

KENT COUNTY COUNCIL

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 23rd September, 2008.

PRESENT: Mr R F Manning (Chairman), Mr T A Maddison (Vice-Chairman), Mr M J Angell, Mr L Christie, Ms C J Cribbon, Mr J Curwood, Mr C G Findlay, Mr T Gates, Mr D A Hirst, Mr S J G Koowaree, Mrs M Newell, Dr T R Robinson and Ms B J Simpson

OBSERVER: Mark Fittock and Graham Gibbens

IN ATTENDANCE: Oliver Mills (Managing Director - Adult Social Services), Steve Leidecker (Director of Operations) and Theresa Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

38. Minutes of the meetings held on 30 May 2008 and 4 September 2008
(Item. A3)

RESOLVED that the minutes of the meetings on 30 May and 4 September 2008 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

39. Dates of Meetings in 2009
(Item. A4)

The Committee noted the dates of its future meetings, as follows:

Tuesday	15 January 2009
Wednesday	1 April 2009
Wednesday	15 July 2009
Tuesday	22 September 2009
Tuesday	17 November 2009

All meetings will start at 10.00 am at County Hall and may go on all day, if the weight of business dictates.

40. Chairman's Announcements
(Item. A5)

(1) The Chairman welcomed Ms Simpson to her first meeting as a new Member of the Committee, and the Cabinet Member for Adult Social Services, Mr G K Gibbens, to his first meeting in his new role.

(2) In response to a request from the Chairman, Mr Mills explained that Kent Healthwatch would be launched on 10 October and go live shortly after, having been in development for eleven months. Kent Adult Social Services and Children's Social Services would both be actively involved in Kent Healthwatch, a fact which was welcomed by Members. Mr Gibbens added that he was delighted that this very important initiative had come to fruition.

41. Update on national and local initiatives in social care provision, including Active Lives for Adults, Transforming Social Care, Putting People First, Later Life Strategy
(Item. A6)

(Presentation by Ms D Exall, Head of Performance and Planning)

(1) Ms Exall introduced a series of slides (*which are attached to these minutes as Appendix 1*) which set out the key points of, and latest developments in, the initiatives listed, and explained how they fit together. She also showed an extract from a thought provoking DVD which highlighted the issue of Dignity in Care.

(2) Members welcomed the update and thanked Ms Exall for her very clear presentation of complex issues. They were pleased to note that Local Boards would receive the same presentation so all Members could be made aware of the latest developments. In discussion, Members noted that Kent was ahead in various aspects of new service delivery:-

- (a) in Transforming Social Care (via Active Lives for Adults (ALfA));
- (b) on the take up of Direct Payments (although it was acknowledged that they were not suitable for everyone and should not be imposed); and
- (c) as a pilot area for the development of Personal Budgets.

(3) In debate, Members expressed concern that there were still some challenges in service delivery which need to be or are being addressed:-

- (a) delays in delivering adaptations to clients' homes;
- (b) the inclusion of travel time and mileage allowance in the work programme for paid care staff;
- (c) the provision of respite services;
- (d) risk assessments and the need for robust CRB checks, as part of the broader issue of future registration requirements;
- (e) the ongoing importance of getting the language and culture right; and
- (f) under Self-Directed Support, clients could manage their own service provision directly, and this should result in a reduction to, rather than an increase in, the number of County Council administrative staff required in that area.

(4) Members congratulated Ms Exall on her recent appointment as the Head of Strategic Policy and wished her well in her new role.

(5) RESOLVED that:-

(a) Information set out in the presentation, and in response to questions from Members, be noted, with thanks; and

(b) The POC receive a future update report setting out more details on how initiatives have bedded down and developed. This will give Members the opportunity to have input into how the challenges, listed in paragraph (3) above, should be met, and how Government funding allocated for these initiatives should be spent.

42. Transfer of Responsibility and Funding for the Commissioning of Social Care for Adults with Learning Disabilities from the National Health Service to Kent County Council
(Item. B1)

(Report by Managing Director, Kent Adult Social Services)

(Mrs M Howard, Director of Commissioning and Provision, West Kent, and Mr D Waller, Policy Manager, were in attendance for this Item)

(Mr M J Angell declared a non-pecuniary interest in this Item as a Non-Executive Director of the Kent and Medway NHS and Social Care Partnership Trust)

(1) Mrs Howard introduced the report and explained that the changes were part of the same broad agenda of change as the initiatives set out in the preceding presentation. These changes presented a number of opportunities for, and risks to, the County Council.

(2) In response to questions and concerns raised by Members, Mrs Howard clarified:-

(a) transfers would be phased – some in January 2009 and some up to April 2009 - Some services are transferring to independent sector providers earlier but all are planned to transfer by the beginning of April 2009;

(b) money transferred to support NHS clients would be allocated in perpetuity, which was welcomed;

(c) premises will transfer to Independent Sector providers and will be owned by Social Landlords;

(d) dedicated care management will be recruited to oversee the transfer period, and longer term support staff engaged to monitor and support the new services and the service users. Some NHS staff may transfer

with regard to the commissioning responsibilities; Kent will receive either staff or money;

- (e) the transfer arrangements had been based on individual assessments of each client's priorities, wishes and needs;
- (f) to ensure continuity of care for clients currently receiving intensive support services, NHS support staff would transfer with them to the new Independent Sector providers; and
- (g) activities and social networking opportunities would be built into the specification for new contracts, to ensure that adequate provision was available.

(3) In addition, Members expressed concerns that the Independent Sector providers would have sufficient capacity to provide all the services required, that those previously receiving free care may have to pay for future services if they do not qualify for Continuing Care, and, although Members welcomed the transfer of funding in perpetuity, there were concerns over whether or not finance beyond 2011 would be ring-fenced, the formula to be used and how demographic pressures would be treated.

(4) RESOLVED that:-

- (a) the information set out in the report, and in response to Members' questions, be noted, with thanks; and
- (b) Members' comments and concerns expressed in paragraphs (2) and (3) above be taken into account when establishing the new services.

43. 2007/08 Business Unit Operating Plan Outturn Monitoring - Kent Adult Social Services
(Item. B2)

(Report by Managing Director, Kent Adult Social Services)

(Mr N Sherlock, Public Involvement and Performance Improvement Manager, was in attendance for this and the following three items, and Miss Goldsmith, Directorate Finance Manager, was in attendance for this and the following item)

(1) Mr Sherlock and Miss Goldsmith introduced the report and, in response to questions and points of concern raised by Members, they and Mr Leidecker clarified:-

- (a) the Operating Plan included a small but ongoing cost of providing basic services (which KASS has the responsibility to do) to unsuccessful asylum seekers who had exhausted the appeal system and were awaiting repatriation;

- (b) although the overall level had reduced, East Kent still experienced more delayed discharges than West Kent, despite the transfer of funding from West to East two years ago to address the problem;
- (c) the expected spend for the year is set out in the Business Plan at the start of the year but inevitably requires adjustment as the year progresses. Examples of this change noted were the underspend on staffing and an increase in the amount committed to Direct Payments;
- (d) KASS experienced a very low turnover of staff, and vacancies were managed by monitoring the workload, sickness levels and maternity leave, etc. and by using the traffic light system to indicate vacancies which should be filled as priority and those which could wait a while. Members would be supplied with details of how this system worked; and
- (e) there were indications that the increase in the use of Direct Payments had identified previously unmet need. The budget IMG had looked at this issue and the report considered by the IMG would be shared with POC Members.

(2) RESOLVED that the information set out in the report, and given in response to Members' questions, be noted, with thanks.

44. Adult Services Budget Monitoring 2008/09
(Item. B3)

(Report by Managing Director, Kent Adult Social Services)

(1) Miss Goldsmith introduced the report and explained that, in response to previous requests from the Committee for more information, it included a greater level of detail under more headings. Members welcomed the increased information and asked that figures be also expressed as a percentage variation to show more detail.

(2) In response to concerns from Members that the timing of the publication of figures reduced their opportunity to scrutinise and give meaningful comment on them, Members were reassured by Mr Mills that the move to realign POC and Cabinet meetings in 2009/10 would reduce this gap. It was noted, however, that to be able to give a meaningful and reliable analysis of figures, some preparation time would always be needed between recording figures and reporting them to Members.

(3) RESOLVED that the projected out-turn figures for the Directorate for the first quarter, be noted.

45. Update on End Of Year Performance, 2007-08
(Item. B4)

(Report by Managing Director, Kent Adult Social Services)

(Mrs S Abbott, Performance Manager, was in attendance for this Item)

(1) Mrs Abbott introduced the report and received Members' congratulations on the majority of the Directorate's scores being 5 (optimum performance) and 4 (good performance), with only a few 3s (acceptable performance). She explained that the single lower score of 2 which Kent had been given for the number of older people helped to live at home was due to way Kent counted such clients, as this was incompatible with the way in which the indicator counted them. This would be improved next year *when the indicator was to change?*

(2) Members noted that Kent would be inspected by the Commission for Social Care Inspection in winter 2008/09 as part of its service inspection programme looking at independence, wellbeing and choice.

(3) RESOLVED that KASS performance indicators for 2007/08, and the changes to performance assessments taking place this year, be noted.

46. 'Towards 2010' - Second Annual Report
(Item. B5)

(Report by Managing, Kent Adult Social Services)

(1) Mr Sherlock introduced the report and received Members' congratulations on work towards meeting those targets in 'Towards 2010' which related to KASS.

(2) Mr M J Angell expressed a concern which related to the aspirations set out in 'Towards 2010' as well as to other areas of KASS's service provision discussed in previous Items on the agenda. The worsening economic climate and increasing fuel, heating and food costs could have a potential damaging impact on the costs of delivering services, and on the general financial security of many of KASS's clients. 85% of KCC services are provided by the private and voluntary sector and many providers will struggle and may well have to pass on increased costs when pricing the services they provide, either via KASS or direct to clients via Direct Payments.

(3) Mr Mills agreed that the economic downturn would inevitably affect most vulnerable people on low, fixed incomes, that KASS would need to be vigilant to ensure that providers were not struggling to deliver contracted services and to ensure that choice, quality and levels of service were not compromised. He explained that an impact assessment was being undertaken.

(4) RESOLVED that the progress towards KASS's 'Towards 2010' targets, set out in the report, be noted.

47. A Summary of Progress towards delivering Kent County Council's Climate Change Action Plan.
(Item. B6)

(A Joint Report by the Cabinet Working Group on Climate Change and the Cabinet Member and Managing Director for Kent Adult Social Services)

(Miss A Cambray, Climate Change Project Manager, was in attendance for this Item)

(1) Miss Cambray introduced the report and received Members' congratulations on the work undertaken by her team across all Directorates. Members and Directorate officers welcomed the report and agreed on the importance and high priority of climate issues. It was acknowledged, however, that climate issues were not the first consideration for people choosing and engaging social care services. The increase in personal choice of service, and the method by which they were engaged and paid for, meant that KCC's ability to influence people's choices directly would reduce further.

(2) RESOLVED that:-

- (a) the progress and next steps for KCC's Climate Change Action Plan be noted;
- (b) the next steps for KASS, set out in paragraphs 4.3 and 5.5 of the report, be agreed; and
- (c) KASS officers report back the POC every six months, starting at the 1 April 2009 meeting, on progress on these actions. These reports should set out outcomes of the workshops currently running and give Members a chance to input into and comment on the strategy which arises from those workshops.

48. Update on Select Committee work
(Item. C1)

(Report by Overview, Scrutiny and Localism Manager)

(1) Miss Grayell introduced the report and, in response to a question, confirmed that the opportunity for Members and officers to put forward subjects for future Select Committee work would be in the Autumn.

(2) Resolved that the ongoing work of the Autistic Spectrum Disorder Select Committee, the excellent progress achieved in implementing the Transitional Arrangements Select Committee's recommendations and the issues covered at, and the outcomes of, the meeting of the Policy Overview Co-ordinating Committee on 10 September, be noted.

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Transforming Social Care in Kent



Debra Exall
Head of Performance & Planning
September 2008



Today's presentation will cover:

- Key messages from **Active Lives**
- Government agenda including **Putting People First, and Transforming Social Care**
- Implementation of ALfA, especially **Self-Directed Support**
- **Strategy for Later Life**

'Personalisation' underpins all of these

Drivers of change

- People's expectations are rising
- The numbers of older people and disabled people are growing
- Need to use limited resources effectively - especially in times of recession
- Collectively, local government and its partners could do more to stimulate/support communities and individuals to help themselves.

Personalisation

“.....the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive.”

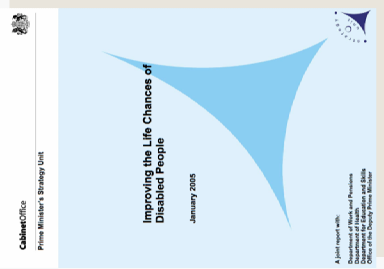
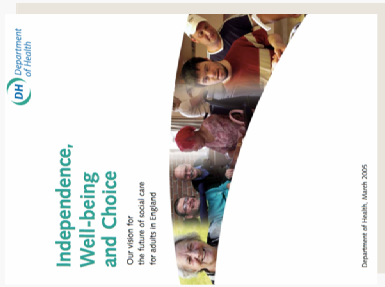
LAC Circular DH 2008 1: Transforming Social Care

“.....every person who receives support, whether provided by statutory services or funded by themselves, will be empowered to shape their own lives and the services they receive in all care settings.”

DH website - introduction to personalisation

Active Lives - “what we want”:

- choice and control (including being able to choose to let others organise support for us – not everyone wants to do it themselves)
- better information - especially during transition/change
- to live in our own homes
- jobs (if not retired), and to contribute
- to follow our interests, have a social life, join in with community activities
- carers to have a life apart from caring



The National Agenda for Transformation



Putting People First

- A shared vision and commitment to the transformation of Adult Social Care
- Development of a new personalised adult care system
- Commitment to independent living for all adults
- Collaborative approach
- Empowering people
- Need to win hearts and minds of all stakeholders
- Adult Social Care to take a leadership role

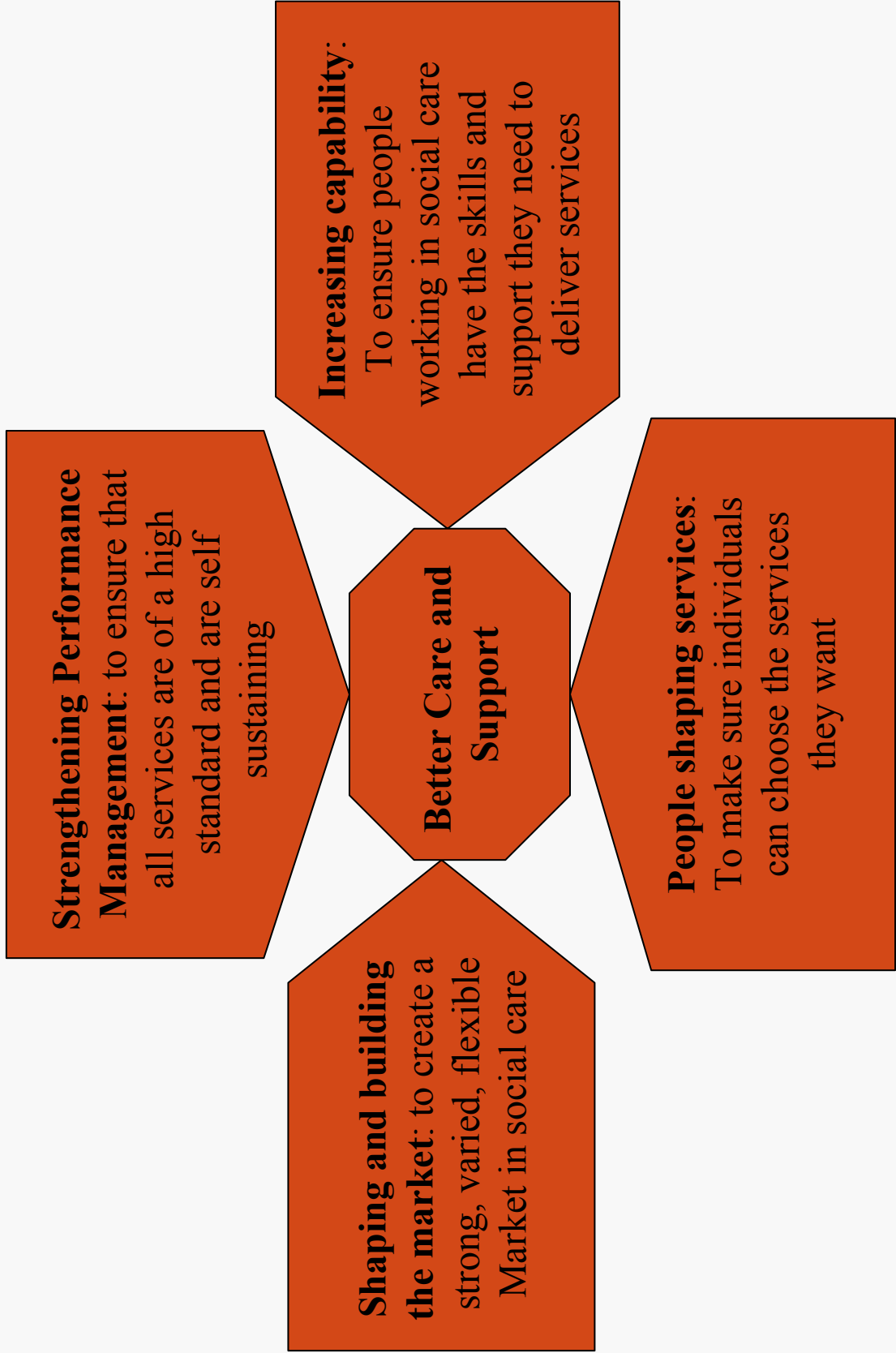
Putting People First (2)

- Transformation to be delivered through the new performance framework (NB CSCI changes to CQC)
- Universal information, advice and advocacy service
- Common assessment process with emphasis on self-assessment
- Person-centred planning and self-directed support mainstreamed
- Family and carers seen as experts
- Workforce – new skills academy
- SCIE to promote, identify and disseminate best practice and innovation

Transforming Social Care

- Local Authority Circular LAC(DH)(2008) 1
- More detail about ‘a personalised approach’
- What reforming social care means - whole system change - cultural, transformational, transactional across the public sector as a whole.
- Funding
 - 2008 £1.980m,
 - 2009 £4.655m
 - 2010 £5.770m
- 3 years to make real and measurable progress
- Outcomes: Better health and well-being, better care

The Reform Model



Active Lives for Adults (ALFA)

The modernisation programme to deliver the 10 year vision set out in Active Lives includes:

- Better Homes, Active Lives
- Whole Systems Demonstrator Project
- Good Day Programme
- Mobile Working
- Older People's Modernisation Programme (in-house)
- Self-Directed Support

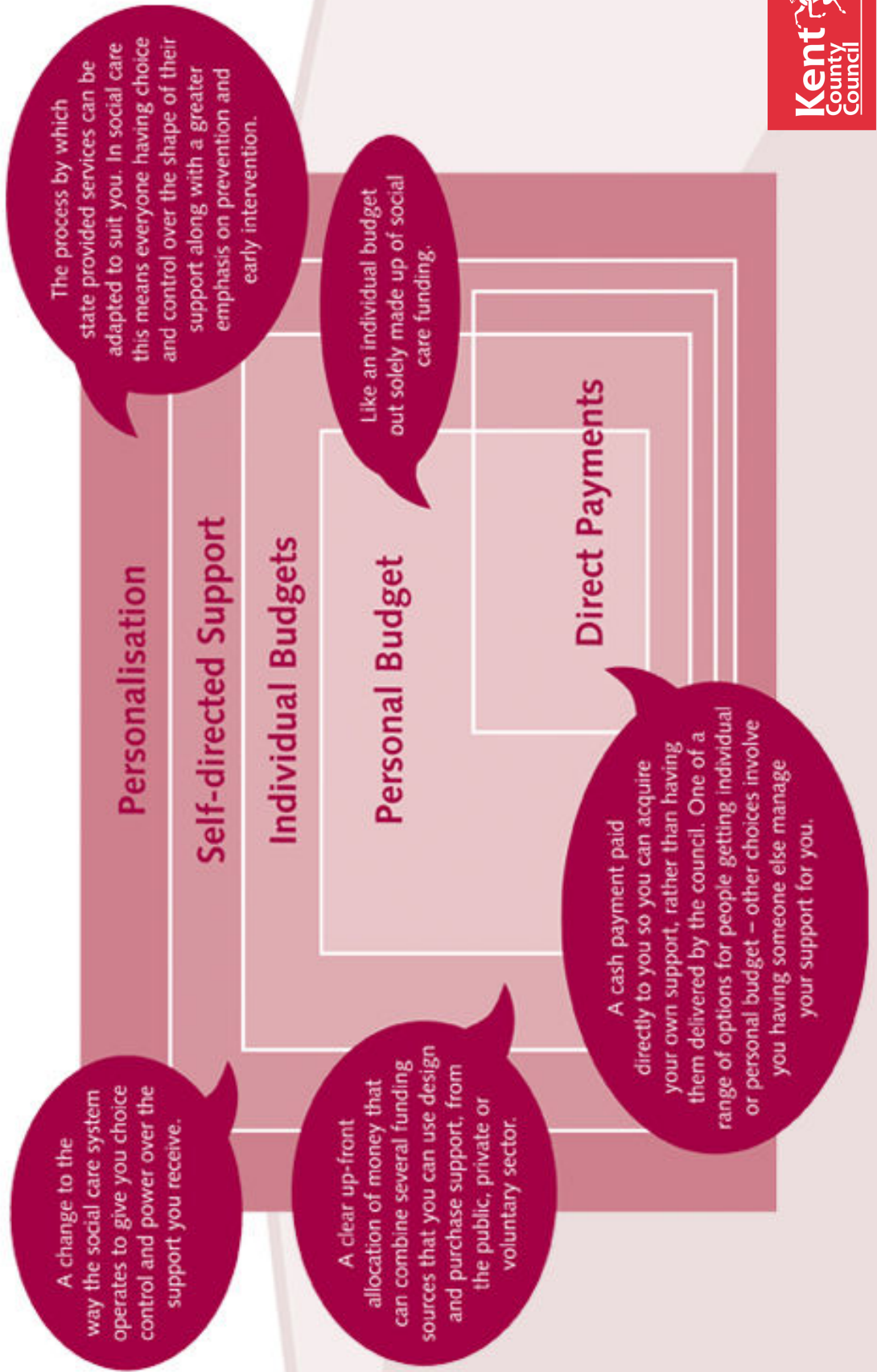
Self Directed Support (SDS)

... is a new model of social care driven by the belief that people will have a **better quality of life** if they can design their own social care according to their **individual needs**.

Control is **transferred** from **social services** to the **individual**, who decides what form their support will take, when it will take place, and who will provide that support. They could self-manage the support, but they might also choose to have somebody else (including KASS) manage it for them.

SDS offers **choice, control** and **power** to the individual and hence delivers **personalisation**.





A Case Study

Moved to Direct Payments because of poor quality service from an agency (frequent changes in personnel, varying arrival times, missed calls..)

“...the indisputable main feature of direct payments is that it returns control of my life to me through my carers

“...reintroduced facets of my life that were lost to me, such as going to the theatre, meeting friends, shopping, going for walks and seeing flowers and birds etc.”

The Self-Directed Support (SDS) Project

What will it achieve for the people of Kent?

- 1. Increased choice and control**
- 2. Need met earlier through a clear focus on prevention**
- 3. Access made easier through a greater variety of access points in the community**
- 4. Proportionate assessment for people with less complex needs through (supported) self assessment**
- 5. Capacity to better support people with complex needs**
- 6. Coordination/brokerage services to support people to have greater choice and control - including self-funders**
- 7. Enablement services**



Self-Directed Support Project: Components

- 1. Personal Budgets**
- 2. Enablement**
- 3. KASSCAT (Kent Adult Social Services Contact Assessment Team)**
- 4. Assessment and Enablement**
- 5. The Co-ordination Service**

See KNet - Your Guide to SDS



Challenges

- Professional culture - this is major change
- Balancing individual choice/risk/duty of care
- Making best use of resources
- Increasing diversity in the market whilst providing stability for good providers
- Closer integration with Health

But we are relentlessly optimistic, and convinced that this is the right direction of travel.

Strategy for Later Life

- Older People's Champion (Mike Angell)
- Widespread consultation on issues affecting older people (50+, 36% of Kent population....)
- Public Health Board taking ownership, on behalf of Kent Partnership
- KCC-wide officer group established
- Tapping into District Council and NHS networks
- About to publish "Older People of Kent" information
- Strategy itself and Action Plan to be published shortly
- 1st October is International Older People's Day

Strategy for Later Life - issues

- **Valuing later life**
- Planning for a secure old age (**financial security, physical health, good social life**)
- Healthy Communities (ie good and accessible **transport, decent homes, community safety, leisure activities, prevention of social isolation**)
- Learning (**information, advice, guidance, technology, stimulation**)
- Independent Living (“societies are judged by how they **care for their most vulnerable**”)

Thank you for listening

**Questions? Comment?
Debate?**

