

KENT COUNTY COUNCIL

ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held at Sessions House, County Hall, Maidstone on Friday 16 November 2007.

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

OTHER MEMBERS PRESENT: Mrs C Angell, Mr A D Crowther, Dr M R Eddy, Mr M J Fittock, Mr G Gibbens (Cabinet Member for Public Health), Mr J F London, Mr K G Lynes (Cabinet Member for Adult Social Services), Mr G Rowe and Mr R Tolputt.

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

UNRESTRICTED ITEMS

33. Membership
(Item A1)

Members noted that Mr G Cowan had joined the Committee in place of Mrs E D Rowbotham. Mr Cowan was duly welcomed to the Committee.

34. Minutes
(Item A4)

RESOLVED that the Minutes of the meeting held on 25 September 2005 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

35. Dates of Future Meetings
(Item A5)

(1) The Committee noted the dates of its future meetings, as follows:-

Tuesday, 29 January 2008
Tuesday, 1 April 2008
Friday, 30 May 2008
Tuesday, 23 September 2008
Tuesday, 18 November 2008

All meetings would start at 10.00 am and may go on all day if business dictates.

(2) The Democratic Services Officer emphasised that all formal meetings of the County Council's Committees are planned together so the dates allocated to respective Committees do not clash with those of any other Committee. She reminded Members that formal Committee meetings dates would take priority over events arranged subsequently.

36. Presentation – Developments and Progress in Mental Health Services in Kent

Mr E Millar (Chief Executive), Mr R Knibbs (Programme Director), Ms L Kavanagh (Kent and Medway Director of Commissioning for Mental Health and Substance Misuse), and Mr P Smallridge (Chairman) of the Social Care and Mental Health Partnership Trust were present for this item at the invitation of the Committee.

Mr M J Angell and Mr P W A Lake both declared non-pecuniary interests in this item as Non-Executive Directors of the Trust, and Mr J B O Fullarton declared a non-pecuniary interest as a Mental Health Manager in East Kent.

(1) Mr Leidecker introduced the presentation, together with Mr Millar from the Partnership Trust and Ms Kavanagh from Medway Primary Care Trust (PCT). The slides covered the prevalence of Mental Health in the community and its significance as an important public health issue, the role and function of KCC and the nature of the seconded service into the Trust, the range of services provided by the Trust, with particular emphasis on new developments including the application for Foundation Trust status, and finally the main commissioning priorities for the future. *The slides used in the presentation are attached to these Minutes at Appendix 1.*

(2) Information highlighted in the presentation, in addition to that covered in the slides, included the following:-

- (a) Mr Leidecker pointed out that the cost of the UK population's mental health needs was £70bn per year, that 40% of the years of disability were due to mental health disorders, and that, in the UK, mental health disorders were the main reason for people accessing Invalidity Benefit.
- (b) He added that he was proud of KCC's investment in, and development of, mental health services over the past 20 years.
- (c) Mr Millar added that mental health problems (experienced by 1 in 6 of the UK adult population) were no longer as final as they once had been. People could recover well and take on a full role in society. Services emphasised early intervention for the patient and their family, and were set up to help people overcome their problems and achieve in life.
- (d) Development of Crisis Response and Home Treatment teams (CRHTs) and Older Persons' Mental Health Home Treatment (OPMH) was particularly advanced in Kent.
- (e) Mr Knibbs outlined the Trust's application for Foundation Trust status and set out the stages towards this and how the new status would work. Mr Smallridge added that the Trust Board supported the Trust's application and the work commitment that went with it. He pointed out that, if the Trust was not successful in its bid, Kent's mental health services could be run by

another body from outside the County. The Trust's aim was that Kent's services should be run by a Kent body.

- (f) Ms Kavanagh outlined the commissioning process and the range of care options which were available – from counselling services run by a GP to secure accommodation services. This full range was covered by the commissioning system.

(3) In discussion, and in response to questions put to the speakers, the following points were highlighted:-

- (a) An annual survey of service users was undertaken and the most recent had rated inpatient mental health services as mostly "fair to good". The Trust was always working towards achieving an "excellent" rating. Feedback was very helpful to focus and develop services.
- (b) Access to crisis mental health services was currently intended only for those with severe and enduring mental health conditions (such as bipolar disorder and schizophrenia), but the Trust hoped to broaden the availability of this in the future.
- (c) Planned mental health ward accommodation at the new Pembury Hospital development in Tunbridge Wells had been changed from 42 beds to 18 as services for young people were now to be provided by Maidstone Hospital.
- (d) In a recent self-audit of cleanliness, only three small mental health facilities were rated as "unsatisfactory". Since this audit, two out of the three had now closed, and one was no longer used.
- (e) The Trust was currently planning three consultation events to seek the views of users and carers. Invitations to these would be issued via formal users' and carers' organisations.
- (f) The Older Persons' Mental Health Home Treatment Service had been developed to offer a genuine alternative to hospital admission. A careful assessment would be undertaken to see if it was clinically safe to treat someone at home. The support of a patient's carer and family was a vital part of the success of this service.
- (g) The "open door to a useful life" scheme, which aimed to take 176 people from hospital to community care, was based on a Government initiative, so the Trust and Mr Leidecker were confident that funding for it would be forthcoming.
- (h) Although there were risks along the journey towards Foundation Trust status, partnership working and consultation were immensely important in making the journey successful.
- (i) Statistics quoted in the slides – 1 in 6 adults experiencing mental health difficulties, and 1 in 4 GP consultations being concerned with mental health issues – were based on years of monitoring and had been backed up by

studies, so were reliable. 90% of mental health services in the UK were delivered by GPs and primary care colleagues.

- (j) over the period of the National Service Framework for mental health services (since 1999), central government has significantly increased investment in mental health services in England and Wales and, as a result, Kent and Medway have received additional resources, year on year.
- (k) Paying attention to the housing of people with severe mental health needs was important, as they needed an environment in which to recover, or at least manage their illness most effectively, rather than an environment which would exacerbate their problems.
- (l) Support for those in crisis was responsive to the needs of each individual's circumstances and could be intensive – some clients may receive three or four visits a day.
- (m) Access to suitable employment for people living with mental illness was also vital as part of their recovery, and much effort was put into helping people into employment rather than consigning them to living on benefits. The Shaw Trust, MCCH and Business Link offered a vital service in this field. Employers were encouraged to offer openings and needed to be reassured that employees with mental health issues could make a valuable contribution.
- (n) The stigma surrounding mental health issues, particularly experienced by those trying to access employment, would be addressed a BBC South East strand of "One Life" programme shorts over one week in the new year, featuring people with mental health issues recounting their experiences of accessing employment.
- (o) It was known that the age range 14-35 was the main period for the first onset of mental illness. An increasing number of young people aged 14-18 are now showing first symptoms of mental illness.

(4) RESOLVED that the content of the presentation, and information presented in response to questions, be noted, with thanks.

37. Kent Adult Social Services Public Involvement Report

(Item B1 – Report by Managing Director of KASS)

Mr N Sherlock, Performance Improvement and Public Involvement Manager, was in attendance for this and the following item.

A copy of KASS's Public Involvement Newsletter was sent to each Member of the Committee.

(1) Mr Mills and Mr Sherlock introduced the report and answered questions from Members. Points highlighted were as follows:-

- (a) Although service users and carers were involved in the recruitment process for senior managers, it was emphasised that this was part of a larger formal

recruitment process which was rigorously followed. Application forms were anonymised before being shared with service users and carers, and those contributing to the process were briefed on the importance of adopting an unbiased approach.

- (b) The Older Persons' Strategy and Active Lives were closely linked but had different roles. Active Lives was the overall policy document while the Older Persons' Strategy was more specific.
- (c) There were several bodies through which the KCC could engage the public, so KCC must be careful to make use of, and not duplicate, work done by others, or add bureaucracy.

(2) RESOLVED that the contents of the report, and information given in response to questions, be noted, with thanks, along with Members' comments.

38. Adult Social Services Annual Complaints Report

(Item B2 – Report by Managing Director of KASS)

(1) Mr Mills introduced the report and answered questions from Members. Points highlighted were as follows:-

- (a) Mr Mills received Members' congratulations for the positive approach taken by his Directorate team to the receipt of complaints and compliments, using both as a constructive way to build best practice.
- (b) The Transition target in 'Towards 2010' was a good example of using complaints to lead to new policy setting.
- (c) The figures for the number of compliments received, versus the number of complaints, was something that the Directorate should be proud of.
- (d) Complaints received by KCC are not necessarily about KCC services. KASS staff may sometimes have referred to them complaints against private providers. Mr Mills undertook to advise Members outside the meeting of the procedure which set out how these should be managed.
- (e) The outcome of complaints made against private and voluntary providers could be monitored as part of the County Council's contracting process and by Commission for Social Care Inspection (CSCI) in the inspection process.
- (f) Part of the slight increase in the number of complaints received may be due to the recent publicity of its complaints process which the Directorate had undertaken.
- (g) Intervention by elected Members to solve problems meant those problems were classified as "stage one", as they were quickly resolved before they could develop into complaints.

(2) RESOLVED that:-

- (a) the information given in the report, and in response to questions, be noted, with thanks; and
- (b) future reports include fuller information on the sources of complaints and the monitoring process, as covered in paragraphs (d) and (e) above.

39. Safeguarding Vulnerable Adults

(Item B3 – Report by Managing Director of KASS)

Mrs C McKeough, Adult protection Policy Manager, was in attendance for this item.

(1) Mr Mills and Mrs McKeough introduced the report and answered questions from Members. Points highlighted were as follows:-

- (a) The figures in this year's report were the first to be produced using the new SWIFT system, and recorded cases reported from KCC and private and voluntary premises. "Adult Protection" included neglect.
- (b) To allow a comparison of like with like between geographical areas across Kent, figures quoted and shown on bar charts would need to be given more background and context.
- (c) Although many of the people placed in Kent's care homes had been placed by other local authorities, Kent was the accountable authority when it came to investigating Adult Protection alerts.
- (d) The NHS were part of the Adult Protection committee and were signed up to the protocol the committee used, and had their own self audit system for their premises.
- (e) People who wished to work with vulnerable adults and young people, and as Direct Payments advisers, would shortly have to be positively registered to work with them; Criminal records Bureau (CRB) checking would no longer be sufficient on its own. Members were surprised and concerned to learn that police officers do not have to be CRB checked. The Independent Safeguarding Audit scheme was very new and it was not yet entirely clear how it would work.
- (f) Pressure ulcers were used as an indicator of potential neglect as they were easy to identify and were a good indicator of other problems (for example, malnutrition and dehydration).
- (g) Some reported Adult Protection cases came from "whistle blowing" by staff whose knowledge and awareness had been increased through effective training.

(2) RESOLVED that:-

- (a) the contents of the report, and the information given in response to questions raised by Members, be noted, with thanks; and

- (b) future reports to Committee include more background to, and context of, the figures shown, to allow more meaningful comparison between geographical areas across Kent.

40. Domiciliary Charging Policy: Response to the Resolutions Made by the Cabinet Scrutiny Committee

(Item B4 – Report by Managing Director of KASS)

Mr M Thomas-Sam, Head of Policy and service Development, was in attendance for this item.

- (1) Mr Mills and Mr Thomas-Sam introduced the report and answered questions from Members. Points highlighted were as follows:-

- (a) Other local authorities listed in the report as comparators to Kent were mostly Kent's statistical neighbours, but Mr Mills emphasised that a like-with-like comparison of domiciliary charging policies across different local authorities was complex and difficult to make. Mr Mills undertook to supply Members with a list of all UK local authorities and the eligibility criteria used by each, which had just been published by CSCI.

- (b) Mr Thomas-Sam also confirmed that, under the Fairer Charging Policy, most other local authorities, in common with Kent, applied the same figure of 25% minimum above the basic level of Income Support as a buffer to protect recipients' net incomes.

- (2) RESOLVED that the contents of the report, and the information given in response to questions, be noted, with thanks.

41. The Supporting People Programme

(Item B5 – Report by Managing Director of KASS)

Miss C Martin, Head of the Supporting People Programme, and Miss C Highwood, Director, Resources, were in attendance for this item.

Mrs M Newell and Mr P W A Lake each declared a non-pecuniary interest in this item as Trustees of charities which received money from the Supporting People Programme.

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

42. Kent Adult Social Services Budget Monitoring 2007/08

(Item B6 – Report by Managing Director of KASS)

Mrs A D Allen declared a non-pecuniary interest in this item as she had been involved, as a Dartford Borough Councillor, in the consultation and development of the Dartford Town Centre Project (listed on page B6:7 in the report).

Miss M Goldsmith, Directorate Finance Manager, was in attendance for this and the following item.

- (1) In response to a question, Mr Lynes explained that Brighter Futures, which was centred in West Kent, would be spread to East Kent by means of Partnerships for Older People Projects (POPPs). This would be facilitated by £1.5 m of Government money.

(2) Mr Lynes emphasised how difficult it was to keep within budget allocations when activity was constantly increasing, and said he would fight for a fair settlement in the budget. He expressed his frustration that funding for schemes such as Brighter Futures and POPPs was always subject to a bid system which forced local authorities to compete against each other for a small pot of money. Such funding was also time-limited.

(3) Mr Mills and Miss Goldsmith introduced the monitoring report – the first one in a new quarterly pattern – and answered Members' questions on the detail set out in it. Mr Mills told Members that, since the quarterly report had been prepared, the forecast overspend had risen to £4.18m and management action was in place to reduce this to just below £2m.

(4) Members welcomed the opportunity to have a regular update on and discussion of budget issues, and asked for a training session to help increase their understanding of budget issues, thus allowing them to get optimum benefit from the quarterly reports.

(5) In discussion, and in response to Members' questions, the following points were highlighted:-

- (a) Presenting the budget picture part way through the year was a complex issue, and it was difficult to align gross and income figures. Variances would settle over time.
- (b) The increased use of Direct Payments meant that a slight reduction in the number of Domiciliary Care hours delivered would show up in the monitoring figures. Some budget previously allocated to Domiciliary Care had been transferred to Direct Payments.
- (c) The demand for services, the complexity of clients' needs, and hence the cost of meeting those needs, were all increasing. Costs of delivering services for people with learning difficulties, for example, was increasing by 6-7% per annum.
- (d) The Government had put in place legislation and funding – the Reimbursement Grant - to allow local authorities to pay fines to the Acute Trusts for delayed discharges attributable to local authority responsibilities.. In Kent we have (in partnership with the Acute Trusts, and the PCTs) used it to pay for services which enable us to move people from hospital more quickly, and therefore not incur the fines. The value of the grant in 2007/08 is £2.4m.

(6) RESOLVED that:-

- (a) the content of the monitoring report, and information given in response to Members' questions, be noted, with thanks; and
- (b) a training session on budget issues be arranged for Members.

43. Medium Term Plan 2008/09 to 2010/11
(Item B7 – Report by Managing Director of KASS)

(1) Mr Mills and Miss Goldsmith introduced the report and answered questions from Members on the detail set out in it. Points highlighted in the discussion, and in response to Members' questions, were as follows:-

- (a) The placement of vulnerable adults in Kent by other local authorities was something on which the KCC could lobby Government, in the same way as it lobbied, very successfully, about the placement of Looked After Children by other local authorities.
- (b) Members asked if it were possible for KCC to access some of the increase in Government money given to the NHS, to help deliver services for older people and clients with learning difficulties. Mr Mills noted this suggestion and pointed out that the many joint initiatives established between KCC and the NHS made maximum use of limited resources.
- (c) It was emphasised that the 4% increase received by the NHS this year was only half what they would usually get.
- (d) Mr Mills explained that Kent had a good record of delivering good quality services, keeping to moderate eligibility criteria, and delivering within budget. It was unrealistic to seek an increase in staff resources, so the aim was to modernise their way of working to manage the work load and maintain the present level of service delivery. Although freezing recruitment may seem a way of delivering savings, KASS would protect against damaging service delivery by doing this.
- (e) There were still clients in nursing homes who had been placed there since 1993 and would continue to have preserved rights, so this was an ongoing budget pressure. There would be some Government grant available next year to help offset this cost but the details of this were not yet known.

(2) Members expressed grave concern that they were being asked to identify budget priorities without having sufficient information to be able to make an informed judgement. It was too early in the budget setting process for them to be able to identify savings and priorities without first having the professional recommendation and guidance of the Managing Director of KASS to scrutinise.

(3) Dr T R Robinson proposed, and Mr P W A Lake seconded, that Recommendation C of the report be deleted as Members were unable to do what it asked.

Carried, 8 votes to 0

(4) Mr Mills undertook to prepare such guidance and reassured Members that proposals would be very finely prioritised.

(5) RESOLVED that:-

- (a) the national and local context, within which this MTP will be set, be noted; and

- (b) Recommendation C of the report be deleted, as Members are unable to identify and express relative priorities for services, and areas and types of savings without first having the professional recommendation and guidance of the Managing Director of KASS to scrutinise.

44. Update on Select Committee Work

(Item C1 – Report by Overview and Scrutiny Manager)

- (1) The Democratic Services Officer introduced the report and added that the Carers in Kent Select Committee report had been well received the day before by the Cabinet Member and Directorate representatives, and that the Transitional Arrangements Select Committee report had been referred to and welcomed by the Learning and Skills Council and the Connexions Service, and was being built into the business plan of the latter.
- (2) Mr M J Angell expressed his disappointment that the Carers in Kent Select Committee report would be considered by the Cabinet and County Council (on 3 and 13 December, respectively) without first being considered by the Adult Social Services POC.
- (3) Members were disappointed that the Informal Member Group on Transitional Arrangements had not yet been able to start its work and hoped that it would soon be able to do so.
- (4) RESOLVED that:-
 - (a) the progress of the Carers in Kent, Transitional Arrangements, and Gypsies and Travellers' Sites Select Committees, set out in the report, be noted; and
 - (b) any suggestions for future topic review work which the Committee wishes to put forward for inclusion in the work programme be brought to the attention of the Overview and Scrutiny Team so a detailed proposal can be worked up to be put forward to the meeting of the Policy Overview Co-ordinating Committee on 14 February 2008.

Progress and Developments in Mental Health Services

ASSPOC
16 November 2007

Progress and Developments in Mental Health Services

Focus of the presentation

- Prevalence of Mental Illness - key statistics and impact
- The role of KCC - seconded service, statutory interventions, social inclusion and public health
- The current services. How they are changing and developing. The future - recovery based model, Mental Health and Primary Care. Foundation Trust status
- The new commissioning arrangements for Health and Social Care and priorities/pressures

Progress and Developments in Mental Health Services

Prevalence of Mental Illness

- 1 in 6 Adults will be effected at some time in their lives by mental ill-health. This means approximately 140,000 in Kent
- 1 in 100 has a severe mental illness such as schizophrenia
- Nationally 560,000 people with dementia. Projected to rise by 35% over next 15 years. For Kent this means an increase from 73,000 to 98,000 by 2021.
- 1 in 4 consultations with a GP concern mental health issues
- Significant health inequalities - life expectancy for people with severe mental illness 10 years less than national average
- Suicide rates decreasing but still significant cause of death

Progress and Developments in Mental Health Services

Role of KCC seconded service

- Secondment into the Kent/Medway NHS and Social Care Partnership Trust
- Includes 256 fte, budget of £16.7 million, 16 CMHT's, 2,300 statutory assessments/interventions annually under the 1983 Act
- Governance and Accountability through
 - ◆ Section 31 Partnership Agreement
 - ◆ Role of Director of Social Care at Board level and throughout the Trust
 - ◆ KCC Elected Members
 - ◆ Range of budget and performance monitoring groups

Progress and Developments in Mental Health Services

Role of KCC - Community Presence

- Support for voluntary sector
- £4.1 million expenditure to approximately 50 organisations in 07/08
- Support for carers. User and carer forums
- Employment and vocational guidance
- Promoting social inclusion and supporting independence
- Improving access to supported accommodation
- Diversity and ethnicity
- Tackling the public health agenda - health inequalities and prevention
- Contribute to better understanding of the mental health needs of the population through the JSNA

Progress and Developments in Mental Health Services

New Mental Health Act 2007

- Simplified definition of Mental Disorder
- Widening the definition of medical treatment and new Community Treatment Orders
- Additional safeguards for patients
- Changing professional roles

16 November 2007

Kent and Medway 
NHS and Social Care Partnership Trust

The Partnership Trust

16 November 2007

Erville Millar
Chief Executive



Trust Board

Kent and Medway 
NHS and Social Care Partnership Trust

7 Executives

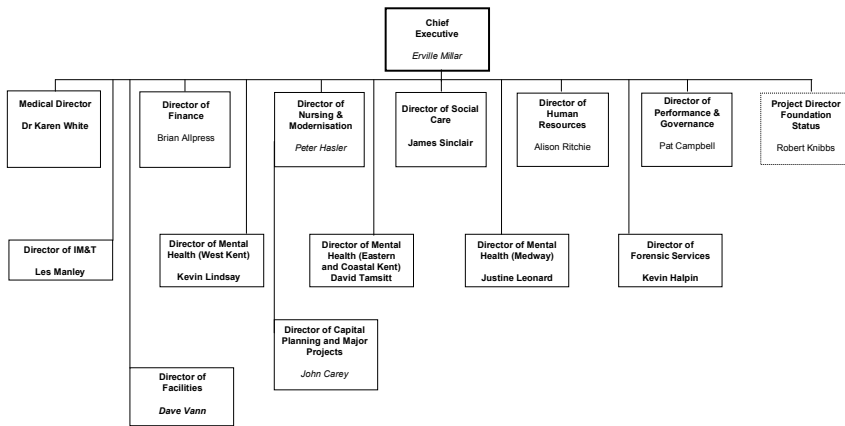
7 Non-Executives

Chair – Peter Smallridge

Representatives from both local authorities



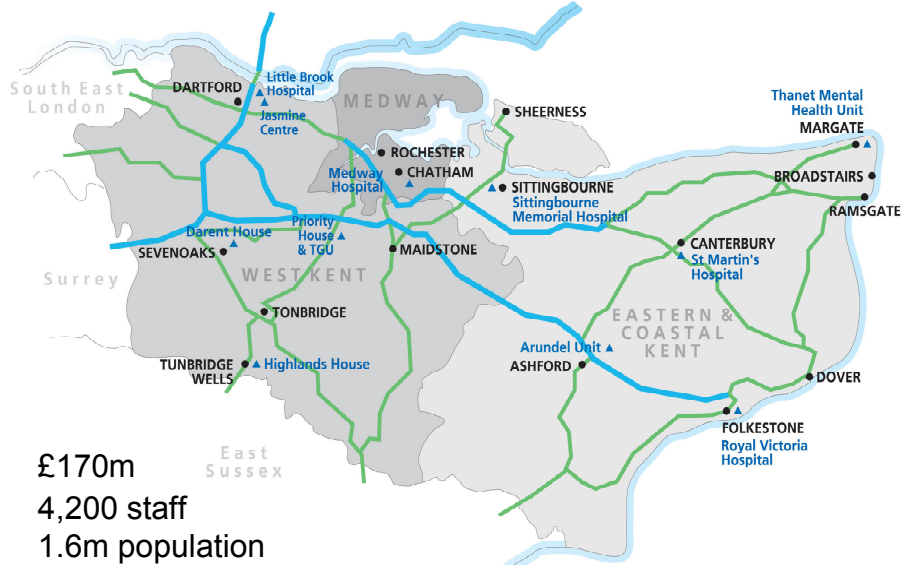
Trust Structure Kent and Medway **NHS** NHS and Social Care Partnership Trust



TRUST EXECUTIVE TEAM

October 2007

About the Trust Kent and Medway **NHS** NHS and Social Care Partnership Trust



- £170m
- 4,200 staff
- 1.6m population

Our Vision and Statement of Mission

“We will work in partnership to provide responsive and dependable mental health and substance misuse services to the communities we serve in Kent & Medway. We aim to provide hope, **recovery, well-being** and social inclusion, individual **choice** and independence through high quality care and environments; Services that are **safe**, sustainable and stigma-free and a culture of development and continuous improvement, taking account of ethnicity, culture and gender. In this mission we shall endeavour to keep the child, younger person or adult, with their family – at the centre of everything we do”

The New Breed of Services

- Early Intervention Services
 - Impact of CRHTs
 - OPMH Home Treatment
 - Access to Psychological Care
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Key Strategic Objectives and Challenges

- Commissioning
 - Financial Management
 - Service Provision
 - National Care Records Service
 - Strategy Development
 - Foundation Status
-
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The Partnership - Health and Social Care

- It works, it can still develop further
 - It is important to us, but more important to our service users
 - The relationship with the lead commissioning PCT is growing by the day
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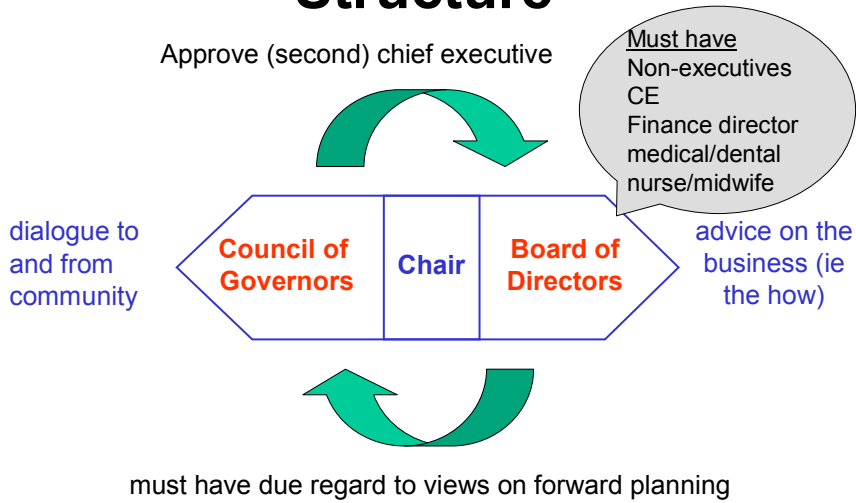
The Director of Social Care

- Jointly Appointed at Board Level
 - Embedding social care practice to support care models
 - Challenges include:
 - ASW
 - Service user engagement
-
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Foundation Status

- Accountability to local people through **membership** and Council of Governors
 - Builds upon relationships with stakeholders
 - Greater protection for investment in mental health
 - Legally binding and clear contracts
 - Complete consistency of systems across Trust
 - Freedom to enter into joint ventures
 - Freedom to retain financial surpluses and freedom to borrow from commercial sources
 - Opportunity to think more holistically and enter into partnerships to provide more employment and housing opportunities to service users
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Structure



Proposed Council of Governors

NHS	PCT's	3	
	Acute Trust	1	
Local Authority	Kent County Council	2	
	Medway Unitary Council	1	
Partner Organisations	Business Link	1	
	Police Service	1	
	Prison Service	1	
	Academia	1	
Voluntary Sector		3	
Staff	East Kent	4	18
	West Kent		
	Medway		
Public	East Kent	7	
	West Kent	7	
	Medway	5	
Total Number of Governors		37	19

Next FT Steps

- Diagnostic tests conducted by the Strategic Health Authority - Mar-May 07
 - Strategic Health Authority recommends Trust to move forward to Department of Health assessment stage - May 07
 - Department of Health assessment stage begins - Dec 07
 - Trust conducts public consultation - Jan - Mar 08
 - Governors appointed and elected – Late 2008
 - If successful Trust becomes a Foundation Trust – Late 2008
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