**KENT COUNTY COUNCIL**

# ADULT SOCIAL SERVICES POLICY OVERVIEW COMMITTEE

MINUTES of a meeting of the Adult Social Services Policy Overview Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 1 April 2009.

PRESENT: Mr R F Manning (Chairman), Mr T A Maddison (Vice-Chairman), Mrs A D Allen, Ms C J Cribbon, Mr J Curwood, Mr C G Findlay, Mr T Gates, Mr D A Hirst, Mr S J G Koowaree, Mr R L H Long, TD, Mrs M Newell, Dr T R Robinson, Ms B J Simpson and Mr M V Snelling

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

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

**UNRESTRICTED ITEMS**

## 72. Membership
*(Item A1)*

The Democratic Services Officer reported that Mr R L H Long had joined the Committee to fill the vacancy left by Mr M J Angell, who had left the Committee following the County Council decision of 11 December 2008 that Lead Members should not serve on POCs which dealt with their subject area. Mr Long was welcomed to the Committee.

## 73. Minutes of the meeting held on 15 January 2009
*(Item A4)*

RESOLVED that the minutes of the meeting held on 15 January 2009 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

## 74. Chairman's Announcements
*(Item A5)*

1) Mr Mills was asked to update the Committee on the Directorate's recent inspection and ongoing restructuring.

(a) Initial feedback from the CSCI inspection on the Safeguarding of Vulnerable Adults undertaken from 10 to 18 March had been broadly positive, with some areas highlighted as needing improvement. The final report of the inspection would be available in mid-July and at that time KASS would produce an action plan to address the areas for improvement. Mr Mills thanked staff, other agencies and Members for their contribution to the inspection process. Members in return said they were proud of the positive way in which KASS staff had approached the exercise and been open to challenge.

(b) All new appointments had now been made to the new management structure of the Directorate, and phase 2, to allocate front-line staff, was now under way. Mr Mills undertook to send all POC Members a note of the new management structure and to update them further on the restructuring at the Committee's July meeting. The complete new structure would become live in October 2009 and at that time Members would be given a further update. Mr Mills assured Members once again that no reduction in front-line staff had been made; reductions and voluntary redundancies had been in management posts only. Changes in the structure had been made to assist the delivery of Self-Directed Support and Personalised Budgets which came into use for all newly-assessed clients today and would be phased in for existing clients later.

2) Mr Mills added that two other changes coming into play today which were pertinent to the work of KASS were the introduction of the Care Quality Commission (CQC) to take over from the Commission for Social Care Inspection (CSCI) in undertaking inspections, and the introduction of the Deprivation of Liberty Safeguards. All Members of the County Council had been sent a briefing note to introduce the new Safeguards.

**75. Presentation - Mental Health: An Update on the Joint Strategic Needs Assessment (JSNA), Commissioning and the Changes to the Mental Health Act** *(Item )*

*(Ms L Kavanagh, Director of Commissioning for Mental Health and Substance Mis-Use, Kent and Medway PCs; Mr P Absolon and Mr D Woodward, Social Care Commissioners for Mental Health; and Mr J Sinclair, Director of Social Care, West Kent NHS and Social Care Trust, were in attendance for this item at the invitation of the Committee)*

*(The slides used in the presentation are appended to this Minutes)*

1) Ms Kavanagh introduced the Joint Strategic Needs Assessment (JSNA), Mr Absolon and Mr Woodward talked about Social Care Commissioning for Mental Health and Mr Sinclair outlined the key changes to the Mental Health Act, and they and Mr Leidecker answered questions from Members. Points arising from discussion and in response to questions were as follows:-

(a) There were inequalities in resources between East and West Kent to provide mental health services, so commissioners in East Kent had to be inventive and proactive in making optimum use of alternative media to assist clients to access support;

(b) The JSNA had provided some data about the number of people claiming Invalidity Benefit (IB) due to mental health and behavioural disorders. Tunbridge Wells had the highest incidence of this; 46% of claimants. Helping people with serious long-term mental health problems to access and keep employment was a major challenge;

(c) The JSNA would help commissioners to understand the diversity of need and target those most in need, eg., offenders, alcoholics, etc., and started

working early with those most at risk, between the ages of 14 and 35. The PCTs were very committed to targeting limited resources to achieve optimum benefit;

(d) A follow up service supported vulnerable patients who had attempted suicide as a result of their mental health problems. However, it was known that most people successfully committing suicide were not in previously-identified groups;

(e) KASS worked very closely with PCTs in social care commissioning to deliver the best possible service. KASS received quarterly returns from all providers and was rigorous in ensuring that its requirements were being met well. Joint working and service monitoring were vital to good quality commissioning, and providers could be penalised financially for under performance. Funding for services was provided jointly by both KASS and its partners;

(f) Commissioners of Mental Health services in the county supported people with evidenced medical conditions, determining each person's needs individually. Some mental health conditions (eg., personality disorders) presented a bigger challenge than others and any mental health condition which was undiagnosed could not be treated, although people without a formal diagnosis still needed care and support. There was evidence that some interventions could help conditions which were not previously considered treatable;

(g) Changes in the Act included a single definition of mental disorder but this was very broad – "any disorder or disability of the mind";

(h) Mental Health services for offenders were delivered via or in conjunction with the Criminal Justice system, but evidence had shown that mental health patients tended to be the victims rather than the perpetrators of crime; and

(i) Changes in the Mental Health Act had so far not led to an increase in admissions or detentions.

2) RESOLVED that the information in the thought-provoking presentation and in response to Members' questions be noted, with thanks.

**76. Adult Services Budget Monitoring 2008/09**
*(Item B1)*

*(Miss M Goldsmith, Directorate Finance Manager, was in attendance for this item)*

1) Miss Goldsmith introduced the report and answered questions from Members, as follows:-

(a) The KASS budget was almost at a break-even point at the moment and was expected it would achieve an underspend of about £500,000 by the end of the

financial year. Mr Mills pointed out that, in a needs-led budget of some £450 million, this was a great achievement;

(b) In the event of KASS achieving an underspend it would not be able to rollover its Deferred Payment Grant to the next financial year. This money could be kept in reserve only for the financial year for which it was awarded. The Cabinet would make a decision on whether or not KASS, if underspent, would be allowed to reclaim its contingency fund;

(c) Members welcomed the report of an expected underspend and said how much they appreciated and were confident of the budgeting ability of KASS officers to bring in a budget underspend without under delivering services.

2) RESOLVED that:-

(a) the information in the report and in response to Members' questions be noted, with thanks; and

(b) Members' confidence in and appreciation of the ability of KASS officers to manage the budget well in a difficult economic climate be relayed to the staff concerned.

**77. The Supporting People Programme**
*(Item B2)*

*(Miss C Martin, Head of Supporting People, was in attendance for this item)*

1) Miss Martin introduced the regular six monthly update report and answered questions from Members, as follows:-

(a) The Strategic Review of long term housing was being led by the Supporting People Team in consultation with District Council Housing Departments, KASS and service users, the aim being to seek the views of as broad and varied an audience as possible; and

(b) The Self Directed Support Project Board had started work in December 2008 to address the issue of SDS as it related to Supporting People.

2) Members warmly welcomed the extensive user involvement and consultation which had been built into the development of the Supporting People Programme.

3) RESOLVED that the information in the report and given in response to questions from Members be noted, with thanks.

**78. Six Month Update on Performance 2008-09**
*(Item B3)*

*(Mrs S Abbott, Head of Performance and Management Information, was in attendance for this item)*

1) Mrs Abbott introduced the regular six monthly update report and answered questions from Members. In discussion, and in response to questions, the following points were highlighted:-

(a) The Performance Management system was currently in a period of transition, with the old National Indicator Set being phased out and a new set of Performance Indicators being phased in. The new set of indicators was much smaller, with 10 only applying to the work of KASS. The new Performance Indicators had been phased in starting from 1 April 2008. All local authorities had been invited to take part in a consultation exercise to identify the new set of Performance Indicators and the final set had been nationally agreed;

(b) The first results from the new indicators would be published on 31 May 2009 and it was not possible to publish results for a part-year.

(c) The KCC was not obliged to identify or publish its targets until 31 May 2009, although KASS had identified informal targets for interim monitoring, using the transition period to help identify what targets it should set. For example, for a new Indicator not previously included, KASS would have to take time to assess the baseline before it could identify a viable and useful target.

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

**79. Living Well with Dementia: A National Dementia Strategy**
*(Item B4)*

*(Mr M Thomas-Sam, Head of Policy & Service Development, and Ms E Hanson, Policy Manager, were in attendance for this item)*

1) Mr Leidecker introduced the report and emphasised the provisions for dementia that KASS was already delivering as a background to the publication of the new National Dementia Strategy (NDS). Mr Thomas-Sam added that the NDS and work involved in implementing its objectives would not stand alone but would link closely to the KCC's Strategies for Carers, Housing and End of Life Care. The NDS was accompanied by £150 million investment in the first three years of its implementation, although, historically, dementia had received 8 times less government funding than cancer, coronary heart disease and stroke. It was not known how much of the £150 million would be allocated to KASS and how much to the NHS. Ms Hanson pointed out that a dementia JSNA had recently been completed across Kent.

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

(a) Members warmly welcomed the publication of the National Dementia Strategy and endorsed the objectives which arose from it and the government funding which went with it;

(b) Objective Two of the NDS encouraged people to seek early diagnosis of dementia from their GP, but research showed people tended to delay seeking

a diagnosis. Across Kent, the NHS Map of Medicine, which is a health services diagnostic tool, is being introduced to ensure that GPs follow the same set of diagnostic tests before referring people on to secondary health services for formal diagnosis of dementia. It is hoped that this will ensure a more consistent approach to the diagnosis of dementia. It is not uncommon currently that dementia could take three to five years to identify and diagnose fully;

(c) Members supported Objective 3 of the NDS and added the need for information to be user-friendly, avoid jargon and be particularly accessible to clients from BME communities whose first language was not English;

(d) Although not exclusively a disease of old age, the likelihood of developing dementia increased with age. A Dementia UK report in 2007 had identified that, for every 5 years of a person's age, their chances of developing dementia doubled. By 85+, people will have roughly a 30% chance of developing it;

(e) It was also known, however, that the same health messages for coronary heart disease could also apply to reducing the risk of some types of dementia. "What is good for your heart is good for your head". KASS fully supported work with the PCT and the public health unit to address the prevention agenda;

(f) Although much work was in place to deliver services to people with dementia, there was still much to do. The JSNA had identified a 43% increase in dementia in East Kent and a 50% increase in West Kent, within the next 15 years, due to the ageing population. The ideal was that all services should be sensitive to the needs of people with dementia; and

(g) People with dementia in general hospitals were more likely to stay longer there for routine procedures and were more likely to go into long term care homes upon leaving hospital.

3) RESOLVED that the information in the report and given in response to questions from Members be noted, with thanks.

**80. Adult Social Services - Making Experiences Count**
*(Item B5)*

*(Mr N Sherlock, Performance Manager, was in attendance for this item)*

1) Mr Sherlock introduced the report and explained that Kent was an early adopter of the new single complaints process which had replaced the previous fragmented process. The new process had fewer stages, with no Member Panel stage, but offered greater flexibility in how a complaint could be taken forward, and gave the complainant more say in how they wished their complaint to be handled. In discussion, and in Mr Sherlock's and Mr Mills' responses to questions from Members, the following points were highlighted:-

1) Mrs Abbott introduced the regular six monthly update report and answered questions from Members. In discussion, and in response to questions, the following points were highlighted:-

(a) The Performance Management system was currently in a period of transition, with the old National Indicator Set being phased out and a new set of Performance Indicators being phased in. The new set of indicators was much smaller, with 10 only applying to the work of KASS. The new Performance Indicators had been phased in starting from 1 April 2008. All local authorities had been invited to take part in a consultation exercise to identify the new set of Performance Indicators and the final set had been nationally agreed;

(b) The first results from the new indicators would be published on 31 May 2009 and it was not possible to publish results for a part-year.

(c) The KCC was not obliged to identify or publish its targets until 31 May 2009, although KASS had identified informal targets for interim monitoring, using the transition period to help identify what targets it should set. For example, for a new Indicator not previously included, KASS would have to take time to assess the baseline before it could identify a viable and useful target.

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

**79. Living Well with Dementia: A National Dementia Strategy**
*(Item B4)*

*(Mr M Thomas-Sam, Head of Policy & Service Development, and Ms E Hanson, Policy Manager, were in attendance for this item)*

1) Mr Leidecker introduced the report and emphasised the provisions for dementia that KASS was already delivering as a background to the publication of the new National Dementia Strategy (NDS). Mr Thomas-Sam added that the NDS and work involved in implementing its objectives would not stand alone but would link closely to the KCC's Strategies for Carers, Housing and End of Life Care. The NDS was accompanied by £150 million investment in the first three years of its implementation, although, historically, dementia had received 8 times less government funding than cancer, coronary heart disease and stroke. It was not known how much of the £150 million would be allocated to KASS and how much to the NHS. Ms Hanson pointed out that a dementia JSNA had recently been completed across Kent.

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

(a) Members warmly welcomed the publication of the National Dementia Strategy and endorsed the objectives which arose from it and the government funding which went with it;

(b) Objective Two of the NDS encouraged people to seek early diagnosis of dementia from their GP, but research showed people tended to delay seeking

they had put into producing excellent, clear documents. In discussion, and in Mr Thomas-Sam's, Ms Hanson's and Mr Leidecker's responses to questions, the following points were highlighted:-

(a) The contribution of Kent's 127,848 carers was invaluable in allowing so many elderly and disabled clients to remain living in their own homes, and made an immense financial saving for the KCC and government;

(b) Members who had served on the Select Committee had awaited the production of the Strategy and welcomed it in particular as an outcome of the Select Committee's work;

(c) It was suggested that, once the Strategy had been published, a leaflet giving basic contact advice and information to carers should be produced to be placed in GPs' surgeries;

(d) Carers of all ages who attended local Member surgeries raised the need for respite as a major issue, along with the difficulty of travelling to attend medical and social care appointments;

(e) Funding for emergency respite had been given to KASS but was initially for one year only. Funding for carers had been improved via the Carers' Grant from the Department of Health, which KASS had ring-fenced to protect it, although Mr Leidecker pointed out that this funding was not the only money KASS spent on services for carers; and

(f) KASS now worked in closer partnership with carers and carers' organisations than it had previously done, and regular meetings identified what was working well and what needed to be improved. In partnership with West Kent PCT, KASS was preparing a bid to government to be a demonstrator site, and Kent carers' organisations, with KASS's support, were collaborating in a national bid to establish "Caring with Confidence" training for carers. The outcome of these two projects would be included in next year's Annual Carers Report.

3) RESOLVED that:-

(a) information given in the report and in response to questions be noted;

(b) the first Kent Annual Carers report and Kent Adult Carers' Strategy be welcomed and endorsed for publication and launch; and

(c) Members' congratulations on the documents be conveyed to the officer team.

**82. 'Better Homes Active Lives' and 'Excellent Homes for All' Housing PFIs**
*(Item B7)*

*(Mr D Weiss, Head of Public Private Partnership and Property, was in attendance for this item)*

1) Mr Weiss introduced the report and explained that KASS was in the forefront of providing good quality homes for vulnerable people, in partnership with District

Councils and the private and voluntary sectors. There were two current projects – Better Homes Active Lives and Excellent Homes for All - which between them catered for elderly clients and those with a range of different needs; mental health, learning disability, physical disability, etc. The latest housing provision was being developed and phased in, with some opening very soon, and all were planned to finish and open by 2012. Government funding of £130 million PFI credits for vulnerable people had contributed towards the latest development. Mr Leidecker added that PFI was part of the wider modernisation agenda which aimed to provide optimum choice and independence for those no longer able to live in their own homes.

2) In discussion, and in Mr Weiss's and Mr Leidecker's responses to Members' questions, the following points were highlighted:-

(a) Members welcomed the range of housing provision being developed and were pleased to hear about Kent's success in this field;

(b) Local press coverage and publicity would accompany the opening of each new phase of development, and over the next two months, those who had put their names on a waiting list would be assessed and invited to sign up for accommodation as it became available;

(c) Members referred to and praised housing developments in Dartford and Wilmington, the latter having a particularly good relationship with the local community, with local schools providing art work for the communal areas;

(d) Clients moving into any development who later felt that they needed to access Extra Care services would apply to KASS in a similar way as they would if they were still living in their own homes. The ultimate aim was that residents would be able to access this service via the 24 hour on-site team. Extra Care was not included in the main rent for a unit but still worked out much cheaper than residential care for most people;

(e) Mr Weiss estimated that, given the national demographic pattern for the next 20 years or so, 4 schemes of varying types would be needed in each district to meet the growing need. PFI projects were only part of a bigger picture and other choices of provision would also be needed, provided by housing grants or Section 106 developers' contributions. Members supported the need to have a range of provision to give optimum choice. Mr Leidecker added that the JSNA had shown a 12% reduction in KCC care home places against the demographic pattern of increasing need. Flexible provision could mean moving away from permanent placements to make use of respite and recuperative care, delivered jointly with Health;

(f) Kent was currently at the stage of providing further details on its outline business case for the Excellent Homes For All Project; and

(g) District Councils shared KCC's legal and project development costs in a partnership arrangement which worked well. PFI made affordable much more than one local authority on its own could possibly hope to achieve.

3) RESOLVED that the information in the report and given in response to Members' questions be noted, with thanks.

**83. Active Lives Network (formerly Queen Elizabeth Resource Centre)**
*(Item B8)*

*(Ms M Howard, Director of Commissioning and Provision, West Kent, and Mrs C Holden, Project Manager, were in attendance for this item)*

1) Ms Howard introduced the report and explained that interim services which had been put in place for the former users of the Queen Elizabeth Resource Centre were those which users had requested in the consultation process around the closure of the Centre. The number of days' service provided had been matched to the number of days' service previously provided at the Centre. The new service provision had received good comments from users.

2) Members welcomed the good news story as a happy outcome to a problem which had been very difficult to address, and they congratulated the officer team on all the work they had put into handling the changeover and establishing the new service provision. Ms Howard thanked Members for their compliments and comments.

3) In discussion, and in response to questions raised by Members, the following points were highlighted:-

(a) There had been no break in service between the old Centre closing and new services starting, and no users of the former Centre who had wanted an alternative had been left without service provision;

(b) In response to a question about what lessons might be learnt from the consultation process, and what might be done differently next time, Ms Howard said that, if the exercise were to be repeated, the officer team would follow the same consultation process in the same way but would aim to start earlier and conclude sooner so the period of uncertainty and potential anxiety for users would be kept to a minimum;

(c) Although one of the new services had run in parallel with QEF it had proved difficult for service users to embrace the idea of new services until they had accepted and believed that the previous service would really come to an end;

*(d)* The Vice-Chairman suggested that lessons learnt from the consultation process around the transfer of services in Dartford could be used as a case study to help plan any future change to similar services in other areas;

(e) He also suggested that service users could hold an event in October 2009 to mark the first year of the new service provision, to celebrate the success of the change and what had been achieved;

(f) The report explained that the management of the current service was an interim arrangement, and the intention was to tender for an external

organisation to run the service from the autumn of 2009. The Vice-Chairman expressed disappointment that another in-house service was being contracted out, and expressed the concern that this might lead to the KCC becoming an enabler rather than a provider, losing its expertise at providing services directly. Ms Howard pointed out that the current arrangement was only ever intended to be temporary; and

(g) Services put in place under the new arrangement were largely for existing users of the former Queen Elizabeth Resource Centre, and new users were not expected to join them unless it was for specific and time limited reasons as new clients would access different services via different routes.

4) RESOLVED that the information in the report and in response to questions from Members be noted, and Members' thanks and congratulations be passed to the Officer team.

**84. Update on Select Committee Work**
*(Item C1)*

1) The Democratic Services Officer introduced the report and added that the Policy Overview Co-ordinating Committee meeting scheduled for 28 April would not now go ahead. The POCC would instead meet later in the summer with the aim of agreeing the Select Committee work programme before the August recess.

2) She also reported that the Autistic Spectrum Disorder Select Committee report had been warmly received by Cabinet on 30 March and had attracted a number of very favourable comments.

3) RESOLVED that the information in the report be noted, with thanks.

**85. Vote of Thanks**
*(Item )*

1) At the end of the meeting, the Chairman thanked Members of the Committee for their support and diligence in overseeing the work of the Kent Adult Social Services Directorate and for the calibre of discussion and debate achieved at the Committee's meetings. He thanked those Members who were not seeking re-election for their service to the Council and to this Committee.

2) He also thanked Mr Mills and the KASS officer team for the quality and clarity of the reports presented to the Committee and the information given in response to Members' questions at meetings.

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# Mental Health Presentation
# ASSPOC – 1 April 2009

Steve Leidecker, Director of Operations

Lauretta Kavanagh, Director of Commissioning for Mental Health & Substance Misuse

Dave Woodward & Paul Absolon, Social Care Commissioners for Mental Health

James Sinclair, Director of Social Care

# Joint Strategic Needs Assessment (JSNA) for Mental Health in Kent and Medway

# ‘Why Do We Need A JSNA For Mental Health?’

# How We Have Gone About The Assessment:

- Specifying what we want
- Securing external support
- Involving ‘experts’

# What is Among The Key, High-Level Findings To-Date:

- Population size and deprivation
- Extent of mental illness
- Suicide
- East / West Kent comparisons

# Possible Priorities for a Longer View:

- People with Common Mental Health Problems
- Older People
- Carers

# Moving Forward:

- Strategy Development

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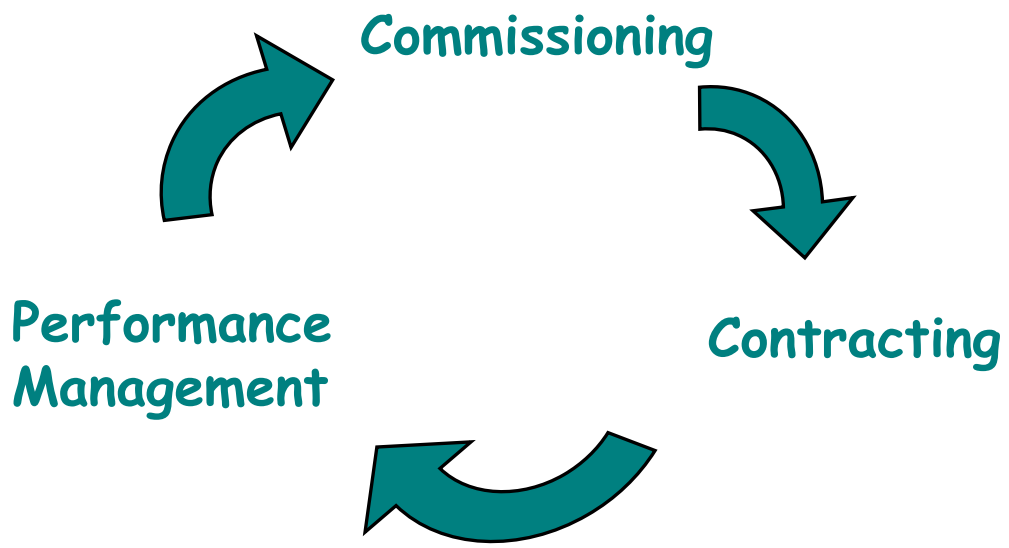
# Social care commissioning for mental health

## Mental Health Commissioning & Contracting Team



# Social care commissioning for mental health


## Commissioning:

Key Drivers

Social inclusion
Community cohesion
Personalisation of services

# Social care commissioning for mental health


## Contracting:

Target systems to reconnect people

Employment
Accommodation
Social networks

# Social care commissioning for mental health


**Performance management:**

Levers to make it happen

Personal budgets
Partnerships
Primary care

# Implementation of The Mental Health Act Amendments 2007

## The changes to the Mental Health Act 1983 include:

**Definition of Mental Disorder:** a single definition of mental disorder

**Criteria for Detention:** a new "appropriate medical treatment" test in place of the so-called "treatability test“

**Professional Roles:** broadening the group of practitioners who can undertake functions previously performed by the Approved Social Worker and Responsible Medical Officer

# **Implementation of The Mental Health Act Amendments 2007** continued

**Nearest Relative (NR):** giving patients the right to make an application to displace their NR and enabling County Courts to displace a NR

**Supervised Community Treatment (SCT):** introducing SCT for patients following a period of detention in hospital

**Mental Health Review Tribunal (MHRT):** reducing the time before a case has to be referred to the MHRT and introducing a single Tribunal for England

# **Implementation of The Mental Health Act Amendments 2007** continued

**Age Appropriate Services:** ensuring patients aged under 18 who are admitted to hospital for a mental disorder are accommodated in an environment suitable for their age (subject to their needs)

**Advocacy:** introducing independent mental health advocacy for patients who are subject to the Mental Health Act

**Electro-convulsive Therapy:** introducing new safeguards for patients

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