



AGENDA

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

Tuesday, 25 September 2007 at 10.00 am Ask for: Theresa Grayell

Council Chamber, Sessions House, County Hall, Maidstone Telephone 01622 694277

Tea/Coffee will be available 30 minutes before the meeting

Membership (15)

Conservative (10): Mr J B O Fullarton (Chairman), Mrs A D Allen, Mr M J Angell,
Mr J Curwood, Mr C Hibberd, Mr D A Hirst, Mr R E King,
Mr P W A Lake, Mr M J Northey and Dr T R Robinson

Labour (4): Ms C J Cribbon (Vice-Chairman), Mrs E Green, Mrs M Newell and
Mrs E D Rowbotham

Liberal Democrat (1): Mr S J G Koowaree

UNRESTRICTED ITEMS

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

The Committee has the option of breaking for lunch and continuing its business afterwards, if the weight of business dictates. The timing of the meeting will be determined on the day by the Chairman. All timings shown on this agenda are approximate.

Item No

A.COMMITTEE BUSINESS

- A1 Substitutes
- A2 Declarations of Members' Interest relating to items on today's agenda
- A3 Minutes of the meetings held on 4 July and 24 July 2007 (Pages 1 - 8)
- A4 Chairman's Announcements

B. ITEMS FOR CONSIDERATION

- B1 Towards 2010 (Pages 9 - 32)
- B2 Response to the Questionnaire on Overview Committees (Pages 33 - 44)
This will report the Cabinet's response to the questionnaire, and will be

despatched on 20 September 2007.

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)

Stuart Ballard
Head of Democratic Services and Local Leadership
(01622) 694002

Monday, 17 September 2007

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held at Sessions House, County Hall, Maidstone on Wednesday 4 July 2007.

PRESENT: Mr M C Dance (Chairman), Mrs A D Allen, Mr M J Angell, Ms C J Cribbon, Mr J Curwood, Mr D S Daley (substitute for Mr S J G Koowaree), Mrs E Green, Mr C Hibberd, Mr D A Hirst, Mr R E King, Mr P W A Lake, Mrs M Newell, Mr M J Northey and Mrs E D Rowbotham

IN ATTENDANCE: Mr O Mills, Managing Director, Kent Adult Social Services, Mr S Leidecker, Director of Operations, and Miss T A Grayell, Democratic Services Officer.

UNRESTRICTED ITEMS

17. Membership

The Democratic Services Officer reported that Ms C J Cribbon had joined the Committee in place of Mr L Christie. Ms Cribbon was duly welcomed.

18. Election of Vice-Chairman

Mrs M Newell proposed and Mrs E Green seconded that Ms C J Cribbon be elected Vice-Chairman of the Committee.

Agreed without a vote

19. Minutes
(Item A4)

RESOLVED that, subject to the addition of the words “. . . a week...” after “The £15 . . .” in the third bullet point under paragraph (3) of Minute 14, the Minutes of the meeting held on 24 April 2007 are correctly recorded and that they be signed by the Chairman.

20. Chairman's Announcement
(Item A6)

The Chairman announced that the Committee had changed its name to reflect the names of the Directorate and the Cabinet portfolio, and would now be called the Adult Social Services Policy Overview Committee.

21. Director's Update - Supporting People

(Item A7)

(Mrs M Newell declared a non-pecuniary interest as a Trustee of an organisation which receives funding from the Supporting People Programme).

(1) Mr Mills reported that the consultation on the Older Person's Review was completed on 1 June. The results will be collated and analysed before being discussed by the officer group made up of the partners (KCC, PCTs, District and Borough Councils, Probation, etc) at the end of July. A report would then be prepared for a meeting of the Supporting People Commissioning Body on 10 September, at which meeting decisions would be taken. A copy of the report would then be made available to all County Members. Mr Mills proposed, and the Committee agreed, that Members receive six monthly reports on the progress of the Supporting People Programme, with a report being submitted to the next meeting.

(2) In response to a query from Mrs Newell, Mr Mills explained that holding back money against future shortages was considered the best way forward to ensure that services could be maintained. The current £5m reserve, which had been achieved by under-spends in previous years, would be exhausted by the year 2011 on current assumptions. All Supporting People services would be kept under review by the Commissioning Body to ensure best value for money in delivering the five year strategy. Mr Mills explained that the previous review of floating support had seen a shift in funding from West to East Kent and that this difficult decision had been taken to deliver services to meet need from the inherited position in 2003. when the programme began.

22. Whole System Demonstrator

(Presentation by Mr O Mills, Managing Director, Kent Adult Social Services, Mrs A Tidmarsh, Head of Adult Services, East Kent, and Mr S Leidecker, Director of Operations)

(1) Mr Mills, Mrs Tidmarsh and Mr Leidecker gave a presentation about the County Council's successful bid for a Whole System Demonstrator (WSD) and circulated a briefing note on the WSD to Members.

(2) In discussion, and in response to questions put by Members, the following points were highlighted:

- (a) Members congratulated KASS staff on the success of the WSD bid and all the work which had gone into its preparation.
- (b) Kent had the largest level of TeleHealth take-up in the UK.
- (c) Members expressed concern that the cost of running the scheme could be a drain on the KCC if the right balance of Health and County Council funding was not achieved.
- (d) GPs in Kent had shown much interest in TeleHealth, and KASS had been able to do much work with GPs and Community Matrons towards reducing hospital admissions.

- (e) The TeleHealth service was free at the point of delivery.
- (f) Kent would pilot WSD in two areas - Dartford, Gravesham and Swanley and Ashford and Shepway - and the pilot would need to dovetail with the Older Persons' Review.
- (g) There would be a pilot scheme in Gravesend involving thirty care managed clients to test the use of Telecare for people in the early stages of dementia.
- (h) The aim was to increase TeleHealth take-up from 200 - 1,500 users over two years and Telecare to 600, but the suitability of TeleHealth and Telecare for a client would be assessed on an individual basis, along with the client's confidence in and willingness to use it.
- (i) TeleHealth offered flexibility over the frequency of monitoring, so could be made to suit individual clients' needs. Monitoring of indicators such as blood pressure could be performed up to three times in a day.
- (j) A demonstration of TeleHealth/Telecare equipment for Members who had not previously seen it would be available at the health-themed County Council meeting on 24 July.

(3) RESOLVED that the information given in the presentation, and in response to questions from Members, be noted, with thanks, and that all involved in the preparation of the successful WSD bid be congratulated.

23. Adult Social Services Performance - Year Ending March 2007

(Item B1 - Report by Managing Director, KASS)

Ms S Abbott, Performance Monitoring Manager, was in attendance for this item.

(1) Mr Mills and Ms Abbott introduced the report and they and Mr Leidecker answered questions from Members. In their presentation, officers highlighted the following points:

- (a) KASS's performance was very good overall, with very few scores in low bands.
- (b) Some performance indicators/definitions were now out of date/inappropriate/considered flawed as they had not kept pace with the way in which services were delivered. KASS was actively lobbying for performance indicators to be updated when CSCI reviewed the system nationally in 2008/9.
- (c) Ongoing monitoring and review of all contracted-out services was robust, to ensure that these services met the same performance criteria.
- (d) KASS always made sure that CSCI was aware of Kent's good practice as some of the flawed and out of date performance indicators do not adequately show it up.

- (2) Members made the following comments:
- (a) Members suggested that it would be helpful for future reports on performance indicators to show a target or expectation alongside the actual performance achieved.
 - (b) Members acknowledged the huge workload which was behind a performance indicator score. Performance indicators were very simplistic and gave no background or explanation to the way a service was delivered. However, Members appreciated that some system of performance indication was needed as a way for Members and the public to measure service delivery.
 - (c) Members reiterated the desire to have a presentation on the Brighter Futures Initiative at a future meeting of the POC, if this was not possible to arrange for a future meeting of the County Council.
- (3) RESOLVED that Members' comments, listed in paragraph (2) above, be noted.

24. Equality Strategy

(Item A2 - report by Managing Director, KASS)

Mr K Wyncoll, Equalities Manager, was in attendance for this item.

(1) Mr Mills and Mr Wyncoll introduced the report and they and Mr Leidecker answered questions from Members. They explained that the Equality Strategy was being reported to all POCs so Members would have the opportunity to comment on its content and contribute to its future direction. Mr Mills explained that the aim of the strategy was to bring all threads of the Council's Equality Policy – including the race, gender and disability equality scheme - into one document, and that Kent was a pioneer in the UK as one of the first three authorities to do this.

- (2) In discussion, Members made the following comments:
- (a) Members welcomed the excellent document, praised its clarity and said that it stood out from others in the field. They welcomed the move to bring all three Equality Policies together.
 - (b) Members expressed disappointment that they had not had the chance to comment earlier (before it was seen by the Cabinet) on the content of the strategy. Mr Mills commented that this would have been desirable but had simply not proved possible given the tight preparation deadlines of the three strategies. However the strategy is essentially a work in progress and so will be kept under review during the year.

- (c) Members were pleased that the new Public Health Strategy for the county would address mental health issues for Kent staff. The profile of mental health issues would also be raised by the new Mental Health Trust and the appointment of its Chief Executive and Commissioning Officer.
- (d) Members noted that KASS had a good system of “supervision” for staff needing support through times of work/home stress.
- (e) Supported employment of young people with learning difficulties should be boosted by using the recommendations of the recent Transitional Arrangements Select Committee.
- (f) The application of the document would prove its worth!
- (g) Members commented that the document should include more to address the needs of “white working class deprived”, for example, their need to compete with migrant workers for the lowest paid employment. The pattern of migration was constantly changing so this issue would need ongoing review to monitor the impact of migration upon this part of the indigenous population.

(3) RESOLVED that Members’ comments, set out in paragraph (2) above, be taken into account in the future development of the Equalities Strategy Document.

25. CPA Corporate Assessment

(Item B3 - report by Deputy Leader of the Council)

Mr N Sherlock, Performance Manager, was in attendance for this item.

(1) Mr Mills and Mr Sherlock introduced the report and set out the future process for the Corporate Assessment. KASS was aiming for a Level 3 target, and Mr Mills said he was confident that the Directorate’s plans were coherent and targets meaningful, to help keep Kent as a 4-Star ‘Excellent’ Authority.

(2) In discussion, Members made the following comments:

- (a) Members heartily supported KASS’s commitment to retain its 4-Star status.
- (b) The recommendations of the recent Transitional Arrangements Select Committee should be included as part of the review, but were not mentioned.
- (c) Local Members would need regular updates on elements of the CPA which affected their area, and would need to be involved in the assessment alongside local officer teams. Members asked that they be advised when they might need to become involved.

(3) RESOLVED that the report be noted and Members’ comments, set out in paragraph (2) above, be taken into account.

26. Update on Select Committee Work

(Item C1 - report by Overview and Scrutiny Manager)

(1) The Democratic Services Officer introduced the report and highlighted the recent successes achieved by the Gypsy and Traveller sites and Transitional Arrangements Select Committee. Good progress against the Gypsy and Traveller Sites Select Committee's recommendations was an example of successful joint working between the County and Borough/District Councils. Mr P W A Lake emphasised the need for transit sites in Kent to be developed as a priority and asked that the Select Committee focus on this issue at its November meeting.

(2) Mr M J Angell asked all present to pass to him, the Chairman or the Cabinet Member any suggestions for future Select Committee and topic review work.

(3) RESOLVED that it be noted:

- (a) that the Carers in Kent Select Committee would hold its evidence-gathering hearings in July and August, with the final report being shared with the Cabinet Member on 6 November, and considered by the Cabinet on 3 December and fully County Council on 13 December 2007.
- (b) that the report of the Transitional Arrangements Select Committee, "Transition to a Positive Future", was warmly welcomed and supported by the Cabinet on 14 May 2007, and that an Informal Member Group would undertake a piece of focussed work around some of the key issues raised by the Select Committee, to be reported to the fully County Council in Autumn 2007; and
- (c) that the Select Committee on Gypsy and Traveller Sites re-convened on 31 May 2007 to receive a report from officers on progress made against each of its recommendations, and will meet again in late November 2007 to review progress against those recommendations on which it had not been possible to make any progress thus far. This meeting should focus on the need to develop Transit Sites in Kent as a priority.

KENT COUNTY COUNCIL

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held at Sessions House, County Hall, Maidstone on Tuesday, 24 July 2007.

PRESENT: Mrs A D Allen, Mr M J Angell, Ms C J Cribbon (Vice-Chairman), Mr J Curwood, Mr J B O Fullarton, Mrs E Green, Mr C Hibberd, Mr D A Hirst, Mr R E King, Mr S J G Koowaree, Mr P W A Lake, Mrs M Newell, Mr M J Northey, Dr T R Robinson and Mrs E D Rowbotham.

IN ATTENDANCE: Mr P D Wickenden, Overview and Scrutiny Manager, Democratic Services.

UNRESTRICTED ITEMS

27. Membership

The Committee noted that Dr T R Robinson had replaced Mr M C Dance and Mr J B O Fullarton had replaced Mr C T Wells as Members of this Committee.

28. Election of Chairman

Mr M J Angell proposed, and Mrs A D Allen seconded, that Mr J B O Fullarton be elected as Chairman.

Carried without a vote

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By: Oliver Mills, Managing Director, Adult Services
To: Adult Services Policy Overview Committee – 8 November 2006
Subject: "TOWARDS 2010"
Classification: Unrestricted

Summary: Enclosed with this paper is the first Annual Report on progress on those Towards 2010 targets that are the responsibility of Kent Adult Social Services

1. The final version of Towards 2010 was published in September 2006. One year on the first Annual Report, outlining progress on T2010, is due to be presented to County Council later this month.
2. Prior to the full Towards 2010 Annual Report being presented to County Council it was agreed that the draft progress reports which are to be presented at County Council would be submitted to the relevant Policy Overview Committees for their comments and inputs.
3. The targets for which Kent Adult Social Services has the lead all come under the theme of 'Improved Health and Wellbeing'. Annex 1 comprises the extracts from the original Towards 2010 report which relate to targets 52-56:
 - 52.** Increase the number of people supported to live independently in their own homes. This will include:
 - encouraging the development of more housing for older people, disabled people and those with special needs
 - encouraging more people to take control of their care/support through Direct Payments
 - taking advantage of new technologies, such as expanding our Telehealth and Telecare programmes
 - 53.** Strengthen the support provided to people caring for relatives and friends
 - 54.** Work with our colleagues in the health service to reduce the number of avoidable admissions to hospital and combine resources, where appropriate, to improve the health and well-being of the people of Kent
 - 55.** Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence
 - 56.** Improve older people's economic well-being by encouraging the take-up of benefits

4. Annex 2 sets out the progress reports on the targets for which Kent Adult Social Services has the lead.

Recommendation

5. Members are asked to NOTE and comment on the progress reports.

Contact officer:

Nick Sherlock

Performance Improvement and Public Involvement Manager

Kent Adult Services

Ext 6175 (direct dial 01622 696175)

Improved Health, Care and Well-being (targets 52-56)
Helping older people and those with disabilities to be independent

“People are living longer. This provides major opportunities as well as challenges. We will encourage people to plan for their health, social and economic wellbeing in old age and champion senior citizens. We will lead by example to promote a positive image of older people and the value their contribution makes to community life.”

“Most older people want to live independently in their own homes for as long as possible and this is also true for younger people with disabilities or mental health problems. We will move away from traditional care models towards providing greater choice and control, giving people the support to lead their lives as they want, in their own homes.”

Kevin Lynes, Cabinet Member for Adult Services

To enable people to lead independent lives, we will:

52. Increase the number of people supported to live independently in their own homes. This will include:

- **Encouraging the development of more housing for older people, disabled people and those with special needs**
- **Encouraging more people to take control of their care / support through Direct Payments**
- **Taking advantage of new technologies, such as expanding our Telehealth and Telecare programmes**

Why is this a priority for action?

Promoting independence means that older people, or people with physical or learning disabilities or mental health problems:

- live in their own home (or live as independently as possible within a residential home).
- have a choice over the support or services that they get.
- control how their health needs are met - particularly if they have long-term illnesses or conditions (e.g. diabetes).
- are supported and encouraged to be in paid work, voluntary work, education or training if they are of working age.
- are encouraged to have active lives and be full members of the community.

Although people are living longer, some are not getting the full benefits of a long life because they become ill and dependent. Kent's population is ageing, and by 2010 there will be an additional 27,000 people over 65. Most will be very healthy and independent, but some will need help to stay that way and others will need services. Due to welcome improvements to medical care, the number of people with physical or learning

disabilities living longer is increasing too. When people are helped to live independently, they have a better quality of life. Evidence also shows that people who are helped to stay independent need less support from Health, Adult Social Services and voluntary organisations in the future. This means that promoting independence is good for individuals AND reduces the future burden on taxpayers and communities.

Appropriate housing is vital in promoting independence and wellbeing. Kent County Council will continue to work closely with District and Borough Councils to ensure housing is provided for vulnerable groups with special needs. This links with **Target 40** (ensuring that new housing developments have the right infrastructure), with its emphasis on Lifetime Homes.

Technology to support people with particular needs is developing rapidly and we must continue to make the most of the opportunities that it brings.

What have we done so far?

- Support about 30,000 people to live in the community through providing domiciliary care, day care, respite care and other support through the voluntary sector. In the past many of these people would have had no choice but to go into Residential and Nursing Care.
- Provide 27,000 people with housing-related support.
- Worked with Health and the voluntary and private sectors to develop services which help people:
 - who are coming out of hospital to regain their independence.
 - to be treated at home instead of going into hospital.
 - with increasingly severe and complex conditions to remain in their own homes.
- Developed Direct Payments (where people are given money to buy the support services they want), to give people more freedom, flexibility, choice and control over their lives. We have put enormous effort into making it as easy as possible for people to use Direct Payments. For example, we developed a Client Money Service where KCC manages people's finances whilst enabling them still to have overall financial control. Over 1,000 people in Kent have now taken up Direct Payments.
- Recognised that technology can be used to help people to live independently. For example, we have developed Telecare, which uses technology to alert and call people if a person needs help, and Telehealth, which lets people monitor and look after their illnesses. Telecare reduces the risk for people who want to remain independent at home. Telehealth is an opportunity for people across Kent with a clinical or social care need to get involved with a monitoring system that aims to reduce the number of times they need to visit their GP or go into hospital.
- Through the Supporting People Programme, we have helped develop and fund about 1,200 units of short-term accommodation, just under 1,000 units of longer-term supported housing, and a range of 'floating support' services for vulnerable people living in their own accommodation.
- We are already delivering 344 supported housing apartments for older people, people with learning disabilities and those with mental health problems. This is in partnership with 10 District Councils and one of the most unique PFI projects in the country.

What extra work will be done between now and 2010?

We want to help even more people to gain from the benefits of living independently and to encourage people to do what they can to stay healthy and independent in the future. We will therefore increase the number of people living independently by 3,000 by:

- reducing the number of people going into hospital as an emergency admission.
- further increasing the take-up of Direct Payments.
- giving more disabled people and those with long-term conditions (including mental health problems) the chance of paid employment.
- giving more people the chance to take part in activities they enjoy regardless of their age or impairment.
- making new technology available to more people who would benefit from it.
- expanding delivery of personalised equipment and adaptations to disabled people in their own homes.
- provide preventative services.

How we will do this:

Services to help people live at home

- Provide simple information in easy-to-understand language and in different formats, which is easy to find, so people know where to get help when they need it.
- Work with Health, voluntary organisations and the private sector to develop more services to help people to live at home. In doing this it will be vital that we all work together to find the extra money that will be needed to do this.
- Provide more services to help people recover at home from strokes, accidents and other illnesses including recuperative care within people's own homes.
- Improve support to carers (see **Target 53**).
- Improve the support we give to young disabled people as they leave school and become independent adults (see also **Target 55**).
- Increase the number of people accessing equipment through direct provision.
- Work with the voluntary and community sector and other partners to increase opportunities and support for people to participate in the community, including taking up meaningful employment where desirable, regardless of their age, disability or illness.
- Increase community participation and volunteering so that more active people are encouraged to help those who need support.
- Help people with long-term illnesses and conditions to develop a greater understanding of their illness so that they are not always dependent on professionals to make decisions about their illness.
- Promote the 'social model' approach to disability, which looks at how barriers can be taken away so that people can have equal access to their community and the same opportunities as their non-disabled peers.
- Implement and roll out the Brighter Futures Group project, which encourages active older people to provide support to older people who need it and their carers.
- Improve eligibility criteria to enhance access and target vulnerable people with preventative housing related support services.

More suitable housing

- Increase provision of more stable, longer-term accommodation of a decent standard with flexible support to enable people to participate in the community.
- Work closely with District Councils to encourage the building of new accommodation. Furthermore, through closer links with District Councils and other agencies, develop a more effective usage of existing stock (for example bringing back into use empty homes **Target 39** or private sector leasing).
- Enable/facilitate shared ownership for vulnerable service user groups, e.g. the disabled and those with mental health problems.

New Technology

- Expand Telehealth and Telecare and, given their success, seek new ways of using technology to promote independence.
- As people usually know themselves better than many of the professionals dealing with them, they can assess their own needs at a time and place that suits them. We will do this by expanding and developing the self-assessment website www.kent.gov.uk/selfassessment and other such projects.

Direct Payments

- Launch the Kent Card and continue to make it easier for people to take up Direct Payments (Direct Payments website is www.kentdp.co.uk and telephone number 01304 841987). The Kent Card has been developed with the Royal Bank of Scotland. Money will be loaded on to a Visa card and individuals will be able to use this to purchase support to meet their identified eligible need.
- Develop 'In-Control' (an approach to enabling the individual to have control across all the resources available to them so that they decide how to access any support they need) and other ways of giving people greater control across a wider range of services.

What will it mean for you?

More older people and disabled people enjoying a happier, healthier life in their own homes, contributing to community life, and planning for a secure old age.

For further information, please contact our Heads of Adult Services - Chris Belton (01732 525221) or Anne Tidmarsh (01233 652130) or Jan Harker, Head of the Occupational Therapy and Disability Sensory Unit (01622 221835).

Proposed Performance Indicators

PAF C32 (BVPI 54, LAA target) Older people helped to live at home per 1,000 population aged 65 and over (adjusted to include the voluntary sector)

This is a current Performance Assessment Framework Indicator already reported upon in a report before the Committee.

PAF C51 Direct Payments per 100,000 population or Direct Payments as absolute numbers.

This is a current Performance Assessment Framework Indicator already reported upon in a report before the Committee.

Number of people supported through Telecare/Telehealth.

This will be a new indicator for the purpose of T2010 based upon information currently held.

Number of new units of accommodation for extra care (household units)

This will be a new indicator for the purpose of T2010.

53. Strengthen the support provided to people caring for relatives and friends

Why is this a priority for action?

Carers provide unpaid care for partners, relatives and friends who need help because they are ill, frail or disabled. A substantial amount of care is provided in Kent by both adult and young carers. Whilst many receive some support, others do not, so it is crucial that we carry out assessments for carers at an early stage and then provide the support needed, either directly or by signposting them to other agencies.

To ensure the right support is provided we must involve carers in the planning and design of services and encourage and facilitate other statutory and voluntary sector organisations to do the same.

What have we done so far?

We have recognised the critical importance of carers. We have begun developing support services which offer carers such things as 'short breaks'. In developing services for carers, our close work and investment in the voluntary sector has been and will continue to be crucial.

Young carers have played an active part in not only developing a multi-agency young carers strategy, recently launched for consultation, but also the launch event itself. Carers and carer support organisations regularly meet to discuss Adult Protection issues and are involved in a variety of consultation events. Carer support organisations regularly ask for feedback via carers forums and questionnaires, passing this information to us.

What extra work will be done between now and 2010?

We will:

- improve the information we give to carers. We will be clear about what support is available where, for whom and by whom. Information will be accessible and available via websites as well as leaflets. Carers will be signposted in the right direction.
- pilot the City and Guilds "Learning for Living" Programme for carers. This is an e-learning programme aimed at breaking down the barriers to learning and work for unpaid carers. The pilot is between Kent Adult Education, Adult Social Services Directorate, North West Kent Carers Support and Dartford, Gravesham and Swanley MIND.
- develop the Expert Patient Programme (EPP) and "Looking after Me" programme for carers. The EPP is a course for anyone with a long-term health condition and aims to help them take more control over their health and therefore manage their condition better. The "Looking after Me" programme is a similar course for people with long-term health conditions and who also care for a relative or friend with a disability or illness.
- implement the Kings Fund Quality Standards for Local Carer Support Services. These standards, developed with carers and based on carers' views of quality, are designed for services aimed at supporting carers. They include information, providing a break, emotional support, support to carers, maintaining carer's own health and having a voice.
- involve and regularly consult with carers, evidencing how the consultation and their involvement has made a difference.

This Target is linked with other targets including: through our Kent Supporting Independence Programme, work towards reducing the number of people dependent on welfare benefits (**Target 9**), continue to offer and develop further multi-agency support to parents by helping them with the problems they and their children face in everyday life (**Target 13**), listen to young people's views and opinions and develop their ideas to improve life in Kent (**Target 14**), support and encourage the large number of local and voluntary groups in Kent (**Target 28**) and expand the Kent Volunteers Programme (**Target 63**), increase the number of people supported to live independently in their own homes (**Target 52**), work with colleagues in the health service to reduce the number of avoidable admissions to hospital and combine resources, where appropriate, to improve the health and wellbeing of the people of Kent (**Target 54**) and improve older people's economic well-being by encouraging the take-up of benefits (**Target 56**).

What will it mean for you?

Carers will be assessed and receive a range of support services to help them in their caring roles.

For further information, please contact Barbara Bradley, Policy Manager for Carers in Adult Services (01622 696344)

Proposed Performance Indicators

Carers satisfaction

This will be measured through a survey of carers which is currently being developed.

PAF C62 Carers Services

This is a current Performance Assessment Framework Indicator already reported upon in a report before the Committee.

54. Work with our colleagues in the health service to reduce the number of avoidable admissions to hospital and combine resources, where appropriate, to improve the health and well-being of the people of Kent.

Why is this a priority for action?

We want to improve the level of care in the community and the quality of services and to increase people's choice over how and where they receive support. The NHS and the social care sector in Kent need to work closely to:

- share resources and thus free up resources to re-invest in frontline care.
- ensure that people are treated in the most appropriate place and only those that need to go to hospital do so.
- help people to leave hospital as soon as possible once they are ready to be discharged.

In order to ensure that effective discharge of patients takes place at all times, joint working will address the risk of bed blocking and prolonged hospital stays.

What have we done so far?

KCC and the NHS in Kent already have a very good record of working closely together, for example, we have:

- implemented an integrated Mental Health Service.
- implemented an integrated Learning Disability Service.
- jointly worked in preventative services, such as providing intensive community support care packages to reduce the number of people going into hospital.
- appointed a seconded Director of Public Health with commitments to a permanent appointment.

What extra work will be done between now and 2010?

We will:

- develop a still wider range of services. For example, work with GP's to make 'practice based commissioning' a success. This in effect will mean working with GP's to ensure that commissioning of primary care services take into account the social care needs of patients.
- jointly work with the Primary Care and Acute Trusts, GP practices, the voluntary and community sector, Districts and Borough Councils. This will ensure that the relevant

specialist equipment is available to health and social care practitioners, ultimately making the equipment available to the people who need them.

- work with Children, Families and Education and the drug and alcohol services to ensure that vulnerable young people receive the support, advice and counselling required whilst providing Education, prevention and treatment.

What will it mean for you?

More people treated in their home or in the community, rather than in hospital, and people having the right level of support, based on need, to prevent admission to hospital or ensure they make a full and rapid recovery upon discharge.

For further information, please contact our Heads of Adult Services - Chris Belton (01732 525221) or Anne Tidmarsh (01233 652130) or Jan Harker, Head of the Occupational Therapy and Disability Sensory Unit (01622 221835).

Proposed Performance Indicators

Adult Protection

Performance Assessment Framework indicator being developed by DoH / CSCI which will be used in relation to this target.

Unscheduled hospital beds. Emergency acute bed days people aged 75 and over. LPSA 11

Information we are already trying to collect from Health in relation to the Kent Agreement.

55. Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence.

Why is this a priority for action?

Growing up, leaving school and learning to become independent is a challenge for all young people. For young people with disabilities it can be harder still and we need to ensure that the right support is available to enable them to be as independent as possible. If we get it wrong, there is a danger that they will not achieve their potential or the quality of life that they are capable of having. We want to make the transition experience better and to enable young people to live as independent adults.

What have we done so far?

We have strong processes in place for transition planning but feedback from our service users demonstrates that transition planning needs to be further improved for young people with disabilities and their families. The following are now in place:

- We have established a working group which involves Health, Education, Social Care, Connexions and the Learning and Skills Council to improve service planning and the delivery of educational, social care and health services.

- All the partner organisations have signed up to a common set of key principles and values which will inform how we would improve services for young people with disabilities.

What extra work will be done between now and 2010?

We will:

- improve partnership working to ensure all organisations have information on all young people with disabilities who will be becoming independent.
- work with young people with disabilities and their families to make transition more integrated and tailored to individual needs.
- ensure that there is continuity of care and support for disabled children and young people which enables them to have equality of opportunity with their peers to participate in education, training and employment opportunities.
- encourage the take-up of Direct Payments, as this is becoming popular with young adults because of the flexibility and control it gives them over their lives to enable them to live independently.
- work with housing departments and associations, employers and training providers (including training in independent living) which are all key elements of this Target. Key partners in delivering this target include the Learning Skills Council, District Councils, Connexions, Social Enterprise and Supported Employment schemes and other voluntary and community sector partners (such as RPS Rayner (16+) and Upfront).
- ensure that the outcomes are supported by other targets particularly: listen to young people's views and opinions and develop their ideas to improve life in Kent (**Target 14**), increase the number of people supported to live independently in their own homes (**Target 52**) and strengthen the support provided to people caring for relatives and friends (**Target 53**).

What will it mean for you?

Better experiences for young people with disabilities and their families through the transition period, resulting in greater opportunities for their independent living and participation in community life.

For further information, please contact Michael Thomas-Sam, Head of Policy and Service Development in Adult Services (01622 694843) or Colin Feltham (Head of Additional Educational Needs and Resources in Children, Families and Education (01622 605729).

Proposed Performance Indicators

Survey indicator of the experiences to be developed of young people and their families.
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% of young adults coming through transition that are placed in a residential home. <i>This will be a new indicator for the purpose of T2010 based upon information currently held.</i>
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56. Improve older people's economic wellbeing by encouraging the take-up of benefits.

Why is this a priority for action?

For older people to keep healthy and active, they need enough money to cover their basic needs. Older people who are living in poverty are much more likely to have ill health and to need support from health and social care services. That's why we must ensure that older people on low and middle incomes claim the benefits to which they are entitled and to which they have contributed throughout their lives.

What have we done so far?

- Older people who are receiving social care services are already offered information, advice and, if necessary, assistance by their Care Manager to claim the relevant benefits.
- If cases become complex or there is a need to challenge a decision of the Department of Work and Pensions (DWP), service users are referred to one of our Area Benefit Officers who will assist with this including representing service users at appeal tribunals.
- The KCC County Benefit Service operates a Benefits Helpline and provides training in benefit issues to staff. Both of these services are available to voluntary organisations.
- The County Benefit Service has set up a Benefits site on KCC's public website www.kent.gov.uk/benefits-information. This provides information on all the major benefits with links to relevant Government and District Council sites.
- Kent has been working with the DWP and District Councils and has set up the Kent Benefits Partnership to increase the take up of Council Tax Benefit amongst the older residents of Kent.

What extra work will be done between now and 2010?

We will:

- launch media campaigns to publicise and increase the take-up of specific benefits.
- introduce specialist Finance and Benefit Teams within Adult Social Services to do the detailed work to maximise people's benefit take-up. This may involve developing joint teams with the Pension Service and District Councils who administer Housing and Council Tax Benefit. This should lead to a better experience for service users who will not need to provide financial information to so many agencies and a higher take-up of the relevant benefits.
- develop the work of the Kent Benefits Partnership to increase the range of benefit advice currently provided e.g. the ability to deal with more than just housing and council tax and explore further advantages of working even more closer with the joint teams.

What will it mean for you?

Older people in Kent receiving all the benefits they are entitled to, with the various agencies involved working together to make accessing benefits simpler, less time consuming and less stressful for older people.

For further information, please contact Chris Grosskopf, County Benefits Manager in Adult Services (01622 694896).

Proposed Performance Indicators

The number of people in Kent aged 60 and above who are in receipt of Attendance Allowance.

The number of people in Kent aged 60 and above who are in receipt of Pension Credit.

The number of people in Kent aged 60 and above who are beneficiaries.
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Target 52: Increase the number of people supported to live independently in their own homes. This will include:

- **encouraging the development of more housing for older people, disabled people and those with special needs**
- **encouraging more people to take control of their care/support through Direct Payments**
- **taking advantage of new technologies, such as expanding our Telehealth and Telecare programmes**

Lead Cabinet Member: Kevin Lynes	Lead Director: Oliver Mills	Managing	Lead Officers: Anne Tidmarsh/Chris Belton/Michael Thomas-Sam
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Progress to date:

A wealth of evidence clearly shows that disabled and older people have more fulfilled and healthy lives if they are helped to live independently in their homes. As shown by the Performance Indicators we are making progress on this target. Outlined below are some of the positive initiatives which have been implemented.

1. Kent has been picked as one of only three areas in the country to pilot a multi-million pound scheme to look after the elderly. The DoH has awarded Kent part of a £12m budget to enable health and social services to make new technologies available to many more people. The pilot will be based in Ashford, Shepway, Gravesend and Dartford.
2. The 'Invest to Save' 'Brighter Futures for Older People Programme' currently supports older people living in their own homes in the districts of Ashford, Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells. It is delivered via a range of volunteer services designed to reduce avoidable admissions into hospital or long-term care, as well as keeping older people healthy, promoting social inclusion and independence and producing other benefits to the volunteers and their communities. Over 150 volunteers are working within seven projects and well over 500 older people have been supported to date. Brighter Futures Group (BFG) services which include postural stability classes, befriending, transport, assisted shopping and information/sign-posting are proving very popular and work is underway where BFG services are not currently operating in Kent to seek funding to start such services.
3. There are a number of projects under development to 'encourage the development of more housing for older people'. This involves large scale extra care housing projects (i.e. Better Homes/Active Lives PFI) and a number of smaller projects across a range of vulnerable people in Kent. New housing development takes some time to be completed and the major developments will be completed in 2009/10.
4. Progress has been made on the development of a joint strategy with the KCC Supporting People team, including work on a joint specification for community alarms

and Telecare services. This includes constructive work with district councils and housing providers to establish links and shared objectives. A final Telecare Strategy has been developed which will lead to a procurement exercise for installation and monitoring services.

5. Participation in a successful bid by Kent Adult Social Services and key partners (including PCTs) for the Long Term Conditions Whole System Demonstrator is directly contributing to the development of the ongoing Telecare Strategy, including clarifying links with Telehealth, across the health and social care system. Being successful in this bid was a major achievement and opens up a range of possibilities in working towards this target. Improvements to Telehealth are ongoing, in consultation with partners, care managers and most importantly users of the service.

6. Direct Payments are being actively promoted leading to a significant increase in take-up. The Kent Direct Payment Scheme provides a quality service to individuals who choose to employ personal assistants and it has developed some excellent DVDs as a training resource, to give real examples of how direct payments have been used to improve the quality of an individual's life. These examples are also available on the Kent Direct Payment website. Currently 60% of Direct Payment recipients choose to employ staff and many people who initially used agencies are transferring to the employment option.

7. The Kent Card is a key innovation, which was launched in March 2007. It offers major opportunities to enable people taking up Direct Payments to use the card flexibly to pay for services. The Kent Card will be well placed to bring together other sources of funding into an individual budget using the card for purchases. Central Government and other Local Authorities have shown an interest in the Kent Card. Recently KCC and the Royal Bank of Scotland hosted an event to present the card to interested parties. The card is being developed in partnership with older and disabled people.

8. Kent has been successful in bidding for the £1.5 million Partnerships for Older People Project. This is a 2 year joint project with the Eastern Coastal Kent Primary Care Trust and the voluntary sector and has 3 strands to it: employing 18 Community Matron Support Workers to work with people with Long Term Conditions supporting them to remain in their own home, using Telehealth and Telecare technology.

9. This Target can not be achieved in isolation and its success is closely linked to the achievement of other targets in Towards 2010 including:

- all the other targets in this section (**Targets 52–56**).
- **Targets 48** and **49** which focus on public health – evidence shows that improved health enables more people to live independently for longer.
- **Target 62** which focuses on the expansion of the 'Handyvan scheme', enabling older and vulnerable people to be more secure in their own home.

Future Work:

Outlined briefly is some of the planned work which will help to achieve this Target.

- Following the successful 'Whole System Demonstrator' bid there will be greater expansion of Telehealth and Telecare and the PI target has been increased to reflect this.
- The continued expansion of Direct Payments, the introduction of Individualised Budgets and the development of the Kent Card to underpin these.
- Continue to develop community based preventative services in partnership with Health, the voluntary sector and private sector. Across Kent a range of innovative local schemes are promoting independence.
- The further development of joint working arrangements with Health, ensuring effective use of our combined resources. The 2 new PCT's drawn up along the boundaries of our 'Areas' and the District Councils now open up further possibilities of this.

Measurable Indicator(s)	Base 2005/06	2006/07 Actual	2007/08 Target
Older people helped to live at home per 1,000 population aged 65 and over (including voluntary sector KCC funded)	72	75.1	77
Number of new household accommodation units provided for vulnerable adults	0	0	40
Number of people receiving Direct Payments	1,036	1,389	1,650
Number of people supported through TeleCare	400	643	1,000
Number of people supported through TeleHealth	74	160	430

Target 53: Strengthen the support provided to people caring for relatives and friends			
Lead Member: Kevin Lynes	Cabinet	Lead Managing Director: Oliver Mills	Lead Officer: Barbara Bradley

Progress to date:

KCC recognises the critical importance of the role carers play in providing unpaid care for partners, relatives and friends who need help because they are ill, frail or disabled.

1. KCC continues to develop support services offering carers 'short breaks' to support them in their caring roles. In developing services for carers close work and investment in the voluntary sector has been, and will continue to be, crucial.

2. Young carers played an active part in developing the draft multi-agency young carers' strategy "Invisible People" launched in July 2006. The strategy has been amended following a 3 month consultation period and an implementation plan has also

been developed. A commissioning strategy is being written to ensure any support services for young carers are delivered both effectively and efficiently. The Children's Trust Board will approve the final documents in October 2007.

3. Carers and carer support organisations regularly meet to discuss Adult Protection issues and are involved in a range of consultation events. Carer support organisations regularly ask for feedback from carers on the support they receive via carers' forums and questionnaires. This information is shared with KCC.

4. A 'Support for Carers' Topic Review is currently taking place with the final report being considered by the County Council in December 2007.

5. The City and Guilds e-learning programme "Learning for Living, The Certificate in Personal Development And Learning for Unpaid Carers" has been piloted in Kent in a partnership between Kent Adult Social Services, Kent Adult Education Service, North West Kent Carers Support and Dartford, Gravesham and Swanley MIND. The carers' achievements were marked at a presentation of certificates in June. Further developments for the programme in East Kent are currently being discussed.

6. A Steering Group involving carers and carer support organisations has been set up to oversee a carers survey. The Personal Social Services Research Unit (PSSRU) at the University of Kent will undertake the research. The survey will aim to find out more about the experiences of carers coming into contact with social services and other agencies, their access to support and whether improvements resulted from support. To help support the research we have just been successful in obtaining a grant of £15,000 from the DoH.

Future Work:

As already stated in detail in **Target 52**, success of this Target is interdependent on the delivery of a range of other targets. Therefore future work in these targets will help towards the delivery of this Target. Other more specific work will include:

- the implementation of the recommendations of the topic review.
- the development of services and support for young carers, as outlined in the Commissioning Strategy.
- better information for carers, exploring new avenues such as Kent TV.
- the development of the Expert Patient Programme and more specifically the 'Looking after Me' for carers, enabling patients and their carers to take more control over their condition.
- involving carers in the development of new services such as Telehealth.

Measurable Indicator(s)	Base 2005/06	2006/07 Actual	2007/08 Target
Number of carers receiving a carers service as a percentage of clients receiving a community based service (PAF C62)	26.5%	27%	27%

Target 54: Work with our colleagues in the health service to reduce the number of avoidable admissions to hospital and combine resources, where appropriate, to improve the health and well-being of the people of Kent

Lead Cabinet Member: Kevin Lynes	Lead Managing Director: Oliver Mills	Lead Officer: Anne Tidmarsh/Chris Belton/ Jan Harker
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Progress to date:

KCC wants to improve the level of care in the community as well as the quality of services and to increase people's choice over how and where they receive support. An essential factor in achieving this is having closer working partnerships with Health. Progress has been made on this target through the following actions:

1. KCC and the Health Service in Kent already have a very good record of working closely together, for example together we have implemented:

- an integrated Mental Health Service, which has recently moved into one Trust to cover all of Kent.
- an integrated Learning Disability Service.
- a Joint Integrated Equipment Store to develop a seamless service of equipment provision for older and disabled people.

2. With the Health Service in Kent, we have developed a coherent strategy to tackle delayed discharges. This has enabled the 're-imburement grant' to be invested into community based preventative and intermediate services jointly overseen by KASS and the NHS with successful results.

3. The establishment of a Public Health Department between Kent and the PCT's, with a jointly appointed Director, will offer further opportunities to develop initiatives to fulfill this Target.

4. Kent has been successful in bidding for the £1.5 million Partnership for Older People Project. This is a 2 year joint project with Eastern Coastal Kent Primary Care Trust and the voluntary sector and has 3 strands to it: employing 18 Community Matron Support Workers to work with people with Long Term Conditions supporting them to remain in their own home, using Telehealth and Telecare technology.

5. East Kent is also one of the Department of Health Demonstrator Sites for Urgent Care. The aim of the programme is to treat people closer to home, to prevent hospital and long term care admissions and to provide better, integrated care in a person's own home. A rollout programme of Intermediate Care for East Kent is part of the project and this again is aimed at providing care and rehabilitation in the person's own home where possible.

6. Section 31 Agreement with Eastern Coastal Kent PCT for the provision of intermediate care in the 2 PFI Units Westview and Westbrook House. These offer a range of intermediate and specialist services to older people.

Future Work

As outlined in detail in **Target 52**, this Target success is intertwined with the successful completion of work on other targets – particularly those focusing on health issues. The following work and opportunities will help towards the success of this Target.

- The creation of 2 PCT's based on District Council and KASS Area boundaries will greatly increase the potential for joint working with Health.
- We are currently developing joint commissioning strategies with the PCT's.
- We will continue to develop preventative services, such as providing intensive community support care packages to reduce the number of people going into hospital.
- The Joint Strategic Needs Assessment which we will be undertaking with Health will identify further opportunities for joint service development.
- In 'Our Health, Our Care, Our Say' there is a commitment for PCT's to demonstrate in their Local Delivery Plans a 5% shift in resources from the acute sector to primary and community care. This will be based on the Joint Strategic Needs Assessment and will be an important measure of how services are being focused on this Target.

Measurable Indicator(s)	Base	2007/08 Target
Targets are under consideration		

Target 55: Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence		
Lead Cabinet Members: Kevin Lynes/Chris Wells	Lead Managing Directors: Oliver Mills/Graham Badman	Lead Officers: Michael Thomas-Sam/Colin Feltham

Progress to date:

Growing up, leaving school and learning to become independent is a challenge for all young people. For young people with disabilities it can be harder still. KCC wants to make the transition experience better.

1. KCC has robust processes in place for transition planning, but feedback from service users indicates that it can be further improved for young people with disabilities (14–25 year olds) and their families. A Project Manager is in place to lead on delivering this target.

2. KCC has established an Executive Board which involves Health, Education, Social Care, Connexions and the Learning and Skills Council to improve service planning and the delivery of educational, social care and health services. The Executive Board has an action plan which it is working to achieve. The partner organisations have signed up to a common set of key principles and values which will inform how KCC would improve services for young people with disabilities.

3. The Select Committee report “Transition to a Positive Future” was completed in April 2007 and presented to the County Council Cabinet on 14 May 2007. The report made 12 recommendations and a Member Group will be established to monitor the implementation of the recommendations.

4. Good progress is being made in updating the transition policy. A survey of young people and their families has been commissioned. The purpose of the survey is to find out about the experience of people who went through transition into adulthood in 2006. This survey will help provide important benchmark information, which will assist us in making future improvements.

5. KCC has developed a single County Transition Information Pack for Young People and their families

6. A Transition support pathway has been developed that is focussed on empowering young people in considering a range of opportunities to enable them to access education, training, employment and supported living.

7. We have introduced the use of Family Group Conferencing in East Kent and are developing plans to roll it out county-wide.

Future Work

The successful completion of this Target is interdependent on the delivery of other targets in this section (**52-56**) and other targets in Towards 2010 such as **Targets 9, 14, 15** and **16**. Other future actions specific to this Target include:

- the implementation of the Select Committee recommendations.
- the development of Direct Payments and Individual Budgets to enable young adults to take particular advantage of these and remain independent. The Kent Card will help in achieving this.
- work with Housing providers, employers and training providers to develop greater opportunities for young people within this target.

Measurable Indicator(s)	Base 2006/07	2007/08 Target
Percentage of young people and carers satisfied with the experience of transition. A survey has just been commissioned to identify this.	New PI	

Target 56: Improve older people’s economic well-being by encouraging the take-up of benefits		
Lead Cabinet Member: Kevin Lynes	Lead Managing Director: Oliver Mills	Lead Officer: Chris Grosskopf

Progress to date:

For older people to keep healthy and active, they need enough money to cover their basic needs. Older people who are living in poverty are much more likely to have ill health and to need support from health and social care services. That's why we must ensure that older people on low and middle incomes claim the benefits to which they are entitled and for which they have contributed throughout their lives.

1. Older people receiving social care services are already offered information, advice and, if necessary, assistance by their Care Manager to claim the relevant benefits. Since April 2007 all areas within Adult Social Services are covered by our new Specialist Finance Teams which include visiting Officers specially trained to provide benefit advice and assistance with claims. If cases become complex or there is a need to challenge a decision of the Department of Work and Pensions (DWP), service users are referred to one of our Area Benefit Officers who will assist with this including representing service users at appeal tribunals.

2. The KCC County Benefit Service also operates a Benefits Helpline and provides training in benefit issues to staff. Both of these services are available to voluntary organisations. They also have a Benefits site on KCC's public website www.kent.gov.uk/benefits-information. This provides information on all the major benefits with links to relevant Government and District Council sites.

3. Kent has been working with the DWP and District Councils and is working towards the creation of Joint Teams. This should lead to a better experience for service users who will not need to provide financial information to so many agencies and a higher take-up of the relevant benefits.

4. Kent has also, with the District Councils and DWP, set up the Kent Benefits Partnership to increase the take up of Council Tax Benefit amongst the older residents of Kent. They are now helping clients to claim other benefits to which they are entitled.

For further information, please contact Chris Grosskopf, County Benefits Manager in Adult Services (01622 694896)

Future Work

The successful delivery of this Target is interlinked with successful completion of other targets in this section (**52-56**) as well as targets such as **Targets 9** and **62**. Other planned work on this Target includes:

- the launch of media campaigns to increase 'take up of specific benefits. Such new avenues as Kent TV will be helpful in this.
- building upon the work of Kent Benefits Partnership to increase the range of benefit advice.
- building upon the successful Finance and Benefit Teams. For example exploring the future possibilities of joint teams with the Pension Service and District Councils.

Measurable Indicator(s)	Base August 2006	August 2007
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Percentage of population aged 65 or over in receipt of Attendance Allowance	14.5%	Figures not available yet
Percentage of population aged 60 or over in receipt of Pension Credit	19.6%	

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By: Paul Carter, Leader of the Council

To: Policy Overview Committees

Subject: RESPONSE TO THE QUESTIONNAIRE ON OVERVIEW COMMITTEES

Introduction

1. (1) You will be aware that in July I commissioned a questionnaire of all Policy Overview Committee Members. A copy of the analysis of the questionnaire, which you have already seen, is attached as Appendix 1 to this report.

(2) Members will be aware that the questionnaire asked a range of questions regarding the powers of the Policy Overview Committees and how well those powers were used together with some more specific questions around the venue for the meetings, whether Members felt adequately trained, whether sufficient information was made available in between meetings etc.

(3) The powers of the Policy Overview Committees are set out on page 5 of Appendix 1 to this report.

(4) Since the Cabinet government was introduced across the political spectrum Cabinet Members and non-executive Members have had concerns about the effectiveness of Policy Overview Committees.

(5) When I became Leader I made it clear to Cabinet Members and Chief Officers that they must ensure that their diaries are kept clear to attend meetings of the Policy Overview Committee to which their portfolio reports. This has not always been possible but Cabinet Members and Managing Directors are now committed to ensuring that this is the case for the future. Many non-executive Members feel that the Cabinet is becoming remote from the non-executive Members and as a consequence non-executive Members feel less well informed. Non-executive Members also find that it is difficult to hold the Cabinet Members to account or to review the performance of the Council in relation to its policy objectives and performance targets.

(6) However, it is also fair to say that non-executive Members of the Council have not made the best use of the wide ranging powers of the Policy Overview Committees (page 5, Appendix 1). Members' responses to the questionnaire made it clear that the Policy Overview Committee which exercises the powers to the greatest extent is the Adult Social Services Policy Overview Committee and the least is the Children, Families and Education Policy Overview Committee.

Specific Concerns from the Questionnaire which need Addressing

(1) Not surprisingly, the power to appoint Select Committees and Member involvement in Select Committee processes is welcomed. Select Committees are one of the successes of Cabinet government. These Committees have added value and made a significant impact to County Council policy, for example the recent report on Home to School Transport, Climate Change, Transition and Personal, Social and Health Education (PSHE).

(2) It is fair to say that these important pieces of work are not always given the recognition and media coverage they deserve with the focus primarily on the Executive which can undervalue the role of these non-executive Committees.

(3) One of the specific concerns raised in the responses to the questionnaire is that there is too much officer input into the Policy Overview Committee process and meetings and insufficient time allowed for Members to ask questions. Members will also have received a questionnaire from the political group whips and this too highlighted the need to provide the opportunity for Members to ask questions of the Cabinet Member(s).

(4) Another power of concern to the Policy Overview Committee Members was that they felt that they did not discharge as well as they could scrutinising the performance of other public bodies in Kent.

How can the Policy Overview Committees be strengthened and made more effective?

(1) The potential workload of the Policy Overview Committees is huge – so how can we ensure that the right balance is achieved in keeping Members informed to address the perception of remoteness from the Cabinet and focusing the agenda on outcomes which add value to the Executive and Council?

Forward Work Programme

(2) Key to the success of the effectiveness of the Policy Overview Committees is identifying a focused Forward Work Programme in addition to the generic items already in all Policy Overview Committees work programmes, e.g. Medium Term Plan and Budget, Annual Plan, reviewing the performance on the achievement of 2010 targets to name but a few but performance management in its broadest context which should be a fundamental component of a Policy Overview Committees work programme.

(3) The work programme needs to focus on specific areas which are topical so that non-executive Members have an opportunity to contribute before policies are finalised.

(4) An area for future inclusion in Policy Overview Committee work programmes will be how the targets in the Kent Area Agreement are being achieved. The Committee are reminded that there is a uniform approach to the way that the agenda planning and Forward Work Programme is currently approached. On a two

monthly cycle the Chairman and spokesmen of the Committee meet with the Cabinet Member(s), Lead Members and Managing Directors to share information and plan future agendas.

(5) These meetings are set for a year in advance and the above Members and officers all have these dates in their diaries.

(6) What might strengthen this process would be:-

- (a) the Chairman and spokesmen of the Committee being more proactive in inviting Members of the Committee to identify potential issues for inclusion on the agenda;
- (b) a more rigorous process by us as Cabinet Members in identifying from our work programme how the Policy Overview Committees could be involved; and
- (c) whether any of the above are related issues which could be dealt with through a more local body such as a Local Board or, in cases of multi-agency work a Joint Board or Forum.

Information

(7) Often the Policy Overview Committees are used as a platform for Cabinet Member(s) and the Managing Director to share information but is this the most effective use of a Policy Overview Committee's time with such a demanding workload? If we are looking at Member briefings outside of the Policy Overview Committee then often attendance is poor so what can we do creatively to address this imbalance?

(8) How can we bring the plethora of information together in one place so that the information a Member has access to is succinct, readable and if the Member wants to delve further there is a link to further reading? Do we make best use of the Information Point? The Member survey recently undertaken by the political whips has suggested making greater use of the Information Point and re-launching this service. Arrangements are being made for a Member User Group to be established and this will be considered by the Selection Committee at its meeting on 10 October 2007 but with a suggested term of reference of making the Information Point the focal point for disseminating information based on best practice elsewhere.

Conclusion

(1) Cabinet Members are committed to attending meetings of the Policy Overview Committees and being held to account for the decisions and actions we are taking and for the balance of responding to Members questions being made by ourselves and not by the Managing Director or the staff.

(2) Also acknowledging that the work of the Policy Overview Committees is enormous we will be ensuring that our contributions to your work programme are tightly focused and we would welcome your input and advice into the issues that we are dealing with.

(3) Appropriate, relevant, interesting agenda setting is vitally important to the POC process.

Background Information: *None*

Survey for KCC Members on Overview and Scrutiny Committees

The purpose of the survey was to take stock on how Members feel that Overview and Scrutiny Committees have performed, and to identify potential areas for improvement. The survey was distributed on 2 July 2007 with a deadline for responses of 13 July. A total of 31 responses were received, the last on 24 July, representing a response rate of 50% of Members who sit on Policy Overview Committees.

Q1 Members were asked which of the following Policy Overview Committees they sat on and responded as follows

Adult Services POC	8
Children, Families and Education POC	11
Communities POC	7
Corporate Services POC	5
Environment & Regeneration POC	9
TOTAL	40

In KCC's Constitution there are eight powers for each Policy Overview Committee.

Power 1 is to assist and advise the Council, the Leader and the Cabinet in the development of the Policy Framework.

Power 2 is to review the performance of the Council in relation to its policy objectives and performance targets.

Power 3 is to require the Leader, Cabinet Members and officers to attend before it and answer their questions.

Power 4 is to review or scrutinise the performance of other public bodies in Kent, invite reports from them and request them to address the Committee about their activities and performance.

Power 5 is to question and gather evidence from any person (with their consent).

Power 6 is to conduct research, community and other consultation about service performance, policy issues and possible actions.

Power 7 is to appoint Select Committees (with the legal status of Sub-Committees) to conduct reviews with the same powers as the main Committee.

Power 8 is to make reports and recommendations to the Council, the Leader, the Cabinet or any other Council Committee arising from the exercise of the preceding terms of reference or affecting Kent or its inhabitants within their allocated areas of responsibility.

Qs 2, 4, 6, 8, 10, 12, 14 and 16

Members of each Policy Overview Committee were asked to indicate how much they consider each of the powers is exercised.

In the following table a score has been given for each power and each POC representing Members' responses weighted to take account for whether each power was exercised fully or not at all. A score of 1.00 indicates that all Members responded that the power was exercised fully at that particular POC. A score of 0.10 indicates that all Members responded that the power was not exercised at all at that particular POC.

Power	1	2	3	4	5	6	7	8
POC								
AS POC	0.62	0.60	0.58	0.40	0.40	0.58	0.88	0.49
CFE POC	0.38	0.48	0.30	0.28	0.38	0.51	0.68	0.48
CMY POC	0.57	0.71	0.65	0.37	0.40	0.54	0.63	0.58
CS POC	0.64	0.64	0.76	0.24	0.40	0.44	0.32	0.36
E&R POC	0.54	0.45	0.52	0.50	0.44	0.52	0.50	0.44
Mean	0.55	0.58	0.56	0.36	0.40	0.52	0.60	0.47

For each power the figure highlighted in green indicates the POC where it is exercised to the fullest extent and the figure highlighted in red indicates the POC where it is exercised to the least extent.

The power that Members feel is exercised to the fullest extent overall is Power 7 – appointing Select Committees - at Adult Services POC.

Power 7 has the highest average score meaning it is exercised more than any other power at all the POCs, on average.

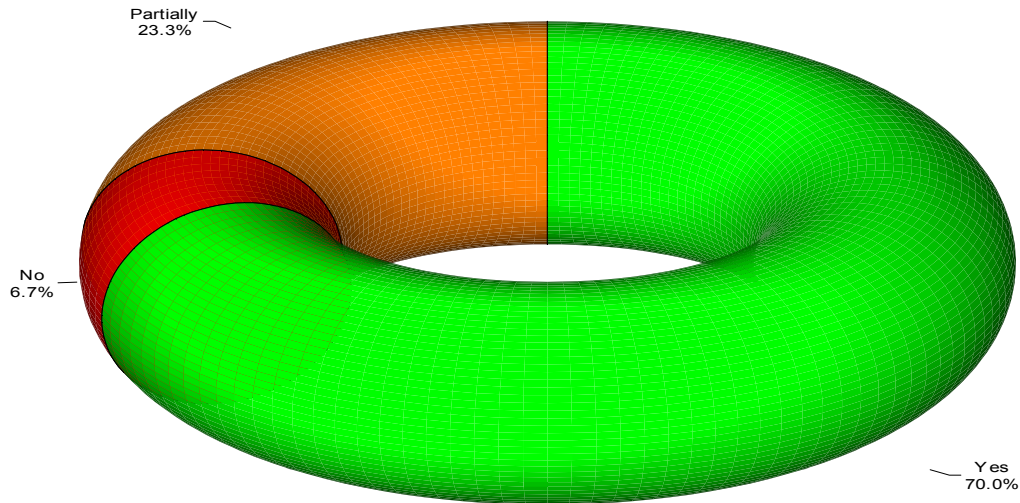
The power that Members feel is exercised to the least extent overall is Power 4 – reviewing or scrutinising the performance of other public bodies in Kent - at Corporate Services POC.

Power 4 has the lowest average score meaning it is exercised less than any other power at all the POCs, on average.

The POC that Members feel exercises the powers to the fullest extent overall is Adult Services.

The POC that Members feel exercises the powers to the least extent overall is Children, Families & Education.

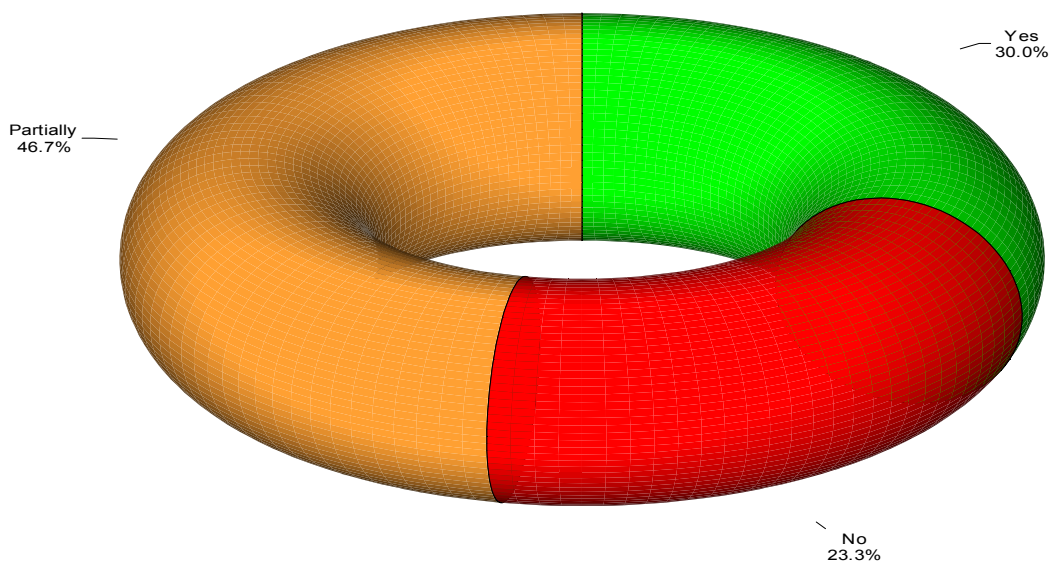
Q18 Members were asked whether they had all the skills necessary to be an effective Member of a Policy Overview Committee.



70% of respondents believed that they have all the skills necessary to be effective Members of Policy Overview Committees, compared with 7% who do not have all the skills and 23% who have some but not all of the skills.

Nine Members gave follow up responses. Three felt they had enough skills and a further three felt they could learn more and improve. Two Members identified the problem of time as a barrier to obtaining skills and also obtaining information from officers.

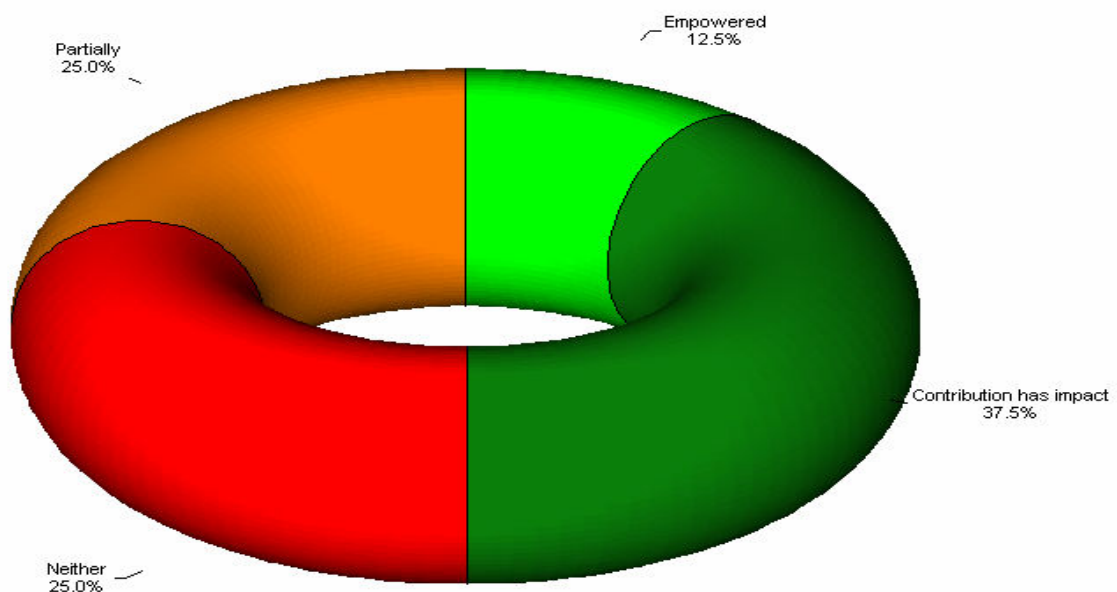
Q19 Members were asked if they believed that they can influence policy and the decision making process.



30% of respondents believe that they can influence policy and the decision making process, compared with 23% who do not and 47% who believe their influence is partial.

13 responses were given to exemplify the answer that influence was partial. Of these four indicated that they had little or no influence and two questioned whether Members of POCs are listened to. One commented that it was difficult for POCs meeting four times a year to keep up with the agenda of Cabinet which meets every six weeks.

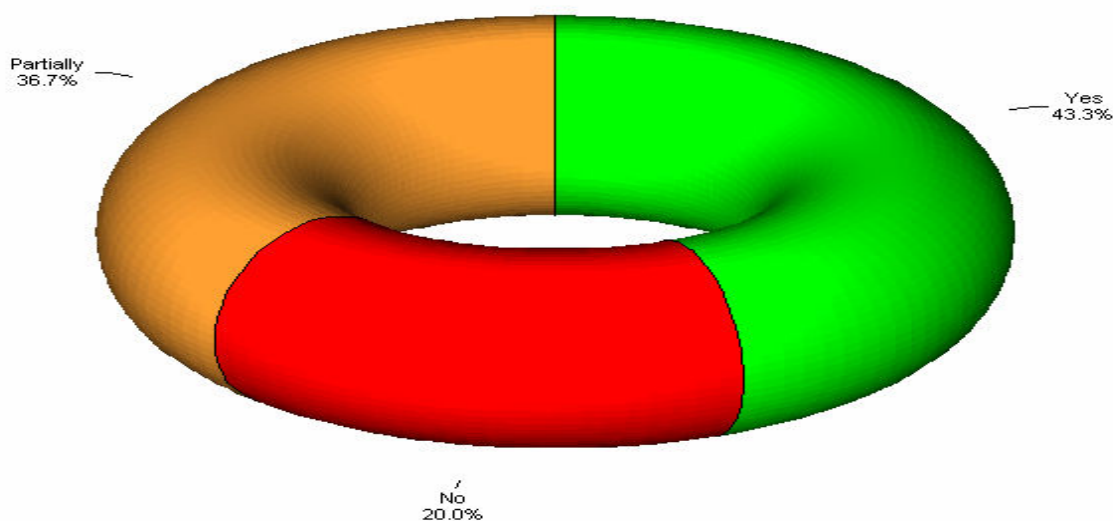
Q20 Members were asked if they felt empowered and that their contribution to a Policy Overview Committee had an impact.



13% of respondents feel empowered and 38% feel that their contribution to a POC has had an impact, whereas 25% feel neither empowered nor that their contribution has had an impact and 25% consider their contribution and impact has been partial.

10 responses were made to support the answer that Members' contribution and impact has been partial. One indicated that policy had been agreed when an issue arrives at POC. Another wondered whether the opinion of the minority group was taken into consideration. Two responses consider that POCs are too weak in comparison with the Executive and a further one suggested that POCs could achieve so much more.

Q21 Members were asked if they believe that items on the agenda for a Policy Overview Committee are the most appropriate.



43% of respondents feel that items on the agenda for their POC are the most appropriate, whereas 20% do not agree and 37% consider their agenda items are only partially appropriate.

12 responses were received explaining the view that agenda items were only partially appropriate. Two mentioned the need for POCs to monitor budgets. One suggested that POCs should examine the Annual Report, but at an appropriate time. Two commented on the vast range POCs have to cover and one suggested that the agenda of CFE POC was far too crowded making it difficult for Members to absorb all the reading and make a detailed contribution as the business is hurried on. One response reiterated the view that Members should have input into agendas.

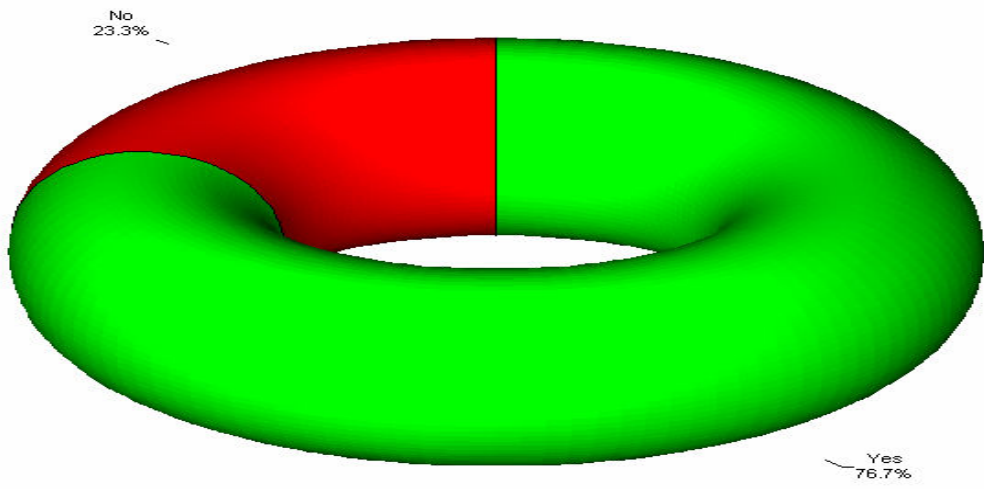
Q22 Is the balance right between the time officers speak at POCs and the time Members have to ask questions

	<i>Too much officer time</i>	<i>Just right</i>	<i>Too much Member time</i>
Adult Services POC	55%	44%	0
Children, Families and Education POC	66%	33%	0
Communities POC	29%	71%	0
Corporate Services POC	25%	75%	0
Environment & Regeneration POC	50%	50%	0

For none of the POCs did Members think they had too much time to ask questions. For two POCs – Corporate Services and Communities - the majority of Members agreed that the balance of time was just right.

For Children, Families and Education and Adult Services POCs a majority of Members indicated that there was too much officer time. For Environment & Regeneration POC Members were equally divided between too much officer time and just right.

Q23 Members were asked if they welcome the opportunity of holding POC meetings outside strategic HQ when appropriate.

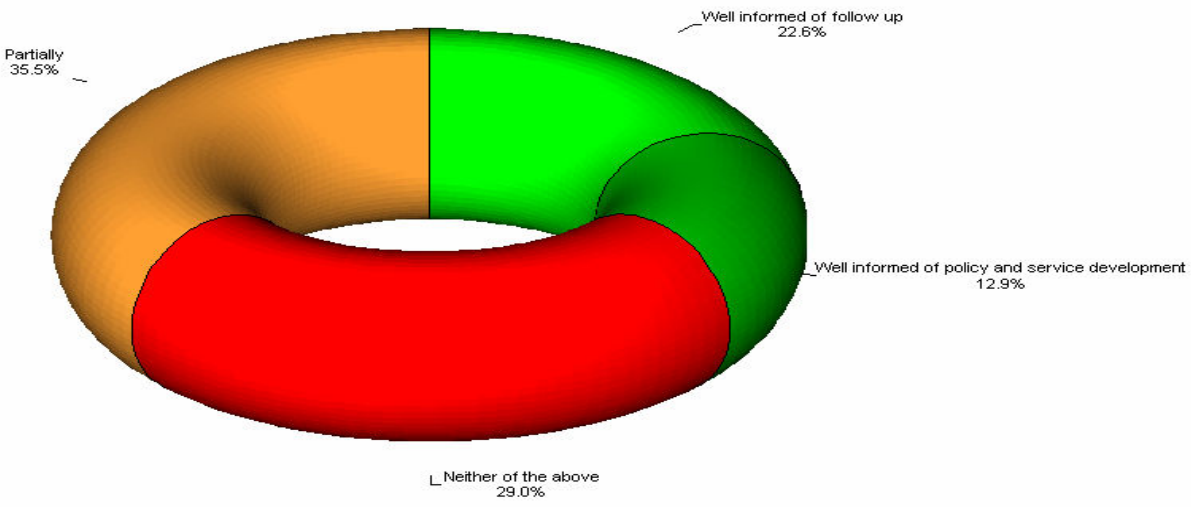


77% do welcome the opportunity but 23% do not.

Q24 Members were asked if external agencies be invited where appropriate.

100% of the 29 responses agreed that external agencies should be invited to POCs where appropriate, with none disagreeing.

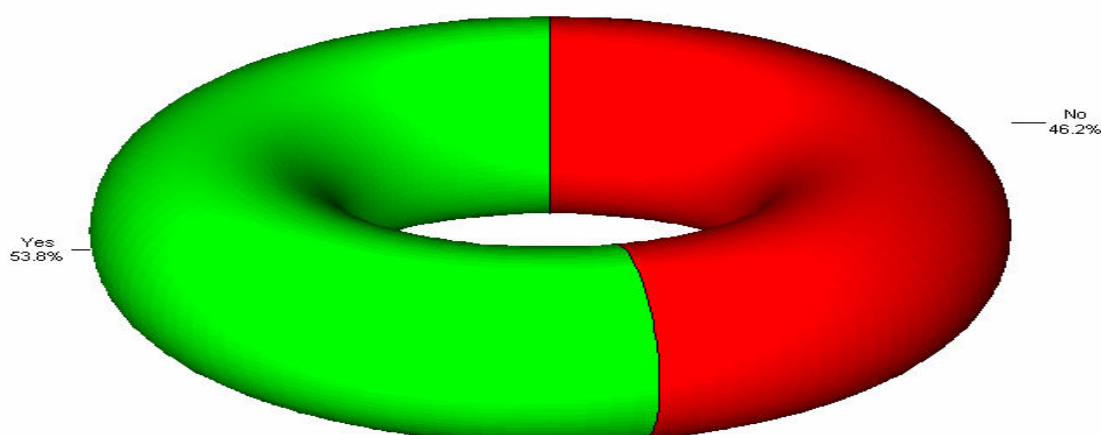
Q25 Members were asked if they are you kept sufficiently well informed of follow up and of Policy and Service Developments in between meetings.



23% responded that they were well informed of follow up and 13% were well informed of policy and service development. 36% considered they were partially informed but 29% were not well informed of follow up or policy development.

12 responses were received explaining the response partially. Four responses suggested that follow up did not happen at all or too infrequently. Two indicated that follow up was particularly important because POC meetings are so far apart. One response was that the best information was provided by Members' Information sheets from the library service. Another response was that information on policy development needs radical improvement.

Q26 Do you think that changing Member roles could help POCs achieve tangible outcomes from their meetings?



54% consider that changing Member roles could help POCs achieve tangible outcomes from their meetings, whereas 45% do not.

15 responses were received to the question on how Member roles could be changed. Three responses were that the question was not understood, although one suggested changing the Chairman from time to time. One response said that POCs should take a more strategic approach and should not be a forum for Members to raise local issues that they have nowhere else to raise. Two responses mention POC Members influencing the agenda. A further suggestion was that there should be an agreed definition of what the Member role on a POC was.

Q27 Members were asked what works best with the Policy Overview Committees at the moment.

20 responses were received and of these eight mentioned the flow of information. Three mentioned constructive cross party working. One mentioned the ability to pose questions generally and one cited questioning the Executive. One response indicated that the relationship with officers worked well with POCs.

Q28 Members were also asked what has worked less well with the Policy Overview Committees.

19 responses were received. One of these, that there was a limited agenda with little time for debate and too much for presentation, summarised the views expressed in about half of the responses. However, other responses indicate enjoyable and worthwhile meetings and identify that improvement will centre around agenda items and timing of debate to influence outcomes.

Q29 And finally Members were asked for any other comments they would like to make.

19 responses were received to this also, ranging from the opinion that POCs are wasting people's time to the view that the POCs are immensely valuable. Two comments were made that all day meetings are not a good idea. One comment was that Children Families and Education POC covers such a wide topic span and should have sub-committees to examine all the parts of its important and fast moving agenda. Other responses indicated that POCs should look at budgets more than once a year, that scrutiny should be part of POC's role, that Cabinet Scrutiny should have been included in the survey and that POCs need their own research capability.