

**SOCIAL CARE AND PUBLIC HEALTH CABINET
COMMITTEE**

Thursday, 16th January, 2014

10.00 am

Darent Room, Sessions House, County Hall, Maidstone





AGENDA

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Thursday, 16 January 2014, at 10.00 am
Darent Room, Sessions House, County
Hall, Maidstone

Ask for: **Theresa Grayell**
Telephone: **01622 694277**

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (13)

Conservative (8): Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman),
Mrs A D Allen, Mr A H T Bowles, Mr R E Brookbank, Mrs P T Cole,
Mrs V J Dagger and Mr P J Oakford

UK Independence Party (2): Mr L Burgess and Mrs M Elenor

Labour (2): Ms C J Cribbon and Mrs S Howes

Liberal Democrat (1): Mr S J G Koowaree

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UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

The Chairman will assume that all Members will read the reports before attending the meeting. Officers are asked to assume the same when introducing reports.

A. COMMITTEE BUSINESS

- A1 Introduction/Webcast Announcement
- A2 Substitutes
- A3 Declarations of Members' Interest in items on today's Agenda
- A4 Minutes of the Meeting of this Committee held on 5 December 2013 (Pages 7 - 18)
- A5 Minutes of the Meeting of the Corporate Parenting Panel held on 25 October 2013, for information (Pages 19 - 28)
- A6 Chairman's Announcements

B. ITEMS RELATING TO ADULT SOCIAL CARE

- B1 Oral Updates by Cabinet Member and Director

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

- B2 13/00074 - Outcome of the formal consultation on the closure of Doubleday Lodge registered care home, Sittingbourne (Pages 29 - 40)

C. ITEMS RELATING TO SPECIALIST CHILDREN'S SERVICES

- C1 Oral Updates by Cabinet Member and Director
- C2 Transition from Children's to Adult Social Care Services (Pages 41 - 54)

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

D. ITEMS RELATING TO PUBLIC HEALTH

- D1 Oral Updates by Cabinet Member and Director
- D2 Findings of the Review of School Nursing in Kent (Pages 55 - 58)
- D3 Update on addressing Health Inequalities in Kent (Pages 59 - 70)

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

E. PERFORMANCE MONITORING ITEMS

- E1 Kent and Medway Safeguarding Vulnerable Adults Annual Report, April 2012 - March 2013 (Pages 71 - 74)
- E2 Kent County Council's Local Account for Adult Social Care for 2013 - 14 (Pages 75 - 78)

F. OTHER ITEMS FOR COMMENT OR RECOMMENDATION TO THE LEADER, CABINET, CABINET MEMBER/S OR OFFICERS

- F1 Budget Consultation and Provisional Local Government Finance Settlement (Pages 79 - 102)

G. BRIEFING PAPERS

Briefing papers on any subjects listed below are included in the agenda pack but are not for discussion at the meeting. These papers respond to requests from Members for further information on issues raised at previous meetings.

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services
(01622) 694002

Wednesday, 8 January 2014

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KENT COUNTY COUNCIL

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Social Care and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 5 December 2013.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, Mr A H T Bowles, Mr R E Brookbank, Mrs P T Cole, Mrs V J Dagger, Mrs M Elenor, Ms A Harrison (Substitute for Ms C J Cribbon), Mrs S Howes, Mr S J G Koowaree and Mr P J Oakford

ALSO PRESENT: Mrs T Dean, Mr G K Gibbens, Mr B J Sweetland, Mr M J Vye and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Ms M Peachey (Kent Director Of Public Health), Mr M Lobban (Director of Strategic Commissioning), Ms M MacNeil (Director, Specialist Children's Services), Mr A Scott-Clark (Director of Public Health Improvement), Ms P Southern (Director of Learning Disability and Mental Health), Mrs A Tidmarsh (Director of Older People and Physical Disability) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

46. Declarations of Members' Interest in items on today's Agenda
(Item A3)

Mr S J G Koowaree made a general declaration of interest as his grandson is in the care of the County Council.

47. Minutes of the Meeting of this Committee held on 4 October 2013
(Item A4)

RESOLVED that the minutes of the meeting held on 4 October 2013 are correctly recorded and they be signed by the Chairman. There were no matters arising.

48. Minutes of the Meeting of the Corporate Parenting Panel held on 25 September 2013, for information
(Item A5)

RESOLVED that these be noted.

49. Meeting Dates for 2014
(Item A6)

RESOLVED that the dates reserved for meetings of this Committee in 2014 be noted, as follows:-

Thursday 16 January, 10.00 am
Friday 2 May, 10.00 am

Friday 11 July, 10.00 am
Friday 26 September, 10.00 am
Thursday 4 December, 10.00 am

50. Chairman's Announcements *(Item A7)*

The Chairman advised Members that this Cabinet Committee was the first to have a petition debate since the County Council's petition scheme was introduced in September 2012.

51. Oral Updates by Cabinet Member and Director *(Item C1)*

1. Mr Gibbens gave an oral update on the following issues:-

10 October – World Mental Health Day, visited 'Live It' Library in Gravesend and also 'Making Our Community', a place where you can 'Live Well' with dementia at Northgate Ward Community Centre. These projects will have far-reaching effects over the next 20 years.

16 to 18 October – Attended the National Children & Adult Services Conference in Harrogate. This included an in-depth session on the impact of the Care Bill.

29 November - Launch of Dover Good Day Programme.

13 December - The consultation on the future of Doubleday Lodge ends. A report on the outcome of the consultation will be presented to the January meeting of this Committee.

Temporary Financial Assistance for Residential Care.

Mr Gibbens explained that he would shortly be taking a decision to formalise the County Council's current approach to supporting people in residential care who, despite having over the capital threshold, cannot access it immediately (usually because their capital is tied up in a property), and who have insufficient income and liquid capital to fund their stay in a care home. Some such people will be eligible for the formal Deferred Payments scheme but those who do not qualify for this can currently only request temporary financial support from KCC once their liquid capital has reduced to £3,000. This has been the figure for many years but at today's prices will not pay for many weeks in a care home. The County Council's current practice is to encourage people to approach it for assistance when their income and liquid capital is only sufficient for about 3 months of residential care funding. The decision will formalise this approach, which will only be to the benefit of Kent residents.

2. In response to a comment, Mr Gibbens endorsed the benefits to be gained from people with dementia being able to stay in their own homes for as long as possible, and emphasised the importance of their carers being well supported. The County Council has put more funding into supporting carers this year than in previous years, to show that their challenging and demanding role is highly valued.

3. Mr Ireland then gave an oral update on the following issues:-

Pioneer Integration. Kent is one of only 14 local authorities to be selected as a pilot health pioneer, and a working group has been formed to take forward the scheme. Mrs Tidmarsh added that Kent had been selected from over 100 applicants as the

best leader of integrated care. The launch of the scheme had included a speech from MP Norman Lamb urging pioneers to be bold and challenging in their approach. **Integration Transformation Fund.** Much ground has been covered on this and a report will go to the Health and Wellbeing Board at the end of January.

4. The oral updates were noted.

52. "Live It Well" - The Kent and Medway Mental Health Strategy for 2010 to 2015 - update
(Item B2)

Ms L Kavanagh, Partner, Integrated Commissioning and Strategic Change, Kent and Medway Commissioning Support, and Mr I Rudd, Public Health Specialist, were in attendance for this item, with Ms Southern.

1. Ms Southern introduced the report and urged members to look at the Live It Well website. Ms Kavanagh referred to an increase in the number of people who were expected to complete therapy per year. The Live It Well team were working with Canterbury Christ Church University to evaluate quality and practice. Ms Southern and Ms Kavanagh responded to comments and questions from Members, as follows:-

- a) the police tend to be called out to, and become involved in dealing with, people who need emergency mental health assessments, but this is not appropriate as mental health is not a criminal issue. *Ms Kavanagh explained that more work is currently being done with Clinical Commissioning Groups and the Police on how crisis services work, and the aim is to establish one point of access to mental health services. Mental health professionals accompany Police officers on the beat to offer 'street triage' and to identify any mental health issues in anyone who has been brought into Police custody;*
- b) Members asked how services for people with learning disabilities and mental health issues linked together and how accessible both were for clients and carers. Members asked that *a report on this issue be presented to a future meeting of this Committee, and officers committed to preparing this;* and
- c) Members asked if the Police would be trained to be able to identify people with mental health issues or learning disabilities when called out to incidents, as such can present as challenging or anti-social behaviour. *Ms Southern replied that some training is provided, and mental health professionals work closely with the Police to raise their awareness.*

2. RESOLVED that:-

- a) the continuing progress of the Live It Well strategy and the associated website, and the development of local resources to support it, be noted; and

- b) a report on how services for people with learning disabilities and mental health issues link together and how both are accessed by clients and carers be presented to a future meeting of this Committee.

53. Oral Updates by Cabinet Member and Director

(Item B1)

1. Mrs Whittle gave an oral update on the following issues:-

The Kent Adoption Summit. This included an excellent contribution by past adopters talking about their experiences. A range of issues was raised, including the judicial process and skills of adopters.

Ofsted Single Inspection Framework is to be welcomed as a joint inspection of related services works better and makes more sense.

The DfE Select Committee Inquiry on Children's Homes. Kent County Council is calling on the Select Committee to make a recommendation to the Minister that no child be placed further than 20 miles from their home and that a good reason be demonstrated for any placement at a distance from their home.

Meetings with Children Leads from the Clinical Commissioning Groups regarding joint commissioning. This issue is related to the re-shaping of children's centres provision and could aid access to services such as speech and language therapy.

2. A speaker praised the 'Shadow a Social Worker' scheme and said that his recent experience of it had been very educational in highlighting the problems that social workers face daily, especially when dealing with children. Other Members were urged to take the opportunity to take part in this scheme.

3. Mr Ireland then gave an oral update on the following issues:-

Staying Put Legislation would allow young people to stay with their Foster Carers, if they wished to, beyond the age at which they would normally leave care and move out of their foster home. This positive step has been welcomed, including by the Corporate Parenting Panel, as many young people wish to take advantage of the option to stay on. *Mr Ireland offered to report to a future meeting of this Committee on the implications of this legislation.*

4. The oral updates were noted.

54. Petition Scheme Debate

(Item C2)

The lead petitioners, Ms Frances Rehal and Ms Lucia Dello Ioio, were present for this item.

Mr T Wilson, Head of Strategic Commissioning – Children's, was in attendance for this and the following item.

1. Ms Rehal addressed the Committee and referred to her revised written submission, which had been circulated to Members. She emphasised the importance of investing in children's centres to benefit children's future development. Ms Dello Ioio explained that she was a parent and volunteer at a children's centre.

She emphasised the importance of parents being able to access good service provision near to their homes, and said parents need to be encouraged to take responsibility for setting up and running some of their own local children's services. Children's centres are a success, and when something works well it should be retained.

2. In a timed debate, Members made the following comments on the consultation and on children's centres generally:-

- a) it has been very enlightening to visit local children's centres and see how they work locally, eg by linking to local schools. The professionalism of the staff which run them was commended;
- b) concern was expressed that, as some centres close and staff are transferred to other centres, it may be difficult to maintain current standards of provision. Parents in rural areas may have to travel to the nearest urban area to access the services they want;
- c) one speaker criticised the Government cuts which led to the proposed closure of some centres;
- d) many children's centres are excellent at reaching hard-to-reach families, but some of the satellite arrangements being proposed may need adjustment. The proposed re-organisation of services will bring together communities in a new way and was thus commended;
- e) areas currently without a children's centre will still be affected by changes made in neighbouring areas, as parents rely on being able to access a centre by travelling a reasonable distance. The consultation is about providing support to parents; politics should be kept out of it;
- f) Mrs Whittle was thanked by several speakers for the work she had put into the consultation and in coming to a good compromise in the proposed changes. The revised proposals were commended by several speakers;
- g) a comment made by a previous speaker, and in some media, about rural parents needing to travel to an urban area to access services, is misleading; outreach services can be delivered via village halls and other community centres, and via mobile provision to reach remote villages and travellers' sites – these parts of the service are not proposed to change. The proposals were about maintaining services; they were not being made for political mileage;
- h) the lead petitioners were thanked for bringing the petition to the Council and for addressing the Committee. The Cabinet Member was also thanked for having listened to the consultation response and the petitioners and for the resulting changes to the proposals. The proposals represent positive change;

- i) increased use of community resources, such as Parish Council premises, would be welcomed, to locate services near the families which need them;
- j) the current debate about children's centres elicits much sympathy, and one can agree with the points made by the petitioners, and feel that the Cabinet Member also agrees. However, in some areas it is clear to see that children's centre services are not integrated in the way in which they should be, and do not aspire to deliver the standard of service expected. To meet standards, and to benefit these areas, some adjustment of service is needed; and
- k) the point which Ms Rehal had made in her written submission, about the investment in a child's early years bringing rewards in later years, was supported. To tie up money in a building which is used solely for one purpose does not seem economical. The way forward would seem to be to look at existing community premises and make the best use of them to achieve the services local people need, perhaps even using parents' own homes to run a parent support group.

4. The Cabinet Member, Mrs Whittle, responded to the points raised. She emphasised the breadth and depth of the consultation exercise and the challenge of undertaking this, having visited all except one of the 23 centres being proposed for closure. She now sought to achieve a consistent model for centres, using St Mary's in Faversham as a template. She emphasised that the services currently delivered by all the centres due to be closed would be re-located elsewhere. She agreed with Ms Rehal's point about the importance of investment in early years but also emphasised that continuing to maintain under-used buildings is uneconomical. She thanked the Committee for not making the issue a political one. She cited the Howard de Walden centre in Maidstone as an example of one which is very active at raising its own funding locally and works very hard to achieve maximum community use of the building by hiring it out to local clubs and groups, to the benefit of all. She suggested using this as an example to be followed, to achieve innovative service provision, coupled with expanding the health visitor service as an outreach service via children's centres. She summed up by re-iterating her personal commitment to protect children's centres services across the County. Mr Wilson responded to a question about the working of the 'hub and spoke' model.

5. RESOLVED that the comments made by the Committee in debate, set out above, be noted.

55. 13/00067 - Shaping the Future of Children's Centres in Kent
(Item C3)

Mr S J G Koowaree declared an interest in this item as his daughter is employed at a children's centre.

1. Mr Wilson introduced the report and summarised the number and nature of responses received to the consultation. Approximately 80% of respondents had objected to the original proposals, with key issues highlighted including transport and staffing. The revised changes now being recommended (set out in paragraph 6 (1) of the report) showed that the County Council had listened to and taken on board the

views expressed by respondents. Children's centre managers were being encouraged to raise funds for their own centre and to develop relationships with others in their local community. Mr Wilson explained that the next steps in shaping the future of children's centres in Kent, once the Cabinet Member had formally taken the final decision on the changes, would be a staff restructure and a market review in 2014.

2. In debate, Members made the following comments about children's centres in their local areas and about the service generally:-

- a) several Members commended the consultation exercise and welcomed the opportunities it had brought to re-shape and improve the service. They supported the proposed changes and looked forward to seeing a more effective, integrated service once the changes had been made;
- b) Mrs Whittle was commended by several Members for her outstanding work in driving the consultation and the time and effort she had spent in visiting as many of the children's centres in Kent as possible;
- c) the system of children's centre provision has become disjointed and needs reorganising. The service lacks a brand, and public understanding of the services available at children's centres needs to be increased;
- d) the data gathered during the consultation about the pattern of use of centres will be useful for the future and needs to be kept up to date;
- e) elected Members need to be fully engaged in future plans for centres as they are well placed to support and help shape the future of centres in their areas. To do this they will need to have an active role in monitoring the service following the changes;
- f) although the need for savings is acknowledged, it seems counter-intuitive to try to make savings in children's centres. Centres need to be part of the re-shaping of service delivery, to incorporate Troubled Families and Health partners and promote health issues. The support and advice that mothers gain from visiting a children's centre are invaluable. The speaker would be urging his local district advisory board to ensure that services meet the requirements of communities, especially those in areas of higher deprivation;
- g) the next speaker contested the previous speaker's comments about savings and reducing services as 'misleading'; the current issue is clearly a case of needing to do more with less and being more productive. The consultation undertaken is a good example of the County Council seeking public views and then taking them on board. Mrs Whittle had clearly spent much time in revising the proposals in response to points arising from the consultation. The innovative work already being done by some centres shows what can be done when local parents and communities take responsibility for shaping and running their own services;

- h) the consultation exercise on the proposed changes to the provision of children's centre services can be likened to the programme of modernisation of day services for people with learning disabilities; people were fearful of change but the re-shaped services work well, meet needs and are now popular with users. It is hoped that changes to the children's centres service will prove to be similarly successful;
- i) the recent consultation had not been a comfortable exercise to undergo but had been useful in showing up the current availability of services and which services do and don't work. Although children's centres are a valuable resource for parents, it is physically and financially impossible to have one in every community; and
- j) one Member said this consultation was the most genuine she had seen, out of many consultations over the years. This set a very high standard, which future consultations would need to match. However, it is sad that such extensive research into a service seems only to take place when savings are being sought. The innovative changes proposed could have been made two years ago.

3. The Cabinet Member, Mrs Whittle, acknowledged Members' comments. She said it had been fascinating, during her visits, to see the range of children's centre provision around the county and the need to establish a consistent brand. Some centres linked to and related well to local schools, while others needed to improve their links to schools to ensure that children are better prepared to start school. The quality and suitability of accommodation currently used for children's centres also varied, and some locations offered alternative nearby venues which would be much more suitable. She spoke of her personal experience of accessing postnatal services in her local village hall when her daughter was small and saw at first-hand new parents' need to be able to access advice and moral support from other parents. She emphasised her commitment to maintaining support for parents by using outreach services and linking to the health visitor service.

4. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to make the changes to children's centre provision set out in paragraph 6 (1) of the report, after taking into account the views expressed by the Cabinet Committee, be endorsed.

56. Oral Updates by Cabinet Member and Director

(Item D1)

1. Mr Gibbens gave an oral update on the following issues:-

8 November – Launched Annual Public Health Report. This had gone well and the report had been well received.

19 November – Attended the Inaugural South East Mental Health Commissioning Network

26 November - Public Health Members Briefing took place. This had been well attended. The next briefing will take place on **Thursday 6 March 2014 at 10.30 am, and all Members will be sent an invitation.**

2. Ms Peachey then gave an oral update on the following issues:-

HIV testing awareness week had promoted the fact that early diagnosis means the condition can be treated.

Domestic Abuse services celebrating expanded services, which are run by the Domestic Abuse Strategy Group. The aim is to establish a one-stop-shop for advice and support in each of the twelve districts of Kent. Some Health Visitors are trained in dealing with domestic abuse, and this will hopefully help more people to access support services.

Healthy Living Pharmacies accredited, with awards being given for pharmacies offering good quality sexual health advice, among other services.

3. The oral updates were noted.

57. 13/00075 - Provision of Opportunistic BCG vaccination programme for 10 - 16 year olds by school nurses

(Item D2)

1. Ms Peachey introduced the report and explained the rationale behind the proposed changes to the vaccination programme. Resources freed up by cutting back the vaccination programme for 10 – 16 year olds, not all of whom need a vaccination, could be directed towards vaccinating other vulnerable groups, such as immigrant families arriving in the UK from countries in which neonatal TB vaccination is not routinely given. These can be identified via ports of entry and/or when they register with a GP.

2. In debate, Members made the following comments:-

- a) some people do not register with a GP, and some GPs do not recognise tuberculosis as the disease has not been prevalent for many years, so this way of identifying potential subjects for vaccination has flaws;
- b) it is sometimes a struggle to encourage people to attend their local GP's surgery to have an annual 'flu jab, so achieving their attendance for a BCG vaccination will surely also be a challenge. GPs will need to be proactive in promoting a vaccination programme; and
- c) the effective use of limited public health resources was supported in principal but the practicalities of reaching the target groups leaves unresolved concerns.

3. Ms Peachey explained that she would be writing to all GPs in Kent to emphasise the importance of BCG vaccination and the need to be able to identify early and respond effectively to tuberculosis. School nurses will also be urged to screen 10 year olds to identify any who are unvaccinated. She undertook to pass onto the Kent Immunisation and Vaccination Board the concerns raised by this Committee.

4. RESOLVED that:-

- a) Members' comments on the proposed decision to end opportunistic BCG vaccination of at-risk 14 year olds by the school nursing service

be noted and passed onto the Kent Immunisation and Vaccination Board; and

- b) the agreement of an alternative pathway for at-risk adolescents in Kent, through the Kent Immunisation and Vaccination Board, be endorsed.

58. Adult Social Care and Public Health Portfolio and Specialist Children's Services Portfolio Financial Monitoring - 2013/14
(Item E1)

Miss M Goldsmith, Finance Business Partner (Specialist Children's Services and Adult Social Care), was in attendance for this item.

1. Miss Goldsmith introduced the report and, with Mr Ireland and Ms MacNeil, responded to comments and questions from Members, as follows:-

- a) it is not yet possible to say definitively whether or not the budget will balance by the end of the financial year, but every effort is being made to achieve this. More detail will be included in a report to the January meeting of this Committee on areas of activity and the management action being taken which aims to balance the budget;
- b) there has been no reduction in demand for children's services, and, although the County Council is seeking to recruit more in-house foster carers to reduce expenditure on independent fostering agencies, there have also many more care cases going through the judicial process, which is always a costly undertaking;
- c) the County Council is owed money by the Home Office to cover the costs of providing care and services for unaccompanied asylum seeking children (UASC), but there has been no definitive answer from the Home Office about when this bill will be paid; and
- d) the Directorate has not yet achieved its aim of having a full complement of qualified, permanent social workers, but is drawing very close to achieving this in the near future. When this target is achieved, agency staff will no longer need to be employed.

2. RESOLVED that the revenue and capital forecast variances from budget for 2013/14 for the Adult Social Care and Public Health Portfolio and Specialist Children's Services Portfolio, based on the first quarter's full monitoring to Cabinet, be noted.

59. Children's Services Improvement Programme update
(Item E2)

1. Ms MacNeil introduced the report and highlighted key areas of progress, including the successful recruitment of a good number of permanent, qualified social workers, which are building a highly effective workforce for the future. She explained that a new data capture system, 'Liberi', would be launched on 9 December, which will allow more timely and accurate monitoring of cases, workloads, etc. She thanked

Members and staff for their support through the journey of improvement. Ms MacNeil undertook to answer a question of detail to a speaker outside the meeting.

2. RESOLVED that the very significant progress that has been made since the previous report to this Committee be noted, and staff be thanked for their work and support through the improvement process.

60. Families and Social Care Performance and Mid-Year Business Plan Monitoring *(Item E3)*

Mrs S Abbott, Head of Performance for Adult Social Care, and Mrs M Robinson, Management Information Service Manager for Children's Services, were in attendance for this item.

1. Mrs Abbott introduced the report and she and Ms MacNeil responded to comments and questions from Members, as follows:-

- a) many items currently rated as amber are very near achieving a green rating;
- b) no caseload is held by any social worker who is not qualified. The aim is to recruit a complete complement of permanent, qualified social workers and be able to dispense with temporary agency workers. However, no qualified social workers currently employed are due to be made redundant; and
- c) more detail of the benefits of using Telecare technology was requested, and *officers undertook to present a report to a future meeting of this Committee on its outcomes and benefits.*

2. RESOLVED that the information set out in the report be noted, and a report on the outcomes and benefits of using Telecare technology be presented to a future meeting of this Committee.

61. Public Health Performance *(Item E4)*

RESOLVED that the performance report be noted.

62. Budget 2014/15 and Medium Term Financial Plan 2014/17 Consultation *(Item F1)*

Mr D Shipton, Head of Financial Strategy, and Mr M Burrows, Director of Communications and Engagement, were in attendance for this item.

1. Mr Burrows and Mr Shipton gave a presentation on the consultation on the Budget 2014/15 and the Medium Term Financial Plan 2014/17. Mr Shipton gave an update on key matters of interest from the Chancellor's Autumn Statement. He also said that it was likely that local government would be compensated for changes proposed to the business rates, although detailed information would not be available until the provisional settlement was received later in December.

2. Mr Shipton introduced the report and said the aim of the consultation was to engage with and better inform Kent residents and businesses of the financial challenges for the authority as a result of reductions in funding from central government and additional demands on spending and restrictions on the ability to raise council tax.
3. Members were generally supportive of the approach.
4. RESOLVED that the consultation process be endorsed.

KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Friday, 25 October 2013.

PRESENT: Mrs A D Allen (Chairman), Mr R E Brookbank, Mrs T Carpenter, Mrs P T Cole, Mr S Griffiths, Mr G Lymer, Mr B Neaves, Mr P J Oakford, Mr R Truelove, Mr M J Vye and Mrs Z Wiltshire

ALSO PRESENT: Ms S Dunstan, Mr J Jackson, Ms T Jackson, Mrs C Moody, Mr D Tadese, Mrs J Whittle and Mrs M Norley

IN ATTENDANCE: Mr M Wheeler (Interim Assistant Director of Safeguarding and Quality Assurance), Mr P Brightwell (Head of Quality Assurance, Children's Safeguarding Team), Mrs S Skinner (Service Business Manager, Virtual School Kent) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

56. Minutes of the meeting held on 25 September 2013

(Item A2)

RESOLVED that the minutes of the meeting held on 25 September 2013 are correctly recorded and they be signed by the Chairman. There were no matters arising.

57. Meeting Dates in 2014

(Item A3)

RESOLVED that following dates reserved for the Panel's meetings in 2014 be noted:-

Friday 14 February, 10.00 am
 Thursday 10 April, 2.00 pm
 Thursday 19 June, 2.00 pm
 Thursday 4 September, 2.00 pm
 Friday 24 October, 10.00 am
 Tuesday 9 December, 2.00 pm

58. Chairman's Announcements and Introductions

(Item A4)

The Chairman welcomed those who were attending the meeting at the invitation of the Panel:-

- the four Virtual School Kent apprentices – Sophia Dunstan, James Jackson, Theresa Jackson and David Tadese – were present to take part in the discussion and to give the Panel first-hand feedback as champions of children in care and care leavers,

- Carolyn Moody, a Foster Carer interested in being co-opted onto the Panel, and
- Mark Wheeler, Interim Assistant Director, Safeguarding and Quality Assurance, who was in attendance in place of Mairead MacNeil.

Panel Members and visitors then introduced themselves around the table.

59. Cabinet Member's Oral Update

(Item A5)

1. Mrs Whittle gave an oral update on the following issues:-

Improving the quality of support for young people - much work since the Panel's last meeting has been concentrated on this, and a report on the action plan is included on this agenda. Much work is aimed at extending support for young people beyond 18, particularly allowing them to stay with their Foster Carers, if they wish, up to the age of 21. The key approach should be geared to 'stage, not age', ie where they are currently in their development rather than their age.

Care Leavers Charter – Mrs Whittle will be interviewed by the BBC later today about the Care Leavers Charter. This will include clarification of the entitlements for young people.

2. The oral updates were noted.

60. Six-monthly update on the views of Young People in Care

(Item B1)

Ms M Norley of the Young Lives Foundation was in attendance for this item.

1. Mr Brightwell and Mrs Skinner introduced the report and explained that the information presented had been gathered from surveys completed by young people, so was necessarily limited just to the young people who were willing to give their views and to the information they were willing to give. A new questionnaire to be used in future had been independently commissioned in partnership with the Young Lives Foundation and focussed on the questions that young people wanted it to include. It would be trialled in the Ashford area later in October.

2. When developing the new questionnaire, Ms Norley had attended forums at which young people had expressed very clear views on its content and had welcomed the fact that it would be anonymous. They were very pleased to be asked for their views and were willing to be frank and honest. Young people had previously felt unable to give honest feedback as they felt their comments would be reported back to their Foster Carers.

3. Panel members made the following comments, to which the officers and the VSK apprentices responded, from their own experience and as champions of other children and young people in care:-

- a) the way in which questions are phrased and the level at which they are pitched is important, so questioning appears informal. *Ms Norley explained that questions are worded differently for different age groups;*
- b) the summary of outcomes presented in the report sets out some powerful messages and inspires empathy for the young people concerned. This is the start of some good engagement and gives a good position from which engagement can be taken forward;
- c) one thing that young people had said they were unhappy about is the number of people who sometimes attend their review meetings. *Ms Jackson responded that the 'right' number of people to have at a review depends on the young person concerned; some like to have a wider audience for the views they want to express, while others prefer to have just the few people closest and most important to them. VSK apprentices and IROs engage young people individually to seek their views on whom they want to attend their review meetings;*
- d) although the majority of young people say they are happy with the conduct of their reviews, there is still a sizeable percentage of them who are not happy. This number needs to be monitored and reduced;
- e) the quality of social work assessments and the frequency with which a young person's allocated social worker can change are both longstanding challenges. The Panel has also previously heard from young people that a lack of continuity around medical checks and the transfer of medical records to accompany a move to a new placement is also a problem. *Ms Jackson responded that VSK apprentices always impress upon young people that, although change will be minimised as far as possible, a change in social worker sometimes cannot be avoided. Ms Dunstan added that, although most young people accept this, some complain that the handover between the former and new social workers could be improved. Ms Jackson said that some young people struggle to cope with changes and the lack of continuity that this brings;*

Mr Brightwell added that young people's views should be sought before their social worker is changed, and IROs will always speak up for young people and seek to minimise disruption. The Panel had asked previously that the frequency of change of social worker be added to the scorecard as a new measure, and this will happen as soon as the new data system is available. He added that ensuring that a good quality care plan is in place for every young person would help the transition process if a social worker has to change. The IRO service is working on raising the quality of care plans. He set out the robust process used in Kent to monitor and maintain the standard of IROs' performance, including regular reviews and case audits. Very few other local authorities apply this level of monitoring;
- f) asked if social workers are expected to be able to identify the young people on their caseloads who need the most support, *Ms Jackson explained that it is often difficult to judge those who need more support*

as some young people put on 'a front' as a way of coping with the challenges they face. The best way for a social worker to identify a young person's needs is to ask them! Another Panel member commented that a good social worker should be able to see beyond a 'front'. Ms Jackson replied that some young people in care get very good at hiding their feelings and can put on a very convincing appearance of being OK;

- g) asked how young people feel about the onus to seek more help being put on them, *Ms Dunstan replied that she needed to feel that she was in control, eg of when she met with a social worker. She reassured Members that, as a social worker gets to know a young person, they will learn to identify their needs; and*
- h) in response to a question about how young people feel about the title of 'social worker', *Ms Dunstan replied that she had only ever known them as that; there is no 'softer' title for them. Some young people see social workers as being on their own level, and relate to them accordingly, while others see social workers as a daunting adult presence in their lives. This view will depend on the relationship between the young person and the social worker and how well they get on.*

5. RESOLVED that the information set out in the report be noted, with thanks, and Panel members' views, set out above, be taken into account when planning future surveys.

61. Discussion item - Engagement with Young People in Care *(Item B2)*

1. The Chairman introduced the item and explained that it would develop further the engagement themes which had started to appear in the discussion of the previous item. There then followed a general discussion around various aspects of leaving care.

2. Ms Dunstan referred to the pack of information which had been tabled by the VSK apprentices, which included some information on an OCYPC engagement event to take place on 1 November. She confirmed that CPP Members were always very welcome to attend activities arranged for children in care and care leavers, as they had on previous occasions, and that young people found this a comfortable way in which to mingle with them. The Chairman secured the VSK apprentices' support to help organise events to engage with young people.

3. Ms Dunstan added that the VSK apprentices hoped that more activity days could be arranged, so more funding for this was being sought. She said she had written to KCC Members asking for funds and had had some success. This financial support helped avoid turning away any young person who wanted to participate. Mrs Skinner added that any extra funding which could be made available for such activities would also be welcomed.

4. Mrs Skinner explained that different activity days are arranged for different age groups – eg Easter egg hunts for 6 – 8 year-olds, paintballing for 11 – 16 year-olds and theatre trips for over-16s. VSK has very good connections with under-16s but still

struggles to achieve the same sort of connections with over -16s. Ms Jackson added that foster carers often attend events with the young people they look after and enjoy the events as a family.

5. The Chairman referred to events which are sometimes arranged for the birth children of foster carers under the banner 'Kids who Foster'. These acknowledge the contribution they make as part of a foster family and the impact that fostering has on them.

6. Mrs Moody asked what arrangements there were for young people with disabilities to access and join in at participation days. Ms Dunstan explained that disabled children had attended some days with their foster carers and had felt sufficiently comfortable and integrated after a short while to stay on without their foster carers.

7. Mr Griffiths said he had been to most of the activity days with his foster children and had always found them very welcoming and well organised. He said VSK apprentices were doing an excellent job and said he hoped that such activities would be able to continue.

8. The Chairman asked the VSK apprentices to comment on the awards ceremony that took place in the summer and if the tone and conduct of it had been right. Mr Vye asked if events attracted a cross-section of young people or if they tended to attract only the most outgoing. Ms Jackson replied that some young people had proved difficult when attending activity days but other participants had handled it well. Ms Jackson said VSK apprentices had not tried to exclude any young person who was being difficult but had asked them nicely to calm down and enjoy the day rather than spoil it for others. It is important to remain friendly and avoid appearing authoritarian.

9. Mr Tadese added that the benefit of the participation days is not just to enjoy the activity but to take the opportunity to make new friends and understand other young people who share the experience of being in care. Ms Dunstan agreed and added that there is no pressure on people to participate at an activity day. However, some young people who hadn't previously enjoyed such events enjoy them now. The important thing is to make a connection and let troubled young people know that they are understood and their experiences have been shared by others. Mrs Skinner added that activity days have a high VSK/staff-to-visitor ratio to support young people attending, to make the day as positive as possible.

10. Mr Vye asked if the job specification for the VSK apprentices is right. Mrs Skinner replied that, when the specification was first written, it had not been possible to predict fully how the role would pan out, as Kent is the first and only local authority to appoint VSK apprentices. One year on from their appointment, it is now easier to identify and appreciate the contribution that they have made in their role. If the job specification were being drafted now it would look quite different, and the existing one has been changed and improved for future apprentices. Ms Dunstan added that the current apprentices had developed the role and made it their own so that future apprentices would know what to do.

11. Mrs Wiltshire asked if one outcome of the participation days might be to help young people to gain some understanding of parenting skills for the future. Mrs

Skinner replied that participation days and e.Peps (personal education plans) could contribute to developing some parenting and nurturing skills. Ms Jackson added that the VSK apprentices perhaps had a slightly more adult perspective than some young people of the benefits of attending a participation day but could still relate to younger children and help them get what they wanted out of it.

62. Ofsted Children in Care Inspection Action Plan

(Item B3)

1. Mr Wheeler introduced the report and emphasised the importance of making sure work practice keeps up with the changing needs of children in care so the best quality care and support can be provided at all times. The situation is never static. He explained that the action plan would be considered by the multi-agency Kent Corporate Parenting Group (KCPG) on 14 November. Improvements he would like to make to the Plan are to increase the emphasis on multi-agency working and the make the Plan more live and active.

2. Panel members were advised that the KCPG is an officer-led group and not a forum that Corporate Parenting Panel members would be able to attend, although the latter could receive reports from the Group so it could scrutinise its work. The link between the two bodies is currently unclear and needs to be formalised and clarified. A report on corporate governance issues will be presented to the Panel's next meeting.

3. Officers responded to comments and questions from Panel members, as follows:-

- a) officers were asked what role district workshops could have in measuring changes in performance, and how this could be achieved. *Mr Brightwell replied that exploration of this role is part of an overall project to assess how improvements can be made to social work practice. There is a close link between practice improvement and quality assurance, but improvement must be measurable. Mr Wheeler added that workshops are a stand-alone process but that every available method of measuring and addressing performance should be used;*
- b) Panel members have been told that all young people are given a copy of Kent's pledge to children in care but expressed concern that some may not necessarily read it and understand it;
- c) some parts of the Plan lists actions as 'completed' when in fact the meeting at which the final version will be signed off had yet to take place. The outcomes recorded should be an honest and reliable record of progress. *Mrs Whittle asked, and other Panel members agreed, that a report on progress on the action plan be made to every meeting of the Panel. Mr Wheeler undertook to do this and added that the next version of the Plan would include more detail. Mr Brightwell suggested that it may be useful to add a column to say 'how well are we doing?' He assured the Panel that the performance of the IRO team in delivering Kent's Pledge to children in care was constantly monitored;*

- d) although Ofsted had said that 74% of care plans were 'adequate' or better, this left 26% plans which were presumably less than adequate. *Mr Brightwell added that the County Council wanted all of its care plans to be good and that those considered less than adequate simply needed a little more work in pulling various elements together. He explained that another performance target in every IRO's personal action plan is to reduce drift. Reducing drift will ultimately reduce the number of children in care;*
- e) the review of the 16+ service was to be completed by 31 March 2014 and Panel members asked that they be able to see the completed review at that time;
- f) in response to a question about the number of children in care housed in bed and breakfast accommodation, *Mr Brightwell confirmed that the figure quoted in priority area 8.3 did not include UASC. The County Council takes a very firm stance that bed and breakfast accommodation is not suitable for any young person under 18;*
- g) a view was expressed that the Corporate Parenting Panel provided a robust scrutiny function and was now coming into its own and performing this role well. It now needed to consider how best to manage this scrutiny function. There are key things in this action plan on which the Panel should have a report to every meeting – eg progress on reducing CAMHS waiting times; and
- h) another Panel member added that, as a corporate parent, she felt a personal responsibility for the actions that the County Council should be taking. To execute this responsibility properly she would need to have more knowledge of the challenges facing the council and a realistic picture of progress, good or bad.

4. RESOLVED that:-

- a) the information set out in the report be noted, but that it also be noted that several planned actions are not yet complete;
- b) a report on corporate governance issues be considered at the Panel's next meeting; and
- c) an update report on progress on the action plan be made to every meeting of the Panel.

63. Kent Care Leavers Charter - oral update

(Item B4)

Ms S Mullin, Commissioning Manager, was in attendance for this item.

1. Mrs Skinner and Ms Mullin gave an oral update on the development of the Charter and outlined key aspects of it. It is important to see the Charter as part of the whole work stream which includes work with UASC and the Catch 22 service, rather than something which would stand alone. It should also link to the service delivery

model and the Kent Pledge. Kent's version of the Government's national charter is its own localised statement of what it will deliver to young people leaving care, and would have the input and co-operation of young people so it represented their views of what they wanted. A meeting of the Young People's Forum on 26 October would look at the wider themes of the Government's charter (eg lifelong champions) and give a view on what is realistic and desirable to include in Kent's Charter.

2. Ms Mullin added that the current Catch 22 contract would end in September 2014 and the County Council is considering a future model of service provision and delivery, to avoid the present 'cliff face' effect when many services end at the age of 16. Multi-agency work is continuing on the sufficiency of accommodation used for young people aged between 16 and 24, so they are supported on their journey towards independence. Some of this work responds to national drivers such as '21 and Beyond', but until a clear picture is available of what young people want it is not possible to progress decisively.

3. There then followed a general discussion around various aspects of leaving care.

- a) Ms Dunstan explained that young people leaving care retained a link to Catch 22 until the age of 21 but do not receive any IRO service beyond the age of 18, although she would like to have had this support through a challenging time. She had known her IRO for a long time by then and would have appreciated the chance to continue the relationship;
- b) Mrs Carpenter referred to the 'staying put' policy and said that her foster son had simply not been ready to leave when he reached the usual age of leaving care. He still returns from university in holidays to continue his link with her family. Although Foster Carers may wish to continue to support an older child, it is difficult for them to make space available indefinitely without payment, as fostering provides their income and they need to be available to accommodate new children for whom they will receive fostering payments. Mrs Whittle said she supported the 'staying put' policy and would lobby the Government to introduce an arrangement which will help Foster Carers to continue to support older children, perhaps by addressing their tax status and eligibility for benefits;
- c) Mrs Whittle went on to say that, in her view, use of bed and breakfast accommodation for care leavers is not appropriate. To address the issue of sufficiency and the use of inappropriate accommodation, it is necessary to have an open and honest appraisal of what currently happens. *She asked that a report on the number of young people housed in such accommodation, and the way in which this is risk-assessed, be made to every meeting of this Panel.* Although the County Council has corporate parenting responsibility for young people in care, it does not have responsibility for housing. This issue is shared by the County and District Councils and other partners such as housing associations, and this should be made clear, eg in media coverage. Mr Wheeler added that the problem is not a static one and is more of a challenge because of this. Ms Dunstan added that it is not just bed and breakfast accommodation which is a problem for care leavers; being in

any sort of shared housing effectively challenges them to fend for themselves at 16;

- d) asked if the County Council was good at helping young people access, understand and manage benefits, Ms Dunstan replied that it was not. She had received no help with sorting out Council Tax and had had to declare herself homeless before she could access the necessary support and benefits. Some young people would not have been able to cope with being in this situation and would not have known what to do. Advance planning would avoid other young people being put in this situation;
- e) Mr Wheeler added that the next step in the County Council's improvements is to focus on the quality of pathway plans as this is vital to improve the overall experience of moving from care to adult independent living. He undertook to liaise with the VSK apprentices on this issue outside the meeting;
- f) Ms Mullin said that no young person should be left 'in the cold' at 18. Kent's model of service for young people of 16+ has historically not supported a culture of early independence. There is no room for compromise in services for care leavers, and Kent's record in this area simply has to change and improve. 16 is too young for young people to move to from children's to adults' services – 18 is a better age;
- g) Mrs Carpenter emphasised the importance of good support being available to young people leaving care so they are not suddenly left to fend for themselves. They need to be taught skills such as budgeting and housekeeping. These skills take time to develop so forward planning and prep is vital. Young people over 18 need to have the same security and quality of service as those under 18;
- h) in response to a question about the robustness of services such as Catch 22 and those delivered by District Councils in supporting care leavers to access housing and support services, and whether or not care leavers could be given preferential treatment, Ms Mullin explained that the sufficiency requirement applied to young people aged 16 to 24. The way forward would be to do a full audit of current provision and resources across the county and then set some minimum standards and align housing services with other support for young people aged 16+. Members commented that the County Council should be seeking excellence and the best quality service possible, rather than minimum provision;
- i) asked if the Ofsted report had made any comment on the adequacy of Kent's accommodation for care leavers, as this is the first priority for the latter, Mr Wheeler replied that Ofsted would have said if it had found provision to be inadequate. The report gives steers, including not using bed and breakfast accommodation. Examining the circumstances and identifying the needs of individual young people is the key to achieving the best and most responsive service. Accommodation and support needs to be a co-ordinated package. Mr Brightwell added that much of

Kent's current practice has been graded as 'adequate' or better. The key message of the Kent Charter is that Kent will never give up trying to help any care leaver and will strive constantly to improve its services to them; and

- j) Ms Mullin explained that a report which would seek to bring back in-house the services for care leavers which had previously been outsourced would be considered by the Corporate Board on 28 October. This will also bring together teams working with children in care and unaccompanied asylum seeking children to work together on the sufficiency strategy. This was welcomed as the continuity of care, although a challenge to achieve, is vital.

4. Mrs Whittle summed up by saying that a care leavers' Charter was a vital tool to bring together and formalise the County Council's existing commitment to care leavers and the entitlements of care leavers, to create a contract between the two.

5. RESOLVED that the information given in the oral update and in response to questions be noted, with thanks.

64. Virtual School Kent Apprentices

1. The Chairman thanked the VSK apprentices for attending the meeting. Ms Dunstan, Ms Jackson, Mr Jackson and Mr Tadese confirmed that being able to participate in the discussion, hear at first hand and be able to discuss the Panel's views and concerns on engagement with young people had been very useful. Ms Jackson advised the Panel that she would shortly be preparing the first children in care newsletter and would include in this an interview with a County Council Member and a piece about the role of Corporate Parents.

2. It was agreed that in future the VSK apprentices would receive agendas and papers for all Panel meetings. The Chairman expressed a wish that one of the VSK apprentices be co-opted on to the Panel.

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Ireland, Corporate Director, Families and Social Care

To: Social Care and Public Health Cabinet Committee

Date: 16 January 2014

Subject: 13/00074 - OUTCOME OF THE FORMAL CONSULTATION ON THE CLOSURE OF DOUBLEDAY LODGE REGISTERED CARE HOME, SITTINGBOURNE

Classification: Unrestricted

Summary: This report considers the outcome of a period of public consultation that took place from 20 September - 13 December 2013 proposing the closure of the registered care home, Doubleday Lodge, Sittingbourne

Recommendations Members of the Social Care and Public Health Cabinet Committee are asked to consider and either endorse or make recommendations on the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health.

The Cabinet Member for Adult Social Care and Public Health will be asked to make a decision on whether to close Doubleday Lodge

Background

1. (1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) KCC Families and Social Care (FSC) entered into formal consultation on the future of its registered care home at Doubleday Lodge, Sittingbourne on 20 September 2013. The consultation ran for twelve weeks to 13 December 2013 and followed the agreed protocol on proposals affecting its service provision. On 20 September 2013, FSC officers met with members of staff, service users and their relatives, trades unions and other key stakeholders to discuss the proposals.

(3) The proposal for Doubleday Lodge is to close the service and re-provide in the independent sector.

(4) The main drivers for the proposal to close the service are:

- **KCC Bold Steps and Facing the Challenge.** KCC's strategic vision, as set out within Bold Steps, is to become a commissioning authority. Therefore it must review all of its in-house provision and take the appropriate action. KCC has committed to reviewing all of its remaining in-house older persons provision as part of Stage One activity in whole Council transformation, as outlined in 'Facing the

Challenge'. The outcome of these reviews will be reported to Members at a later stage.

- **Quality of care.** The quality of care available within the Independent Sector matches that of KCC's in house provision. However it is far more flexible in that, should the quality requirements of homes be reviewed, the Independent Sector is far more agile and so able to meet the changing face of residential care provision going forward.
- **Dignity for the individual.** More people are living longer and living with more complex dementias and conditions. KCC's buildings are not able to provide the dignity required in care provision and are not sustainable long term to deliver quality services.
- **Value for money.** Good quality care can be commissioned for less money in the independent sector due to the volume of care it provides over in-house provision. The volume of planning applications from the independent sector is testament to the drive to provide newer facilities, from existing and new providers alike.
- **Independence, choice and control.** FSC's emerging Commissioning Strategy is to promote independence and to allow people to remain in their own homes for as long as possible with the right support in place, including carers (respite) support. As we move through 2014, contracted activity will be reviewed to reflect the need to commission outcome focused services that support the independence, choice and control agenda. Since 2004, KCC has embarked on a programme of developing extra care housing with its District Council colleagues. This type of accommodation provides people with independence, choice and control and offers a genuine alternative to residential care. KCC has invested in a new scheme in Sittingbourne that will benefit the people of Swale providing 51 units of one and two bed self contained flats with on site care provision enabling people who would previously have only been able to consider residential care, and in some occasions moving away from their husband or wife to get care services, to live independently. The high quality independent living accommodation with 24 hour support at Wylie Court in Sittingbourne provides an alternative to Double Day Lodge which will meet the aspirations of current and future older people to retain their independence.

(5) The proposal will generate savings of £623,588 in 2014/15.

(6) Doubleday Lodge is a detached 36-bed unit built in 1974. It offers residential care and respite care. It is freehold and has no known restrictive covenants. It was purpose built in a residential area in Glebe Lane, Sittingbourne. The accommodation is across two storeys and is registered for older people with general frailty. The building would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building may, very soon because of its age, require considerable investment to maintain services and meet future needs and expectations.

(7) Doubleday Lodge is currently registered for 36 beds. However, only 20 of the beds are commissioned due to its low occupancy. It has recently received a very good report and is fully compliant with all Regulations following an unannounced visit by the Care Quality Commission (CQC) on 8 August 2013.

(8) The unit cost (gross) based on 100% occupancy (36 beds) for one bed is £449.88 per week. For 100% occupancy based on the 20 commissioned beds is £809.79 per week. The annual gross expenditure for 2012/13 was £844,767.41.

(9) As at 13 December 2013, there were two permanent residents and eight short term (respite) residents in Doubleday Lodge. In 2012/13, the building was operating at only 36% of its residential capacity making the unit cost £1,235 per week.

(10) The maximum charge for individuals accessing the beds in the units is currently capped at £443.88 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Charging for Residential Accommodation Guide (CRAG). This means that individuals who have savings of more than £23,250 are charged £443.88 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment .

(11) FSC has a guide price for the independent sector and can buy services in the Swale District for £351.49 per week for standard residential care.

Consultation Process

2 (1) The County Council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in FSC was followed as set out below:

Process	Date Action Completed
Obtained agreement to consult on proposals from the Cabinet Member for Adult Social Care and Public Health	28 August 2013
Cabinet member chaired a meeting to discuss the proposals and information packs were sent to those who were invited and who attended: Cabinet member for Adult Social Care and Public Health Leader of the Labour Group Leader of the UKIP Deputy Cabinet Member for Adult Social Care Deputy Cabinet Member for Public Health Local Member for Sheerness	11 September 2013 11 September 2013 11 September 2013 11 September 2013 11 September 2013 18 September 2013
Stakeholders were informed in writing and invited to comment: Users, relatives and carers Staff Trade Unions Leader of Swale Borough Council Local MP Local Members Local Borough Councillors All Kent Clinical Commissioning Groups NHS England Healthwatch Kent	Letter sent 20 September 2013. Consultation period ended 13 December 2013 (12 week consultation). Reminder letter sent 29 November 2013 19 September 2013 20 September & 29 November 2013 20 September & 29 November 2013 20 September & 29 November 2013 20 September & 29 November 2013 3 October 2013 & 29 November 2013 3 October 2013 & 29 November 2013 3 October 2013 & 29 November 2013

Care Quality Commission Kent Community Health Trust Kent County Council Local Engagement Officer 3 Local GP Surgeries Local Residential District Nursing Team Local Case Management Teams Sittingbourne and Sheppey Patient Group	3 October 2013 & 29 November 2013 3 October 2013 & 29 November 2013 7 October 2013 & 29 November 2013 16 October 2013 & 29 November 2013 16 October 2013 & 29 November 2013 11 October 2013 & 29 November 2013 15 October 2013 & 29 November 2013
Directorate issued a Press Release	Press Release was issued on 20 September 2013 The press office responded to one enquiry from the one local newspaper during the consultation period.
A range of stakeholder meetings were held	A meeting with the union was held on 12 September 2013 A meeting with staff and union was held on 20 September 2013 A meeting with Residents and relatives was held on 20 September 2013 Individual meetings were offered to relatives and residents with case management staff. Meeting held with Sittingbourne and Sheppey Patient Group on 18 November 2013 Swale Joint Practice meeting on 4 December 2013
Report to Social Care and Public Health Cabinet Committee for decision making on the closure proposal	This report dated 16 January 2014
Instigate any change programme	January 2014 onwards

(2) The 12 week consultation period for the modernisation of our Older Person's Provision concluded on 13 December 2013. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered.

(3) The overall consultation received four letters and seven emails. A summary table by type of response and organisation is included below. A number of letters were copied to the local MP, local councillor, Cabinet Member and Leader, and officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements.

(4) A breakdown of the responses by type and organisation is included in the table below:

Consultation responses from	Number of Emails	Number of Letters	Number of Phone calls
Relatives	1	4	1
Staff	1	0	0
Case Management	2	0	0
Private Provider	1	0	0
Swale CCG	1	0	0
Local Patient Group	1	0	0
Total Number of Responses	7	4	1

(5) No petitions were received against the proposal.

(6) All public consultation documents were uploaded onto the KCC Consultations webpage and a dedicated email address created to handle responses.

Issues raised during the consultation

3. (1) The following issues were raised during the consultation:

Residents/Relatives/Stakeholders Feedback

(2) **Respite care is a vital service and friendships have been made. There is a need for families/carers to be able to book planned respite for their relatives and if Doubleday Lodge was closed there would not be any alternative provision available in the local area.** FSC recognises that planned and emergency respite care is a very important service to individuals and to carers and remains an important part of future commissioning. A needs analysis has been undertaken during the consultation period which has determined that there would be an on-going need for three short term respite beds to replace those available at Doubleday Lodge should the service be closed in 2014. FSC has already secured one of these in the new Extra Care Housing scheme which is currently being developed at Regis Gate, Sittingbourne. The other beds will be commissioned and secured in the independent sector in 2014. KCC's policy is to offer in-house services for short term provision to maximise the use of the homes. The low utilisation is not a reflection of policy or guidance, more that there is either no need for the home in that location or people choose not to go there and access respite provision elsewhere.

(3) **Compared to other homes, Doubleday Lodge provides a good level of care and activities and this is due to the dedication of the staff.** The proposal to close the service is in no way a reflection on the quality of the care provided at Doubleday Lodge or on our staff. Activities are delivered in other care homes.

(4) **It is essential that the current level of care is not diminished and that residents continue to enjoy the same quality of life, dignity and remain happy.** Individuals will receive the same level of care in the independent sector to maintain their quality of life, dignity and to engage in activities that suit them.

(5) **The quality of buildings and the need for en-suite bathrooms should not overshadow the criteria for a happy life.** It is recognised that people who are accessing the services at Doubleday Lodge would prefer that the building and services were to remain as they are, rather than have access to en-suite facilities. However, in time, that will become a minimum expectation for individuals and it is incumbent on FSC that services meet future need and expectation.

(6) **For those that pay the full cost of respite care, we are unsure whether we can secure alternative short term respite placements at an affordable cost in the local area.** FSC will ensure that a suitable alternative supply is secured in the local area at a market rate through a competitive process that will examine both price and quality.

(7) **Why doesn't KCC invest in the building to improve the quality of care for residents at Doubleday Lodge?** KCC does not have capital money to invest in this building. At this moment in time, Doubleday Lodge is running at only 36% utilisation which results in the service being very expensive to run in comparison to the cost of care placements within alternative care homes in the local area.

(8) **What is Extra Care Housing and will this have 24 hour care staff cover so that it is equal to the current service provided at Doubleday Lodge?** Extra Care Housing is purpose-built housing with flexible care provision on site (up to 24 hours per day if required). A number of schemes are already operating across Kent and anyone considering this as an option will have the opportunity to visit a scheme with their case manager to find out more about it. It offers one and two bedroom flats so can accommodate husband and wife that may or may not need to sleep separately. The communal space could include a restaurant, lounge, hairdressers and shop and welcomes people in from the local community. KCC has secured a flat in the Wyllie Court/Regis Gate scheme that will be owned by Amicus Horizon to offer short term care to people needing it. The net cost of someone living in an extra care housing scheme is more efficient for FSC than someone living in residential care. An individual's needs are assessed and met with ongoing review so care services will be flexible and tailored. This provides further efficiency as someone in residential care has a set weekly rate paid regardless of how their needs fluctuate and will only increase impacting on the cost.

Staff Feedback

(9) **What will happen if a decision is made to close the service in January 2014 – will staff be clear on their final date of employment with KCC?** HR staff will be engaging directly, collectively and individually, about what will happen to the staff and how we maintain a service through to any planned closure. This will include confirming the planned closure date for Doubleday Lodge.

(10) **Will there be a freezing of posts in the event that a decision is made to close the service?** Recently, only fixed term contracts have been offered to make sure the maximum opportunity for staff at Doubleday Lodge is available.

(11) **What about redundancies and redundancy pay?** Each individual will have different circumstances and these will be discussed through one to one meetings with an HR representative and, if wanted, a work placed colleague or Union representative.

Future Service Delivery

4. (1) FSC has been developing an Accommodation Strategy which includes a detailed needs analysis to project the future demand for both permanent and short term building based care services across Kent. The Strategy will identify areas of under and over provision of care homes and other accommodation based services. Full options appraisals will be undertaken to analyse how these services can be developed in these areas. The options appraisals will consider the level of new extra care housing schemes required to accommodate the growing populations of older people and will consider the types of residential provision needed across the County.

(2) FSC recognises that the services provided at Doubleday Lodge are important and would need to be re-provided at a relative scale to utilisation. Every individual currently receiving services at Doubleday Lodge will have a full reassessment of their needs and be supported to find alternative services. Their families or representatives will be included in the assessment.

(3) There are currently two permanent residents and eight short term (respite) residents at Doubleday Lodge (as at 17 December 2013).

- **Permanent Residents:** The two permanent residents will be offered support by case management teams to identify alternative residential accommodation at local care homes in the Swale area, unless their reassessment shows that they would benefit by moving closer to their family. At this current time, KCC is aware that there are 629 beds within a ten mile radius of Doubleday Lodge, all of which are within homes that are fully compliant with CQC Regulations. There are two other KCC residential care homes within Swale.
- **Respite (short term) residents:** Data from Swift (KCC Case management systems) indicate that for the period 1 December 2012- 30 November 2013, there have been a total of 68 short term (respite) placements in the home (an average of between 1-2 people per week Respite bed days total 2,690 over the same period. Most people have had one period of stay during this year (76%) and have stayed for between 1-2 weeks (26 out of 68 or 38%). On this basis, it is estimated that KCC would need to secure three respite beds within the Swale area to replace the existing provision. All residents have been referred from either Swale or Canterbury case management teams.

KCC has secured the use of one short term bed for respite at the new Extra Care Housing development at Wyllie Court/Regis Gate, Sittingbourne. This facility will be opening in September 2014.

Two additional respite beds will be secured via a competitive tendering process to secure high quality, best value services. From a soft market testing exercise undertaken by Strategic Commissioning in November 2013, there is sufficient interest from care homes within a five mile radius of Doubleday Lodge to indicate that KCC would not face barriers to securing these services. There are two other residential care homes in Swale that offer short term services of which case managers promote the use of. Kiln Court is seven miles away from Doubleday Lodge and Blackburn Lodge is eleven miles away. These beds could be used should there be no interest from the market in Sittingbourne to provide short term beds as a contingency arrangement.

Alternative Proposals

5. (1) During the consultation, there was interest from two providers who are looking to purchase the site and build or refurbish facilities to continue to deliver residential care services.

(2) At the present time, KCC does not struggle to find residential care services in Swale and therefore there is no immediate demand for social care services, hence the proposal to close Doubleday Lodge. As set out in paragraph 4.1 above, KCC is developing an Accommodation Strategy which will confirm the future need for residential services across Kent and in relation to services in Sittingbourne there may be a future need to develop different residential services. We know that for standard residential care for the general frailty population, their needs can be met in extra care housing and there is more likely to be a need for dementia care or nursing provision, neither of which could be accommodated in the existing Doubleday Lodge service. KCC would expect that Doubleday Lodge be demolished and re-built to be able to accommodate that client group.

(3) Should the decision be taken to close Doubleday Lodge, FSC would propose to declare the site as surplus and for the site to be sold on the open market.

(4) One proposal received asked KCC to enter into negotiations with a provider to obtain a fair market price for the freehold and goodwill sale of Doubleday Lodge, to transfer the staff under TUPE and to block purchase beds in the refurbished scheme. KCC would have to run a procurement exercise to determine a provider to enter into negotiations with and to manage this process. A similar exercise was undertaken for Doubleday Lodge and the two other KCC run homes in Swale in 2011 and was unsuccessful. For Doubleday Lodge it is not proposed that this option is taken forward and therefore for the reasons stated before continues to recommend that Doubleday Lodge should close with the site being sold on the open market.

Personnel implications

6. (1) The staffing information for Doubleday Lodge as at 18 December 2013 is as follows:

Head Count	No contracts	No perm contracts	No temp contracts	No FT contracts	No PT contracts	No fixed term contracts	No relief contracts	FTE
36	41	40	1	3	31	0	7	22.15

(2) Issues raised by members of staff at the initial consultation meetings held on 20 September 2013 and subsequently during the 12 week consultation period related to redundancy and redeployment opportunities and HR support for staff in the event that a decision is made to close Doubleday Lodge.

(3) If the decision is taken to close the service, staff will be offered one to one meetings with a personnel officer and their union representative and the opportunity to receive skills training to enable them to either continue their employment within KCC or find suitable alternative employment. Redundancies, where possible, will be kept to a minimum.

(4) Arrangements could be put in place to give members of staff an opportunity to apply for posts while continuing to support service users until the service has closed.

Those who are not successfully redeployed within KCC will be offered support to secure alternative employment. The Redundancy and Redeployment Procedure will then be followed and people will be offered Priority Consideration status once they are at risk of redundancy in order to help them find work in KCC.

Summary

7. (1) The proposal is to close the service at Doubleday Lodge, Sittingbourne. The proposed Record of Decision is attached as Appendix 1.

(2) An initial screening as part of the Equality Impact Assessment (EQIA) was undertaken prior to the consultation. This identified the need for a full Equality Impact Assessment to be undertaken on the proposal, which has now been completed. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

(3) The actions identified as an outcome of the full EQIA that will be completed are:

1. To undertake service user assessments ensuring that the needs of all residents with 'protected characteristics' are fully addressed in the process based on personalisation.
2. To implement a Commissioning Strategy to secure suitable alternative respite (short term) accommodation within the local area via a competitive tender process to secure best value and quality of care.

Recommendation(s)

8. (1) Cabinet Committee is asked to consider and either endorse or make recommendations on the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health.

(2) The Cabinet Member for Adult Social Care and Public Health will be asked to make a decision on whether to close Doubleday Lodge.

Background Documents

- The Recommendation report and associated documents for Decision Number 10/01509, the previous consultation carried out in 2010
- Government White Paper 'Caring for our Future- Reforming Care and Support'- July 2012
- National Dementia Strategy – February 2009
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Accommodation Strategy

Contact details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Graham Gibbens,
Cabinet Member for Adult Social Care and Public Health

DECISION NO:

13/00074

For publication

Subject: Proposal to close Doubleday Lodge registered care home, Sittingbourne

Decision:

As Cabinet Member for Adult Social Care and Public Health, I agree to close Doubleday Lodge and re-provide the service in the independent sector.

Reason(s) for decision:

The main drivers for the proposal to close the service are:

- **KCC Bold Steps and Facing the Challenge.** KCC's strategic vision, as set out within Bold Steps, is to become a commissioning authority. Therefore it must review all of its in-house provision and take the appropriate action. KCC has committed to reviewing all of its remaining in-house older persons provision as part of Stage One activity in whole Council transformation, as outlined in 'Facing the Challenge'. The outcome of these reviews will be reported to Members at a later stage.
- **Quality of care.** The quality of care available within the Independent Sector matches that of KCC's in house provision. However it is far more flexible in that, should the quality requirements of homes be reviewed, the Independent Sector is far more agile and so able to meet the changing face of residential care provision going forward.
- **Dignity for the individual.** More people are living longer and living with more complex dementias and conditions. KCC's buildings are not able to provide the dignity required in care provision and are not sustainable long term to deliver quality services.
- **Value for money.** Good quality care can be commissioned for less money in the independent sector due to the volume of care it provides over in-house provision. The volume of planning applications from the independent sector is testament to the drive to provide newer facilities, from existing and new providers alike.
- **Independence, choice and control.** FSC's emerging Commissioning Strategy is to promote independence and to allow people to remain in their own homes for as long as possible with the right support in place, including carers (respite) support. As we move through 2014, contracted activity will be reviewed to reflect the need to commission outcome focused services that support the independence, choice and control agenda. Since 2004, KCC has embarked on a programme of developing extra care housing with its District Council colleagues. This type of accommodation provides people with independence, choice and control and offers a genuine alternative to residential care. KCC has invested in a new scheme in Sittingbourne that will benefit the people of Swale providing 51 units of one and two bed self contained flats with on site care provision enabling people who would previously have only been able to consider residential care, and in some occasions moving away from their husband or wife to get care services, to live independently. The high quality independent living accommodation with 24 hour support at Wylie Court in Sittingbourne provides an alternative to Double Day Lodge which will meet the aspirations of current and future older people to retain their independence.

Financial Implications:

The proposal will generate savings of £623,588 in 2014/15.

Cabinet Committee recommendations and other consultation:

To be entered after the meeting and considered by the Cabinet Member when taking the decision.

KCC Families and Social Care (FSC) entered into formal consultation on the future of its registered care home at Doubleday Lodge, Sittingbourne on 20 September 2013. The consultation ran for twelve weeks to 13 December 2013 and followed the agreed protocol on proposals affecting its service provision. On 20 September 2013, FSC officers met with members of staff, service users and their relatives, trades unions and other key stakeholders to discuss the proposals.

A breakdown of the responses by type and organisation is included in the table below:

Consultation responses from	Number of Emails	Number of Letters	Number of Phone calls
Relatives	1	4	1
Staff	1	0	0
Case Management	2	0	0
Private Provider	1	0	0
Swale CCG	1	0	0
Local Patient Group	1	0	0
Total Number of Responses	7	4	1

No petitions were received against the proposal.

All public consultation documents were uploaded onto the KCC Consultations webpage and a dedicated email address created to handle responses.

Any alternatives considered:

As part of this consultation there was initial interest from two providers in possibly purchase the site and build or refurbish facilities to continue to deliver residential care services. However KCC does not struggle to find residential care services in Swale. There is more need for dementia care or nursing provision, neither of which could be accommodated in the existing Doubleday Lodge.

One proposal received asked KCC to enter into negotiations with a provider for a goodwill sale of Doubleday Lodge, to transfer the staff under TUPE and to block purchase beds in the refurbished scheme. KCC would have to run a procurement exercise to determine a provider to enter into negotiations with and to manage this process. A similar exercise was undertaken for Doubleday Lodge and the two other KCC run homes in Swale in 2011 and was unsuccessful.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

None

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signed

.....
date

By: Graham Gibbens, Cabinet Member for Adult Social Care & Public Health
Jenny Whittle, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director Families and Social Care

To: Social Care and Public Health Cabinet Committee

Date: 16 January 2014

Subject: **Transition from Children's to Adult Social Care Services**

Classification: Unrestricted

Summary:

The purpose of this report is to provide Members of the Cabinet Committee with an update on the transition arrangements for young people in education and social care who will meet the eligibility criteria for adult social care.

The report provides an outline of progress on transition work and some of the key changes and actions that are taking place.

Recommendations:

Members of the Social Care and Public Health Cabinet Committee are asked to:

- 1) To discuss and note the contents of the report
- 2) To agree the planned actions for the Transition Steering Group – particularly:
 - the research and analysis to explore the strengths and weaknesses of different configurations of transition services;
 - the further work regarding adult social care services providing care leaver support to disabled care leavers who meet eligibility criteria for adult social care services;
 - the monitoring and review of a pilot project to streamline Direct Payments for young people going through transition;
 - the continued preparation for the expected changes in the Children and Families Bill (2013) which will have implications for transition arrangements in Kent.
- 3) To note planned workshops relating to mental health services for young people to address pathway plans and the commissioning of services including transition arrangements.
- 4) To receive a report back in 12 months with an update on the transition work

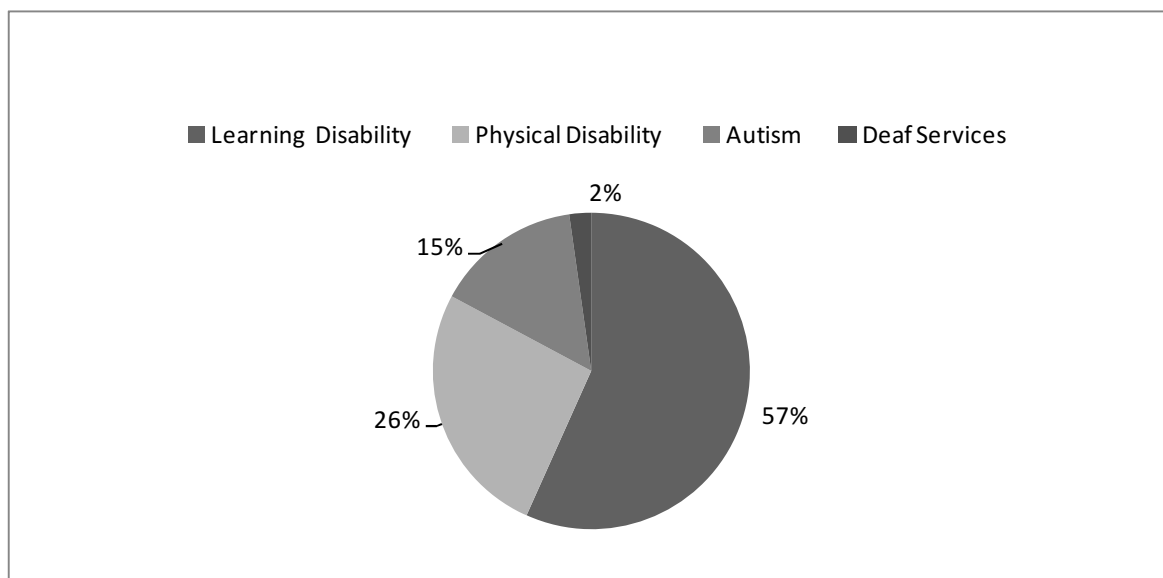
1. Introduction

- 1) The transition from childhood to adulthood is a key point in young people's lives. For young people who have a disability or who are vulnerable or have complex needs, the transition from children's to adult services can be particularly confusing especially where several agencies may be involved. For some young people transition can include gaining independence, accessing employment or further education, changed financial circumstances, and changed health and care providers. Kent County Council's services have a responsibility to ensure the transition process is streamlined and planned in advance – so that service users and their families do not experience a breakdown in services at the point of transition.
- 2) In 2007 a KCC Members Select Committee produced a report entitled "Transition a Positive Future" and one of the KCC Towards 2010 targets was to "Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence". As a result a comprehensive set of Kent interagency transition protocols were produced. The protocols were well received and helped to shape and improve transition practice. However, the protocols are now dated and although some of the principles are still sound, they do not reflect organisational changes that have taken place. The protocols will also need to be reviewed in the light of forthcoming changes to legislation.
- 3) In 2012 an inter-agency workshop highlighted the considerable breadth of issues that impact on transition arrangements across the various agencies. Following the workshop a transition steering group was established to take forward and address transition issues, particularly for young people with disabilities and complex needs who meet the eligibility criteria for adult social care.

2. Financial Implications

- 1) This report does not ask Members for a decision that will have financial implications.
- 2) The main financial implication on Adult Social Services is the number of young adults moving from children's services. The support that young people transitioning into adults services already have in place varies depending on their assessed needs and circumstances, some young adults already have a package of support in place; others might come to attention through a new referral to adult social care from the family or school. The greatest financial pressure is from young people with complex needs coming through transition.
- 3) As an indication of the costs, in 2013/14 for Learning Disability services only, it is forecast that there will be approximately 147 young adults age 18 or 19 accessing learning disability services at a cost of £2.5m (full year). In 2012/13 there were 165 young adults age 18 or 19 accessing Learning Disability services at a cost of £2.6m (full year cost).
- 4) A report has been compiled regarding young people known to Adult Social Care, who turned 18 during the 18 months from March 2012 – September 2013. During this period

there were 268 service users on the client database, 152 were known to Learning Disability, 70 to Physical Disability and 40 to Autism and 6 to Sensory Services.



Referrals received by Adult Services, by service: March 2012 - September 2013

3. Bold Steps for Kent, Policy Framework and Policy Context

- 1) Transition is a cross cutting issue for KCC and its partners and is referred to in Bold Steps for Kent and other KCC Policy and Strategic documents. Bold Steps refers to the need to continue to improve transitions for young people leaving care or moving into Adult Social Services provision. The 14 to 24 Learning, Employment and Skills Strategy 2013-16 acknowledges that there are a group of young people who experience challenges and who require additional support in order to achieve positive outcomes and make a successful transition into adulthood.
- 2) Facing the Challenge, the authority's blue print for future service delivery, states that service integration must focus on achieving "greater efficiency and redesign our services around the needs of the customer to achieve better outcomes." This emphasises the importance of the service user at the heart of the work of the Local Authority. This is particularly relevant when service users transfer from Children to Adult's services.
- 3) Transition should also be seen in the context of the Transformation agenda to ensure a streamlined commissioning framework across Children and Adult Services and enable consistent practice that is person centred and encourages independence. For some young people a successful transition and support to develop independence skills can reduce longer term dependency on public sector services.

4. Legislative Context

- 1) A range of legislation and statutory guidance applies to transition planning. This includes the Children Act 1989; Children (Leaving Care) Act 2000; Valuing People Now; Our Health Our Care Our Say (2006); National Service Framework for Children, Young

People and Maternity Services (2004); the Autism Act (2009) and the Equality Act (2010).

- 2) The Children Act 2004 requires Directors of Adult Social Services and Children's Social Services to have "adequate arrangements" in place to "ensure that all young people with long term social care needs have been assessed and, where eligible, receive a service which meets their needs throughout their transition to becoming adults."
- 3) The Children and Families Bill (2013) has a number of proposals that will impact on transition. These include:
 - The replacement of statutory assessments of SEN and Learning Difficulty Assessments with single birth to 25 assessments and the replacement of Statements of SEN with single Education, Health and Care Plans. This is to take place by September 2014. The Single Plans will provide statutory protections comparable to those currently associated with a statement of SEN to young people aged 16-25 while they are in school or further education.
 - Every local area will be required to have a "Local Offer", setting out the services available to support children and young people from birth to 25 and the provision that is normally made available in an area, including schools and colleges.
 - The Bill also seeks to improve cooperation between services to support children and their families, particularly requiring local authorities and health authorities to work together.
- 4) Kent is a Pathfinder for the changes envisaged in the Bill, along with colleagues in the SE7 other local authorities; Kent is trialling some of the new processes and is well on track to develop the local offer.
- 5) The Social Care Bill also addresses the issue of Transition and proposes early transition planning, information for young people and their families, flexibility, continuity and greater cooperation to ensure the right people work together to get transition right.

5. Current Transition Arrangements

- 1) Before young people reach the point at which they are able to transition to adults' services; they usually fall into one of the following categories:
 - In education but not known to Specialist Children's Services;
 - In education and known to Specialist Children's Services;
 - In education and known to CAMHS;
 - In education and children in care or children under special guardianship arrangements.
- 2) *Education and Learning*
 - 1) Students with more complex conditions who have a Statement of Special Educational Needs (SEN) can currently remain in school until the end of the academic year in which they reach age of 19. Provision for those who are in Further Education (FE

Colleges) is not subject to the same statutory provisions, but is made through a Learning Difficulty Assessment (LDA). It is estimated that by 2017 there will be 3,700 people attending specialist schools. In addition to 900 SEN resourced places within mainstream schools. Approximately 250 young people leaving specialist schools each year come under the Adult Social Care criteria.

- 2) Where it is considered that a young person will require adult social care support in the future a transition worker or case manager is usually invited to attend the young person's transition or school review meeting.
- 3) For most young people who were subject to a statement of Special Educational Needs before leaving school at 16 or after completing sixth form, the next steps in their education is a local Further Education College. Schools are responsible for providing careers advice about relevant employment and training opportunities e.g. apprenticeships. From Year 10, the school will involve the Specialist Learning Difficulty Assessment (LDA) Officer who can meet with the young person and their families to identify what help they require and how this will be provided in College. A formal assessment is completed by the LDA and sent to the F.E College to help them plan for the transition into College and arrange support while they continue to study.
- 4) A small number of young people cannot be supported by the local college and transfer to a specialist Independent College Provision. A senior manager from Adult Social Care is part of the consideration and decision making arrangements regarding which young people need to be placed in Specialist Independent College Provision.

3) *Specialist Children's Services*

- 1) The Disabled Children's Teams and the Sensory Children's Team have transition schedules for young people aged 14-17. The schedule confirms the child's status such as whether the child is a child in need, child in care, subject to child protection, and the nature of their disability. This also includes the level of current services provided (this might range from short breaks of a few hours through Direct Payments to complex packages of continuing care where the care and costs are shared with health) and the date the case has been referred to Adult Services.
- 2) For example, as of 30 September 2013 a Disabled Children's Team covering a 2 districts area had 30 people on their transition schedule, seven of the 30 clients were aged 17, all but one had been referred to Adult Social Care Services. (Appendix 1 sets out a sample of an anonymised partial transition schedule for this team). Meetings are held with Adult Social Care twice a year to go through the schedule and ensure that planning is in place for transition, including reviews to which adult care managers are invited and joint visits to families where appropriate. If a difficulty arises with regard to allocation in Adult Services this is raised with Senior Managers in Adult Social care.
- 3) There is currently a pilot operating with regard to Direct Payments whereby the existing Children's Direct Payment Services run by a voluntary organisation, the Parents Consortium, is managing Direct Payments for young people up to the age of

25. This is eliminating the hiatus at age 18 for those receiving DPs which had previously been problematic for some families.

4) *Adult Social Care*

1) Once children reach the age of 18, there are 5 currently points of entry into Adult Social Care Services:

- a) Physical Disabilities Services part of Older Persons/Physical Disability (OPPD)
- b) Sensory Services part of OPPD
- c) Learning Disability Integrated Teams
- d) Autistic Spectrum Conditions Team part of OPPD
- e) Mental Health

a) Physical Disabilities

The Older People and Physical Disability (OPPD) teams attend the twice yearly meetings with Children's Disability Services to look at young people anticipated to require on-going support beyond their 18th birthday. A member of staff is allocated shortly after the person turns 17, so that planning for adult social care can commence. Some young people attending mainstream school may not be visible until they leave school, particularly those with Autistic Spectrum Conditions. A process will need to be considered to make the parents, education staff, and young people themselves more aware of the support that might be available and how to access it.

b) Sensory Services

Sensory Services has a transition process in place for d/Deaf and deaf blind young people. Transition meetings are held twice a year between the Children's Sensory Social Care team and the Adult Deaf and Deaf blind teams.

A Care Manager is allocated when the person turns 17 and is involved in reviews and planning meetings. Kent Association for the Blind is involved in the transition process for young people who are visually impaired and have rehabilitation needs.

Some deaf, deaf blind and visually impaired young people not known to the Children's Disability Services are not being identified through this process. A recent consultation which was carried out during the development of the Sensory Strategy highlighted this as an issue for some parents.

c) Learning Disability Services

There is an existing transition process in place with schools, Learning Disability Services and Specialist Children's Services. The information schedule provided by Children's Services and schools allows financial forecasting and planning within Adult Social Care Services. Sharing this information between services as part of transition arrangements has been valuable.

Each locality Learning Disability team has dedicated Transition Care Managers who work with colleagues in Education and Specialist Children's Services to ensure that those who need Adult Social Care support receive a timely assessment and have an agreed personal budget and support plan in place for when they need it.

The Becoming an Adult Delivery Group, which is part of the Kent Learning Disability Partnership has a membership of young people with a learning disability, teachers, council officers and other partners and stakeholders. A major achievement this year was to produce an easy read booklet for young people to help young people move through transition. This is now available on the Kent.gov website:

https://shareweb.kent.gov.uk/Documents/education-and-learning/special-and-additional-education/reviewing-services-children-with-sen/sen_transition_easyread.pdf

Recent feedback had indicated that young people are finding the booklet very useful and are using it interactively on line.

d) The Autistic Spectrum Conditions Team

This is a new service that has been operational since November 2012. The team provides short term intervention and assessment for people with autism. In the first year of the service, many of those referred were young people referred by GPs or families. Some young people find that a crisis can occur for them where they no longer have the structured day of school or college in their lives.

The Autistic Spectrum Conditions Team recognises the need to work closely with colleagues in Education and school settings and sees the benefits for the young person from early involvement in transition planning. The Service is currently undertaking a pilot with Grange Park School, based upon the Learning Disability model of working. This involves working closely with young people in the school who have autism. The pilot aims to ensure that Social Services can get to know the Service User and support them through the difficult transitions from school to college to work so that the young people with high functioning autism can lead fulfilling, economically active and independent lives.

Where young people with autism are not diagnosed early enough it can lead to significant delays in the Adult Diagnostic Service when the young person reaches the age of 18. It can also adversely affect the young person's transition to adulthood if the autism hasn't been diagnosed. The Autistic Diagnostic team, which forms part of the Autism Service, has seen a much larger volume of referrals than expected (800% more) and a Business Case has been submitted to Health Clinical Commissioning Groups for a greater resource.

e) Mental Health

The transition arrangements for young people transferring to adult mental health services are not seamless and this has been identified as an area for further work. The current pathways are unclear with various services and agencies involved including the Kent Integrated Adolescent Support Service, Children and Adolescent Mental Health Service, (to become children and young person's mental health service), Early Intervention in

Psychosis Services, a range of secondary mental health services and the voluntary sector.

There are various initiatives to improve outcomes for young people. One project was the Kent Youth Mental Health Project which was set up to assess the views of Kent's youth population, aged from 14-25, on youth mental health services in Kent. The aim of the project was to investigate what works best for improving mental health outcomes for young people in Kent. The overwhelming response was that young people were not aware of the services that were available to them in Kent. The young people that were aware of the provision felt that there was not enough support for young people at risk and for those currently experiencing mental health difficulties or their carers and relatives, and that accessing such services had too many barriers.

More information about mental health services is now made available on line through the Live it Well website which can be accessed at the following link:

<http://www.liveitwell.org.uk/>

In East Kent, Laura Sandys MP chaired a roundtable meeting on "Closing the Gap" between children and young people's mental health services and adult mental health services. One of the key issues raised was the separate commissioning arrangements based on clinical guidance which can sometimes lead to disconnected provision.

Engaging and seeking the views of young people is important as is making sure useful and accessible public information is available. However, given the current array of service arrangements and with the changed health architecture (with some Clinical Commissioning Groups adopting different models of care) there is a need to achieve a level of cohesion and consistency in the commissioning strategies and arrangements.

Kent County Council is to lead on three workshops involving health colleagues to: take forward the issues raised by young people; identify what services are currently commissioned and what is missing; agree a pathway plan and an integrated commissioning model for Young People's Mental Health Services in Kent; and agree an action plan and monitoring arrangements. One of the workshops will involve the providers of current/future services and the third workshop will involve service users and carers. Improving transition arrangements for young people with mental health problems will be an important part of the pathway planning and commissioning model.

It is evident that there has been a gap between the mental health services provided for children and the adult mental health services. Bringing the commissioners and providers together in the workshops is a step towards bridging this gap and developing clearer pathway plans to enable a seamless transition for young people with mental health needs.

6. The Transition Steering Group

- 1) The Transition Steering Group is Chaired by the Director of Learning Disability and Mental Health Services in Families and Social Care. The steering group provides a forum for stakeholders to consider and address key strategic and operational issues to improve

the transition arrangements for young people who meet the eligibility criteria for Adult Social Care. Attendees include representatives from Adult Social Care (Learning Disability, Physical Disability, Sensory and Autism Services and Policy); from the Disabled Children's Service; from Education, Learning and Skills; and Kent Community Health Trust.

- 2) Transition takes place in a changing organisational and legislative context, consequently there needs to be on-going review to ensure that the processes provide young people with the best opportunity for a smooth transition and support to achieve the maximum level of independence. Key actions for the Transition Steering Group have been identified as follows:
 - a. Work is being done to explore the strengths and weaknesses of different models and configurations of transition services. Initial desk top research has been undertaken to find out how other local authorities configure their transition services. There are various models. Some authorities have a separate transition services for 14 to 25 year olds or 16 to 25 year olds. There are some benefits to this arrangement in terms of providing consistency for the young person as they go into adulthood. The down side is that there are then two transition stages when the person moves in and out of the transition team. Also the legal basis of services changes from children's services to adult services at the age of 18 so it is likely there will still need to be some change for the young person when they move from services delivered under children's legislation to services under adult social care legislation. Further work is to be done to explore the options and implications of the different configurations.
 - b. The support arrangements for Care Leavers in Kent are currently being reviewed. The County Council has a Corporate Parent responsibility for Care Leavers beyond the age of 18. Where Care Leavers meet eligibility for adult social care services and responsibility for their care transfers to adult services, it makes sense for Adult Social Care to pick up the leaving care responsibilities for the young person. The exceptions are where the young people are placed in Kent by other local authorities and the local authority placing the young person should retain responsibility for meeting the care leaver requirements. The Transition Steering Group is doing further work to identify what the requirements would be on adult social care to take on this area of work.
 - c. It became apparent that for some young people and their families there was a gap in the provision of Direct Payments when the young person reached the age of 18. This was due in part to the care and financial reassessments taking place (often the young person's financial position changes at the age of 18 and the services they receive may be subject to charging). To address this issue a pilot project is underway for the voluntary organisation that arranges Direct Payments for children and young people to continue to arrange the direct payment for the young person beyond the age of 18 up to the age of 25. The Transition Steering Group is to monitor and review the pilot scheme to determine if it is effective.
 - d. With the expected changes to the legislation (the Children and Families Bill and the Care Bill) and with organisational changes in Kent, the Transition Protocols and associated strategy document and public information will need to be

reviewed and revised. For example, consideration will need to be given to how the introduction of a single plan for people with special educational needs will relate to the young persons transition and care/support plan if they are receiving services from adult social care. The Transition Steering Group will therefore need to continue to work with partners on the implications of the changes on transition arrangements and the need to review and revise protocols for staff and public information.

- e. The Transition Steering Group will work to streamline arrangements and reduce any gaps in the level of service between children services and adult social care services. An example is the amount and type of respite care that the young person might be assessed as requiring. Also, when a young person is at school they will have a structured day from Monday through to Friday but when they transfer to Adult Social Care, the service will be based on meeting their assessed care needs rather than on having a structured timetable for the week.
- f. Feedback from carers and families has indicated that they would like more information about services and support at the time of transition. The “Becoming an Adult” easy read booklet is a useful resource for the young person to consider options and choices. Also the local offer being developed should make more information available but this is an area for further work to ensure people have the information they require.

7. Young People who do not meet the Eligibility Criteria for Adult Social Care

- 1) Many young people with a special educational need will not require support from Adult Social Care when they reach the age of 18. Some of these young people may have learning difficulties but they would not necessarily have a disability or community care needs.
- 2) Nevertheless, for this group of young people they may still need transition support through school as they develop the life skills for adulthood. As referred to earlier in this report, these young people will have transition or review meetings in their schools where they will consider the options and support they will need. The Learning Difficulty Assessment officer will assess the young person’s needs and produce an assessment (or a single plan under the new framework).
- 3) The Kent 14 to 24 Learning, Employment and Skills Strategy 2013-2016 provides information on how Kent aims to support vulnerable young people and provide assistance for them to access support into education and employment including vocational training and apprenticeships.
- 4) The Corporate Director for Education, Learning and Skills has commissioned further work to understand the needs and outcomes for young people who have a Statement of Special Educational Needs but do not meet the criteria for Adult Social Care. This is to ensure that there are clear transition pathways for the young people and to determine what support is available and to identify any gaps.

8. Conclusions

- 1) Transition from children's services to adult services is multi-faceted particularly where the young person involved in the transition has contact with a number of services. There are different pathways into different services and the service response will vary depending on the young person's assessed needs and circumstances.
- 2) The organisational and legal context for transition has changed and is changing. For example changes have taken place in relation to the Connexions Services and to health commissioning arrangements and the legal framework is changing with the Children and Families Bill and the Care Bill. Within the changing operating environment, the transition processes can not be static but need to be continually reviewed, updated and adapted.
- 3) There are challenges to ensuring that young people have a smooth transition from children and young people services to adult social care services. However there has been significant progress with much closer working between the Disabled Children's Team, Education and Learning Skills and Adult Social Care Teams. There is increased recognition of the benefits of early involvement in the transition planning and in learning disability services in particular, the Transition Workers have assisted in facilitating more effective transitions. As a result most young people have a relatively smooth transition between services.
- 4) Although progress has been made, the Transition Steering Group recognises that there is more to be done and has identified a number of actions that need to be taken forward.

9. Recommendations

Members of the Social Care and Public Health Cabinet Committee are asked to:

- 1) Discuss and note the contents of the report
- 2) Agree the planned actions Plan for the Transition Steering Group – particularly:
 - The research and analysis to explore the strengths and weaknesses of different configurations of transition services;
 - The further work regarding adult social care services providing the care leaver support to disabled care leavers who meet eligibility criteria for adult social care services;
 - The monitoring and review the progress of a pilot project to streamline the Direct Payments for young people going through transition;
 - The preparation for the expected changes in the Children and Families Bill (2013) which will have implications for transition arrangements in Kent.
- 3) Note planned workshops relating to mental health services for young people to address pathway plans and the commissioning of services including transition arrangements.
- 4) Receive a report back in 12 months with an update on the transition work

10. Background documents

Becoming an Adult – Easy Read Booklet for Young People.

11. Contact details

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Sample of part of Transition Schedule for Disabled Children's Team covering 2 districts

XX/YY Districts - Young People aged 14 - 17 open to XX Disabled Children's Team as at 30th September 2013															
Name of Young Person	ID	Date of birth	Age	Sex	Status: Child in Need/ Child in Care/ Child Protection	Home Address	Social Worker	Disability and any other issues	School	Services provided	DP Yes/No	Approximate Current Costs of Services	Referred to Adult Services ? If Yes - date referred or name of allocated team & Care Manager	Comments after meeting held 02/05/13	Notes
AA			16		CIN		FF	Severe developmental delay. Registered blind. Seizures. Wheelchair user.		Short breaks for approx. 40 nights per year and Direct Payment	Yes	Direct Payments - approx. £4,400 per year.	Yes - 04.10.13	Tunbridge Wells ADC	Referral completed 04.10.13
BB			17		CIN		Duty Social Worker	Severe learning difficulties, cerebral palsy, ASD.		Direct Payments - 3 hours per week. After school	Yes	Direct Payments - approx. £1900 per year	Yes - 06/02/13	Has been referred. Adult social care have complete	
CC			17		CIN		Duty Social Worker	Epilepsy, mild cerebral palsy, speech & language difficulties		Fostering short breaks - two nights per month.	No	Short breaks approx. £1800 per year	Yes - 04.10.13	Co-Ordination Team	Referral completed 04.10.13
DD			17		CIN		GG	Cerebral Palsy, epilepsy, developmental delay, obstructive		Hospice	No	None	Yes - 09.12.11	Needs Continuing Health Care Needs assessment.	
EE			16		CIC		HH	Severe Autism, challenging behaviour.		Child in care. Placed in Residential Children's Home	No	Social Services pay whole cost of placement - currently	Already known to Adult Services	Autism Team	

From: Graham Gibbens, Cabinet Member for Adult Social Care & Public Health

Meradin Peachey, Director of Public Health

To: Social Care and Public Health Cabinet Committee

Date: 16th January 2014

Subject: **Findings of the Review of School Nursing in Kent**

Classification: Unrestricted

Past Pathway of Paper: SMT Public Health

Future Pathway of Paper: Public Health Board

Electoral Division: Countywide

Summary:

The paper provides an introduction to the School Nursing Service in Kent and then goes on to report on the key findings of a review of School Nursing undertaken by Public Health and Education and Learning, KCC. The review sought the views of children, parents and carers as well as education. The review found that the service was valued by education colleagues, parents and carers but work needed to be undertaken to standardise the offer across Kent, meet the ambitions of the Healthy Child Programme, address equity and enhance effectiveness through information sharing.

Recommendation(s):

The Social Care and Public Health Cabinet Committee are asked to note the findings of the review of School Nursing in Kent and endorse the short term recommendations as detailed in section 4.8.

1. Introduction

1.1. School Nursing is a universal service for school aged children currently delivered by Kent Community Health Trust in all parts of Kent with the exception of Swale where the service is delivered by Medway NHS Foundation Trust. It works at the critical interface between health and education. It has a key role in addressing health inequalities.

1.2. The School Nursing Service delivers key elements of the Healthy Child Programme and the mandated National Child Measurement Programme (NCMP). The School Nursing Service delivers the National Immunisation Programme and is resourced to do this by Public Health England through NHS Commissioning. School nurses also attend and contribute to initial Child Protection conferences for school aged children in Kent.

1.3. The contract for School Nursing Services in Kent was passed over to Kent County Council from 1st April 2014. Public Health and Education and Learning (ELS) initiated a review of the service in order to identify what developments

were required to ensure the best possible outcomes for children and young people in Kent.

2. Financial Implications

- 2.1. The current budget for the School Nursing Service in Kent comes from the Public Health Grant. Additional funding was agreed on 4th October by the Social Care & Public Health Cabinet Committee in a paper entitled 'Kent's Public Health Grant 2014/2015'. The aim of the funding was to address the inequity of provision in Kent.

3. Bold Steps for Kent and Policy Framework

- 3.1. The School Nursing Service impacts positively on attendance and attainment of children in Kent as well as addressing school readiness. Children's increased attendance and attainment *tackles disadvantage* and will *help the Kent economy grow*.
- 3.2. The Review of School Nursing sought the views of children and young people and their parents on the current experience of the School Nursing Service as well as the how improvements could be made so *putting the citizen in control*.

4. The Report

- 4.1. The review of school nursing was progressed through the development of a multi-agency steering group, undertaking a literature review as well as a review of key strategic documents. Surveys, interviews and focus groups were then undertaken with Head teachers, parents and young people. The findings were validated and interpreted by the steering group. A report was written and key organising principles were identified.
- 4.2. The review identified that the current School Nursing Service is not standard across Kent and does not include all the elements of the School Nursing Service as defined within the Healthy Child Programme. Specifically, the Health Assessment at Year 6 which supports children's transition into secondary school is not currently delivered in Kent. The nursing service does, however, meet its targets regarding the delivery of the National Child Measurement Programme in and the National Immunisation Programme.
- 4.3. There are groups of young people who are not consistency receiving a school nursing service in Kent including young people in Pupil Referral Units, young people who are Young Offenders, children in Independent Schools, young people in Colleges of Further Education and Home Schooled Children.
- 4.4. School nurses work within other health professionals including Children in Care Nurses, Community Nurses, GPs and Specialist Nurse Leads for conditions such as epilepsy and diabetes. There needs to be improvements to the way that information is shared between health professionals. There also needs to be clarity regarding information sharing between health and education.
- 4.5. Head teachers and their representatives require greater clarity regarding what the School Nursing Service offers. Where Heads know their School Nurse and the interventions they provide, for example around enuresis and emotional and health, they are valued. The opportunity to consult with School Nurses was also referred to as being useful. However, improvements in information sharing were identified.

- 4.6. The majority of parents and carers who responded to the survey did not know their School Nurse. They wanted clarity regarding the service offer, a visible presence and better communication between the nurse and parents.
- 4.7. The majority of young people did not know their School Nurse. They could however identify ways in which school nurses could provide a confidential service for young people which would support them to improve their health.
- 4.8. As a result of the review, the steering group propose that:
- A School Nurse resource is immediately identified to support the health of young people who are young offenders.
 - Clarity is sought from Health Commissioners regarding the role of Community Nurses and Paediatric Nurses in the delivery of public health functions in Special Schools.
 - A new model for School Health, which incorporates the School Nursing function and integrates with other children and young people's services, is universal but also provides more targeted delivery, is developed and consulted upon with a view to full implementation in 2014-2015.

5. Conclusions

- 5.1. The review of School Nursing in Kent has identified the critical role that School Nurses play in the interface between health and education for school aged children. Where relationships exist with school nurses, education colleagues value the contribution that nurses make. However here is a lack of clarity regarding what the service provides. Information sharing between health professionals and communication between schools, parents and the nursing service needs to be improved.
- 5.2. As a result of the review actions will be taken to ensure that young people who are youth offenders and who are pupils of Special Schools get their health needs better met. A new model for School Health will be developed and consulted upon with a view to implementing it from 2014-2015.

6. Recommendation(s)

Recommendation(s):

The Social Care and Public Health Cabinet Committee are asked to note the findings of the review of School Nursing in Kent and endorse the short term recommendations as detailed in section 4.8.

7. Background Documents

- 7.1. 'Kent's Public Health Grant 2014/2015' presented at Public Health and Social Care Committee on 4th October 2014
<https://democracy.kent.gov.uk/documents/s42735/D2%20-%20Public%20Health%20Grant.pdf>

8. Contact details

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From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
 Meradin Peachey, Kent Director of Public Health

To: Social Care and Public Health Cabinet Committee

Date: 16th January 2014

Subject: **Update on addressing Health Inequalities in Kent**

Classification: Unrestricted

Summary:

The purpose of this report is to update the members on progress made towards addressing health inequalities in Kent and to make suggestions on how we can move faster.

Based on the model suggested by Professor Chris Bentley the Kent Public Health department has developed a methodology to identify the number of lives that will need to be saved for effective reduction in health inequalities and where to target resources. Local action plans (Mind the Gap) at district level in collaboration with CCGs are critical to shifting these stubborn inequalities in health. The local health and wellbeing boards are driving these changes.

Recommendation(s):

The Social Care and Public Health Cabinet Committee are asked to:

- Note the progress made to date in addressing health inequalities.
- Support the delivery of health inequalities (Mind the Gap) action plan in their local districts, particularly in the areas of high mortality rates.
- Endorse the principle of an increased pace when working with local schools to promote physical activity; promoting programmes to reduce harm from smoking and encouraging uptake of NHS Health Checks.
- Receive a progress report in 12 months' time on indicators mentioned under section 7.2.

1. Introduction

- 1.1 This paper provides an update to the Social Care and Public Health Cabinet Committee, on how Kent is addressing health inequalities.
- 1.2 To ensure that there is a sound and consistent understanding of the health inequalities, Professor Chris Bentley (former National Lead) was invited to present his approach to 'Addressing Health Inequalities' at the November 2012 Shadow Health and Wellbeing Board. He has also been working with a number of Kent districts to present a number of tools for assessing variation that contributes to health inequalities gap.

2. What are health inequalities and how are they measured?

- 2.1 Health inequalities are avoidable variations in health status of groups and individuals and are a complex issue. There is evidence that populations in areas with high deprivation experience higher morbidity and mortality than those areas with low deprivation (Marmot strategic review, 2010). Health inequalities are ultimately measured by Life Expectancy at Birth and by All Age All-Cause Mortality (AAACM) rates and a range of shorter-term performance indicators set by the Public Health Outcome Framework. One of the success factors for improving the public's health for local authorities and Clinical Commissioning Groups will be assessed on how well they are reducing health inequalities in their area.

3. Kent approach to addressing health inequalities

- 3.1 In 2012 Kent produced an action plan to address health inequalities, which was agreed by the full Council on 29th March 2012. The action plan is widely known as "Mind the Gap, Building bridges to better health for all" was developed in collaboration with District Councils and the NHS. It is based on the principles of Marmot's life-course approach and the Joint Strategic Needs Assessment (JSNA) priorities and gives specific examples of what we need to do in Kent to make an impact on inequalities.
- 3.2 The plan therefore illustrates a range of actions and initiatives undertaken by Kent County Council (KCC) and partners to address the wider social determinants of health inequalities across Kent. It demonstrates a far-reaching and expansive contribution that District Councils, community enterprises, voluntary sector and other statutory agencies make to improve healthy lifestyles and promote mental and emotional wellbeing among the Kent population, particularly in deprived communities and to the most vulnerable in society.
- 3.3 Kent Public Health consultants and specialists are specifically supporting the Districts in their preparation of local action plans for their contribution to reducing health inequalities. The district level action plans so far have had variable collaboration with CCGs as at the time CCGs were being established.

4. Tobacco Control to address health inequalities

- 4.1 The health consequences of smoking tobacco are the single biggest cause of health inequalities. To reduce health inequalities we need to reduce the number of smokers in Kent, particularly in areas where smoking prevalence is the highest.¹ It remains the biggest cause of premature death and is responsible for more loss of life than the next six factors (including obesity, drugs and alcohol) combined.² The Public Health Outcomes Framework includes a number of measures that are directly related to smoking and several that have very strong links.
- 4.2 With a smoking prevalence of 21.34% and an adult population of 1,153,000, Kent has an estimated smoking population of 246,071. To reduce the number of smokers in Kent we need to help existing smokers give up and reduce the

¹ Doll R, Mortality in relation to smoking, BMJ 2004

² ASH Factsheet, Smoking Statistics: illness & death, October 2011
(http://ash.org.uk/files/documents/ASH_107.pdf)

number of young people that take up smoking. There is evidence to suggest that 70% of smokers want to give up.³

4.3 The Tobacco Control strategy and action plan is in the process of being produced and will focus on actions to reduce smoking prevalence in manual and routine workers, smoking in pregnancy and the illicit tobacco trade.

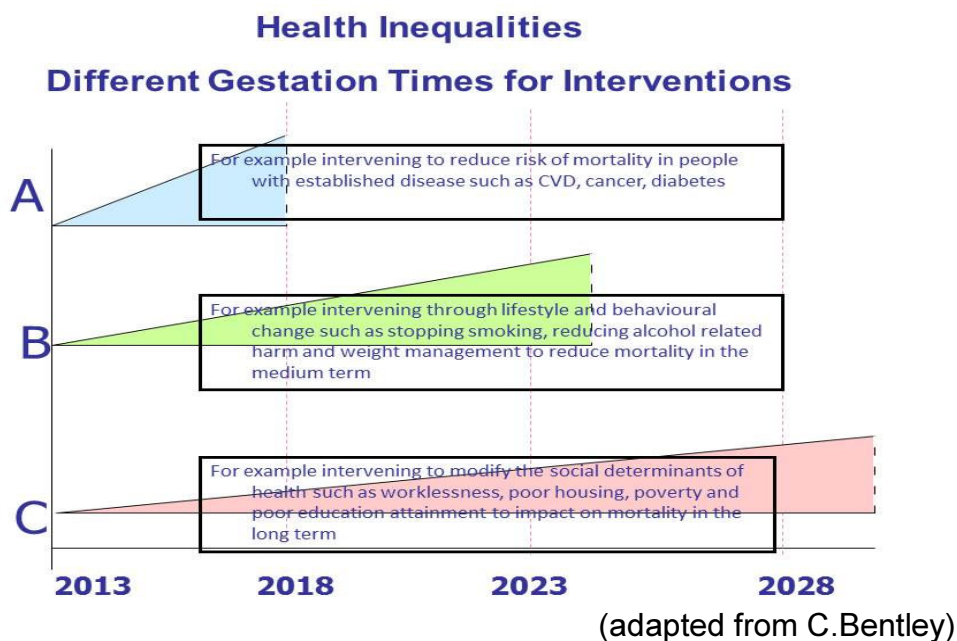
5. Contribution from CCGs and NHS England (Kent and Medway)

5.1 The local level Health and Wellbeing Boards provide opportunities for CCGs and District Councils to work collaboratively to reduce health inequalities. Figure A illustrates the role and contribution needed across the entire system, to ensure that health inequalities are effectively reduced over the short, medium and long - term.

5.2 All partners in the local health and care system have a role to play in prevention of ill health. The Area Team and CCGs are collectively responsible for commissioning services provided through general practice that can make a difference to the early deaths in the 'at risk' groups. Work has commenced with CCGs to focus on the short term interventions which can be influenced primarily by the CCGs and assist in reducing health inequalities. Examples of these services include:

- Reduce differences across practices in Kent on how patients with certain conditions are effectively identified on a register and managed
- Reduce differences across practices in the number of patients that are known to have diseases compared to those who are expected to have a disease for certain conditions such as diabetes, blood pressure and respiratory diseases (Chronic Obstructive Pulmonary Disease)

5.3 CCGs and NHSE have a particular role in relation to number A in figure below.



6. Identifying target areas for intervention

- 6.1 Based on the model suggested by Professor Chris Bentley the Kent Public Health department has developed a methodology to identify the number of lives that will need to be saved for effective reduction in health inequalities and where to target resources.
- 6.2 In July 2013 a paper highlighting areas at a small geographical level (lower level super output areas) that experience high rate of deaths for premature deaths (those under 75 yrs) was submitted to the Kent Health and Wellbeing Board. The paper outlined areas of premature mortality related to :
- circulatory diseases
 - respiratory diseases
 - cancer
- 6.3 To understand the extent of the different rates at which people were dying prematurely across Kent, the Kent and Medway Public Health Observatory calculated the premature death rates in small areas in each CCG⁴. The Public Health team calculated the number of deaths that would need to be postponed if the mortality rate in the CCG followed the same pattern as that for Kent and Medway. These calculations identify that the following numbers of lives would need to be saved:
- circulatory disease –515 lives saved (deaths postponed)
 - respiratory disease –306 lives saved (deaths postponed)
 - cancer –579 lives saved (deaths postponed)
- 6.4 The information provided a platform for discussion at the local health and wellbeing Boards to develop actions for addressing health inequalities. For Members to note this information is available at small community level, (<http://kent590w3:9070/documents/s41646/Agenda%20Item%206%20Health%20Inequalities%20final.pdf>).

7. How will we know if commissioned services will reduce health inequalities?

- 7.1 To measure effectiveness of action plans these are supported by an Impact Assessment tool designed on a model endorsed by the Department of Health. The Health Inequalities and Wellbeing Impact Assessment (HIWIA) toolkit has been developed as a resource to screen the impact which programmes and policies have on health inequalities. The toolkit has been adapted from the mental wellbeing screening toolkit adopted by the Department of Health's Mental Wellbeing Strategy as it contains a strong screening element for impact on health inequalities. The HIWIA is closely aligned to Bentley's 'Christmas Tree' Commissioning model and the training for this resource is being rolled out to District Councils and CCGs. The toolkit is also receiving positive recognition and interest from other Local Authorities. The toolkit is being rolled out for use by the CCGs.
- 7.2 To monitor effectiveness of interventions, Kent Public Health is currently developing a set of overarching indicators which will assist in measuring health inequalities at a local level. These are:

⁴ Lower Level Super Output Area is a geographical area around the size of a postcode and smaller than a political ward.

- Reduction in the under-75 mortality rate from Cancer (rate per 100,000).
- Reduction in the under-75 mortality rate from Respiratory Disease (rate per 100,000).
- Increase in the proportion of people receiving NHS Health Checks of the Target number to be invited (proxy for under-75 mortality)
- Increase in the number of people quitting smoking via smoking cessation services (number. proxy for under-75 mortality)
- Increasing Breastfeeding Initiation Rates
- Increasing Breastfeeding continuance 6-8 weeks
- Reduction in the number of pregnant women who smoke at time of delivery

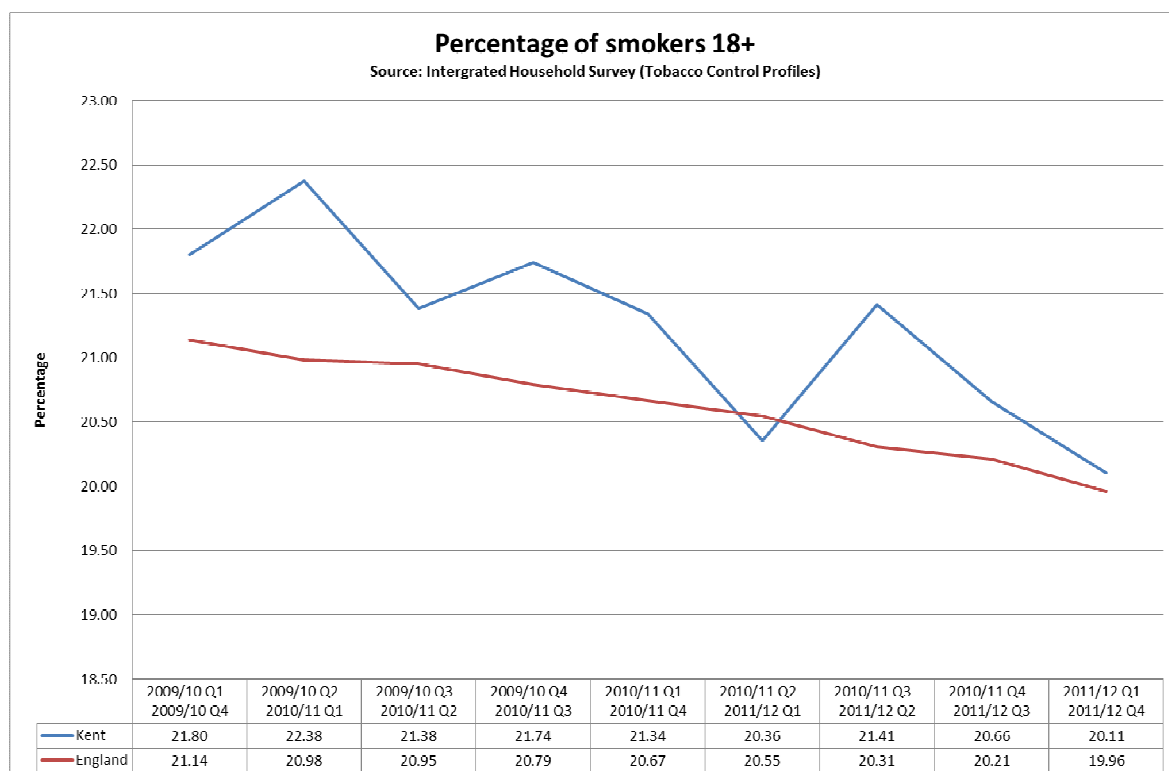
These have been agreed by the Kent Health and Wellbeing Board.

8. Progress to date

8.1 Tobacco Control

8.1.1 Considering that smoking is a large contributor towards health inequalities, Kent has invested nearly £3.3 million in services to help adults quit smoking. These have achieved significant success - last year (11/12) the Stop Smoking Services in Kent helped 9,314 people quit smoking.

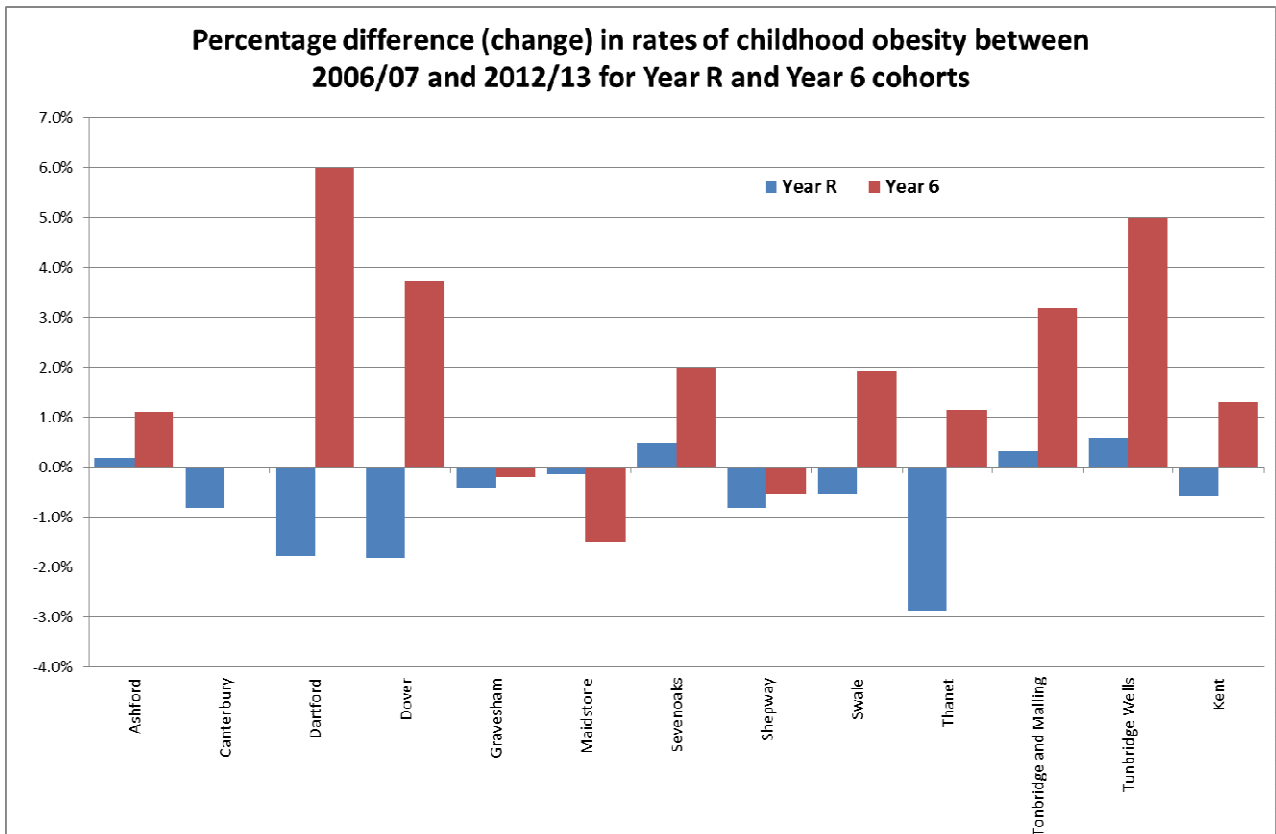
8.1.2 Most recent data (2009/10 to 2011/12) on smoking prevalence highlights a downward trend.



8.2 Childhood Obesity

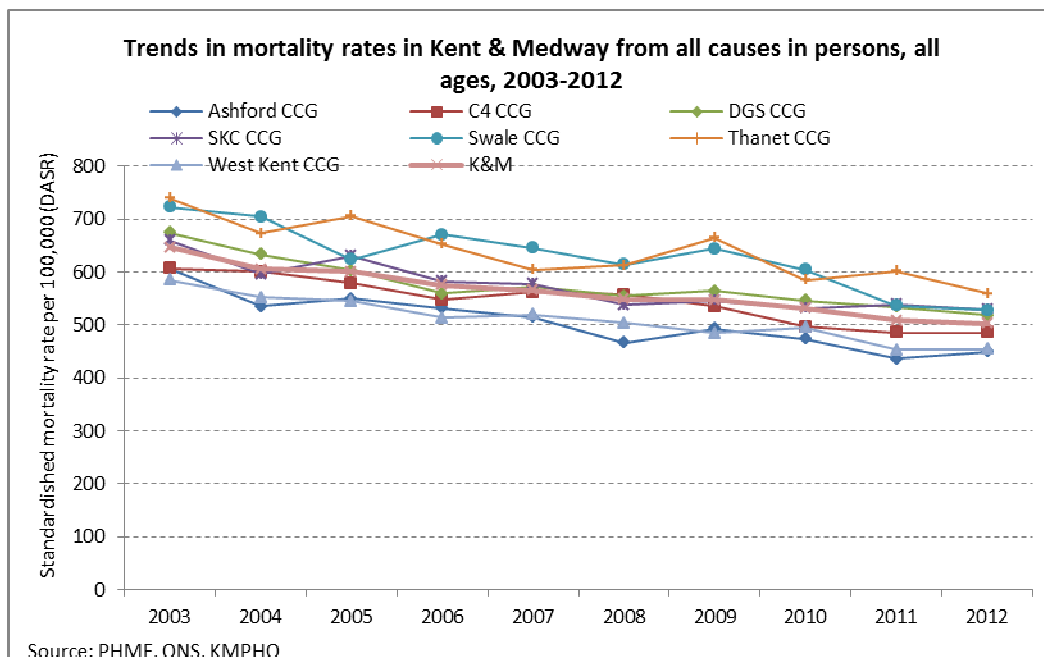
8.2.1 Childhood obesity particularly in Year R, is another area which has seen a percentage change at a population level in Kent (figure below). However for Children in Year 6 majority of the districts have seen an increase.

8.2.2 Please note there is no percentage change for Canterbury and therefore not illustrated in the figure.



8.3 All Age All Cause Mortality

8.3.1 Since 2003 there has been a downward trend for AAACM rate and this has maintained in recent years (figure below).



8.3.2 This downward trend could be attributed to various factors such as advancement in medicine, improved access to services and improved public health programmes such as National Screening programmes etc.

8.4 Addressing health inequalities at a local level

8.4.1 Addressing Health inequalities is one of the key priorities for the local CCGs and District Councils. For example in case of Sevenoaks the healthy living initiative is being extended to Father's cookery sessions, offering fathers an opportunity to work alongside their children and learn about healthy cooking classes; improving confidence and skills to prepare health meals on a budget. This project is developing further interface with other community initiatives such as local food banks. The newly established Integrated Commissioning Groups (ICGs) across the County provide a sound platform to progress this work. For instance in Ashford the local ICG has driven the health inequalities imperative for this area. Canterbury, Thanet and West Kent expect to follow suit; enabling the ICG to drive the local health inequalities agenda, with reporting lines to the local Health and Wellbeing Boards.

8.5 Housing and Health Inequalities

8.5.1 Public Health has been working with all District Councils to support their respective local Health Inequalities Action Plans aligned to Kent's Health Inequalities Action Plan 2012-15 - '*Mind the Gap*'. All districts have made progress and are near completion with only Tunbridge Wells and Gravesham slightly delayed due to resource issues. Appendix 1 has summary of priorities at District / CCG level.

8.5.2 The condition and location of housing has a strong bearing on health inequalities. The Kent Housing Group and the Joint Policy and Planning Board for Housing have produced a separate action plan that relates to '*Mind the Gap*' focussing on Housing issues. The dedicated Housing *Mind the Gap* (titled Think Housing First) was launched in early December and addresses housing issues that impact upon inequalities and identifies key priorities with strategic actions to :

- Reduce Homelessness
- Provide affordable Housing provision
- Tackle Cold and Hazardous Housing
- Promote safe and Accessible Housing
- Promote referral schemes

8.5.3 Each of the priorities have tangible, measurable objectives to improve access to primary health care, falls prevention services and promote smoke free homes. Initiatives are being developed to develop neighbourhoods into healthy places and increase the role the housing sector plays in ill health prevention. Innovative proposals such as promoting mental wellbeing to residents, improving access and registration with GPs for rough sleepers and the promotion of smoke free homes are examples of Housing's commitment to reducing health inequalities in Kent. Further work will be undertaken to measure the benefits of Think Housing First and the cost savings made to health.

8.6 Additional resources have been made available to assist District Councils with the improved targeting and effective management of health inequalities programmes. District Councils have been invited to bid for up to £10K towards reducing health inequalities associated with existing programmes. Programmes or activities submitted for consideration will need to be impact

assessed using the HIWIA (see above) and funding will be awarded to deliver the actions identified from the screening toolkit. The agreed actions will be those that need to be taken to maximise potential for reducing health inequalities and that also have local CCG support.

9. Conclusion

- 9.1 Each of Kent's district authorities have demonstrated a commitment to reducing health inequalities. The varied nature of the way in which the plans have been produced and the progress made to date does not detract from the priority given to reducing health inequalities at a local level. The local emphasis is now on progressing plans into action and in most cases this will be overseen through a governance structure of the Integrated Commissioning Groups and the local health and wellbeing boards.
- 9.2 Members have a real understanding of the issues that matter to their local communities, and they can make a real difference in improving Public's Health through promoting Public Health initiatives.
- 9.3 Implementation of Health Inequalities action plan (Mind The Gap) within districts is in its early stages, and Members can contribute through various arenas, such as promoting physical activity in school children, supporting harm reduction initiatives for tobacco control, promoting individual participation in NHS Health Checks through the local GP practices etc.
- 9.4 Members can also play a pivotal role at policy level such as in influencing spatial planning which promotes health and wellbeing, facilitating collaborative working between agencies such as the district authorities, police and health in promoting policy initiatives to reduce harm from alcohol.

10. Background Documents

- 10.1 Marmot strategic review, 2010
- 10.2 Kent's Health Inequalities Action Plan 2012-15 - '*Mind the Gap*'
- 10.3 Doll R, Mortality in relation to smoking, BMJ 2004
- 10.4 ASH Factsheet, Smoking Statistics: illness & death, October 2011 (http://ash.org.uk/files/documents/ASH_107.pdf)
- 10.5 West R. et al "Smoking Toolkit Study", 2011
- 10.6 Housing *Mind the Gap* titled Think Housing First

11. Recommendations:

Recommendations:

The Public Health and Social Care Committee are asked to:

- Note the progress made to date in addressing health inequalities.
- Support the delivery of health inequalities (Mind the Gap) action plan in their local districts, particularly in the areas of high mortality rates.
- Endorse the principle of an accelerated pace when working with local schools to promote physical activity; promoting programmes to reduce harm from smoking and encouraging uptake of NHS Health Checks.
- Agree to receive a progress report in 12 months' time on indicators mentioned under section 7.2.

12. Contacts Details

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A number of emerging themes to address Health Inequalities across districts are:

Ashford:

- Addressing statutory homelessness
- Improving educational attainment
- Reducing smoking in pregnancy
- Improving breastfeeding initiation
- Addressing adult obesity
- Improving levels of physical activity

Canterbury:

- Addressing smoking in Pregnancy
- Starting Breastfeeding
- Hospital Stays for Self-Harm
- Improving educational Attainment
- Addressing adult obesity
- Physically active adults
- Addressing excess winter deaths

Dover & Shepway:

- Asset mapping community development
- Addressing respiratory Disease
- Reducing teenage Pregnancy
- Improving breastfeeding rates
- Promoting falls prevention
- Improving mental wellbeing
- Addressing childhood Obesity

Thanet:

- Reducing under 75 mortality for CHD & COPD
- Reducing smoking prevalence & smoking in pregnancy
- Improving breastfeeding initiation
- Reducing teenage pregnancy
- More effective management of CHD in primary care
- Improving outcomes around alcohol and drug misuse
- Improving mental health outcomes
- Addressing obesity
- Improving childhood immunisations & screening

Tonbridge and Malling:

- Reduce the gap in health inequalities
- Promote opportunities to support families in poverty
- Promote healthy weight for children
- Develop our communities to be healthy places
- Reduce risk taking behaviours in young people
- Support businesses to have healthy workplaces
- Increase breastfeeding prevalence at 6-8 weeks

Sevenoaks:

- Reduce Obesity levels (Childhood and adult risks)
- Reducing rate of falls
- Improve mental health and wellbeing
- Promote healthy birth weights
- Support health communities
- Reduce health inequalities gap
- Access to services
- Improve support and management of long term conditions

Tunbridge Wells:

- Reduce excess winter deaths
- Reduce hospital stays for self-harm
- Reduce alcohol dependency and high risk drinking
- Reduce the number of adults who smoke
- Improve mental health
- Reduce homelessness
- Reduce health inequalities
- Reduce obesity levels – Child and Adult
- Support businesses to have healthy workplaces

Maidstone:

- Reduce obesity levels
- Reduce health inequalities gap
- Reduce smoking prevalence
- Create healthy communities
- Teenage conception
- Support older people

Swale:

- Improve breastfeeding
- Improve under 75's mortality
- Increasing number of healthy births
- Promote healthy weight for children
- Improve educational attainment
- Support older and disabled population to live independantly
- Reduce homelessness and negative impact on those in temporary accommodation

Gravesham:

- Working with partners to take forward the national troubles families agenda within Gravesham: Gravesham Families First
- Align the councils health targets to those established by the DGS CCG
- Reduce childhood and adult obesity
- Meet the housing needs of vulnerable people
- Reducing teenage pregnancy

Dartford:

- Promoting healthy weight
- Reducing smoking prevalence
- Promoting responsible drinking
- Promoting mental health and wellbeing

By: **Graham Gibbens – Cabinet Member for Adult Social Care and Public Health**

Andrew Ireland – Corporate Director, Families and Social Care

To: **Social Care and Public Health Cabinet Committee – 16 January 2014**

Subject: **KENT AND MEDWAY SAFEGUARDING VULNERABLE ADULTS ANNUAL REPORT APRIL 2012 – MARCH 2013**

Classification: Unrestricted

Summary: This report introduces the Kent and Medway Safeguarding Vulnerable Adults Annual Report April 2012 – March 2013, which details the work of the multi-agency partnership and how it managed safeguarding adults issues in 2012-2013. The report provides safeguarding activity information and also contains key statements from partner organisations regarding how they dealt with safeguarding issues in their respective agencies.

Recommendations: Members are asked to NOTE and COMMENT on the attached report.

1. Introduction

(1) Safeguarding Adults continues to be a major priority of the Families and Social Care Directorate. In meeting this responsibility, it is essential that the Directorate plays a key role in the workings of the Kent and Medway Safeguarding Adults Board.

(2) During 2012-2013, the Kent and Medway Safeguarding Adults Board comprised of Senior Officers from the key agencies in Kent and Medway involved in safeguarding, including the Police, Health Service, Medway Council and Kent County Council. The current chair of the Board is the Corporate Director of Families and Social Care, Kent County Council.

2. Financial Implications

(1) There are no direct financial implications arising from the report.

3. Bold Steps for Kent and Policy Framework

(1) The work of the Kent and Medway Safeguarding Adults Board, which is detailed within the Annual Report, plays a key role in supporting Priority 14 of Bold Steps for Kent:

“Ensure we provide the most robust and effective public protection arrangements”.

4. The Report

(1) The report contains a wealth of information from each of the key agencies engaged in the Kent and Medway Safeguarding Adults Board. The following paragraphs give a brief overview of key sections of the report.

(2) **Section 2** provides a summary of a number of key documents published in 2012-2013 which have influenced the safeguarding agenda.

(3) **Section 3** summarises the local context for adult safeguarding in Kent and Medway.

(4) **Section 4** outlines the multi-agency safeguarding training programme supported by the Kent and Medway Safeguarding Adults Board. This section highlights activity and progress towards the training review implementation plan.

(5) **Section 5** provides details of the funding arrangements for the Kent and Medway Safeguarding Adults Board.

(6) **Section 6** summarises the work of each member agency of the Kent and Medway Safeguarding Adults Board.

(7) **Section 7** outlines the activity data for adult safeguarding in Kent and Medway. This includes referral data, the background data in regard to victims and the current trends in relation to adult safeguarding in Kent and Medway.

(8) **Section 8** identifies the key priorities for the Kent and Medway Safeguarding Adults Board for 2013-2014.

5. Conclusion

(1) The Annual Report provides a retrospective view of the work of the Kent and Medway Safeguarding Adults Board and details key safeguarding activity between April 2012 – March 2013.

6. Recommendations

(1) Members are asked to NOTE and COMMENT on the attached report.

7. Background Documents

(1) None

8. Contact Details

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Appendices

Appendix 1: Kent and Medway Safeguarding Vulnerable Adults Annual Report: April 2012 – March 2013

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By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
 Andrew Ireland, Corporate Director, Families and Social Care

To: Social Care and Public Health Cabinet Committee

Date: 16 January 2014

Subject: **KENT COUNTY COUNCIL'S LOCAL ACCOUNT FOR ADULT SOCIAL CARE FOR 2013-14**

Classification: Unrestricted

Summary: This report informs the new Cabinet Committee about the purpose of the Local Account and the progress in developing the 2013-14 Local Account document.

With the withdrawal of the Care Quality Commission (CQC) from assessing and rating Councils with Adult Social Care responsibility, there is now greater emphasis on Councils to work collaboratively to improve performance and outcomes for people. Sector Led Improvement is the national programme designed to do this, and one of the underpinning principles of the sector-led improvement programme in adult social care is a stronger accountability by using increased transparency to promote improvement in services.

The publication of an annual Local Account is one means of achieving this.

The 2012-13 Local Account was agreed in July 2013.

Recommendations Cabinet Committee are asked to note the progress in the development of the 13-14 Local Account.

Introduction

1. (1) The Government's approach to the assessment of adult social care performance has changed in recent years. With the withdrawal of the Care Quality Commission (CQC) as the independent assessor of Council performance, there is now more emphasis on requirement for councils to manage their own performance, work collaboratively with the sector to improve performance and outcomes and explain how they have performed to local residents. The Local Account has emerged as standard feature of the new local accountability framework.

Policy Context

2. (1) The Publication of the 'Transparency in outcomes for Social Care' and the 'Vision for Social Care; Capable Communities and Active Citizens' in 2010, set out a future

for people receiving support from Social Care which focused on outcomes, transparency and Quality and outlined the seven principles for a modern system of Social Care; Prevention, Personalisation, Partnership, Plurality, Protection, Productivity and people.

(2) The publication of the “Think Local, Act Personal” in 2011, a partnership agreement developed and co-designed by a number of national and local social care organisations, including service users and carers, set out the shared ambitions for moving forward with personalisation and community based support.

(3) More recently, the publication of the White Paper, “Caring for our future; reforming care and support”, and the forthcoming Health and Care Bill, reinforces these visions, placing emphasis on maintaining independence, choice and control, quality, dignity and respect and clear information advice and guidance.

(4) With accountability moving from being a relationship between Councils and CQC to being a relationship between Councils and their communities, there is an expectation that Councils will work with their local communities, transparently. In addition, a new national performance framework is evolving which will help councils to manage their own performance collectively, through ‘Sector Led Improvement’ as well as to help Government to monitor the progress with these key priorities. It is expected that Councils will publish a “**Local Account**” to enable their service users, carers and communities to be able to hold them to account.

(5) Kent County Council published its first ever KCC Annual Report (Local Account) on Adult Social Care in December 2011. The second report, for 2011-12 was published in January 2013 after approval at Cabinet Committee.

(6) The document for 2012-13 was developed with significant input and interest from Service users, carers, partner organisations and Members. Cabinet Committee members were invited to A new format and title, “**Here for you, How did we do?**” was agreed and the document was published, with an easy read version in August 2013.

(7) Since then, there have been monthly bulletins sent out to update people on the areas of progress and for provide additional information, to ensure that the document is a ‘live’ document. There has been a lot of interest and regular feedback from users, carers and staff.

The 2013-14 Local Account.

3. (1) The Local Account needs to be updated for 2013-14.

(2) It will include performance and activity information for the year 2013-14, including benchmarking analysis and progress reporting against key areas that are identified by our service users and carers.

(3) As was agreed with Members for last years document, the preparation and input from people will begin in January/ February to ensure that the document is not out of date when published.

(4) There will be workshops for service users, carers, and the voluntary sector to engage people as well as various visits to local forums and Service/ user groups.

(5) As last year, the learning disability partnership board will be actively involved in consulting with people with a learning disability on our behalf.

(6) As last year, a members briefing will be organised to enable Members to contribute to the process and the document.

Publication and feedback

4 (1) The final document will be ready for publication in July and will be circulated to Members prior to this. Cabinet Committee will be updated on progress regularly.

(2) There are already feedback mechanisms in place, including through the Kent County Council website, twitter, email, post and phone. Feedback from these will be used in the development of the next document.

(3) Service users and carers will be encouraged to continue to play a part in the evaluation of the document.

Recommendations

5. (1) Cabinet Committee are asked to note the progress in the development of the 13-14 Local Account.
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Background Documents

Transparency in outcomes for Social Care' 2010

Vision for Social Care; Capable Communities and Active Citizens' 2010

Think Local, Act Personal 2011

Caring for our future: reforming care and support White Paper, Department of Health, 11 July 2012.

KCC Annual Report (Local Account) 2011-12

Local Account "Here for You, How did we do?" 2012-13

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From: John Simmonds, Cabinet Member, Finance & Procurement
Andy Wood, Corporate Director, Finance & Procurement

To: Social Care and Public Health Cabinet Committee

Date: 16 January 2014

Subject: **Budget Consultation and Provisional Local Government Finance Settlement**

Classification: Unrestricted

Summary: This report sets out the responses to the budget consultation which has been running from 8 November until 13 December 2013. The responses are set out separately from the following activities:

- a) Responses directly to the Council either through the website or via other channels
- b) Responses via BMG consultants either from deliberative workshop sessions or on-line survey of a statistical sample of residents
- c) Responses from staff survey conducted by BMG consultants

This report also includes an update on the impact of the provisional Local Government Finance Settlement announced on 18 December 2013 on KCC's budget for 2014/15 and Medium Term Financial Plan (MTFP) 2014/17. The report includes a summary of the main points from these key announcements.

Recommendation(s): The Social Care and Public Health Cabinet Committee is asked to consider the feedback from consultation and make recommendations to the Leader and Cabinet Members for Adult Social Care and Public Health and Specialist Children's Services on any changes which should be made to the final Draft Budget as presented to Cabinet on 22 January 2014.

1. Introduction

- 1.1 The overall objective of the consultation was to inform more people about the financial challenge the Authority faces and to engage with them about how we should respond. Previously we have consulted about the detail of budget proposals but have not been successful in getting a wide engagement. The main consultation this year is based on a campaign "2 minutes 2 questions" where we asked residents to devote a small amount of time to answer two fundamental questions. Those who wished to explore issues in more depth could complete an on-line tool which explored which services are most valued.
- 1.2 We assumed a "digital by default" approach and produced all of the material on-line. This was designed in such a way that information could be accessed in layers. There was high level headline information for those who only wanted to get a feel for the financial challenge. A slightly more detailed picture below the headline level gave readers a flavour of how we propose to meet the challenge

with pull down menus with a detailed narrative of each element of the budget options.

- 1.3 This enhanced consultation and engagement strategy elicited substantially more responses than any budget consultation to date with 3,163 responses to the “2 minutes, 2 questions” and 487 responses to the on-line tool. These responses are analysed in Appendix 1, together with other relevant information.
- 1.4 We also undertook market research via an independent firm, BMG Consultancy. BMG were commissioned to undertake 3 specific pieces of market research:
 - Detailed all day workshops with a small representative sample of residents
 - Face to face survey using the on-line tool with a wider representative sample of Kent residents (1,200)
 - A workshop with KCC staff and an e-mail survey (using the on-line tool) with a sample of staff.

An executive summary of the BMG report is attached as Appendix 2.

2. Financial Implications

- 2.1 Since the consultation was launched there have been some changes to the assumptions about the available funding and additional spending demands. This has impacted on the savings needed in order to balance the budget. We have also had announcements on specific grants (particularly from Health Service which impact on the spending and income assumptions, although do not alter the net budget).
- 2.2 The provisional settlement for 2014/15 was largely as we had anticipated. The Chancellor’s announcement in his Autumn Budget Statement that business rates will only increase by 2% in 2014/15 (instead of the 3.2% from September RPI) has reduced the County Council’s share of the locally retained business rates and the business rate top-up by £2.2m. This will be compensated through an additional un-ring-fenced grant along with the consequences of the other changes in business rates (principally extension of the doubling of small business rate relief and £1,000 discount for all retail and food/drink businesses with rateable value over £50,000).
- 2.3 The Revenue Support Grant (RSG) now includes the 2013/14 Council Tax Freeze grant (it had previously been understood this would continue to be allocated as a separate grant in 2014/15 and rolled into RSG in 2015/16). The Government has confirmed that by transferring previous and future years’ freeze grants into the RSG baseline ensures that funding is protected and not subject to “cliff-edge” as part of future spending reviews. The amount top-sliced from local government to fund the roll-out of increases in New Homes Bonus has reduced by £100m (which has had the effect of increasing the overall RSG by around £2m compared to the estimates in the consultation). The separate grant in relation to extension of free home to school transport has been confirmed as continuing in 2014/15 (we had assumed it would be ceasing in 2014/15) and the New Homes Bonus (NHB) grant is slightly higher than we anticipated for the consultation. Overall the estimated funding for 2014/15 is £4.3m more than we included in the consultation as a result of these changes.

- 2.4 The provisional settlement for 2015/16 includes the impact of the business rate changes and the reduced top-slice for NHB referred to in paragraphs 2.2 and 2.3. Furthermore, for the consultation we had assumed a worst case scenario that we would lose all NHB grant in 2015/16 as outlined in a government consultation on the funding of Local Growth Fund (LGF) for Local Enterprise Partnerships (LEPs). The Autumn Statement confirmed that NHB funds will not be transferred to LGF and thus we can now plan that NHB grant will roll-out as originally intended. This means the provisional settlement for 2015/16 is around £8.5m higher than we estimated for the consultation. We have still assumed a worst case scenario regarding the additional reduction in Education Services Grant announced in the March Budget statement although we are expecting further consultation before this is confirmed.
- 2.5 The final draft budget will include the most up to date information on additional spending demands. These will be based on the October budget monitoring report to Cabinet on 22 January 2014. The final draft budget will also need to include additional spending funded by specific ring-fenced grants. Excluding the impact of this grant funded expenditure it is likely that spending demands will be slightly more than included in the consultation.
- 2.6 The final draft budget will also include any changes to savings proposals since the consultation was launched. In particular this will take into account the latest delivery plans and any changes arising from consultation. The combination of slighter better than anticipated funding and slightly greater forecast spending demands means that the savings for 2014/15 will need to be of a similar magnitude to that identified in the consultation (£81.2m excluding additional specific grant income) although some of the individual details will vary. In particular the consultation included a large amount from “Facing the Challenge” which will now be identified as specific proposals.

3. Bold Steps for Kent and Policy Framework

- 3.1 Putting more power into the hands of Kent residents so that they have the opportunity to shape how services are provided to them and their local communities is a key feature of Bold Steps. The budget consultation is a key component of this and we have successfully engaged with significantly more people than we have achieved in previous consultations.
- 3.2 The annual budget and MTFP is one of the most important decisions the Council takes each year. It determines the overall resources available and delegates the responsibility to deliver the Council’s spending priorities to Portfolio holders and Corporate Directors.

4. Budget Consultation

- 4.1 The budget consultation opened on 8 November 2013 with a press launch. Throughout the five-week period the consultation was backed up with an on-going communications campaign. The aim of this campaign was to inform Kent residents and businesses of the scale of the financial challenge and to get them involved in how the Council responds. The “2 minutes 2 questions” tag was aimed at getting a much higher number of responses than we have previously achieved. The more detailed budget modelling tool provided the opportunity to

explore the Council's budget in more depth and to express views on the spending areas of highest and lowest priority.

- 4.2 The first question of 2 questions sought views on how the Council should go about making savings necessary to close the gap between anticipated funding and current spending forecasts. The question was framed to explore whether the Council should seek to redesign services within the available funding or cut back on existing provision. The responses indicate a strong level of support for the current direction of travel i.e. to transform services with the aim of achieving the same or better outcomes for less money and efficiency savings (achieving the same outcomes for less money) and to protect front-line services. The options to make savings by simply cutting back to a basic level of service or restricting access to services were consistently the least favoured responses throughout the consultation.
- 4.3 The second question was about Council Tax and income from charges. 23% of respondents wanted Council Tax frozen for another year, 71% supported an increase. The number supporting a small increase (under 2%) was consistently higher than those supporting a freeze. The number supporting an increase above 2% was consistently lower than the number supporting a freeze. It was also clear that during the campaign the number supporting a low increase (under 2%) increased during the campaign, while those supporting an above 2% increase declined. Support for increasing charges to service users was consistently low. The overall conclusion is that a small increase in Council Tax would be acceptable in order to prevent further savings, but an increase above the referendum level would be unlikely to be supported.
- 4.4 The findings from the "2 minutes 2 questions" campaign are remarkably similar to the findings from the more in depth BMG research. This leads to the conclusion that the views coming from the consultation can be relied on to represent the views of Kent residents at large.
- 4.5 The Council has engaged a market research firm (BMG Research) to conduct a more in-depth market research to inform the consultation. The Council engaged 3 specific areas of activity:
- Face to face survey with a representative sample of Kent residents through two all day deliberative workshops
 - The development of an on-line tool to capture views about people's core values for a range of KCC services
 - A staff workshop and survey similar to the public workshops and surveys
- 4.6 The BMG research is an essential control mechanism to enable us to evaluate whether the views expressed in the consultation responses can be relied upon, as well as providing much more in depth research to support budget decisions. We have conducted similar deliberative workshops in previous years and found them to work well. This year was the first time we have used an on-line budgeting tool or conducted similar process with staff to that undertaken with residents. BMG have given assurances that the findings are consistent both between the various strands of work within Kent and with findings through their other research.

4.7 The key general findings from the BMG research are not surprising:

- Few had noticed changes to services over recent years arising from previous savings
- People are less supportive of service reductions if they directly impact on them or their families, particularly where this has an impact on their day-to-day lives and livelihoods
- Some accepted there are opportunities for reductions in current service levels without significant detrimental impact
- More people had the perception that the Council and services can be more efficient
- Few people understand Council Tax or what it pays for

4.8 Other specific points to note from the BMG research include:

- The views of staff and residents are remarkably consistent
- Care services for the most vulnerable were consistently the most valued services while services where users have a degree of choice least valued¹
- The public were significantly more supportive of decisions being made locally than staff, and significantly less supportive of delivering statutory minimum level of service²
- A small Council Tax increase would be acceptable to the majority of residents although a consistent core of around ¼ would prefer a freeze³
- The most favoured options for savings included new opportunities for generating income⁴, encouraging communities to become more self-reliant to deliver services for themselves and sharing services with other Councils

4.9 We will be receiving a full report from BMG in due course which will be available for the County Council budget meeting on 13 February 2014. We are considering whether this should include a brief presentation to the Council meeting.

4.10 We will be suggesting some changes to the savings proposed in draft budget following the consultation. In particular we will look to make further efficiency savings and seek further protection of services for the most vulnerable (whilst also ensuring that we get best value from these services delivering the best possible outcomes within the resources available).

¹ This is not to say that these services were not valued as the evaluation methods forced people to make relative value judgements between services

² The public were less clear what constitutes statutory level of service and it was unclear whether lack of support was due to resistance to requirements being imposed or whether they felt the Council should deliver more than statutory minimum

³ A small proportion supported an increase above 2% although when asked if an increase of over 2% were to be considered views diversified with on the one hand more taking a hard line that if this were the case they would favour a freeze while on the other hand those accepting an increase of over 3% also increased

⁴ Although this did not necessarily include increasing existing charges to service users and to a lesser extent introducing new charges for services which are currently free

5. Autumn Budget Statement and Provisional Local Government Finance Settlement

- 5.1 The Chancellor of the Exchequer made his Autumn Budget Statement to Parliament on 5 December 2013. The statement allows him to present the latest economic forecasts from the Office for Budget Responsibility (OBR). This year (as in the last two years) he has also taken the opportunity to use the statement to make policy changes in relation to taxation and spending. A fuller analysis of the Autumn Statement will be included in the final draft MTFP.
- 5.2 The OBR forecasts show that the economy has grown by more in 2013 than was anticipated in the last Autumn Statement or Budget Statement in March. The latest forecast is that the government will achieve its fiscal targets to eliminate the budget deficit and reduce net debt as proportion of national income (Gross Domestic Product (GDP)) a year earlier than previously forecast. Public spending is forecast to be in a small surplus by 2018/19 and the net debt as proportion of GDP is forecast to peak in 2015/16. This is still later than originally forecast in the 2010 Emergency Budget.
- 5.3 The main announcements affecting the County Council's budget in the Autumn Statement are:
- Funds will not be transferred from NHB grant into Local Growth Fund in 2015/16
 - Local government will be protected from further 1% reductions in other unprotected departmental budgets in 2014/15 and 2015/16
 - Additional discounts and changes in business rates will not impact on the share for local government
- 5.4 The provisional local government settlement was published on 18 December 2013. This included announcements in that week on the business rates/RSG settlement (although details of the separate compensation grant for the impact of changes in business rates were not published), NHB grant and specific grants for schools and from health. The health announcement includes an additional £200m funding in 2014/15 as well as the existing funding to promote greater integration between health and social care.
- 5.5 As outlined in paragraphs 2.3 and 2.4 there have been some changes to the RSG and baseline funding settlements for 2014/15 and 2015/16 and other grants. The main change is that the amount top-sliced from RSG to fund the roll-out of NHB is £100m less than previously announced. The NHB has not increased as fast as was originally anticipated and excess funds have been paid during the year as a separate adjustment grant. The increase in RSG as result of reducing the top-slice is around £2m (although this means that the income we receive from the top-up grant will be less than it otherwise would have been). We have now brought the remaining top-up grant into the funding calculation.
- 5.6 The provisional finance settlement also included the "reduction in spending power" calculations that have been included in previous settlements. This showed a 1.4% reduction for KCC. We have previously explained how this calculation only partially shows the overall impact for local authorities. Whilst

this includes the overall reduction in the total spending for local authorities through the Departmental Expenditure Limit (DEL) set by government this is mitigated to some extent by any increase in specific grants also included in the “spending power” calculation. The calculation also does not show that there is additional spending associated with the specific grants or that local authorities have significant other spending demands which have to be financed in addition to meeting the headline reductions in grant. Therefore, the “spending power” calculation is not a true reflection of the reality of the financial challenges local authorities face.

- 5.7 The provisional settlement did not include any formal announcement on the referendum limit for Council Tax increases. A grant (equivalent to a 1% Council Tax increase) is available for those authorities that freeze or reduce Council Tax and at this stage we are still working on the assumption that the Secretary of State will set the referendum limit at 2%.

6. Finalising the Budget and MTFP

- 6.1 The final draft budget and MTFP will be published on 14 January 2014, along with the Cabinet papers for the meeting on 22 January 2014. This is after papers for the Cabinet Committee have to be published. Cabinet will be asked to endorse the final draft budget and MTFP to be agreed by County Council on 13 February 2014.

7. Conclusions

- 7.1 Overall we have concluded that the budget consultation exercise for 2014/15 has been a success. We have achieved the objectives of informing significantly more residents about the overall financial challenge for the next few years i.e. that we will be facing further year-on-year reductions in funding whilst at the same time spending demands will increase. This means we will have to make further sustainable savings each and every year if we are to rise to this challenge.
- 7.2 By and large responses to the consultation support the approach which the Council has taken to date, and plans to adopt for the future. In particular residents seem support the Council focussing on efficiency and transformation savings which protect (or enhance) the outcomes from front-line services. The consultation responses also support the proposal that we should seek some mitigation of the funding reductions through a small increase in Council Tax but not one which would require a referendum.
- 7.3 The provisional settlement is very much as we anticipated (other than presentational changes) and the Autumn Budget Statement has not resulted in any further reductions for local government in addition to the substantial reductions already announced. We particularly welcome that the expansion of the New Homes Bonus grant will not be curtailed by transferring funds to the Local Growth Fund (and we await further details how this initiative will be funded in 2015/16).
- 7.4 We also welcome the additional funding from health to promote more co-ordinated activity between social care and health. We remain concerned that there has been no decision on funding the fundamental changes to adult social

care included within the Social Care Bill and the potential for additional costs on social care authorities.

8. Recommendation(s)

Recommendation(s): The Social Care and Public Health Cabinet Committee is asked to consider the feedback from consultation and make recommendations to the Leader and Cabinet Members for Adult Social Care and Public Health and Specialist Children's Services on any changes which should be made to the final Draft Budget as presented to Cabinet on 22 January 2014.

9. Background Documents

- 9.1 Consultation materials published on KCC website can be found at www.kent.gov.uk/budget
- 9.2 The Chancellor of the Exchequer's Autumn Budget statement can be found at <https://www.gov.uk/government/topical-events/autumn-statement-2013>
- 9.3 The provisional local government finance settlement can be found at <https://www.gov.uk/government/collections/provisional-local-government-finance-settlement-england-2014-to-2015>

10. Contact details

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Responses to KCC on-line Budget Consultation

Headline Statistics

5 – weeks the consultation has been open

800,000 – total audience reach via media coverage

17,500 – web page views

19% – number of page views that were referred from KNet

3,650 – responses in total

487 – responses to BMG online budget tool

3,163 – responses to ‘2 minutes, 2 questions’

829% – % increase in total survey responses from last year’s consultation

Response Analysis

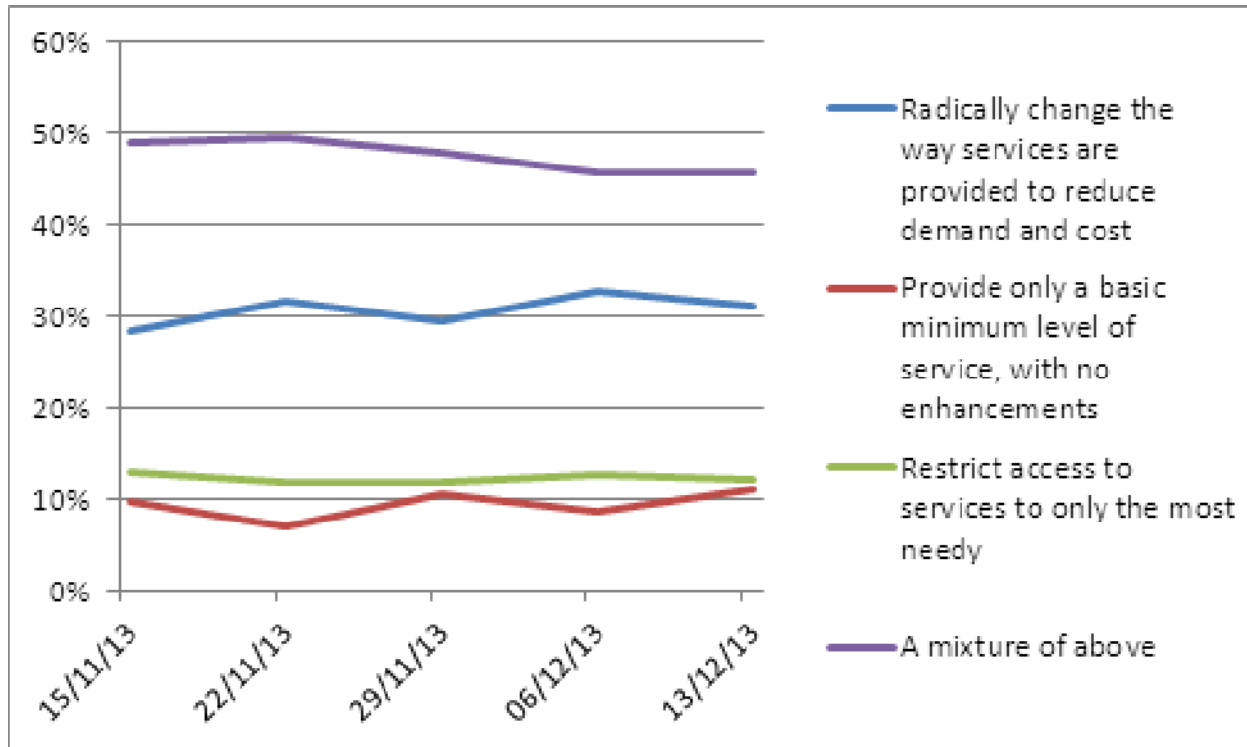
2 minutes, 2 questions: 3,163 responses

- 341 (Version 1), 129 (Version 2) & 2693 (Version 3)

Question 1 – where do you think KCC should look to find the £273m required savings?

- | | | |
|----|--|-----|
| A. | Radically change the way services are provided to reduce demand and cost | 31% |
| B. | Provide only a basic minimum level of service, with no enhancements | 9% |
| C. | Restrict access to services to only the most needy | 12% |
| D. | A mixture of above | 48% |

Q1 Response Rate Variation

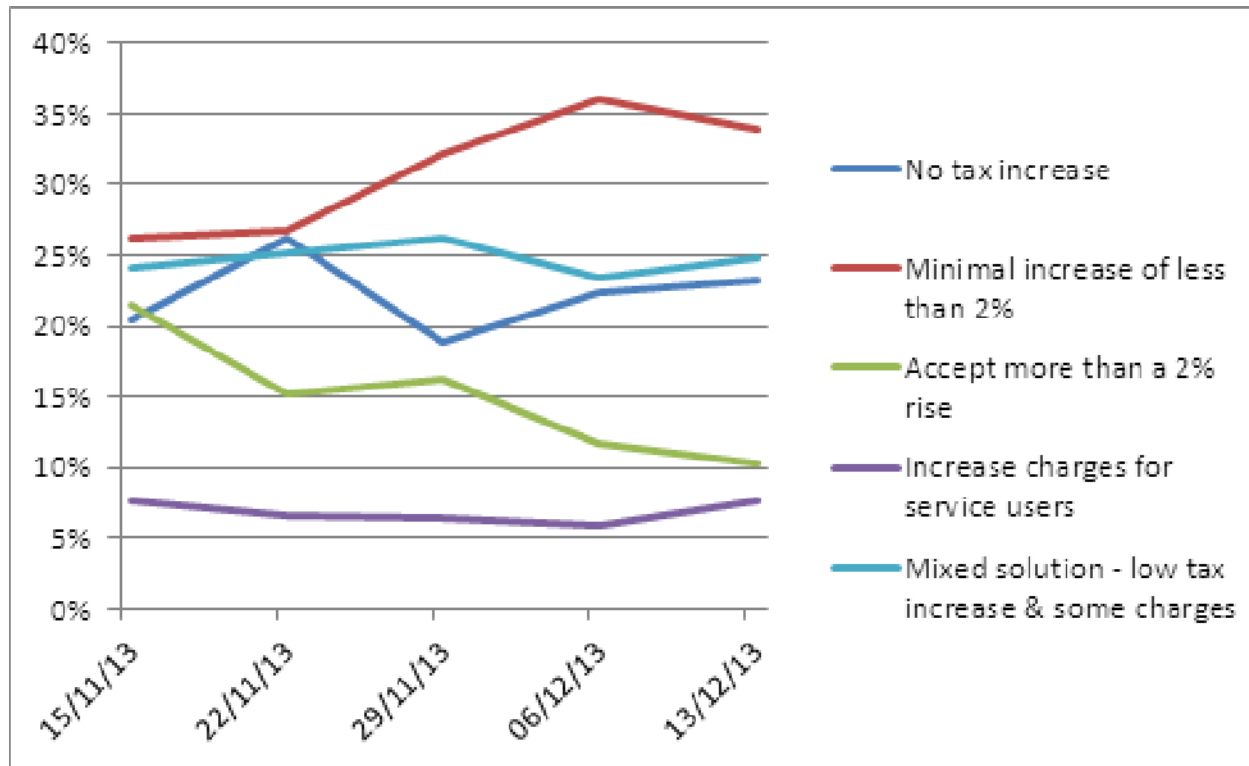


Response Analysis

Question 2 – to preserve some of our most popular services we may need to raise council tax to offset funding cuts. What is your view on this?

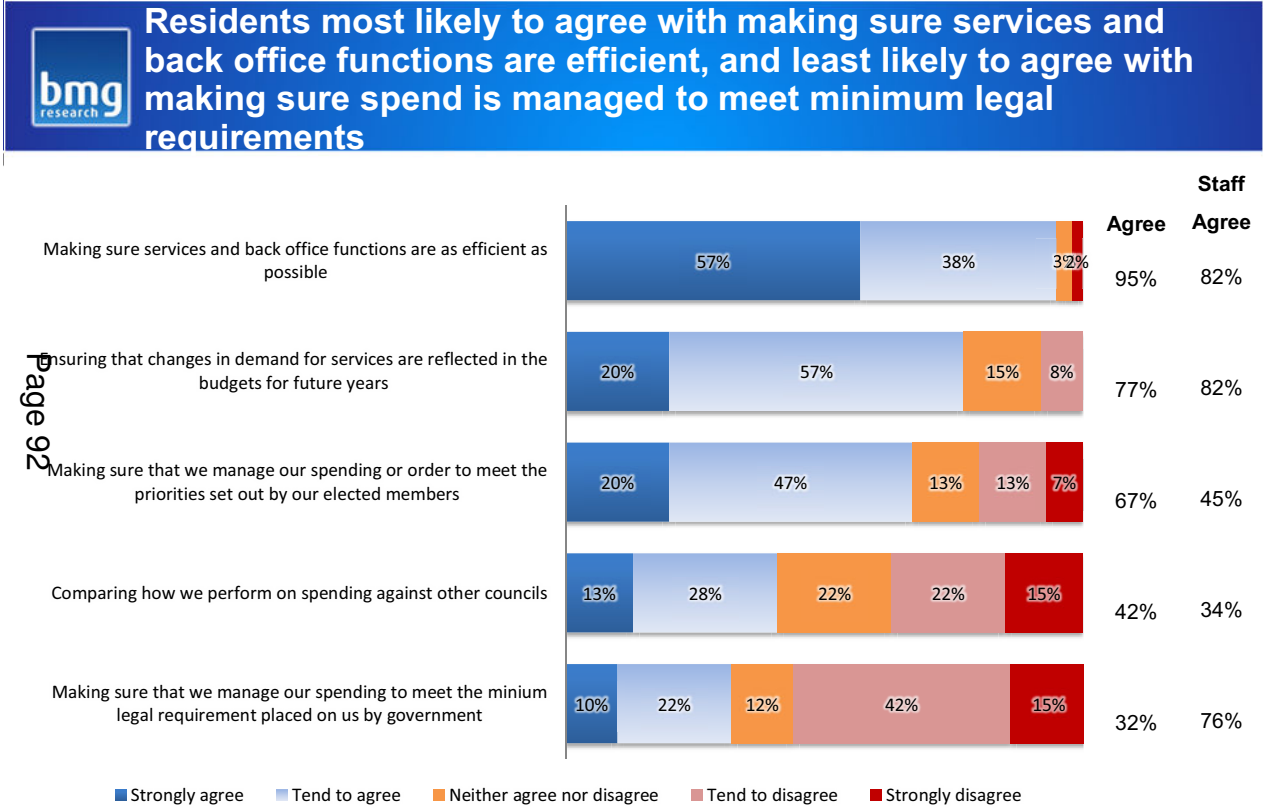
A. No tax increase	23%
B. Minimal increase of less than 2%	30%
C. Accept more than a 2% rise	16%
D. Increase charges for service users	7%
E. Mixed solution - low tax increase & some charges	25%

Q2 Response Rate Variation



Executive Summary of BMG Report

Resident's workshops

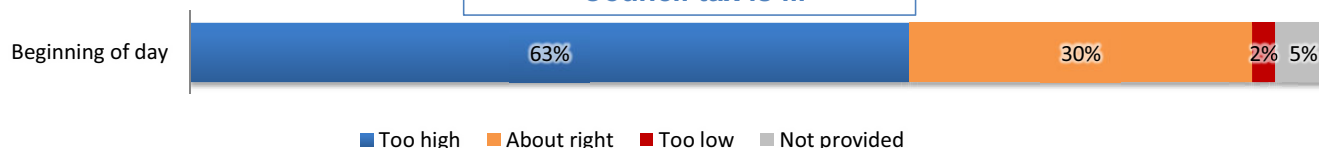


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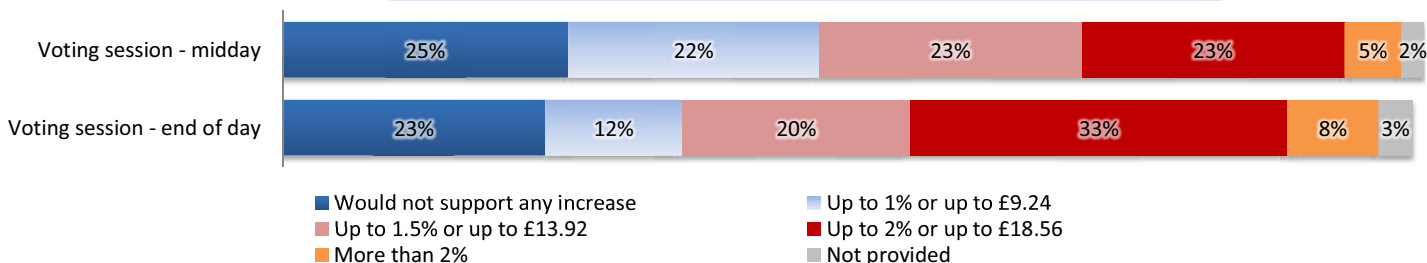


Over three fifths of respondents at the beginning of the day said Council tax is too high, but opinion changed throughout the day

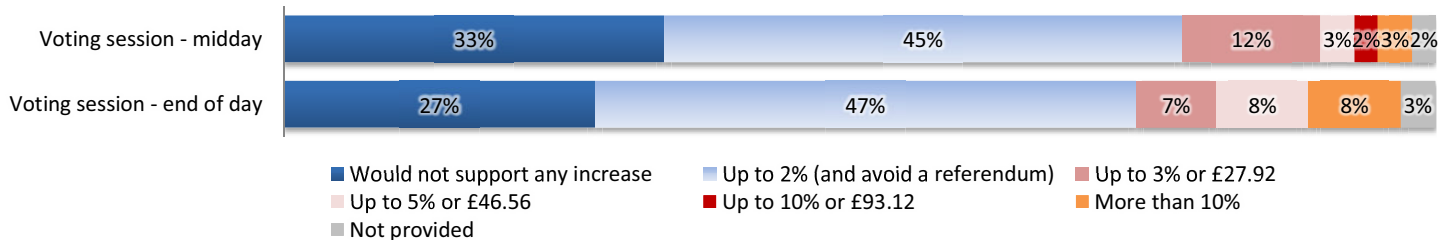
Council tax is ...



Would support an ANNUAL increase in Council Tax of ...

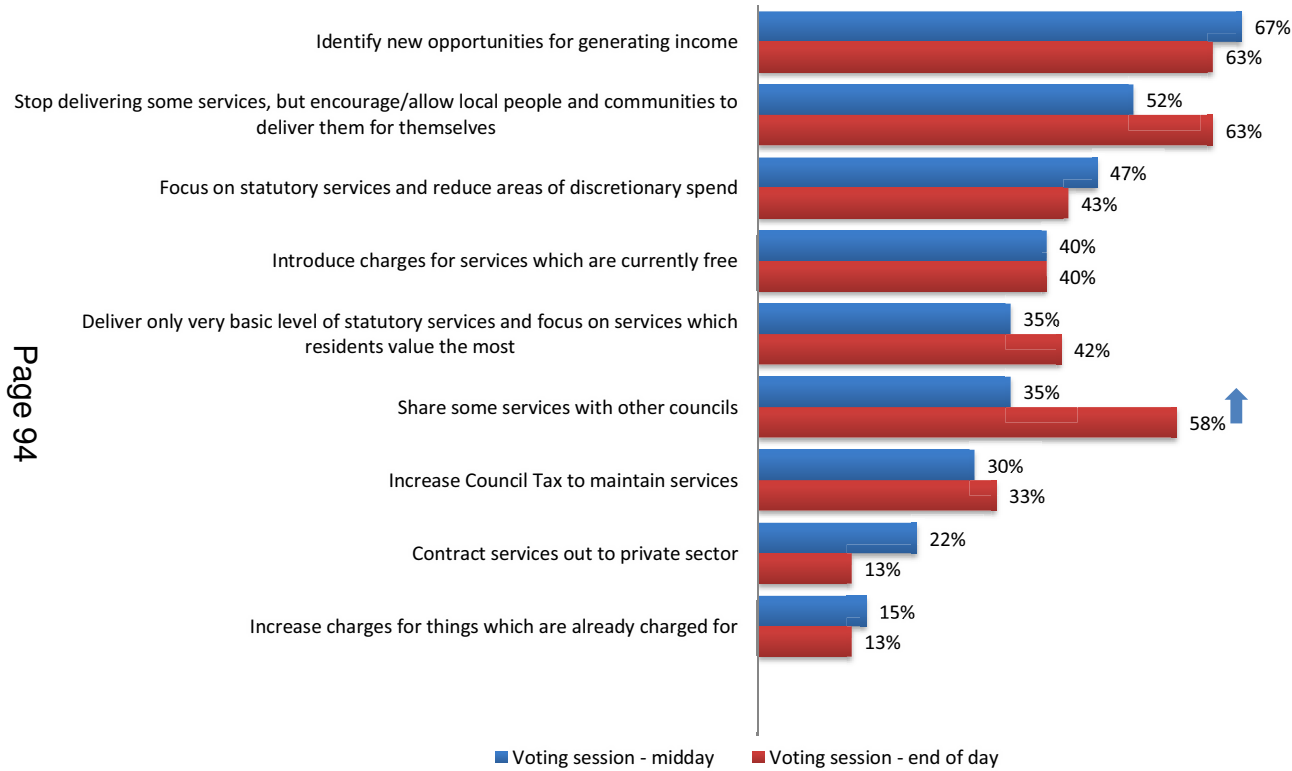


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Arrival question Q8. Would you say your Council Tax is ...
 Voting session 1 and 2 Question. Government funding to KCC is reducing significantly over this and subsequent years. To bridge some of the gap in income this gives rise to, would you support an ANNUAL increase in Council Tax of ...
 Voting session 1 and 2 Question. If KCC were to increase Council Tax in excess of 2% it would be required to conduct a public referendum (this in itself would cost the equivalent of approximately £2.50 on the average council tax bill to hold the referendum). How much extra would you be prepared to pay on an annual bill in order to protect services? Base : All workshop residents (60)

Views changed between the voting sessions on how KCC should bridge the budget gap



Voting session 1 and 2 Question. To meet the Council's challenges of reduced grants in principle which of the following would you support?

Base : All workshop residents (60)



Residents response to Budget Tool

	Rank	Average
2 weeks of residential nursing home care for one older person whose needs have been judged as critical and who cannot meet the full costs themselves	1	9.55%
2 ½ weeks of residential care for one older person whose needs are judged substantial or critical and who cannot meet the full costs themselves	2	8.86%
67 hours of home care for an older person whose needs are judged moderate or substantial and who cannot meet the full costs themselves	3	8.73%
One week of foster care for one child who cannot live safely at home and whose needs are greater than those that can be met by a KCC registered foster carer: care therefore provided by an organisation independent of KCC	4	8.45%
Just over 2 weeks of foster care for a child who cannot live safely at home, provided in house by a KCC registered foster carer	5	8.34%
100 miles of road gritted in bad weather, or 2 miles of road gritted 50 times over the course of the winter	6	7.16%
4 days of residential care for one adult with learning disabilities whose needs cannot be met by family or other carers	7	9.86%
14.5 tonnes of waste recycled, or enough recycling to support 26 average Kent Households	8	6.01%
Approximately four weeks of Learning Disability Direct Payments to someone with learning disabilities to enable them to choose how they live independently	9	5.50%
10 tonnes of waste disposed of, or enough waste disposal to support 17 average Kent Households	10	5.26%

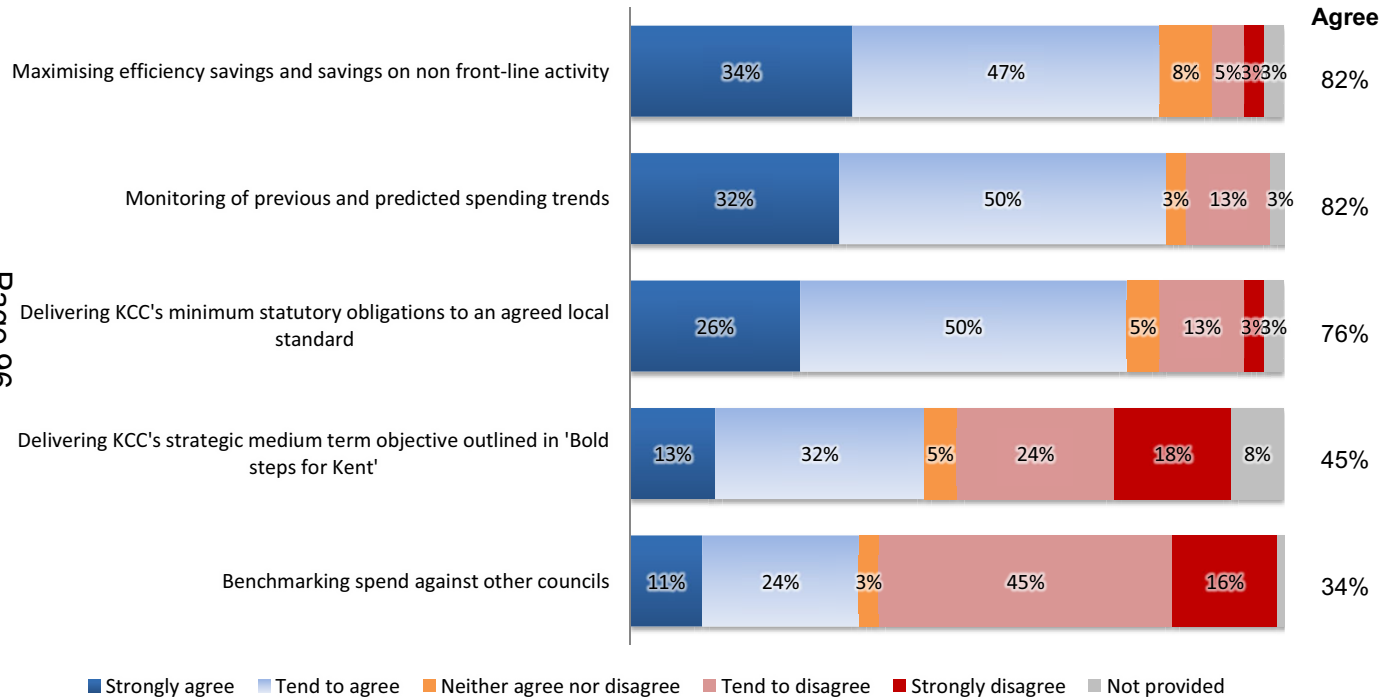
	Rank	Average
25 square metres of potholes repaired	11	5.19%
One child with Special Educational Needs transported by taxi to and from school for 9 weeks.	12	4.00%
4 children given free transport on buses or trains to and from their nearest secondary school for one term, where the school is more than three miles from their home	13	3.04%
425 visits to a household waste recycling centre	14	2.89%
62 attendances by a young person at their local youth centre or interactions with a youth worker in their local community	15	2.73%
25 street lights lit for a full year, OR 22 faulty street lights investigated and repaired	16	2.39%
Two annual bus passes for young people aged 11 - 15 to access educational or recreational activities via unlimited free bus travel across Kent	17	1.83%
Approximately 500 fare paying journeys on subsidised bus routes which are considered "socially necessary but uneconomic routes".	18	1.65%
430 separate library visits or enough visits for 16 regular library users over the course of a year	19	1.06%
280 email or telephone calls to the KCC Contact Centre	20	0.52%

Staff Workshops



Staff were most likely to agree with maximising efficiency savings and monitoring previous spending trends as parameters for making budget decisions

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Voting Q2. Kent County Council use the following principles to guide their budget decisions across different services. To what extent do you agree or disagree with each of the following principles?

Base : All staff (38)



Staff responses to budget tool

	Rank	Average		Rank	Average
2 weeks of residential nursing home care for one older person whose needs have been judged as critical and who cannot meet the full costs themselves	1	11.45%	14.5 tonnes of waste recycled, or enough recycling to support 26 average Kent Households	11	2.68%
2 ½ weeks of residential care for one older person whose needs are judged substantial or critical and who cannot meet the full costs themselves	2	11.33%	One child with Special Educational Needs transported by taxi to and from school for 9 weeks.	12	2.51%
Just over 2 weeks of foster care for a child who cannot live safely at home, provided in house by a KCC registered foster carer	3	11.23%	62 attendances by a young person at their local youth centre or interactions with a youth worker in their local community	13	1.97%
67 hours of home care for an older person whose needs are judged moderate or substantial and who cannot meet the full costs themselves	4	9.81%	Approximately 500 fare paying journeys on subsidised bus routes which are considered "socially necessary but uneconomic routes".	14	1.83%
One week of foster care for one child who cannot live safely at home and whose needs are greater than those that can be met by a KCC registered foster carer: care is therefore provided by an organisation independent of KCC	5	9.42%	280 email or telephone calls to the KCC Contact Centre	15	1.73%
100 miles of road gritted in bad weather, or 2 miles of road gritted 50 times over the course of the winter	6	8.25%	25 street lights lit for a full year, OR 22 faulty street lights investigated and repaired	16	1.66%
4 days of residential care for one adult with learning disabilities whose needs cannot be met by family or other carers	7	7.56%	425 visits to a household waste recycling centre	17	1.48%
Approximately four weeks of Learning Disability Direct Payments to someone with learning disabilities to enable them to choose how they live independently	8	6.42%	430 separate library visits or enough visits for 16 regular library users over the course of a year	18	1.32%
25 square metres of potholes repaired	9	5.17%	4 children given free transport on buses or trains to and from their nearest secondary school for one term, where the school is more than three miles from their home	19	0.42%
10 tonnes of waste disposed of, or enough waste disposal to support 17 average Kent Households	10	3.44%	Two annual bus passes for young people aged 11 - 15 to access educational or recreational activities via unlimited free bus travel across Kent	20	0.33%

On-line responses to web tool



Web responses to Budget Tool

	Rank	Average
2 weeks of residential nursing home care for one older person whose needs have been judged as critical and who cannot meet the full costs themselves	1	10.27%
2 ½ weeks of residential care for one older person whose needs are judged substantial or critical and who cannot meet the full costs themselves	2	9.68%
67 hours of home care for an older person whose needs are judged moderate or substantial and who cannot meet the full costs themselves	3	9.57%
Just over 2 weeks of foster care for a child who cannot live safely at home, provided in house by a KCC registered foster carer	4	9.51%
One week of foster care for one child who cannot live safely at home and whose needs are greater than those that can be met by a KCC registered foster carer: care is therefore provided by an organisation independent of KCC	5	9.50%
100 miles of road gritted in bad weather, or 2 miles of road gritted 50 times over the course of the winter	6	7.83%
4 days of residential care for one adult with learning disabilities whose needs cannot be met by family or other carers	7	7.46%
Approximately four weeks of Learning Disability Direct Payments to someone with learning disabilities to enable them to choose how they live independently	8	5.37%
25 square metres of potholes repaired	9	4.80%
14.5 tonnes of waste recycled, or enough recycling to support 26 average Kent Households	10	4.28%

	Rank	Average
10 tonnes of waste disposed of, or enough waste disposal to support 17 average Kent Households	11	3.95%
62 attendances by a young person at their local youth centre or interactions with a youth worker in their local community	12	3.30%
One child with Special Educational Needs transported by taxi to and from school for 9 weeks.	13	2.71%
425 visits to a household waste recycling centre	14	2.36%
Approximately 500 fare paying journeys on subsidised bus routes which are considered "socially necessary but uneconomic routes".	15	2.00%
25 street lights lit for a full year, OR 22 faulty street lights investigated and repaired	16	1.98%
430 separate library visits or enough visits for 16 regular library users over the course of a year	17	1.87%
4 children given free transport on buses or trains to and from their nearest secondary school for one term, where the school is more than three miles from their home	18	1.82%
Two annual bus passes for young people aged 11 - 15 to access educational or recreational activities via unlimited free bus travel across Kent	19	1.05%
280 email or telephone calls to the KCC Contact Centre	20	0.71%



Most important/valued services was consistent across all 3 surveys

Level/amount of service that can be delivered for £1,000	Staff	Resident	Web
67 hours of home care for an older person	4	3	3
2 ½ weeks of residential care for one older person	2	2	2
2 weeks of residential nursing home care for one older person	1	1	1
24 days of residential care for one adult with learning disabilities	7	7	7
Approximately four weeks of Learning Disability Direct Payments	8	9	8
Just over 2 weeks of foster care for a child, provided in house by KCC	3	5	4
One week of foster care for one child provided by an organisation independent of KCC	5	4	5





Least important/valued services are more varied, although still high levels of agreement

Level/amount of service that can be delivered for £1,000	Staff	Resident	Web
430 separate library visits or enough visits for 16 regular library users over a year	18	19	17
62 attendances at their local youth centre or interactions with a youth worker	13	15	12
280 email or telephone calls to the KCC Contact Centre	15	20	20
25 square metres of potholes repaired	9	11	9
25 street lights lit for a full year, OR 22 faulty street lights investigated and repaired	16	16	16
100 miles of road gritted in bad weather, or 2 miles of road gritted 50 times	6	6	6
Two annual bus passes for young people aged 11 - 15	20	17	19
4 children given free transport to and from their nearest secondary school for one term	19	13	18
One child with Special Educational Needs transported by taxi to and from school for 9 weeks.	12	12	13
Approximately 500 fare paying journeys on subsidised bus routes	14	18	15
425 visits to a household waste recycling centre	17	14	14
14.5 tonnes of waste recycled, or enough to support 26 average Kent Households	11	8	10
10 tonnes of waste disposed of, or enough to support 17 average Kent Households	10	10	11

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