTIONS

All projects, developments and key actions on track to be achieved or already completed.

4. Performance Indicators

Many of the National Indicators (NIS) are new. It is recognised nationally that they need time to bed down and adjust and therefore targets have not been asked for or set by the Department of Health and Care Quality Commission. The NIS a major transition from what was a more processed driven national performance framework (PAF) to one which focuses on outcomes for people.

The only target that must be set is for any indicator in the LAA (Kent Agreement 2). For KASS this applies to NI 125 (see below).

Performance Measure or Activity Target Performance for 2009/10 cannot be set for the NIs until the first year of monitoring has been completed to provide a benchmark.	Actual performance 2008/09	Half Year Monitoring 2009/10	Comments
NI 125 – Achieving independence for older people through rehabilitation/intermediate care	75%	77%	<p>LAA (Kent Agreement2) target for 2010 /11 is 79%. Currently we are making steady progress on this indicator. Our As has been outlined previously to ASSPOSC this indicator only focuses on intermediate care to support hospital discharge and does not take into account the hospital to home and prevention community work which are key features of KASS preventative work.</p>
Number of people receiving an ongoing direct payment (which supports NI 130 Social Care clients receiving self directed support (Direct Payments and Individual Budgets))	2055	2179	<p>As this is a new indicator, with a different definition, the figures here are the numbers of people with an ongoing direct payment. This excludes the one off direct payments, which are included in the end of year figures given to CQC/ DH.</p> <p>Direct Payments are only a small part of the personalisation agenda and as a consequence, we are providing more evidence based data to the Care Quality Commission to demonstrate our progress in transforming social care.</p>
NI 132 Timeliness of social care assessments	83%	83%	This indicator looks at the percentage of assessments that are completed within 28 days. This is very comparable with other local authorities.

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NI 133 Timeliness of Social Care Packages	95%	95%	This indicator looks at the percentage of packages of care that are in place 4 weeks after assessment. We perform very well for this indicator.
NI 135 Carers receiving needs assessment or review and a specific carer's service or advice and information	29%	29%	This indicator looks at the proportion of service users receiving community based services who have a carer who is receiving support, a service or advice. We are one of the top performance authorities.
NI 145 Adults with learning disabilities in settled accommodation	37%	37%	This is a new indicator. For 2008/09, it was based on a half year and then doubled. The results across the country varied significantly (from under 10% to more than 100%). As such, it is acknowledged that performance for 2008/09 is not representative. In addition, Kent has a significant amount of 'preserved rights clients' who are in residential care. Residential care does not count as settled accommodation
NI 146 Adults with learning disabilities in employment	10%	10%	In feedback from CQC they feel that we are performing well in comparison to other LA.s There is in place an action plan to improve performance in this area., which becomes more challenging in the current economic climate

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PAF C72. Admissions of supported residents aged 65+ to residential/ nursing care per 10,000- population aged 65 and over	78	85.9	The overall number of older people in residential and nursing care is lower now than it was in 2007-08. However, this indicator looks at the admission rate, which is higher than it was last year. This increase is mainly attributable to an increase in admissions for older people with Mental Health Needs (dementia). However, the higher admission rate only applies to the most complex cases who are placed in residential care. Community arrangements are in place for all other people. As a consequence, the average age of admission to residential / nursing care continues to rise and is now routinely over 85 years old.
PAF C73. Admissions of supported residents aged 18-64 to residential/ nursing care per 10,000- population aged 65 and over	1.5	1.84	This figure has risen but actually represents an increase of only about 10 people. Given the small numbers involved this indicator can fluctuate. Transition arrangements are a key factor in this rise.