

ADULT SOCIAL CARE AND PUBLIC HEALTH POLICY OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Adult Social Care and Public Health Policy Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 30 March 2012.

PRESENT: Mrs V J Dagger (Vice-Chairman, in the Chair), Mr R E Brookbank, Mr L Christie, Mrs P T Cole, Mr N J Collor, Mr C Hibberd, Mr S J G Koowaree and Mr C P Smith

ALSO PRESENT: Mr G K Gibbens and Mr P W A Lake

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Ms M Peachey (Kent Director Of Public Health), Mr M Lobban (Director of Strategic Commissioning), Mr A Scott-Clark (Deputy Director of Public Health, NHS E & C Kent), Ms P Southern (Interim Director of Learning Disability and Mental Health), Mrs A Tidmarsh (Director of Older People and Physical Disability) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

83. Minutes of the meeting held on 10 January 2012 *(Item A4)*

RESOLVED that the Minutes of the meeting held on 10 January 2012 are correctly recorded and they be signed by the Vice-Chairman. There were no matters arising.

84. Vice-Chairman's Announcements

The Vice-Chairman suggested, and it was agreed, that the Chairman be sent the Committee's warmest best wishes for a continued good recovery from his hip operation.

85. Oral Updates by Cabinet Member, Corporate Director of Families and Social Care and Director of Public Health *(Item A6)*

1. Mr Gibbens reported that Brenda Bridgland will retire on 20 April after working for the County Council for 32 years, latterly supporting governance arrangements in the Families and Social Care Directorate. He thanked Mrs Bridgland for her support to him as a Cabinet Member and for her massive contribution to the smooth running of the Committee. He offered his best wishes for success and happiness in the future.

2. He then gave an oral update on the following:-

- Hosted Lunch at Public Health England Event – work is ongoing on the governance arrangements for Public Health England.

- Visited Healthy Living Centre in Dartford – this is a good hub for active joint working.
- Attended Public Health National Conference.
- Local Government Association Ageing Well Seminar – supporting older people into healthy and active retirement is a huge agenda and there is much work ahead.
- Visited 'Wellbeing Kiosk' in Gravesend – the public can have their blood pressure, body mass index (BMI) and other aspects tested.
- Curves Press Event in Gravesend – Curves is nationwide chain of women-only fitness centres, which in Gravesend has good links with the BME community.
- Kent Learning Disability Partnership Event at Canterbury Christ Church University – this is always a positive experience, with much enthusiasm from Partnership members. The Partnership is chaired by, and meetings and events organised by, people with learning disabilities.
- Whole System Demonstrator Technology Launch Event – this celebrated Kent's success in reaching its targets.
- On 29 March, the County Council discussed the allocation of Public Health money to local authorities and what representations the County Council could make to the Department of Health about the generally low allocations made to South East authorities, particularly Kent.

3. Mr Ireland gave an oral update on the following:-

- Penny Southern has recently been appointed Director of Learning Disability and Mental Health, having previously filled the role in an interim capacity. Ms Southern was congratulated on her appointment.
- Transformation Programme - stakeholder meetings – this is a huge piece of work, involving many stakeholders from various sectors. Stakeholder meetings have proved very valuable.
- Re-structuring - Strategic Commissioning – there will be an extensive consultation process on this.
- NHS/Social Care Integration – a joint appointment has been made in Dover and Thanet; the Head of Service also manages Community Health provision.

4. In response to a question about Four Seasons Care Homes, and major concerns about the company's financial viability, Mr Ireland and Mr Lobban assured Members that KCC has all the information it needs to identify KCC clients placed in the four homes concerned. Moving a client who has lived in a home for a long time can be traumatic, for them and their family, but Mr Lobban said the officer team is confident that KCC's experience of dealing with a similar situation with Southern Cross places them in a good position to manage the impact effectively.

5. Ms Peachey gave an oral update on the following:-

- Public Health Transition - national policy. Public Health England is still a shadow entity and will appoint an Executive in April 2012. There is good engagement between Public Health England and the County Council, but some change to the law is still needed to allow the County Council to access NHS data.

- Baseline spending estimate allocations for the South East are low, but the County Council is working with the Primary Care Trusts to determine the complex spend allocation.
- Sexual health services workshop for KCC – sexual health is a statutory service with a large spend of £11m. KCC Members will be invited to attend sexual health workshops.
- Peer education drama competition – smoking. This was a good quality event which demonstrates that peer drama can be effective in spreading health messages.
- The Public Health England website cites Kent as a good example of best practice.

6. In response to a question about the low funding allocations in the South East, Ms Peachey explained that each county is assessed separately rather than being lumped together as a region. NHS allocations follow historical patterns, using a formula based on deprivation. It is hoped that Kent's allocation will be increased using the 'fair shares' formula.

7. The oral updates were noted, with thanks.

86. Adult Safeguarding in Institutional Settings (Item B1)

Mr N Sherlock, Head of Adult Safeguarding, FSC, and Mr A Coombe, Associate Director of Safeguarding, NHS Kent and Medway, were in attendance for this item.

1. Mr Sherlock and Mr Coombe presented a series of slides which set out the framework for adult safeguarding, statistics of the number of referrals received, and from where, and the respective quality monitoring mechanisms in FSC and the NHS. With Mr Ireland and Mrs Tidmarsh, they responded to questions and comment from Members, and the following points were highlighted:-

- a) although KCC and the NHS both have robust mechanisms in place to identify safeguarding issues and be proactive in dealing with them before they are highlighted by the Care Quality Commission (CQC), they also have an obligation to respond promptly to any recommendations made by the CQC;
- b) most adult safeguarding alerts received by KCC and its NHS partners come from local care co-ordinators and clients' families rather than from the CQC. All new safeguarding alerts received by the KCC come via the new central referral unit;
- c) quality monitoring should take place at two levels:- by monitoring the experiences of individual residents in care homes and via the contracts established with providers for services delivered in clients' own homes. KCC will always seek to achieve a quality of service which is above the basic CQC threshold. Information sharing between KCC and the NHS adds assurance to the monitoring mechanism;
- d) some vulnerable adults who might experience safeguarding issues do not come to the attention of the KCC or NHS, and some are difficult to

help if they choose to put themselves in a potentially dangerous situation;

- e) pilot quality monitoring projects have been run in different parts of the county. A project monitoring residential units was piloted in East Kent as two-thirds of residential units are located there, while another project was piloted in West Kent. Pilot schemes proving successful will then be rolled out across the whole county;
- f) admissions to hospital and care homes are minimised as far as possible, with care services being delivered to clients' homes. KCC and NHS work closely with community providers such as GPs; and
- g) person-centred care is still very much the goal, and it is important to ensure that hospitals staff is suitably trained to understand the needs of those with learning disabilities or mental health needs.

2. RESOLVED that the information set out in the presentation and given in response to comments and questions be noted, with thanks.

87. Safeguarding Vulnerable Adults - Quality and Effectiveness of Threshold Assessments

(Item C1)

Mr N Sherlock, Head of Adult Safeguarding, FSC, was in attendance for this item.

1. Mr Sherlock introduced the report and explained that, as CQC will move away from inspecting the KCC's Adult Safeguarding Unit, KCC had established a process whereby it can audit itself. These audits use the same methodology as that used by CQC and have shown steady progress towards 'excellent' and 'good' ratings.

2. Mr Sherlock, Mrs Tidmarsh and Mr Ireland responded to comments and questions from Members, and the following points were highlighted:-

- a) it is important to ensure that staff are properly trained to identify and deal with safeguarding issues. KCC has surveyed all care homes to check, firstly, whether or not they have a process for dealing with safeguarding alerts, to offer KCC's help to establish one and to train their staff accordingly. Suitable training is an important part of the CQC requirements;
- b) removing a client from a home can be a major upheaval for the client and their family, and KCC tries to avoid moving residents if this is at all possible, by working with a home to address shortcomings and raise standards. Much of this work takes place behind the scenes, and necessarily takes time. While this is going on, KCC will not place any new clients in the home. Clients, families and the care provider are all given support to address and solve problems;
- c) there are four different levels of possible response, depending on the complexity of a case, and each has its own timescale; and

- d) local authorities are able to carry out peer reviews of each other's services. Such a review is currently being planned.
3. Mr Gibbens assured Members that he and Mr Lake take adult safeguarding issues very seriously. They receive regular performance updates and challenge officers about the information provided.
4. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

88. Dementia Select Committee Report Recommendations - Implementation Plan

(Item C2)

Ms E Hanson, Commissioning Manager, KCC/NHS Kent and Medway, and Mr M Thomas-Sam, Head of Policy and Service Standards, were in attendance for this item.

1. Ms Hanson and Mr Thomas-Sam introduced the report and explained the close links between Dementia, safeguarding and service transformation. Since the Select Committee published its report, other key documents have emerged which shape the way the KCC approaches Dementia, and it is now being viewed as a long-term condition which needs to be built into service planning across the county. With Mrs Tidmarsh and Mr Lobban, they responded to comments and questions from Members. The following points were highlighted:-

- a) training for KCC staff and homes staff is provided by Dementia UK and is of a very high standard. This is offered to colleagues in the private and voluntary sector for a subsidised cost of £15 per person per day. The Integrated Local Area Workforce Strategies (InLAWS) Project highlighted the importance of training;
 - b) the establishment of joint posts between KCC and the NHS (eg, Ms Hanson's post) will make it easier to identify and monitor the funding of services around Dementia, as well as making the best use of staffing resources. This will help start to identify the true costs of Dementia. Earlier identification of Dementia by GPs, even if a formal diagnosis is not sought, makes the scale of the problem easier to identify, which will in turn help to indicate future funding needs;
 - c) earlier diagnosis also allows a client and their family to receive suitable services and support earlier, leading to a better experience, and minimises the likelihood of them needing crisis intervention later. However, some people live with Dementia without experiencing any problematic symptoms; and
 - d) public awareness campaigns will increase public knowledge of the services which are available, whether or not a diagnosis has been given. A website and helpline will be part of this.
2. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

89. Amendments to the Charging Policy for Home Care and other Non-Residential Services

(Item C3)

The Committee agreed to consider item C3 as urgent business as the papers had not been placed on public deposit with the required five clear working days' notice.

Mr M Thomas-Sam, Head of Policy and Service Standards, and Miss M Goldsmith, FSC Finance Business Partner, were in attendance for this item.

1. Mr Thomas-Sam introduced the report and explained that the change to the categories of service user to be included in the charging policy were being made because it had proved impractical to calculate charges for those clients on a individual basis, and hence not possible to implement the charging policy the KCC had intended in the original decision. He and Mr Ireland responded to comments and questions.

- a) a view was expressed that, although the exclusion of certain client groups is welcomed, it is disappointing that the original charging policy had apparently not been properly thought out or checked through and now needs to be amended;
- b) this change will inevitably lead to some loss of income to KCC from the client groups being excluded, and concern was expressed about how and from where this shortfall might need to be made up. Mr Ireland assured Members that the difference was not a large sum and that other service users would not be charged more to make up the shortfall; and
- c) the equality impact assessment had shown no implications, and reassurance was sought that clients using a Direct Payment and those not using a Direct Payment will be treated equally. Mr Thomas-Sam assured Members that this amendment does not lead to any unfairness and undertook to provide the written confirmation requested.

2. Mr Gibbens stated that he views agenda items C3 to C6 as pre-decision scrutiny and confirmed that, when he comes to take the respective decisions, he will take account of comments made by Members during discussion.

3. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted, with thanks; and
- b) when Mr Gibbens comes to take the decision, he will take account of comments made by Members during discussion.

90. The Treatment of Jointly-Owned Property in the Residential Charging Assessment

(Item C4)

Ms C Grosskopf, Policy Officer, and Mr M Thomas-Sam, Head of Policy and Service Standards, were in attendance for this and the following two items.

Mr L Christie declared a prejudicial interest as a tenant in common who could be affected by the decision to be taken. He left the meeting room during discussion of this item.

1. Ms Grosskopf introduced the report and explained that a change to the policy is being sought to address operational issues arising from the previous policy regarding the treatment of jointly-owned property. She responded to comments and questions and the following points were highlighted:-

- a) the requested change to policy will not be applied retrospectively to clients whose charges have already been calculated but will apply only to future clients' calculations; and
- b) Members sought reassurance that future policy will be checked more carefully so that later adjustments do not need to be made.

2. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted, with thanks; and
- b) when Mr Gibbens comes to take the decision, he will take account of comments made by Members during discussion.

91. Temporary Financial Assistance for Residential Care *(Item C5)*

1. Ms Grosskopf introduced the report and explained that a change to policy was being sought to adjust the level of liquid capital to be taken into account when calculating a client's eligibility for temporary financial assistance. There were no comments or questions from Members.

2. RESOLVED that the information set out in the report be noted, with thanks.

92. The Treatment of Second Homes and Property Other Than a Person's Main Home in the Non-Residential Charging Policy *(Item C6)*

1. Ms Grosskopf introduced the report and explained that a change to policy was being sought to take account of a client's second home or property elsewhere as part of their capital assets when calculating charges, in line with the policy adopted by other local authorities. There were no comments or questions from Members.

2. RESOLVED that the information set out in the report be noted, with thanks.

93. Public Health Performance *(Item D1)*

1. Mr Scott-Clark introduced the report and highlighted key areas of progress. He responded to comments and questions from Members and the following points were highlighted:-

- a) health initiatives can and are delivered via different routes – eg in West Kent, the Healthy Weight project is delivered via Borough and District Councils, while in East Kent it is delivered via the Community Health Trust; and
- b) the sexual health screening service in East Kent currently has a staff vacancy, and Mr Scott-Clark undertook to respond to a question about the effect of this outside the meeting.

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

94. Winter Intervention Support Kent (WISK)

(Item D2)

Mr C Thompson, Public Health Specialist, NHS Kent and Medway, was in attendance for this item.

1. Mr Thompson introduced the report and explained that the Winter Intervention Support Kent (WISK) 2011/12 project ended on 30 March. Monitoring of the success of the project is ongoing, but it is already clear that it has left a large underspend, due to the mild winter, which had necessitated fewer interventions than expected. It will be possible to contribute this underspend to next year's project. Expenditure on the project included payments of £58,000 to home improvement agencies and Age UK for home visits and £27,500 to Age UK and £14,000 to domiciliary care agencies for their staff which attended for training. A Winter Warmth Support fund of £10,000 was also made available to each of the 12 geographical district areas.

2. The main challenge of running the project this year has been the lack of time to gather the necessary information with which to target those clients most likely to be affected, but the most successful element has been the good partnership working and the fact that over 800 Kent residents have been offered support around living in a warmer home environment. Age UK provided training across the county for 621 domiciliary care workers, to improve their knowledge of the effects of living in a cold environment and how to signpost for further support. A full evaluation report of the project will be prepared for consideration by the shadow Health and Wellbeing Board on 1 June 2012, and will help shape next year's project.

3. Mr Thompson responded to comments and questions from Members, and the following points were highlighted:-

- a) Members were reassured that all agencies which deal with older people had been approached for data to identify potential clients, and next year's project will repeat this;
- b) criteria for participation are set using epidemiology data, which identified wards which have a high population of older people. The project prioritised those over 75 years old who live in private housing.

Much housing provided by social landlords tends to be more energy-efficient, so fewer residents of social housing would need support from such a project, but many participants living in their own homes might struggle to afford and make home improvements and hence be more in need; and

- c) a view was expressed that it is not ideal that Members are being told about the project just as it ends, as they would like to have known about it earlier. Members would like to have some input into how the underspend could be used. Ms Peachey suggested that a proposal be brought to the July meeting of the new Social Care and Public Health Cabinet Committee for Members' views.

4. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted, with thanks; and
- b) a proposal be brought to the July meeting of the new Social Care and Public Health Cabinet Committee on how the underspend could be used.

95. Public Health Transition

(Item D3)

1. Ms Peachey introduced the report and emphasised the breadth of the work to be covered in the next twelve months, before the new arrangements must become live on 1 April 2013.

2. RESOLVED that the information set out in the report be noted, with thanks.

96. Health and Social Care Integration Programme - Integrating Adult Community Health and Social Care Provision

(Item E1)

Mr J Lampert, Efficiency Team Manager, FSC, and Ms S Baldwin and Ms K Jefferies, Community Service Directors, Kent Community NHS Trust, were in attendance for this item.

1. Mr Lampert introduced the report and gave a brief presentation of the strategic priorities and scope of the integration programme and its implementation process. Ms Baldwin added that one aim of integration was to achieve a localised service across the county. This aim is part of the NHS Operating Framework and also supports the Quest for Quality and Improved Performance (QQUIP) agenda. In responding to comments and questions, the following points were highlighted:-

- a) the benefits of integrated services so far identified are the ability to have an overview of both services, to identify the most appropriate services for each individual and to support enablement; and
- b) it is difficult at this stage to identify an exact timetable for full integration, but the bulk of work is due to be finished by April 2013. It is hoped that integrated, co-located teams will be established later in 2012, although

they are working at a local level now. The IT systems which will support the new integrated teams will be the KCC Social Care system and the Community Health Trust management information process.

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

97. Update on Adult Social Care Transformation Programme

(Item E2)

1. Mr Lobban introduced the report and emphasised the breadth and range of stakeholder consultation which has taken place. The transformation programme will be considered by the Cabinet on 14 May and will be the subject of a presentation and full debate at County Council on 17 May. He responded to comments and questions from Members and the following points were highlighted:-

- a) because the area of work concerned is so large and has such a high profile, it will be discussed at the highest level of the County Council. The current interim report is being offered to the POSC for Members' comments, but a view was expressed that Members would like an opportunity to consider and comment on the final report when it is ready. As the first meeting of the new Social Care and Public Health Cabinet Committee is to take place on 10 May, and a final report on the transformation programme will be ready at that time, the issue could be discussed then. This suggestion was welcomed.

2. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted, with thanks; and
- b) a report be submitted to the first meeting of the new Social Care and Public Health Cabinet Committee on 10 May to allow a further opportunity to consider and comment on the issue before it is considered by the Cabinet on 14 May and debated by the County Council on 17 May.

98. Update on the Good Day Programme - Including: An Interim Report on the Formal Consultation on a New Service Model for Learning Disability Day services in the Shepway District, and the Decision made, following the Formal Consultation on a New Service Model for Learning Disability Day Services in the Thanet District

(Item E3)

Ms P Watson, Commissioning Manager, Learning Disability, was in attendance for this item.

1. Ms Watson and Ms Southern introduced the report and explained that all 12 districts of Kent will go through a consultation exercise about the way in which day services for people with a learning disability should be organised. The Shepway consultation has recently ended and the responses are currently being collated, while the Thanet consultation took place earlier and the modernisation of service provision

there is more advanced. Previous consultations have been run in Ashford, Maidstone and Medway.

2. Ms Watson updated some of the information in the report about the Shepway consultation, to reflect developments since it was written, as follows:-

- The consultation ran from 27 November 2011 to 28 February 2012.
- 550 consultation packs had been sent out and 109 replies received, most filled in by service users and others by family members or carers.
- The 2012/15 Medium Term Plan includes £400,000 of capital funding to support the modernisation of day services in Shepway.
- The outcomes of the consultation exercise will be reported to the Cabinet Member, Mr Gibbens.

3. Ms Watson, Ms Southern and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

- a) Members were pleased with the number of responses received to the consultation, particularly the number completed by service users. Advocacy support is key in allowing service users to take part in shaping service provision in this way. Members commented that this is an illustration that good consultation does indeed work;
- b) the report was praised for its clarity, and the consultation process described within it was accessible and inclusive. Both are good examples of best practise;
- c) identifying and contacting service users to take part in the consultation is straightforward, even across a large geographical area, as they all attend the current day centre facilities at some time, and can be engaged there face to face. Families of service users can be more difficult to reach, however, and might need different methods of engagement. This and past consultations of this type have shown that using mixed methods of engagement does not reduce the level of response received. Consultation in each case involved only those service users and families who would be affected by the changes proposed; there were no general public meetings; and
- d) Mr Ireland told Members about a young man he had met at an event in Ashford, who had previously attended a day centre there and was now enjoying a much wider range of activities, including a gym and a farm centre, and had a much wider and more rewarding experience of life. He is an example of the benefits of offering people with learning disabilities an improved range of activities in different settings. Another example was given of a lady who has gained independence and new confidence from the modernised service provision in Ashford.

3. RESOLVED that the clarity of the report be welcomed as an example of good consultation and reporting, and the information set out in it and in response to comments and questions be noted, with thanks.

99. Adult Social Care Budget Forecast and Savings Report 2011/12

(Item E4)

Miss M Goldsmith, FSC Finance Business Partner, was in attendance for this item.

1. Miss Goldsmith introduced the report and responded to comments and questions from Members. The following points were highlighted:-

- a) the level of client debt has improved steadily, month on month. Unsecured debt is at a low level and is improving each month, while secured debt is always likely to run at a higher level as temporary loans are issued to clients to cover their care costs until they can release capital by selling their property.

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

100. Performance for Adult Social Care - Quarter 3 - December 2011

(Item E5)

1. Mr Lobban introduced the report and reminded Members that performance should be seen in the context of a period of significant change, including the ongoing restructuring of the Directorate and a move from a national to a local performance framework. He and Mrs Tidmarsh responded to comments and questions from Members and the following points were highlighted:-

- a) when the national performance indicators cease to be applicable, the ability to compare Kent's performance with that of other local authorities will be lost;
- b) figures in the report show that, although the number has increased in each quarter, the target for enablement services has not actually been reached in any of the last four quarters. Emphasis is placed on providing good quality services which are appropriate for the client, and this provision requires adequate supporting resources. Enablement services may not be suitable for all clients, eg they would not be suitable for those with severe Dementia, but the target is still to optimise their use. The Directorate has a large in-house enablement service, supported by over 200 full-time equivalent staff posts, and services are also delivered by independent care providers; and
- c) the key concerns in the delivery of any service is that the response should be as quick as possible and decision making should be timely and correct.

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

101. Update on Select Committee work
(Item G1)

RESOLVED that the information set out in the report be noted, with thanks.