

KENT COUNTY COUNCIL

CABINET SCRUTINY COMMITTEE

MINUTES of a meeting of the Cabinet Scrutiny Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 26 March 2008.

PRESENT: Dr M R Eddy (Chairman), Mr D Smyth (Vice-Chairman), Mr A H T Bowles, Mr J R Bullock, MBE, Miss S J Carey, Mr A R Chell, Mr B R Cope, Ms A Harrison (Substitute for Mrs M Newell), Mr C Hart, Mr G A Horne MBE, Mr S J G Koowaree (Substitute for Mrs T Dean), Mr C J Law, Mr J E Scholes, Mr J D Simmonds (Substitute for Mrs P A V Stockell) and Mr R Truelove.

ALSO PRESENT: Mr M J Fittock (for item on Queen Elizabeth Resource Centre)

IN ATTENDANCE: Ms D Fitch, Assistant Democratic Services Manager (Policy Overview)

UNRESTRICTED ITEMS

50. Mr Stuart Ballard

(1) The Chairman mentioned that Mr Stuart Ballard, Head of Democratic Services, would be retiring on 31 March 2008.

(2) RESOLVED that the Committee place on record its thanks to Mr Ballard for his advice and support to the Committee and its best wishes for his retirement.

51. Minutes - 23 January and 1 February 2008

(Item. A3)

RESOLVED that the Minutes of the meetings held on 23 January and 1 February 2008 are correctly recorded and that they be signed by the Chairman.

52. Action Taken on Committee's Recommendations

(Item. A4)

(1) In relation to Minute 33 (1), Mr Law informed the Committee that following his meeting with the Leader, in future all recommendations from this Committee would be responded to by Cabinet at their next meeting.

(2) Mr Smyth drew Members' attention to the Kent Credit Union meeting that was being held on Monday 7 April 2008 at 1.00pm at Oakwood House.

(3) RESOLVED that the actions taken on the Committee's recommendations be noted.

53. Informal Member Group on Budgetary Issues - 10 March 2008
(Item. A5)

RESOLVED that the notes of the Informal Member Group on Budgetary Issues, held on 10 March 2008, be noted.

54. Kent Health Watch
(Item. C1)

(1) Mr G K Gibbens, Cabinet Member for Public Health, and Mr M Lemon, Policy Manager, Kent Department of Public Health, attended the meeting for this item.

(2) Mr Gibbens welcomed the opportunity to answer questions from Members. He pointed out that reports on Kent Health Watch and/or LINKs would be considered by the Corporate Policy Overview Committee and Health Overview and Scrutiny Committee shortly. He stated that it was important to recognise that the roles of LINKs and Kent Health Watch were different. LINKs was not a complaints mechanism, it was an opportunity and a means for Groups to form a link and to make representations in relation to healthcare provision in a particular local authority area. Kent Health Watch was a means by which individuals could be signposted to make complaints in relation to Health and Social Care.

(3) Members' questions covered the following issues:-

LINKs and Kent Health Watch

(4) Mr Gibbens in response to a question from Mr Smyth, reiterated that LINKs was not fundamentally a complaints mechanism and that Kent Health Watch had been established to help people progress through the complex method of making their complaints and was a signposting mechanism.

(5) In response to a question from Mr Law, Mr Gibbens stated that he would ensure that Kent Health Watch and LINKs appeared on the agendas for both Corporate Policy Overview Committee and Health Overview and Scrutiny Committee. He also expressed a willingness to come back to Cabinet Scrutiny after Health Watch had been established.

Social Care and Kent Health Watch

(6) In answer to a question from Mr Smyth, Mr Gibbens stated that the reason why social care would not come online with Kent Health Watch until 2009, was that they wanted to make sure that the staff in the Contact Centre dealing with these issues fully understood the Health Service. There was already a knowledge of social care within the Contact Centre. It was important to ensure that these Call Centre contacts were versed in Health Service matters. Mr Lemon, in addition, pointed out that April 2009 was the latest date that Social Care would be added to Health Watch. He also mentioned that Kent was likely to be an early adopter for the new streamlined complaints procedure for health and social care proposed under the Making Experiences Count (MEC) initiative.

Health Service Complaints system

(7) In answer to a question from Mr Hart, Mr Gibbens stated that the evidence across the country was that the Health Service Complaints procedure was complex and not working effectively. He stated that our health service colleagues were welcoming the introduction of Health Watch as a means to encourage complaints. He stated that what was being proposed here would be a massive benefit to the people of Kent and would enable them to make complaints and express concerns. He accepted that the evidence was that people had not been able to easily work their way through the complaints process within the Health Service.

(8) In response to a question from Mr Truelove, Mr Gibbens stated that one of the reasons for the establishment of Heath Watch was that there was evidence over the past 12 months, that issues raised by the public in relation to healthcare had not really been answered. Kent Health Watch was there to signpost people so that their concerns could be dealt with.

(9) In answer to a question from Mr Truelove, Mr Gibbens confirmed that he had spoken to Ms Sutton, who had welcomed an increase in the number of complaints to encourage issues to be brought out in the open. Kent Health Watch was a means to do this and Ms Sutton was willing to work in partnership with Kent.

(10) In response to a question from Mr Chell, Mr Lemon replied that, if a complainant had not been satisfied with the response to his complaint, there were appeals procedures that the Health Watch Contact Centre staff could direct them to. It was the role of Health Watch to direct people to existing procedures and also could signpost advocacy services.

(11) In response to a question from Dr Eddy, Mr Gibbens stated that, if necessary, KCC could bring concerns to the attention of Chief Executives of PCTs to ensure that there was a satisfactory outcome.

(12) In answer to a question, Mr Lemon confirmed that there was no suggestion of involving clinical practitioners as there already a robust process for clinical complaints. Kent Health Watch would signpost that process.

LINKs

(13) In response to a question from Mr Hart, Mr Gibbens emphasised that LINKs was a self-governing body, separate from the County Council. It would be up to the LINK organisation to decide how it would operate. The County Council could influence this but could not stipulate it.

(14) Mr Gibbens undertook to supply the Committee with the timetable for implementing LINKs.

Information from Kent Health Watch

(15) In response to a question from Mr Chell, Mr Gibbens stated that Contact Centre colleagues would be specifically trained to handle Health Watch calls and the data from these would be analysed. The information accumulated would be of interest to both the Health Overview Scrutiny Committee and the new LINKs. He confirmed that this was a sign-posting process. If a complainant was not satisfied

with the response they had received from the health service, they would then be given advice as to how to take this to the next level.

Level of calls

(16) In answer to a question from Mr Simmonds, Mr Lemon explained that a best guess had been made about the level of calls for Kent Health Watch. This was based on the 35,000 contacts that Patient Advice and Liaison Services (PALs) expected to have across the South East Coastal Strategic Health Authority Area and the 4,000 different complaints to the Trusts in Kent. An unknown factor was how many complaints were received by GPs, pharmacists, opticians, etc. Based on this, he estimated that there was a potential of 12,000 calls a year. It was estimated that each call for Health Watch would take approximately 9 minutes and therefore, they would need 7.5 full time equivalents trained up to deal with this service. The contact centre staffing costs were estimated at £200,000 per annum. However, there would need to be flexibility as, when a particularly contentious issue arose, more resources may be required. On top of these costs, expenditure was necessary for the media and publicity costs.

Re-evaluation of Kent Health Watch

(17) In response to a question from Mr Horne, Mr Gibbens stated that it was intended to re-evaluate Kent Health Watch after 12 months with health care colleagues. He emphasised that Health Watch was something that would evolve and develop. It was important to have a model that could be developed and taken forward.

Gateways and Kent Health Watch

(18) In response to a question from Mr Koowaree, Mr Gibbens stated that the possibility of incorporating Kent Health Watch in the Gateways could be looked at as the process developed. However, at the moment it was intended to introduce Kent Health Watch via the established Contact Centre.

(19) RESOLVED that:-

- (a) Mr Gibbens and Mr Lemon be thanked for attending the meeting to answer Members' questions;
- (b) Mr Gibbens be asked to submit a monitoring report to the December 2008 meeting of this Committee on Kent Health Watch;
- (c) Further consideration be given to the appropriateness of using the Contact Centre to receive confidential personal information from Health Watch callers;
- (d) The importance of there being a KCC exit strategy for Kent Health Watch was emphasised; and
- (e) Consideration should be given to linking Kent Health Watch with other systems such as Gateways.

55. A21 and East Kent Access Phase 2 - Cost Increases

(Item. C2)

(1) Mr K A Ferrin, Cabinet Member for Environment, Highways and Waste and Mr G Harrison-Mee, Director – Kent Highway Services, attended the meeting for this item.

(2) It was noted that representatives of the Highways Agency had been invited to attend the meeting for this item but had declined to do so.

(3) Mr Ferrin stated that an issue in relation to this was that KCC did not have an officer or Member representative on the Regional Transport Board. He stated that this project was at the top of KCC's agenda and that he was disappointed that representatives from the Highways Agency had not come along to answer questions as it was a Highways Agency Scheme.

(4) Mr Ferrin explained that the Department of Transport had commissioned the Nicholls Report to recommend changes in procedures and this had the potential of delaying highway schemes in Kent due to the need to re-estimate some of the Highway Agency schemes which had reached a key stage of their delivery. This included the A21 and East Kent Access Schemes. The re-assessment of these schemes had led to considerable cost increases, and it was difficult to see how this could be met from the fixed budget allocated. He stated that the delay of these schemes could have an impact on the building of the Pembury Hospital. This scheme was badly needed and every effort needed to be made to press for it and to urge the Government to make adequate funding available. Mr Ferrin confirmed that the cost difference meant that it would not be possible for KCC to contribute the additional amount required for this scheme, responsibility for which, as a Highways Agency scheme, lay with the Government.

Cost of Scheme

(5) In response to a question from Mr Bullock, Mr Harrison-Mee said that it was not possible to compel the Highways Agency to provide a break down of the increased costs but he could ask them for this. It would be possible for officers to do a comparison of costs, but this would also have a cost element to it. Mr Ferrin questioned the value of KCC doing its own breakdown of costs as it was a Highway Agency scheme.

(6) In response to questions from Members, Mr Harrison-Mee confirmed that the only thing that had changed in relation to the scheme was the funding and that, therefore, it was important to press the Highways Agency for a start date.

Funding

(7) In response to a question from Dr Eddy, Mr Ferrin said that the key issue was whether the Government would be willing to put forward the extra money. He was concerned that, if they did and they insisted that the budget stayed as it was, the Regional Transport Board would be compelled to take one of the schemes out.

(8) In response to a suggestion from a Member that a percentage could be raised on every Section 106 agreement in Kent to fund this scheme, Mr Ferrin was of the view that this would not be in accordance with the rules for Section 106

monies. Looking at how we could raise some funds to contribute to these schemes would not be productive as this was not our project.

Route

(9) In answer to questions from Mr Law and Mr Horne, Mr Ferrin cautioned against making any representations for an offline route as this could sideline the issue. It was important to press for implementation of the plans as put forward. He believed the objective should be to preserve the scheme and get an assurance that it would be underway as soon as possible.

(10) RESOLVED that:-

- (a) Mr Ferrin and Mr Harrison-Mee be thanked for attending the meeting to answer Members questions;
- (b) Dr Eddy write to the Minister on behalf of Committee (the letter to be agreed cross-party) requesting that the existing timetables for these schemes be retained;
- (c) Mr Ferrin be requested to approach the highways agency for a break down of the costs of the scheme;
- (d) Cabinet Members be requested to promote unified support from all Members of Parliament, County Councils, District Councils, Parish Councils along the route of the A21 and the letter in (b) be copied to them.

56. Modernisation of Queen Elizabeth's Resource Centre, Dartford *(Item. E1)*

(1) Mr K G Lynes, Cabinet Member for Kent Adult Social Services, Mr O Mills, Managing Director, Kent Adult Social Services Directorate, Mrs M Howard, Director of Commissioning and Provision, West Kent (KASS), Mr C Holden, Project Manager (KASS), Ms B Henry, Modernisation Manager (KASS), and Mrs S Mallion and Mr P Wright, Service Users of Queen Elizabeth Resource Centre attended the meeting for this item.

(2) The Chairman welcome Mrs Mallion and Mr Wright, service users of the Queen Elizabeth Resource Centre, to the meeting, and invited them to address the Committee and to answer questions from Members.

(3) Mrs Mallion explained that the Queen Elizabeth Resource Centre had activity-based day services which included a gym, a computer room and woodwork room and that through the Centre, trips were arranged and support given on a "buddy" basis to users. The Centre was open five days a week and people tended to access it for a maximum of three days per week. The services were based around the individual and their needs. Mrs Mallion stated that a lot of people who used the service had acquired their disability and therefore had changing needs. She stated that there was a great fear of isolation amongst users.

(4) Mr Wright stated that one of the big strengths of the Centre was that it gave people the opportunity to help each other and to gain information and support.

They would also access outside services and used a “buddy” system. This was a valuable service, which was led by the Members of the Centre. He gave the example of a new member who wanted to try sub-aqua. The Centre members looked into whether this could be provided including its cost-effectiveness and managed to arrange for seven members to try sub aqua in a pool environment. He emphasised the important role that the Centre played in providing a place for people to meet and provide support and facilities. If people were based at home, it would be difficult to come together. One of the important strengths of the Centre was its ability to help people build up their confidence levels. The members of the Centre wanted people to look at what they could do, not what they could not do.

(5) Mr Wright stated that he and other users had been encouraged to go out into the community and see what was actually available. He had tried to go to a computer café and initially he could not gain access, and, of the users that could gain access, some could not get near the table. There was also no assistance available to help them with co-ordination. Users had also been to local gyms and sports centres but had found these also difficult to access by people in a wheelchair. He mentioned a refurbishment of a bowling alley which used to be used by service users. When it had been refurbished there was no access for wheelchair users without assistance. One of the issues that had arisen was the need for service users to have assistance to participate in activities. At the Centre they used a “buddy” or volunteer system which they would not have at an outside venue. He also gave the example of three possible centres that had been suggested, and the issues with two of them. He stated that they had tried to be constructive and see what was available and accessible.

(6) Mr Wright expressed concern at the pace of change. He believed that it was happening too quickly before adequate, accessible facilities had been identified. He stated that users believed in inclusion, but currently, there was a danger that people would become recluses in their own homes and that it would be for the care managers to try to provide something for them.

(7) Mr Wright stated that, following the publicity relating to the modernisation of the Centre, more people had applied to join it, as they had become aware of it. However, KCC had put an embargo on accepting new members. He stated that Darent Valley Hospital had wanted to refer stroke patients but they were not able to do this at the moment as they could not accept new members. He stated that they would readily accept this modernisation if there was something better available for them.

(8) Mrs Mallion stated that service users at the Centre had made a choice and by taking away that service, that choice had been taken away. She believed that the Centre should continue until there was an equal and better service in place. She emphasised that Active Lives was a five-year strategy.

(9) Mr Lynes stated this was an issue which each side felt passionately about. He appreciated the opportunity at this meeting to hear both sides in a controlled environment and not the emotive one of the media. He circulated a copy of Active Lives to Members. This was KCC’s vision for 2007-2012. This set out what people who used the services wanted them to look like, and was in line with Government and Social Services departments across the country. He emphasised the

importance of the modernisation process across the county, giving service users increased freedoms and choices. He did not expect this to be a cheaper option, but with Direct Payments there was an increased flexibility. He recognised there was an increased cost to giving people choice.

(10) Mr Mills stated that it was important to be clear about the direction of travel and to understand the fears of service users. However, this was not just about Kent Adult Social Services. It was a whole system change involving Adult Education and leisure centres, to make sure that services were accessible. He also made the point that 80% of people that were supported by Kent Adult Social Services (KASS) in West Kent did not use the Centre. He offered to provide Members with update reports over the next few months so that KASS could be held to account and Members could be confident about what was happening.

(11) Mrs Howard acknowledged that service users valued the opportunity to meet together and help each other and that Mrs Mallion and Mr Wright were very capable and able to help others. She stated that the aim was to establish a social network centre which would give people the opportunity to come together, which could be staffed by QEF staff. She anticipated that some service users would take the opportunity to take a Direct Payment. She stated that some facilities could and should be re-provided as part of adult education. In relation to gyms, there should be the opportunity to have more gyms in the community and to expand services so that they were available to all service users. She referred to the Fastrack buses which made accessibility easier.

(12) Mr Lynes explained that Cabinet Members found it hard to justify maintaining the status quo and pointed to the fact that it was necessary to have 100% of the potential service users in the area on the radar. Currently only 11% could choose to use the Centre. There was a need to engage service users and he would like to think that it was possible to work through various options. He stated that he would not like to see the loss of the Centre before alternatives were in place. It was necessary to make every reasonable effort to identify alternatives. He stated that KASS were seeking to engage and define the shape of social care in years to come and would like to think they could proceed at a pace.

(13) Mr Mills stated that KASS was committed to consultation and believed that they had consulted as fully as they could. KASS had a good reputation for delivering good services. He referred to the Government's direction of travel for 2025 and stated that this needed to be achieved by then. He stated that Kent was well regarded and had a clear vision in relation to Active Lives. They had an obligation to the other 89% of potential service users who did not use the Centre and to make sure that they were making the best use of resources. Day Centres were a traditional way of providing support, but he wanted to move to a world where more people could access services in the community, and, in reality, it was not viable to maintain the services for a small number of users.

Consultation

(14) In response to a question from Mr Koowaree, Mrs Mallion stated that they had been consulted in February 2008. In May/June last year, it became apparent that there were proposed changes but it was not clear that this would result in closure of the Centre. Users were told that it was about modernising services and therefore thought that it was about enhancing what was already there. When it

became apparent that this was leading to closure, it became an issue. She emphasised that Members understood and supported the Government's long-term agenda to have facilities accessible within the community. However, at the present time, services were not fully accessible, and it was not possible for people to access services in the same way in the community as they did at the Centre. She did not believe that Members of the Centre had been given a clear and transparent view of the future. She did not feel that there had been true consultation with users and carers in relation to what provision there would be in place. She stated that she did not feel there had been direct service user consultation.

(15) In response to a question, Mrs Mallion stated that she had not had a copy of the impact assessment, which she believed should be part of the process.

(16) In response to a question from Mrs Mallion, Mr Mills stated that he was confident that consultation had been carried out correctly. As this was not a KCC service, it had not gone through the formal KCC consultation process. He emphasised that KCC were changing the service but not cutting it.

(17) Regarding the issue of consultation, Mrs Howard stated that there had been a process in 2003 which had involved service users, and, in the meantime, the Disability Awareness Act had come into force. She stated that the decision in relation to commissioning services was made in late 2006. The Review Board was established in February, met regularly and involved Mrs Mallion and other service users. There had also been briefings not just to the Centre users but to other service users as well. KASS wanted to be able to re-provide local based services and had genuinely listened to service users. There was also a need for everyone to have an up-to-date assessment so there was a sense of what was required, and this was all part of the process which informed the way forward.

(18) In response to a question from Mr Horne, Mrs Mallion stated that they were seeking legal advice as they did not believe there had been a true consultation. She reaffirmed that they wanted a fully-inclusive society, but they believed that the modernisation and closure of the Centre was happening too quickly, without true, and she was clear that changes had to be for the better.

Direct Payments and Networking

(19) In answer to a question from Mr Law, Mr Lynes stated that Direct Payments gave the opportunity for people to network and to form groups of common interest to enable them to have activities such as, for example, sub-aqua. In terms of practical networking, it could be possible to have two tables at the back of Costa Coffee and to network in a coffee bar. This needed to be worked out together with service users. He stated that service users had said that the building was irrelevant and that it was about the provision of services.

(20) In response to a question from Mr Hart, Mrs Howard stated that they were aiming to have three networking sites in community facilities which would give service users the opportunity to meet and to go on from there. Young disabled people that had spoken to had said that what they really wanted was a job and did not necessarily want to be in the company of disabled peers. There were more young people coming through the system and they were working to make services more accessible.

Transport

(21) In response to a question on the transport issues, Mr Wright stated that the Centre ran two ambulances, but there was a problem with buses in that they only one wheelchair space on Fastrack buses, and, if this was being used by a buggy, then the wheelchair user had to wait for the next service. Mrs Howard accepted that transport was an issue, but that Fastrack buses ran every 10 minutes, and a percentage of service users owned their own car.

Support

(22) In response to a question, Mr Lynes stated the he could evidence that the 11% who used the Centre did not have a more complex level of needs and some were not the responsibility of KCC. For example, there were service users who came from the Medway Towns and used the Centre. He stated that Mr Mills had agreed that everybody at the Queen Elizabeth Resource Centre would receive support to go forward. He also referred to the freedom that Direct Payments gave.

(23) Mr Mills stated that he had responsibility to make best use of resources, and that he would do his best to make sure that services provided in the community were acceptable.

(24) RESOLVED that:-

- (a) Mr Lynes, Mr Mills, Mrs Howard, Mrs Holden, Ms Henry, Mrs Mallion and Mr Wright be thanked for attending the meeting to answer Members' questions;
- (b) the Managing Director be requested to give further consideration to the need for a base for operations in the area to ensure that no service users were overlooked; and
- (c) the Cabinet Member and the Managing Director be advised that the Cabinet Scrutiny Committee would like to be assured that future consultation on changes to service provision should follow a standard format whether KCC is the provider or the commissioner of the service.

57. Motion to Exclude the Press and Public

(Item. F1)

RESOLVED that under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 or Part 1 of Schedule 12A of the Act.

58. Award of Construction Contract for 24 New Build Children's Centres (Decision 08/01144)

(Item. F2)

(Decision 08/01144) (This is an unrestricted minute of a matter which was exempt)

(Mr Simmonds declared a prejudicial interest in accordance with paragraph 11(2) of the Code of Member Conduct adopted on 21 June 2007 he remained in the meeting but took no part in the debate or decision.)

(1) Mr M C Dance, Cabinet Member for Operations, Resources and Skills (CFE), Dr I Craig, Director, Operations (CFE), Mr G Ward, Director, Resources (CFE) and Mr P Binnie, Head of Operations attended the meeting for this item.

(2) The Cabinet Member and Officers answered questions from Cabinet Scrutiny Committee Members in relation to this item.

(3) Mr Dance agreed to supply a copy of the summary of costs for the New Build KCC Children's Centres sites.

(4) RESOLVED that:

- (a) Mr Dance, Mr Craig, Mr Ward and Mr Binnie be thanked for attending the meeting to answer Members questions.; and
- (b) In light of the information provided at the meeting in response to questions, the Committee agreed that they did not need to make any formal comments to Cabinet.