

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

MINUTES of a meeting of the Adult Social Services Policy Overview and Scrutiny Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 17 November 2009.

PRESENT: Mr P W A Lake (Chairman), Mr K Pugh (Vice-Chairman), Mrs A D Allen, Mr R Brookbank, Mr L Christie, Mrs P T Cole, Mr N J Collor, Mr J Cubitt, Mr D A Hirst, Mr M J Jarvis, Mr S J G Koowaree and Mr C P Smith

ALSO PRESENT: Mr G K Gibbens and Mr M J Angell

IN ATTENDANCE: Mr O Mills (Managing Director - Adult Social Services), Mr S Leidecker (Director of Operations) and Miss T Grayell (Democratic Services Officer)

### **UNRESTRICTED ITEMS**

#### **27. Minutes of the meeting held on 22 September 2009**

*(Item A3)*

RESOLVED that the minutes of the meeting held on 22 September 2009 are correctly recorded and that they be signed by the Chairman.

#### **28. Chairman's Announcements**

*(Item A4)*

The Chairman referred to media coverage that morning of a report by the Alzheimer's Society on the poor quality of hospital care experienced by patients with Dementia. He asked the Cabinet Member to comment on this in his update.

#### **29. Cabinet Member's and Director's Update (oral)**

*(Item A5)*

1) Mr Gibbens and Mr Mills updated the Committee on the following subjects, and answered a number of questions from Members.

##### **'Shaping the Future of Care Together' Green Paper**

2) The KCC response had been debated at full Council on 15 October, Members' comments had been included in the KCC response, and all POSC Members had been sent a copy of the final submission. KCC had asked for a number of changes to be made to the content of the Green Paper, including emphasising references to carers and young adults with long term care needs and defining the National Care Service more closely.

3) KCC had included a Section 9 which allowed Kent to start making the changes that it wanted to make without waiting for legislative change.

Section 9 would allow KCC to improve public access to information, support carers, extend the use of the Kent Card and change the way in which it assesses care needs to make the system more person-centred and more efficient.

4) Mr Mills and Mr Gibbens thanked Members for their valuable input in shaping Kent's response, and added that the responses of other local authorities and bodies would be collated and available for public reference. The White Paper will be reported to the POSC in the new year.

### **Age Concern Funding**

5) Mr Mills updated Members on the consultation with the 30 Age Concern committees across Kent, and explained that 2010/11 would be a year of transition before new funding arrangements came in. All KCC Members had recently received a briefing on the issue, and would receive further updates to keep them fully informed.

### **Whole System Demonstrator (WSD)**

6) Mr Leidecker updated Members on the progress of Phase 1 of the trial of WSD, in which Kent was one of only three local authorities taking part. The aim of the pilot scheme and the related £6.9mill of government funding over 2½ years was to establish a programme to deliver assistive technology, such as telehealth and telecare, to people with long term conditions, thus allowing them to remain at home and reducing the impact on health and social care services. Kent had set a target of 2000 participants for Phase 1, and achieving this had relied on great partnership working with health colleagues, GPs, etc. Phase 2, the evaluation process, was now starting.

7) Department of Health funding for the pilot schemes would end in August 2010, and the POSC would receive a further report at that stage on how the scheme would be administered thereafter.

### **Media Coverage of Dementia Care**

8) Mr Gibbens and Mr Mills undertook to consider and discuss the report by the Alzheimer's Society, 'Counting the Cost: Caring for people with Dementia', on the poor quality of hospital care experienced by patients with Dementia and report to the POSC at a later stage.

9) RESOLVED that the information given be noted, with thanks.

## **30. Presentation - Kent Adult Social Services Strategy**

*Mrs A D Allen declared a non-pecuniary interest in this item as the Chairman of a local Age Concern Committee.*

1) Mr Mills presented a series of slides which set out the national and local contexts of the Strategy and a summary of its key priorities. He responded to questions and comments from Members, as follows:-

- a) Many people manage very well without receiving care services from the state, if they have good community support. A person's community is vitally important, and KCC should exploit the community networks which existed;

- b) The person receiving a service was always the most important part of the system, and any change should be introduced gradually and with empathy. Some clients find change harder to accept and will resist it;
  - c) The principle of Self Directed Support (SDS) was much supported, but people needed there to be services available to purchase. KCC services must not be sold off commercially so they are unavailable for clients to access. In moving to SDS, KCC must increase its engagement with the market-led system, and Kent's low eligibility criteria adds a challenge in achieving a balance of choice and control within a realistic budget. The move to SDS offered a genuine transformation, if clients were given choice and control now;
  - d) a good strategy is as good as the people who will deliver it! Staff delivering new services will need good training and support to manage the transition to their new roles, and will receive training and support over an extended period while the new system beds in;
  - e) similarly, people receiving services in a new way will have to make an adjustment. eg older people and people with learning disabilities can become very used to receiving services in a certain way and can be fearful of change. KASS can minimise the culture change as far as possible by keeping a client's daily contacts the same as far as possible and offering continuous reassurance;
  - f) some client groups who do not attend day centres may not come to the attention of service providers, so KCC has a challenge of how to identify and reach them. KASS tries every way possible to identify client groups who may not otherwise show up; and
  - g) the Strategy should be presented as widely as possible, and the presentation made to this POSC should be made to Cabinet and full council, so that all Members have the chance to hear about it and comment on it.
- 2) RESOLVED that the Strategy be welcomed and that Members' comments, set out in paragraph 1) above, be noted.

### **31. Adult Social Services Budget Monitoring 2009/10**

*(Item B1)*

- 1) Mr Leidecker introduced the report and said that, despite a small overall increase in the overspend, he was confident of achieving a balanced budget by the end of the financial year.
- 2) RESOLVED that the information in the report be noted, with thanks.

### **32. Budget 2010/11 and Medium Term Financial Plan 2010/11 to 2012/13**

*(Item B2)*

*The Chairman secured the Committee's agreement to consider this item as urgent business, as the papers had not been placed in the public domain with the required notice.*

1) Mr Mills introduced the report and set out the key elements which had to be considered when setting the KASS budget, including the majority of services (85%) being purchased from the independent sector, Kent having retained its eligibility criteria from rising above 'moderate', demographic changes (particularly an increase in the number of older people and clients with learning disabilities), the extent to which KASS could and could not charge for its services, and changes in service delivery arrangements with partners such as the NHS, district councils, etc. He explained that the recent directorate restructure had delivered some major savings and that efficiency savings were ongoing. Mr Mills and Mr Leidecker responded to questions from Members, as follows:-

- a) respite beds were provided at 5 KCC service sites, were provided both in house and in partnership with the independent sector, from whom a client would purchase services using personal budgets, and in the community. One site giving respite care for clients with LD and MH needs was jointly run by KASS and the NHS;
- b) the issue of 'ordinary residence', the legal definition which refers to clients placed by other local authorities becoming the responsibility of KCC, was addressed on a case by case basis, and KCC was pressing for legislative change; and
- c) KCC's partnership working under Total Place, referred to in its Section 9 addition to the Green Paper, would have some budget implications for KASS, but these had not yet been identified and built in.

2) The Chairman reminded Members that the POSC had convened an Informal Member Group to meet on 18 November at which Members would be able to discuss issues in more detail and give their views on priorities and pressures for budget savings.

3) RESOLVED that the information in the report and given in response to Members' questions be noted, with thanks, and that further detailed discussion and Members' views take place at an informal Member group on 18 November.

### **33. Kent Adult Social Services Public Involvement and Consultations**

*(Item B3)*

*Mrs L Longhurst, Policy Manager – Public Involvement and Customer Care, was in attendance for this and the following item.*

1) Mrs Longhurst introduced the report and referred to the new 'duty to include' which came into force in April 2009. However, KASS already had a lot of what was in the new procedure well established in its public involvement process, as this had always been vastly important to KASS's service delivery. Mrs Longhurst and Mr Mills responded to questions and comments from Members, as follows:-

- a) there was a delicate balance to be achieved between seeking views on services needed and having sufficient resources to be able to deliver services that were requested. KASS was genuinely committed to receiving feedback as it was vital as an indicator of service needs, and good quality public consultation contributed to the enablement and independence of clients; and
  - b) although it had not been possible to report the outcomes of some consultation exercises undertaken through the year, this was not for want of trying by KASS staff. Some consultations were simply awaiting their final outcome reports at a slightly later stage, so could not be included in this year's summary of activity.
- 2) RESOLVED that the information in the report and given in response to Members' questions be noted, with thanks.

### **34. Kent Adult Social Services Complaints Report** *(Item B4)*

1) Mrs Longhurst introduced the report and reminded Members that Kent was part of a pilot of a new complaints procedure which made the process faster and more flexible. Staff had received training on the new process, and complainants had reported an improved experience due to more direct contact with staff. KASS had already viewed complaints as useful feedback which helped shape policy and service provision. There was very little difference in the number of complaints received this year compared to last, and none had gone to the Local Government Ombudsman. Mrs Longhurst responded to comments and questions from Members, as follows:-

- a) complaints can be a difficult area for Members to deal with, as any Member could receive a complaint via their local surgery and would have to pass it on to KASS impartially, without taking a view. It was important that complainants' details were kept confidential, and all complaints were issued with an identifying number (rather than being referred to by the complainant's name). Members asked for a best practice guide for Members on how to handle complaints, but Mrs Longhurst and Mr Mills pointed out that not all Directorates had the same statutory complaints procedure and that not all complaints received by KCC Members would necessarily be about KCC services; and
  - b) KASS did not have a formal advocacy system, e.g. like the one used by the NHS, but had found that clients were helped just by having the support of KASS staff in an informal advocacy role.
- 2) RESOLVED that the information in the report and given in response to Members' questions be noted, with thanks.

### **35. New Horizons**

*(Item B5)*

- 1) Mr Leidecker introduced the report which set out the government's proposal for a new vision and strategy for Mental Health services and KCC's response to them. He responded to questions and comments from Members, as follows:-
  - a) Kent did not envisage major changes in its current practice and provision. Many of the existing services meet statutory requirements and therefore would need to continue and a number of new services are very much in line with the vision in New Horizons. Mr. Leidecker undertook to report further to the POSC when the government produced their response to the consultation and the implications were clearer;
  - b) many clients with Mental Health needs also had a physical disability and often have a shorter life expectancy due to this rather than their Mental Health problem. To extend life expectancy and the quality of life for these clients, the standard of their physical health need to be raised; and
  - c) KASS has the responsibility for addressing Mental Health issues in the workplace, via investment in vocational training and for guidance and support for employers via the community Mental Health team and in partnership with others such as MIND and Job Centre Plus. KCC is part of a pilot to raise awareness of Mental Health issues in the workplace, which is being led by the Kent and Medway Partnership Trust, but there is still much educational work to do.
- 2) RESOLVED that the information in the report and given in response to Members' questions be noted, with thanks.

### **36. Update on Select Committee Work**

*(Item C1)*

- 1) Miss Grayell introduced the report and added that the Select Committee on Dementia which had been proposed by this POSC would start its work in the summer of 2010, to take account of the bedding in process of the National Dementia Strategy.
- 2) RESOLVED that the information in the report be noted.