

## KENT COUNTY COUNCIL

---

### **ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE**

MINUTES of A meeting of the Adult Social Services Policy Overview Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 30 May 2008.

PRESENT: Mr L B Ridings (Chairman), Mr T A Maddison (Vice-Chairman), Mr M J Angell, Dr M R Eddy (Substitute for Ms C J Cribbon), Mr C G Findlay, Mr M J Fittock (Substitute for Mr L Christie), Mr T Gates, Mr C Hibberd, Mr D A Hirst, Mr S J G Koowaree, Mr C J Law, Mrs M Newell, Mr M J Northey and Dr T R Robinson

ALSO PRESENT: Mr K G Lynes, Mrs E Green, Mr J F London, Mr G Rowe, Mr R Tolputt and Mrs E M Tweed

IN ATTENDANCE: Mr O Mills (Managing Director - Adult Social Services)

#### **UNRESTRICTED ITEMS**

**29. Substitutes**  
*(Item. 1)*

**30. Chairman's Announcements**  
*(Item. 4)*

The Chairman welcomed Mr Christie, Mr Findlay, Mr Gates and Mr Maddison as fellow new Members to their first meeting of the POC.

**31. Minutes of the meetings held on 1 April and 15 May 2008**  
*(Item. 3)*

RESOLVED that the Minutes of the meetings held on 1 April and 15 May 2008 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

**32. Director's Update (oral)**  
*(Item. 5)*

**33. Presentation by Kent and Medway Partnership Trust - update on Foundation status application and draft Business Plan.**

*(Mrs E Green, Mr J F London, Mr G Rowe, Mr R Tolputt and Mrs E Tweed were present for this item)*

*(Mr M J Angell declared a non-pecuniary interest as a Non-Executive Director of the Trust, and Mr S J G Koowaree declared a non-pecuniary interest as a mental health worker employed by an agency which is used by the Trust)*

- (1) Mr Smallridge presented a series of slides which set out the Trust's progress towards its bid for Foundation Trust Status, how its organisation would change as a result of a bid being successful and how the change would impact upon KCC's relationship with the Trust. Members had also been sent

the Executive Summary of the Trust's Integrated Business Plan. *The slides used in the presentation are attached to these Minutes at Appendix 1.*

- (2) Arising from the presentation, and in Mr Smallridge's responses to questions put by Members, the following points were highlighted:-
- (a) the Trust's services would be delivered both directly, using its own premises, and indirectly, via the PCTs' commissioning process. Using a range of premises and shared sites allowed the Trust maximum flexibility in the services it could deliver;
  - (b) one in six adults of working age in the UK experienced mental health problems of some sort, and the stigma surrounding anyone with mental health issues who was trying to stay in, or re-enter, the workplace was a major problem to be addressed. Part of the Trust's work included an Employability thread;
  - (c) the Trust would be steered (not run) by a Council of Governors, which would include elected representatives of the Trust's 1,500 public membership. The aim was to achieve a range of experience and skills on the Council of Governors. The Trust sought to increase its 1,500 membership, and any member of the public could apply to join;
  - (d) the Trust currently scored a level 2 in the Healthcare Commission's Auditors' Local Evaluation (ALE) ratings and was aiming for a score of 3, which it needed to achieve to be accepted by Monitor.
  - (e) the Trust's income would be allocated and set for three years at a time so there would always be some degree of estimation of costs for three years into the future. Data upon which estimates could be based had been poor in the past but was improving;
  - (f) although the aim was to move patients to short stay as far as possible and maximise the number of patients moving from long stay into the community, there would always be a need for some secure accommodation for those with severe mental health needs. Good rehabilitation services were key to achieving shorter stays and moves into the community;
  - (g) the figure of 28,000 current service users stated in the slides covered all outpatients, long stay patients and people with dementia, whether in hospital or at home. The recent King's Fund report "Paying the Price" had predicted a 14% increase in people needing mental health services, with the largest increase being in Alzheimer's and dementia patients in primary and secondary care. Mr Mills added that the number of people with dementia was predicted to increase by 61% over 20 years at a cost, nationally, of £9bn. Only one third of people with dementia were known to be receiving services which related to their condition;
  - (h) it was not known how many of the 1,500 public members were patients with mental health needs, but Mr Smallridge said he expected the public representation to reflect the ratio of one in four of

the main population having mental health needs. He emphasised that patients were not excluded from being members of the Trust, or from standing for election to the Council of Governors, but that, at the particular request of patients, no special forum had been established solely for patients;

- (i) the Trust provided services to young people and adults in custody. In Young Offenders' Institutions the Trust contributed the services provided by the Prison Service;
  - (j) the Trust would like to see greater priority being placed on CAMHS for children and young people, particularly by increased investment at tiers 3 and 4; and
  - (k) patients now had more choice and influence over their care packages, except for those who had been sectioned under the Mental Health Act, and those in prison.
- (3) Mr Mills pointed out that the Trust's move to Foundation Trust status constituted a very important change to the way KCC delivered mental health services in line with its statutory duties. This proposal offers major opportunities for service users and the local community to exercise more influence over the many mental health services KASS provides and improve local accountability. Services for people with learning disabilities currently living in NHS accommodation provided by the Partnership Trust in the West of the county will become the responsibility of KCC. This is a complex process, which is being carefully managed with the full participation of both KMPT and PCTs.
- (4) The status of the 300 KCC staff currently seconded to the Trust was raised. As a good employer, KCC remains fully committed to them and they will remain seconded whilst the Foundation Trust application is made. Any proposal to change their status would not be considered until the new organisation is fully bedded down and any proposed change would be subject to full consultation with staff and the recognised trade unions.
- (5) RESOLVED that the information given in the presentation and in response to questions from Members be noted and welcomed.

**34. Consideration of the Draft KCC Annual Plan 2008/09 and Process for Publishing the Final Approved Version**  
*(Item. 1)*

*(Mr N Sherlock, Public Involvement and Performance Manager, was in attendance for this and the following item)*

- (1) Mr Sherlock introduced the Draft Annual Plan and explained that all POCs had the opportunity to see and comment on the whole Plan before the final draft Plan went to the County Council on 19 June 2008. In discussion, and in Mr Mills', Mr Sherlock's and Miss Highwood's responses to questions put by Members, the following points were highlighted:-

- (a) Kent's Active Lives for Adults (ALFA) Strategy aimed to give as much control as possible to as many people as possible but the challenge of this was that people would need a range of services from which to choose;
- (b) Kent was a national leader in delivering Telehealth and Telecare, having been one of only three local authorities to bid successfully for a Whole System Demonstrator (WSD). Although Kent had looked at Telecare systems already in use in Lothian and Northern Ireland, no other local authority had developed Telehealth and Telecare to the extent that Kent now had;
- (c) projects relating to ALFA were those being delivered by "Invoke" under the Government-funded Partnerships for Older People Projects (POPPs), including community matrons and a care navigator system delivered via Age Concern;
- (d) the workforce training for care scheme was a critical part of the development of ALFA as it supported public confidence in reliable and consistent services. Mr Mills explained that he chaired the Skills for Care sub regional committee. Workforce training is available county-wide and could be delivered in providers' premises;
- (e) when LINKs are established later in 2008 they will have the power to consult and require a response from KASS on social care issues;
- (f) the WSD could be used to engage GPs and practice nurses to address patient care pathways and identify support needed to maximise patients' recovery and support needed for carers;
- (g) maximising the take up of benefits for older people was key to improving their quality of life and making the best use of KCC funded services. Work was going on to help identify and address this; and
- (h) the LAA had shown up a disparity in the reporting of indicators nationally and there was ongoing discussion with partners about how performance should be quantified and reported.

(2) RESOLVED that:-

- (a) the information given in the report, and in response to questions from Members, be noted, with thanks; and
- (b) further information and update reports be submitted to the POC on the issues listed in paragraphs (a), (c), (d), (f) and (g) above, and on the evaluation of the seven Brighter Futures projects.

**35. Risk Management - Revised Directorate Risk Register**  
(Item. 2)

- (1) Mr Mills introduced the report and pointed out that all areas of service delivery inevitably carried some element of risk. He added that a substantial

area of future risk would be the transfer of people with learning disabilities from NHS accommodation to KCC responsibility. In discussion, and in Mr Mills' and Miss Highwood's responses to questions put by Members, the following points were highlighted:-

- (a) There was always a potential for some element of risk in partnership working, if the partners' practices and priorities diverged;
- (b) although 85% of services were outsourced to independent sector providers, the large number of providers kept the risk score relatively low. If KCC were to be dependant on a few such providers, this would produce a higher score. However, the recent rapid rise in fuel costs could potentially raise this risk score as services would inevitably be more expensive to deliver;
- (c) Kent had attracted substantial risk in the number of clients placed within Kent by other local authorities who, if the services in which they are resident were to be re-registered, could become Kent's responsibility. For example, Kent currently had 1,500 people with learning disabilities placed by other local authorities. If all of these were to become Kent's responsibility this would bring huge costs and risks. Kent had challenged three recent decisions on ordinary residence which were then determined by the Secretary of State, who found against Kent.
- (d) levels of risk differed across areas of the county, so the more information that could be included about an area, the clearer the picture would be. To reflect the differences and give a more complete picture, risks should be assessed and scored at an area level;
- (e) KASS generated some areas of risk itself by pioneering new ways of working;
- (f) identifying future increases in services needed was very difficult. Although demographic predictions were available, it was impossible to predict quite how many people might move into or away from a locality or choose to become self-funders; and
- (g) Kent had done some pioneering work on the provision of long term care insurance which had been praised in the Wanless Report. This work had the aim of promoting better personal resource management. This links to national debate on future care needs, how to identify them and how they could be paid for.
- (h) KCC could potentially be seriously disadvantaged by the allocation of resources to accompany the transfer of people with learning disabilities from the NHS to the KCC, if the Department of Health were to apply the same formula to this as it had done to the allocation of the Learning Disability Development Fund.

(2) RESOLVED that:-

- (a) the information given in the report, and in response to questions from Members, be noted with thanks; and
- (b) to give a more complete picture of geographical variations across the county, risks be assessed and scored at an area level in future.

**36. The Supporting People Programme**  
(Item. 3)

*(Miss C Martin, Head of Supporting People Programme, was in attendance for this item)*

*(Mr T A Maddison declared a non-pecuniary interest as the Chairman of the Gravesend Churches Housing Association and Mrs M Newell declared a non-pecuniary interest as a Trustee of a charity which receives Supporting People money)*

*(Mr M J Fittock had declared a non-pecuniary interest as a Trustee of Invicta Advocates although he had left the room before discussion of this item)*

- (1) Miss Martin introduced the six month update report on the Supporting People Programme and, with Miss Highwood, answered a number of questions from Members. The following points were highlighted:-
  - (a) the client group identified as “generic” was made up of those with fairly complex needs, requiring services for two years or more;
  - (b) KCC and District Councils will need to maintain good working relationships through the Supporting People Commissioning Body to make the best use of Area Based Grants; and
- (2) RESOLVED that the information set out in the report, and the response to Members’ questions, be noted, with thanks.

**37. Update on Select Committee Work**  
(Item. 1)

- (1) Miss Grayell introduced the report and added an oral update of the proceedings of the Policy Overview Co-Ordinating Committee on 23 May 2008. The POCC had an extensive discussion around resources for Select Committee work and trying new ways of covering work, including:-
  - (a) the recruitment of an additional Research Officer for POCs;
  - (b) the recruitment of a replacement Research Officer for the Health Overview Scrutiny Committee (HOSC) and support for a bid to be made for an additional Democratic Services Officer to support the HOSC;
  - (c) a bid for a six month graduate placement from the ADP Programme;

- (d) an invitation to the Chief Executive to attend the POCC on 10 September 2008 to discuss resources;
  - (e) the establishment of a cross-party group of Members to work with the Research Officer to identify and refine the Terms of Reference and focus of a review as soon as the review is proposed;
  - (f) exploration of a new way to achieve a focused piece of work, potentially using staff from the Directorate concerned, without using a Select Committee, starting by working with E&R on a review of the CTRL;
  - (g) the establishment of a cross-party IMG with the Overview, Scrutiny and Localism Manager to develop a process and protocol for launching Select Committee reports and to look at the timetabling of POC meetings in 2009 to best meet the budget process, Towards 2010, the Annual Plan, etc.
- (2) RESOLVED that the content of the report and the information given in the oral update be noted, with thanks.