

## KENT COUNTY COUNCIL

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### SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Social Care and Public Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 14 September 2012.

PRESENT: Mrs A D Allen (Vice-Chairman, in the Chair), Mr R E Brookbank, Mr N J D Chard, Mrs P T Cole (Substitute for Mr C P Smith), Mrs V J Dagger, Mrs E Green (Substitute for Mr L Christie), Mr M J Jarvis, Mr J D Kirby, Mr S J G Koowaree, Mr P W A Lake and Mr A T Willicombe

ALSO PRESENT: Mr G K Gibbens, Mr M J Vye and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Ms M MacNeil (Director, Specialist Children's Services), Ms M Peachey (Kent Director Of Public Health), Mr A Scott-Clark (Director of Health Improvement (KCC), NHS Kent and Medway), Ms P Southern (Director of Learning Disability and Mental Health) and Miss T A Grayell (Democratic Services Officer)

#### UNRESTRICTED ITEMS

##### **25. Minutes of the Meeting held on 12 July 2012**

*(Item A4)*

RESOLVED that the Minutes of the meeting held on 12 July 2012 are correctly recorded and they be signed by the Vice-Chairman. There were no matters arising.

##### **26. Oral Updates by Cabinet Member and Director**

*(Item B1)*

1. Mr Gibbens gave an oral update on the following issues:-

- **Attended LGA Community Wellbeing Board with Minister Paul Burstow MP re White Paper on 25 July** – this was a good meeting, at which he impressed upon the Minister the costs of social care and expressed concern about Public Health funding.
- **Speaking at Kent Care Homes Association Annual Conference on 13 September, with Andrew Ireland** – there was good dialogue, and he thanked providers for their service contribution.
- **Dementia Select Committee Action Plan Update** – the three KCC party leads serve on a Dementia Working Group which met six months after the Select Committee had published its report. The Group is seeking active follow-up of the report's recommendations. *There will be a report on this issue to the November meeting of this Committee.*

2. Mr Ireland then gave an oral update on the following issues:-

- **Developments within the NHS in Kent** – seven Kent Clinical Commissioning Groups (CCGs) are establishing, consulting and appointing their Chief

Operating Officers and Accountable Officers – now there are actual people to speak to it seems more real.

- **Workshop on Personal Health budgets at the National Social Services Conference**
- **Learning Disability Partnership Board** – KCC has a good working relationship with this Board. *There will be a report on the Board's work to a future meeting of this Committee.*

## **27. Care and Support White Paper and Draft Bill**

*(Item B2)*

*Mr M Thomas-Sam, Strategic Business Advisor, was in attendance for this item.*

1. Mr Thomas-Sam introduced the report and presented a series of slides which set out the content of the White Paper and the funding reforms relating to it, and the consultation process for the draft Care and Support Bill. He explained that the County Council's draft response to the Bill was being reported to the Committee for comments, which would be taken into account when preparing the final response, which must be made to Government by 19 October 2012. He highlighted key points as follows:-

- the White Paper and draft Bill have major implications for local authorities' policy and practice
- this policy change is shaped by three key pieces of work – the report of the Dilnot Commission, a review of Adult Social Care legislation by the Law Commission and 'Caring for our Future'
- most authorities have raised their eligibility criteria for services so they provide services only at a time of crisis
- the aim of the White Paper is to move away from crisis provision to early intervention and prevention, and to increase clients' choice and control
- the Government has yet to give its formal response to the Dilnot Commission's report, which was published in July 2012

2. Mr Thomas-Sam and Mr Ireland responded to questions from Members and the following points of detail were highlighted:-

- a) the likely financial implications to the County Council of the recommendations in the Dilnot Commission's report can be confirmed when all the relevant information is made available in autumn 2012, when an official announcement about the Government's decision on the cap is expected. The Commission believes that greater Government resources should be devoted to adult social care and the resources made available to local authorities should be 'transparent'. It estimates that, at current costs, the recommended changes would cost from around £1.3 billion (for a cap of £50,000) to £2.2 billion (for a cap of £25,000). Relying on the general assumption that KCC receives about 2.5% of the national funding for social care, the cost to Kent may be £32.5m and £55m respectively, depending on where the cap is set. *Mr Gibbens added that there was much more detail to take account of before costs can be seen clearly, and assured Members that this detail would become clear in the coming months;*

- b) it is important to be cautious with figures, however, as the social care system is predicated on the basis that many people fund their own care and have preserved rights. Kent has more self-funders than KCC-supported clients. The Dilnot recommendations will change the way in which these self-funders are considered in financial calculations;
- c) local authorities have the freedom to use what means they wish to undertake carers' assessments. KCC currently uses a variety of methods; some are in-house and some are undertaken via carers' organisations and voluntary organisations;
- d) deferred payments (ie awaiting the sale of a client's property to pay for the care they are already receiving) are a central pillar of Government policy, and the aim is to offer choice and flexibility for clients to access and pay for services; and
- e) how the debts which inevitably arise from deferred payments are managed is an ongoing concern, and officers are not satisfied that what is proposed in the new Bill to address this is sufficient.

3. In debate, Members made the following comments on the draft Bill. *Officers' responses to comments are shown in italics:-*

- a) it seems a very well-meaning document but I question how achievable it is, as it comes with very limited funding;
- b) 'care to suit the client' sounds good but is very difficult to deliver. For example, as a limited number of care workers have limited time to make calls, they cannot possibly visit all clients at a time when each client would ideally like to be visited;
- c) it seems sensible to co-ordinate care workers' client lists so one person visits several clients living close together. This will save them spending valuable time travelling from one client to another across a distance. *This is a good point, as future contracts could be let around smaller geographical areas. However, maintaining continuity and a good relationship between client and carer are important;*
- d) in looking at social care funding, it is important to bear in mind the rapid changes which take place in the care sector. I am concerned about complaints about care provision which arise, and how these are/will be treated; and
- e) I am concerned about suitable training for care workers, how this will be implemented and of what quality it will be; *the funding which accompanies the draft Bill includes a limited national training budget, of which Kent will receive around 2 - 3%. National minimum standards for training will be set, although it is not yet known what these will be. KCC will oversee training, as it does now. The building blocks of good social care provision are all in place; they can just be expanded to address contractual obligations to meet clients' requirements, and when*

*Domiciliary Care contracts are next re-let the new changes will be factored in.*

4. The Cabinet Member, Mr Gibbens, thanked Members for the comments they had made and confirmed that they would be taken into account in the County Council's final response to the draft Care and Support Bill.

5. RESOLVED that:-

- a) the information set out in the report and presentation and given in response to questions be noted, with thanks; and
- b) Members' comments, set out in paragraph 3 above, be taken into account in the County Council's final response to the draft Care and Support Bill.

**28. 11/01746 - Outcome of Formal Consultation to Change the Service Model and Staff Structure of the Mental Health Community Support Services**  
*(Item B3)*

1. Ms Southern introduced the report and presented a series of slides which set out the proposal for the Support Time Recovery (STR) service, some example outcomes and the consultation process. She responded to comments and questions from Members and the following points were highlighted:-

- a) consultation had been carried out with the 65 existing staff members who would be affected by the proposed change, and briefing sessions held to set out the proposed changes and what impact they would have upon staff. Responses to consultation had been received from 28 staff members;
- b) the proposed changes to the staff structure and numbers had been modelled on current service activity and throughput. Although it is expected that more clients will want to access services, the pattern of service use is changing. The services which are accessed by clients, the way in which they are accessed, and the length of time for which clients require a service, are all changing;
- c) charges made to clients for service use are in line with the government rules which came into force in July 2012 for charging for community-based services, and are means-tested, although the County Council retains the option to disregard a client's income; and
- d) all clients accessing services must go through an assessment process, and the current assessment system will remain. However, some clusters of providers have previously opted out of the current system and this geographical anomaly must be addressed so the same process is applied county-wide.

2. The Cabinet Member, Mr Gibbens, said he was very encouraged by the system which ensures that people get the support they need. He thanked Members

for the points raised and confirmed that he would take account of them when taking the decision.

3. RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to implement a new service model (Mental Health Support Time Recovery Service) and staff structure, be endorsed.

**29. 12/01880 - Outcome of Formal Consultation on Outsourcing Five Learning Disability Group - based Day Activity Services to another organisation**  
*(Item B4)*

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

1. Ms Southern introduced the report and presented a series of slides which set out the national and local policy context to the review of services, an overview of the five services concerned, the consultation process and its findings. Ms Southern and Ms Watson responded to comments and questions from Members and the following points were highlighted:-

- a) the facilities listed offer an excellent service and play a vital role in building up the skills and self-confidence of people with learning disabilities and allowing them to reach their full potential;
- b) it is important that transport is available as part of a package, to allow clients to access and benefit from these facilities. Many clients need specialised transport, for example, which can accommodate large wheelchairs;
- c) the logic of outsourcing these services is easy to see, as their main expense to the County Council has always been staffing costs. Service providers are urged to apply for Big Society funding and liaise with JobCentre Plus to offer work to the long-term unemployed. *Ms Southern and Ms Watson commented that getting the right procurement process and support was key to achieve the best value service and draw in additional income to make contracts sustainable, and that the employment options suggested were already being considered;*
- d) although these services are to be outsourced, the County Council retains the responsibility to safeguard its vulnerable clients. *Ms Southern confirmed that safeguarding measures would be built into contract specifications and reviewed and evaluated regularly to ensure that clients continue to receive the County Council support they need;*
- e) it is vital to keep hold of and gain the best benefit from the experience and enthusiasm of people with learning disabilities in running the facilities. Their carers also have contributed much and deserve the County Council's continued support; and
- f) some clients have previously been put off entering employment schemes such as those mentioned as they doubt their value when compared to the loss of benefits that they perceive would be a result. It

is important to establish a balance between the experience and skills they would gain with the potential loss in financial support. *Ms Southern added that there is much work still to do to clarify this issue, and the County Council will work with Kent Supported Employment to address it.*

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and confirmed that he would take account of them when taking the decision. He emphasised the vital importance of key elements, which must be included in a contract – the provision of good training for staff and development opportunities for clients, a requirement that all tenders fully recognise all safeguarding processes, and the importance of maintaining client networks and keeping friends together – and asked that these be specified in the formal decision document.

3. RESOLVED that:-

a) the decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to take forward the proposal to implement the outsourcing to external organisations of five group-based Learning Disability Day Services:-

- Freeways Catering Service
- Nolan's Table Café and the Check In Café
- Wood'n'Ware
- Wood and Leather Craft and
- Hadlow Pottery

be endorsed; and

b) the key elements to which the Cabinet Member referred, set out in paragraph 2 above, be specified in the formal decision document.

### **30. Oral Updates by Cabinet Member and Director**

*(Item C1)*

1. Mrs Whittle gave an oral update on the following issues:-

- **Ashley Serious Case Review** (*a father was convicted of manslaughter*) – this case highlighted issues around co-ordination and partnership working, lack of follow-up and shortage of local Health Visitors. There has been much progress since the Ofsted inspection so these issues have all been improved.
- **Adoption and Fostering campaigns** – websites have been launched to compete with private sector adopters. Members are invited to visit the websites.
- **Child and Adolescent Mental Health Services (CAMHS)** – contracts with Sussex NHS Foundation Trust and Kent Children's Fund Network started on 1 September, and the two bodies need to work together. Their performance on tackling waiting lists will be closely monitored.

2. Mrs Whittle and Ms MacNeil responded to comments and questions from Members and the following points were highlighted:-

a) **Adopter recruitment and allowances** – this issue arises frequently and concern is shared by other bodies. Means tested allowances are

available to help offset the costs of taking on children with complex needs.

- b) **Foster Recruitment** - Kent has a good track record for recruiting new Foster Carers to replace those who retire. And exceeded the target for 2011/12; there are currently 800 Foster Carers caring for 1,150 children. There are some cross-border reciprocal arrangements with neighbouring counties, which allows Kent to place a child as close to their school and home as possible, even if not necessarily with a Kent Foster Carer.
- c) **Foster Carers' Assessment** – assessments are very robust and include the home environment, health and safety issues, etc, to determine a safe maximum capacity. Siblings can share a room but a foster child should have their own room. If a foster child and their siblings do not get on, a robust 'speak up' system exists to listen to their views and resolve an issue as soon as possible. Most things can be resolved but if not, the foster child would be removed from the home.

3. The Vice-Chairman placed on record her congratulations to Mrs Whittle on how she had handled the Specialist Children's portfolio since taking it on. She had achieved outstanding work on huge and complex national issues.

4. Mr Ireland then gave an oral update on the following issues:-

- **Peer Safeguarding Review** – this will start on 24 September and last for 1 week, after which KCC will receive a letter setting out the results of the review. He emphasised that a Peer Review is not the same as an inspection. The review team is being led by high profile, very experienced people. There is no cost to Kent of hosting the review team, and staff time involved is minimal.
- **Joint protocol with Courts on timescales** – all partners are in round- table discussions about protocols and staff training, and early results from these discussions are expected. Good quality preparation and reporting avoids the need for follow-up hearings.
- **Adoption progress** – an Adoption Improvement Board was established after the Ofsted inspection and has met twice so far. It identified the need to speed up placements once the adopter and the child have been approved and are ready. *An update report on the Adoption service is made to every meeting of the Corporate Parenting Panel, and the Vice-Chairman asked that all Cabinet Committee Members be sent a copy of the report for the Panel's 20 September meeting.*
- **Social Worker Recruitment campaign** – the website has been updated and has new links, eg to social networking sites, etc.

### **31. Children's Services - Presentation** (Item C2)

1. Ms MacNeil presented a series of slides which set out recent developments in a number of work areas: the new Directorate structure and its principles and benefits, the Early Intervention and Prevention Strategy and the ongoing development of the Adoption service. With Mr Ireland, she responded to comments and questions from Members, and the following points were highlighted:-

- a) the Children's Commissioning Board has looked into the role of the Local Children's Trust Boards (LCTBs) and a consultation on the new role of these Boards will commence shortly. It is expected that their future role will be as a local point of delivery and a hub of effective joint working;
- b) in the past there has been some confusion over the accountabilities of Children's Centres and the role of Preventative Services Managers, and as new arrangements bed in roles will be clarified;
- c) four Service Managers will be introduced into each district, which will add to the capacity of the former District Manager role and bring more expertise; and
- d) the former management structure of the Directorate had contributed in part to a drift in care proceedings, but the addition of a dedicated manager for the Children in Care service will address this.

2. RESOLVED that:-

- a) the information set out in the presentation and given in response to questions be noted, with thanks; and
- b) all Members of the Cabinet Committee be sent copies of the regular Adoption update reports which are considered by the Corporate Parenting Panel.

**32. Oral Updates by Cabinet Member and Director**  
(Item D1)

1. Mr Gibbens gave an oral update on the following issues:-

- **Met with Steve Sparks, Associate Director at the National Institute of Health and Clinical Excellence (NICE) re: Support for Public Health in the New Health and Social Care Landscape.** NICE's remit has now been broadened to include wider health and social care issues. NICE is looking initially at two areas, Dementia and Looked after Children, and reports will be produced on these two issues. Close working with NICE will help to ensure a good Public Health service from April 2013.
- **Public Health Members Briefing** – will take place on 6 November at 10.00 am, and Members are encouraged to attend and ask questions.

2. Ms Peachey then gave an oral update on the following issues:-

- **Public Health Transition** – this has a six-part programme. KCC is one of 11 places where the PCT sends funding. Andrew Ireland is a member of the transition team at the PCT. KCC's HR department has given much support around the transfer of staff. David Oxlade has been appointed as the Transition Manager, which is a key role. There is no Government funding as yet for the transfer.



- **Public Health practitioner registration** – the new registration process will help to build public reassurance and confidence.
- **HOUSE opens in Sevenoaks and Dover** – this facility is well used by young people, who can work in the café and achieve a certificate and useful experience to add to their CV. KCC started funding HOUSE but now District Councils fund it as well. HOUSE sites across the county provide good community facilities.
- **Faculty of Public Health conference** – the Faculty has a key role in setting standards for Public Health. Kent is seen as a positive model of good joint working.
- **Sexual Health conference on 26 September** – an invitation and briefing material will be sent to all SCAPHCC Members.

### **33. 12/01958 - Changing Contract Arrangements for Chlamydia Screening Testing in the Laboratories for Kent and Medway** (Item D2)

1. Ms Peachey introduced the report and explained that the commissioning of laboratory services for Chlamydia screening testing would transfer from being a PCT to a County Council responsibility in April 2013. Chlamydia testing had recently taken on a higher priority, and this fact, and the imminent transfer of responsibility, offered an ideal opportunity to optimise the cost effectiveness of the service. An appraisal of the three available options – to make no change, to offer testing in a partnership, or to go out to tender - is set out in the report.
2. Members raised no comment or question on the content of the report.
3. RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to put out to tender the Chlamydia screening testing service, with the potential for savings made being re-invested in the service, be endorsed.

### **34. Financial Monitoring Report** (Item E1)

*The Vice-Chairman secured the Committee's agreement to consider this item as urgent business as the papers had not been placed on public deposit with the required five clear working days' notice.*

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

1. Miss Goldsmith introduced the report and explained that trends showing up in this year's monitoring were similar to those in previous years. In response to a question, she explained that the Virtual School Kent team is currently recruiting to the posts which are listed in the report as vacancies and that the team has recently had much positive feedback about its work, including from Ofsted at a recent informal inspection.
2. RESOLVED that the information set out in the report and given in response to questions be noted, with thanks.

**35. Adult and Children's Social Care Annual Complaints Report (2011-2012)**  
(Item E2)

*Ms A Kitto and Ms D Davidson, Customer Care Managers, were in attendance for this item.*

1. Mr Ireland introduced the report and explained that, although the report had been prepared for the Committee as a joint report, adults' and children's services were governed by different statutory regulations and were subject to separate statutory complaints procedures. Mr Ireland, Ms Kitto and Ms Davidson responded to comments and questions from Members. The following points were highlighted:-

- a) although many compliments had been received from parents, which is good to see, parents were also the source of most complaints;
- b) the nature of complaints received grows ever more complex, and it is increasingly difficult to meet the statutory timescale when responding to them. Sometimes it is appropriate to take longer than the statutory time to give a complainant a fuller and more helpful response;
- c) children and young people are always encouraged to make their views on services known, but the proportion of complaints coming from them has decreased since 2010/11; and
- d) although encouraging people to complain might seem to be tempting litigation, the KCC's robust complaints procedure was introduced to avoid the need for litigation.

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

**36. Families & Social Care Performance Dashboards - July 2012**  
(Item E3)

*Mrs S Abbott, Head of Performance and Information Management, and Mrs M Robinson, Management Information Service Manager, were in attendance for this item.*

1. Mrs Abbott introduced the report and tabled an updated version of the July 2012 dashboard document which had been included in the agenda papers. She and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

- a) Members welcomed the dashboard document as being clear and easy to read. More information was requested for future reports on whose responsibility it is to address underperformance in any area, the timescale for addressing it, and what will be done to correct the underperformance for the next reporting period. *Mr Ireland explained that the Head of the Service concerned had the responsibility for addressing underperformance, so it would be addressed at a high level. He gave a commitment that this information would be included; and*

- b) a key area of risk for the County Council, in terms of performance, is the allocation of personal budgets to service users. Although performance is currently rated Red, it is hoped that the 100% target will be achieved by the end of the current financial year.

2. RESOLVED that:-

- a) the information set out in the report and given in response to questions be noted, with thanks; and
- b) future reports include information requested on whose responsibility it is to address underperformance in any area, the timescale for addressing it, and what will be done to correct the under performance for the next reporting period.

**37. Health Improvement Programmes Performance Report**  
(Item E4)

1. Mr Scott-Clark introduced the report and updated the figures for smoking quits as these figures had not been finalised at the time of writing the report.

- Kent had achieved 1,934 smoking quits in the first quarter of the new financial year, which represents 96% of the 2,007 target for that period. This gives an Amber rating.
- performance on the number of invitations to attend Health Checks is expected to score a Green rating by the end of the current financial year.
- in terms of Sexual Health screening, Chlamydia tests carried out is no longer to be measured. Instead, monitoring will concentrate on the number of positive tests.

2. Mr Scott-Clark and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

- a) it can be difficult to find suitable locations to site mobile health screening units, for example for breast cancer screening, and *Mr Scott-Clark undertook to provide the questioner with details of the issues which have been identified;*
- b) there is currently no national screening programme for prostate cancer and there is no screening method capable of distinguishing between slow-growing and harmful fast-growing cancers; and
- c) one area of activity which has not had media coverage recently is the promotion of healthy school dinners and its links with childhood obesity and the need to establish healthy eating habits early in life. *Mr Ireland suggested that the Education Cabinet Committee could be requested to look into what monitoring could be done as part of the management of schools meals contracts.* Members welcomed this suggestion.

2. The Cabinet Member, Mr Gibbens, commented that he and the Deputy Cabinet Member, Mr Lake, take the provision of health screening programmes very seriously, and actively challenge officers on the performance data which is produced.

A particularly important client group is children under 5 years of age, as health screening at this crucial time can give them the best start possible.

3. RESOLVED that:-

- a) the information set out in the report and given in response to questions be noted, with thanks; and
- b) the Education Cabinet Committee be requested to look into what monitoring of healthy school dinners could be done as part of the management of schools meals contracts.

### **38. Kent Safeguarding Children Board - 2011/12 Annual Report**

*(Item E5)*

*Mr M J Vye was present for this item as the Liberal Democrat Lead on Children's Services. (and Vice-Chairman of the Corporate Parenting Panel)*

*Ms J Gethin, Interim Programme Manager, KSCB, and Ms R Atkinson, Evaluation and Analysis Officer, were in attendance for this item.*

1. Ms Gethin introduced the report and referred to the good quality information sharing and joint working which had gone on in the last year. Although there is much work still to do – for example on the level of re-referrals and the number of children going missing - the overall picture is very positive. Ms Gethin, Mr Ireland and Ms MacNeil responded to comments and questions from Members and the following points were highlighted:-

- a) there is clear evidence that the measures which have been put into place in the last two years have had a good impact, although the figures in the KSCB report are different from those in the performance dashboard on the previous item. *Mr Ireland explained that this is because the two data sets were collected at different times – the KSCB report in November 2011 and the dashboard in June 2012;*
- b) it is important to ask why the number of re-referrals is so high, and define what is meant by the term, for example, was a previous referral inappropriate or has an issue recurred? *Ms MacNeil responded that re-referrals is one of the areas which had not responded as well to the improvement measures as had been hoped, so these will be subject to future focus. It is important to identify the range of causes of re-referrals, for example, they could arise from ineffective past intervention or from better reporting of new issues;*
- c) it would be helpful for the Committee to be able to see which areas of the county perform well with the level of re-referrals and which areas need to improve;
- d) the common assessment framework (CAF) is good but the overall process is still bureaucratic. Improvement and simplification of the process would lead to better performance;

- e) it is important that this Committee has an opportunity to see and debate the KSCB Annual report and that it should not just go to the full Council. It is a very honest and robust report which gives Members a good appraisal of issues; and
- f) for some areas of data gathering – for example, the number of LAC placed in Kent by other local authorities – it is not possible to present more than informed estimates, as other authorities do not always notify the County Council when they place a child in Kent. In some areas it is simply not possible to identify what information is not being provided.

2. The Cabinet Member, Mrs Whittle, commented that the number of children in care who go missing is an issue of immense current interest to local authorities and the Government. The Mayor of London, Boris Johnson, is to hold a summit of local authorities who place LAC out of their area, and Kent is pressing for a Statute to enforce the current rule of children being placed for fostering within 20 miles of their home, with an aim to reducing this upper limit to 15 miles in the next two years. She undertook to keep Members up to date on developments in addressing this issue.

3. RESOLVED that:-

- a) the information set out in the report and given in response to questions be noted, with thanks; and
- b) those responsible for preparing the Annual Report be congratulated on its honest and robust presentation of issues.

### **39. Update - Adult Social Care Transformation Programme**

*(Item F1)*

- 1. Mr Ireland introduced the interim report and explained that further information would be reported to the Committee at its November meeting.
- 2. RESOLVED that the information set out in the report and given in response to questions be noted, with thanks, and a further update report be made to this Committee's November meeting.

### **40. Health and Social Care Integration Programme - integrating adult community health and social care provision: an update**

*(Item F2)*

*Mr J Lampert, Efficiency Team Manager, Ms S Baldwin, Community Services Director, Kent Community Health NHS Trust (KCHT), and Ms S Holmes-Smith, Assistant Director, Older Adults Services - West and Medway, Kent and Medway NHS and Social Care Partnership Trust (KMPT), were in attendance for this item*

- 1. Mr Lampert and Mr Ireland introduced the report and highlighted work undertaken by the integrated KCC/NHS team to deliver integrated services. Clinical Commissioning Groups have progressed to appointing key officers, as Mr Ireland had set out in his oral update at the start of this agenda. Services are being merged at a local level. Mr Lampert, Mr Ireland and Ms Southern responded to comments and questions from Members and the following points were highlighted:-

- a) KCHT's bid for Foundation Trust status will not effect its functional role or ongoing work on integrating services but will give it more freedom to manage its funding;
  - b) the expectations set out in the report are being pursued by the KCC, KCHT and KMPT, and a formal agreement between the three sets out the responsibilities and accountabilities of each partner in ensuring that aims are achieved. There is also a formal agreement about information sharing, and both these formal agreements will need to be replicated at a local level;
  - c) Members were assured that the integration programme fits well with the transformation of Adult Social Care. There is more detail of transformation to be developed, and the relationship between the two will become clearer once this additional information is available;
  - d) the public might perceive changes as being a way of disguising cuts, and the better informed Members are about issues, the easier it will be for them to help local people to understand the changes. The examples set out in the report will help with this; and
  - e) one client group which is facing a transition to adult services for the first time is people with learning disabilities, and their transition needs are part of the Joint Strategic Needs Assessment (JSNA). Services for people with learning disabilities are part of all other integrated teams, but ensuring that this client group is always fully included in health criteria is an ongoing challenge.
2. RESOLVED that the information set out in the report and given in response to questions be noted, with thanks.

**41. Peer Review of Kent County Council's Adult Safeguarding Services report by Essex County Council, and action plan**  
(Item F3)

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

1. Mr Sherlock introduced the report and he and Mr Ireland responded to comments and questions from Members. The following points were highlighted:-
- a) historically, there has been no firm legislation around adult safeguarding and the KCC role in its monitoring, but it is expected that the new draft Care and Support Bill will introduced a new statutory responsibility;
  - b) the recommended way forward would be for Members to be involved in an Adults Safeguarding Board, which would take the same form as the Children's Safeguarding Board, although the roles of the two Boards would be different;

- c) Members formerly served as independent visitors to older people's homes, and this role was helpful as it allowed them to make informal, unannounced visits to homes, but this role and opportunity has since been lost; and
- d) the 'Spend a day with a Social Worker' scheme had been very educational in allowing Members to see at first hand the day-to-day issues with which they deal, and this scheme should be repeated for all new Members.

2. The Cabinet Member, Mr Gibbens, agreed with Members' points about their vital role as 'eyes and ears' in the community, who can note and report back any concerns to him or Mr Ireland for action. Referring to the Pilkington case in Leicestershire in 2007, he said that adult safeguarding is everyone's business. New Members in 2009 had safeguarding briefings as part of their induction, and there are regular updates/briefings on the subject, which would help to raise Members' awareness, but these are not well attended. He reassured Members that safeguarding is his top priority.

3. RESOLVED that the information set out in the report and given in response to questions, and Members' comments on their involvement, set out above, be noted, with thanks.

#### **42. Update on Kent Health Commission** *(Item F4)*

*The Vice-Chairman secured the Committee's agreement to consider this item as urgent business as the papers had not been placed on public deposit with the required five clear working days' notice.*

RESOLVED that information set out in the report be noted, and a further report be made to this Committee's November meeting.

#### **43. Budget Consultation 2013/2014** *(Item F5)*

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

1. Miss Goldsmith introduced the report and reminded the Committee that and Informal Member Group (IMG) was to meet on 20 September to look at various issues around the budget. The Vice-Chairman suggested that Members refer any questions they have to be addressed by the IMG.

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

#### **44. 2012 Fostering Inspection by Ofsted** *(Item F6)*

*Mrs T Vickers, County Fostering Manager, was in attendance for this item.*

1. Mrs Vickers introduced the report and explained that the inspection of the County Fostering service which took place in June 2012 had been the first for four

years. The overall grading had been 'adequate', although two aspects of the service were judged 'good'. The feedback in the report had been very positive.

2. The Cabinet Member, Mrs Whittle, commented that the latest report had been very good and that, in her opinion, Mrs Vickers and her team had been unfairly affected by the poor Ofsted report on Children's Services two years ago. She congratulated the Fostering team on their work and the improvements they had achieved. She and Ms MacNeil responded to comments and questions from Members and the following points were highlighted:-

- a) Members should be encouraged to get to know members of the Children in Care Councils and to attend on occasions. *These Councils have just been re-organised and there is now one central and six local Children in Care Councils, with which the Cabinet Member and the Chairman of the Corporate Parenting Panel have met. The Virtual School Kent team could look into this issue; it will be referred to them and Members will be advised of the outcome; and*
- b) how can Directorates bring down the number of children who go missing? *There is no one solution, but addressing this issues relies on good practice and making sure the county has confident Foster Carers who can offer the security that young people in care need and can help them identify the risks in the outside world. Service improvement is important as a whole, and, in particular, making sure the message to young people and to Foster Carers is loud and clear, to keep young people safe and tell them about the risks.*

3. RESOLVED that:-

- a) the information set out in the report and given in response to questions be noted, with thanks; and
- b) the Fostering team be congratulated on their work and the improvements they have achieved.