

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 Tuesday, 1 April 2008.

PRESENT: Mrs A D Allen, Mr M J Angell, Mr G Cowan, Mr J Curwood, Mr M J Fittock (substitute for Ms C J Cribbon), Mrs E Green, Mr C Hibberd, Mr S J G Koowaree, Mr P W A Lake, Mr J F London (substitute for Mr J B O Fullarton), Mrs M Newell, Mr M J Northey and Dr T R Robinson.

OTHER MEMBERS PRESENT: Mr L Christie, Mrs S V Hohler, Mr K G Lynes (Cabinet Member for Adult Social Services) and Mr W V Newman.

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

16. Election of Vice-Chairman

(The Committee resolved to take this as an urgent item of business as the news of Ms Cribbon's resignation had been received after the publication of the agenda for the meeting)

Mrs E Green proposed and Mr G Cowan seconded that Mrs M Newell be elected Vice-Chairman of the Committee. There being no other nominations, Mrs Newell was duly elected Vice-Chairman.

In the absence of the Chairman, Mrs Newell took the chair for the meeting.

17. Minutes of the Meeting held on 29 January 2008

(Item A3)

RESOLVED that the Minutes of the meeting held on 29 January 2008 are correctly recorded and they be signed by the Chairman. There were no matters arising.

18. New Performance Framework

(Presentation by Ms D Exall, Head of Performance and Planning, and Ms T Gailey, Information Performance & Policy Manager)

(Mr L Christie, Mrs S V Hohler and Mr W V Newman were present for this item)

(1) Ms Exall and Ms Gailey introduced a series of slides which set out the current performance framework and how this would change with the introduction of new national indicators and how these related to the Local Area Agreement, Transforming Social Care, etc. *The slides used in this presentation are attached to these Minutes as Appendix 1.* Arising from a presentation, and in responding to questions put by Members, Ms Exall, Ms Gailey, Mr Mills and Mr Leidecker highlighted the following points:-

- (a) With the Kent Local Agreement 2, it was good that there were few social care indicators (two out of 36; NI125 – achieving independence for older people through rehabilitation/Intermediate Care, and NI141 – the number of vulnerable people achieving independent living) as the criteria for selecting indicators were performance improvement and partnership working. The small number of indicators was a reflection that social care services were performing well, and the two chosen could both only be implemented in partnership with others.
- (b) Ms Gailey explained that she served on the national group, and through this group Kent had expressed concern that not enough indicators were outcome focussed. Professional staff administering the service did not necessarily agree with the content of some of the indicators.
- (c) With the reduction in the number of indicators from the old system, there was nothing on residential and nursing care, and CIPFA had pointed out that there were no indicators on funding and finance.
- (d) Kent hoped to set up its own indicators by asking clients to comment on how well it had helped them address their three most important concerns.
- (e) Kent was currently in a transition period with the new system being phased in and the old system phased out.
- (f) Members expressed concern that working in partnership might lay KCC open to risk, as partners' performance standards might compromise our own. Officers agreed it was important to identify and be aware of strengths and weaknesses in partnership, but reassured Members that Kent had a good partnership tradition, particularly with the NHS. Mr Mills reminded Members that the public, quite rightly, expected public services to be seamless, and it made sense for them to be assessed together. The NHS was fully signed up to the new indicators.
- (g) It was important to tailor services to serve the broadest population possible and offer maximum choice.
- (h) Although the overall number of indicators had been reduced, it was the content and focus of them which were important, and the wording of them was still being developed.
- (i) Information that Kent was required to collect under the new system was the information that it would want to collect anyway, to support and develop its own best practice. Indicators applied consistently nationwide gave the benefit of allowing like-with-like comparison between local authorities around the country.
- (j) Mr Mills clarified the terms used for various means of purchasing care:
 - (i) Kent's aim was to move towards self directed support, under which everyone would have a personal budget which would allow them to identify the cost of care and how money was allocated for. Some of these budgets would be in cash form (Direct Payments), although he

emphasised that nobody would be compelled to take up Direct Payments if they did not wish to; and

- (ii) Kent did not currently run individual budgets as it was not among the 13 authorities taking part in the pilot scheme.
 - (k) To cover the cost of major change involved in the setting up the self directed support system, the government had made available Social Care Reform Grant of £520m for England, over 3 years. For Kent, this was £1.9m in year 1, £4.6m in year 2 and £5.8m in year 3.
 - (l) A good needs assessment process would identify the level of need of each client, so would indicate where expert help was needed and where informal support from family and neighbours would be sufficient. It would also show areas of greatest need, so available funding could be allocated proportionally across the county. The Joint Strategic Needs Assessment (JSNA) offered useful guidance to resource allocation using demographic profiles.
 - (m) People with learning disabilities who needed and wished to access supported employment should be treated equitably. Transport was a key factor in allowing them to access and remain in employment and KCC should seek to influence commercial bus providers, wherever possible, to develop a more responsive routeing policy.
 - (n) KCC should seek to influence the employability agenda wherever and as far as possible and, as the biggest employer in the County, should lead by example. The new Kent Employability Forum allowed employers to join only if they provided a certain number of work placements for people with learning disabilities.
- (2) RESOLVED that the information given in the very thorough presentation, and in response to Members' questions, be noted, with thanks.

19. Putting People First

(Item B1 – Report by Managing Director, KASS)

(Mr L Christie was present for this and the following items)

(Ms Exall, Head of Performance & Planning, was in attendance for this and the following item)

- (1) Mr Mills introduced the Putting People First concordat and Transforming Social Care circular which supported it, and emphasised that the changes embodied in these documents were bigger and further reaching than the changes to Social Care which took place in 1993. He set them in the context of other developments and legislative changes including the amendment to the Mental Health Act, the Green Paper, Domiciliary Care Charging and the Carers' Strategy. Kent supported the new direction in the delivery of Social Care and was already ahead in areas of change by having developed the Active Lives document. Changes would be delivered by Active Lives for Adults and would cover the provision of employment, transport infrastructure, etc.

(2) In response to questions raised by Members, Mr Mills and Mr Leidecker explained the following:-

- (a) Now Kent had applied its new Domiciliary Care Charging Policy, it had placed itself at the lower-middle range of local authorities, in the amount of disposal income it took into account (85%) when calculating Domiciliary Care charges. Many other local authorities took account of 100% of disposal income. The introduction of a new charging mechanism had gone well, with very few comments made by clients;
- (b) It was known that 70% of people in residential and nursing care places were self-funders. People making decisions for themselves about their care would not have the benefit of the judgement that KCC would use in making these decisions, if it were funding their care. Such clients needed clear and reliable information and advice and the new performance framework would indicate how well KCC helped this particular client group;
- (c) Members were assured that they would be able to comment on and direct how KASS implemented the changes towards self directed support in the way it supported clients. Clients would have a broad choice of arrangements so would be able to choose what suited them. Members were assured that no one would be pressured into having a Direct Payment, for example, if they were not comfortable with it and it was not the best medium for them;
- (d) There were lots of strands to be brought together by partnership working under Putting People First and Transforming Social Care, and Members were reassured that the NHS and other partners were fully signed-up to the new initiatives.

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

20. Kent's Strategy for Later Life

(Item B2 – Report by Managing Director, KASS)

(Mr M J Fittock declared a non-pecuniary interest as he served on the Management Committee of the local Citizens Advice Bureau)

(1) Ms Exall introduced the first draft of the new Strategy and sought Members' comments on it, and input into the development of the final version of it. Some consultation with older persons' groups had been undertaken but Ms Exall sought Members' guidance on how to identify the best consultees to make sure of the broadest, most representative input. Key themes emerging from the consultation so far were the consultation process itself, transport, the media image of older people and how older people could influence decision-making processes.

(2) Ms Exall explained that the aim was to produce the final Strategy document in Autumn 2008, and that the conference on Ageing and the Economy on 2 May and consultation events in June would provide valuable input, alongside the opinions of POC Members.

(3) Members welcomed the opportunity to comment on an early draft of the Strategy and supported this process as one of the vital roles of POC. They offered a number of suggestions for the development of the document, as follows:-

- (a) People aged 65+ had much energy and expertise to contribute to employment, and KCC could use consultation workshops and surveys to seek their views on this role. As the largest employer in Kent, KCC should lead by example in making best use of these skills by offering flexible, part-time employment opportunities for people aged 65+;
- (b) There were several types of older persons' groups in the county – eg., Active Retirement Associations – but the people in these groups were not necessarily the audience KCC most needed to engage as they were already active in retirement and were engaged in social networking;
- (c) Children's Trusts could be used as a model to address Adult Protection issues. A joint presentation on safeguarding children and adults would shortly be arranged by the Children's Champions Board;
- (d) Patterns of residential development away from the public transport network in recent decades meant that there were now communities of older people who were not well served by public transport. When commenting on responsive public transport networks to meet the needs of the ageing population, it is important to remember this history and that some areas would never be attractive to commercial public transport providers. However, for many elderly people, the bus service was a vital social link and a gathering place;
- (e) Local Boards could be used to address the issues in the Strategy, and also offered a useful consultation tool;
- (f) Debt – particularly "fuel poverty" – was a big issue for many older people.

(4) RESOLVED that:-

- (a) information given in the report, and in response to questions raised by Members, be noted, with thanks; and
- (b) Members' comments set out in paragraphs (3)(a) to (f) above be taken into account when developing the Strategy document.

21. Carers in Kent Report Recommendations – Implementation Plan

(Item B3 – Report by Managing Director, KASS)

(Mrs M Silverton, Policy Manager, was in attendance for this and the following item)

(1) Mr Mills and Mr Leidecker introduced the report and circulated a response from Ivan Lewis, Minister for Care Services, to a copy of the Select Committee report which had been sent to him.

(2) Members welcomed the Action Plan produced by KASS in response to the recommendations made by the Select Committee and made a number of detailed comments on it. In discussion, and in response to comments made by Members, the following points were highlighted:-

- (a) Some Members expressed disappointment that the Action Plans arising from Select Committees' final reports now go directly to POCs without first being seen by the Select Committees themselves;
- (b) Members sought clarification about how actions would be recorded and monitored and how Members would be kept up-to-date on their progress, particularly with the points 4 and 5 in the Action Plan;
- (c) Action point 14 – that the confidentiality policy should not be used to exclude carers of mental health patients inappropriately – was supported by a number of Members as this had shown up strongly in evidence given by witnesses to the Select Committee. Similar concerns had also emerged at meetings of the Health Overview and Scrutiny Committee, but officers assured Members that this would be addressed/overcome. Other Members emphasised the need to maintain confidentiality to guard against possible exploitation of a vulnerable client by an unscrupulous carer;
- (d) GPs received a vast quantity of written information on services, and could not always keep up-to-date with what services were available to help carers. Information for carers could be directed to the Practice Manager instead;
- (e) Support for young carers was co-ordinated by the CFE Directorate, and Members asked that information on young carers reported to CFEPOC be also shared with ASSPOC Members;
- (f) KCC could lend its support to carers' organisations who were actively pursuing district councils to provide carers with travel vouchers which would give them much needed assistance in making emergency and hospital journeys.

(3) RESOLVED that:-

- (a) the Action Plan be welcomed; and
- (b) information given in the report, and in response to Members' questions, be noted, with thanks.

22. National Framework for NHS Continuing Care

(Item B4 – Report by Managing Director, KASS)

(1) Mrs Silverton introduced the report and explained that the National Framework had been introduced in October 2007 to introduce consistency across the whole County and reduce the scope for 'a postcode lottery'. A key part of it is to define primary health needs, and protocols within it had been agreed with PCTs.

(2) In response to questions from Members, Mrs Silverton and Mr Mills explained the following:-

- (a) The National Framework had shortened the process for resolving appeals and disputes and made it possible to produce more reliable figures;
- (b) Strategic Health Authorities had been given £219m to cover the establishment costs of increasing Continuing Care services;
- (c) Provision of Continuing Care was not dependent on a client's setting and could be delivered effectively in a patient's home. However, to take full advantage of it, clients would need to know that they might be eligible and would need to know how to apply. Continuing Care delivered in the client's home would have to be closely monitored to ensure that KCC did not breach the upper level of care it was legally allowed to give to any one individual;
- (d) Mr Mills explained the transition from the old Free Nursing Care system and the complexities of re-banding and pricing that came about at the end of it. These had been misunderstood by the national media when it had criticised Kent for not adjusting payments correctly. Mr Mills reassured Members that Kent had, and would continue to, comply with existing contracts for care, and were clear that all client payments had been correctly made.

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

23. Adult Social Services Budget Monitoring – 2007/2008

(Item B5 – Report by Managing Director, KASS)

(Mr J Holden, Senior Accounting and Budget Manager, was in attendance for this item)

(1) Mr Leidecker introduced the report and explained that pressure continued in the fields of increasing Domiciliary Care costs and services for people with learning disabilities. He highlighted the successful negotiation with Eastern and Coastal PCT to support intermediate care and early hospital discharge for older people. In response to questions raised by Members, Mr Leidecker and Mr Holden explained the following:-

- (a) Members welcomed the level of detail set out in the report. The format of the Budget monitoring had followed previously-established methods used by Cabinet, etc, but could change in the future;
- (b) Members suggested that the use of unit costs and reference costs would give a better picture of trends and allow the comparison of costs between those in and not in nursing care, and with other local authorities around the UK;
- (c) Changing patterns of care would inevitably show up in different patterns of expenditure. For example, increased emphasis on intermediate care and care in the clients' own homes would reduce the spend on residential care as fewer clients were taking it up.

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

24. Equality Impact Assessments

(Item B6 – Report by Managing Director, KASS)

(Mr K Wyncoll, Equalities Manager, was in attendance for this item)

- (1) Mr Mills and Mr Wyncoll introduced the report and pointed out that Equality Impact Assessments were not only something KCC was required to carry out but were something it aspired to. Equality Impact Assessments reinforced the good work going on and were a useful tool in pointing to areas of improvement and opportunities to develop new processes and practices.
- (2) Officers received Members' warm congratulations on the recent news that Kent had achieved Level 3 of the Equality Standards for Local Government.
- (3) In response to questions put by Members, Mr Wyncoll explained the following:-
 - (a) The role of independent Equalities Consultant was undertaken by other local authorities in a reciprocal arrangement and so was cost-neutral. Local authorities assessed each others' performance;
 - (b) Equality Impact Assessments being undertaken now on a service area currently undergoing, or shortly to undergo, change would be redone when the period of change had ended.
- (4) RESOLVED that:-
 - (a) the information in the report, and given in response to Members' questions, be noted, with thanks; and
 - (b) the Directorate and be warmly congratulated on the achievement of Level 3 of the Equality Standards for Local Government.

25. Update on Select Committee Work

(Item C1 – Report by Overview, Scrutiny & Localism Manager)

RESOLVED that:-

- (a) the Transitional Arrangements Select Committee meet in May 2008 to review progress against its recommendations, one year on from the publication of its report;
- (b) a Select Committee Topic Review on Autistic Spectrum Disorder (ASD) commence shortly; and
- (c) the views of the Policy Overview Co-ordinating Committee on the monitoring of past Select Committee recommendations, and building capacity for Policy Overview Committees, be noted.

The New Performance Framework

Debra Exall
Head of Performance & Planning



Overview of the Presentation

- The current performance framework
- Government vision for future performance assessment
- Transformation of social care
- The new National Indicators
- Implications for social care



‘Old’ Performance Framework for Adult Social Services

- 26 PAF indicators (Performance Assessment Framework, including Best Value Performance Indicators - BVPIs)
- 100+ items of information provided to DH & CSCI p.a.
- Quarterly ‘routine monitoring’ meetings with Commission for Social Care Inspection
- Annual Review Meeting each summer, reflecting on previous year’s performance
- Star Rating for Adult Social Services announced in November.

The New Performance Framework

3



What Government want to achieve

- Public policy challenge
- Balance economic/social/environmental issues
- Tackle complex, cross-cutting issues
- Engage citizens
- New relationship between central and local government and partners.

The New Performance Framework

4



Comprehensive Area Assessment

Independent assessment of progress towards better outcomes for citizens

- Replaces CPA, but applies to local partnerships, not just councils
- End to rolling programmes of corporate assessments and Joint Area Reviews
- End to council star ratings and individual service scores (?)
- Draws on new national indicator set and requires no additional national reporting from councils (?!!)

The New Performance Framework

5



Summary of Government Vision

- More local accountability – so local government needs to step up
- Less nationally defined performance assessment
- More emphasis on quality of life for local people
- Expectation that we (in Kent) can evidence:
 - We know what the local needs are
 - We have involved local people in designing services
 - We have improved outcomes – especially for 'more vulnerable' groups
- LAA is a key to delivering joined-up outcomes.

The New Performance Framework

6



Delivering better outcomes for the people of Kent

- Are we encouraging choice, influence and user involvement in the design and delivery of services?
- Are we taking the opportunity to improve public services?
- Is there a strong shared vision for the area?
- Are we honest about what needs to improve and fast?
- Do we know what we need to do to deliver?
- Do we know how well we are doing?
- Are we willing to share our successes and to learn from others?
- Is this the best we can achieve?

The New Performance Framework

7



Transformation of social care

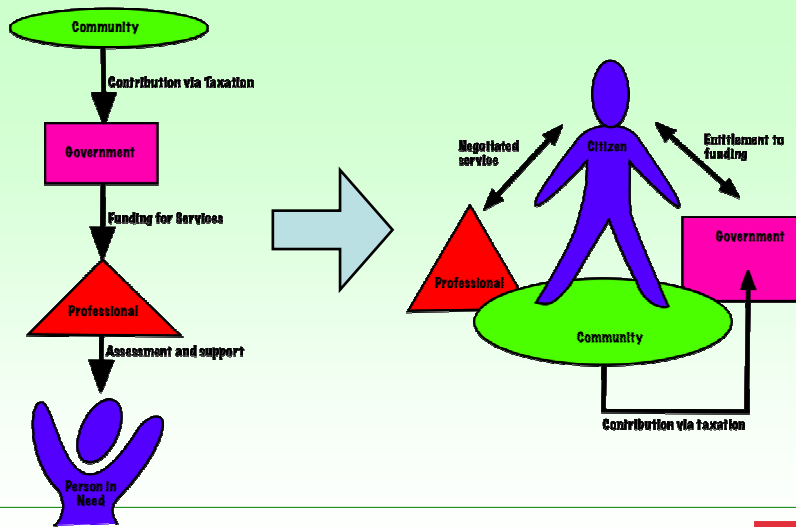
- Is essential because of demographic pressures combined with rising public expectations
- Will radically change the relationships between people being supported, commissioners and providers
- Must be built upon partnership working - cannot be delivered by KASS alone.

The New Performance Framework

8



Self-Directed Support



The New Performance Framework

9



Assessing performance for Self-Directed Support

- In future, the most important measure will be whether KASS has supported individuals to achieve their agreed outcomes.
- Process:
 - People identify what outcomes they want to achieve
 - Money allocated to meet their identified needs
 - Individual plans drawn up and verified (£ and risk)
 - People report back on whether their outcomes have been achieved.
 - Want to aggregate information (logistics still being worked out)

The New Performance Framework

10



The New National Indicators

Tish Gailey
Information, Performance & Policy
Manager






New National Indicators

- 198 across all Government departments
- Kent worked hard to influence the social care indicators
- The package is still disappointing - very few indicators are outcome focussed
- We're in the middle of a transition period






The New Performance Framework for Local Authorities & Local Authority Partnerships

Indicator	Description	Data source:
NI 119	Self-reported measure of people's overall health and wellbeing	? - the new Place Survey
NI 125	Achieving independence for older people through rehabilitation / intermediate care	KASS - new indicator
NI 127	Self reported experience of social care users	KASS - survey
NI 130	Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets)	KASS - amended indicator
NI 131	Delayed transfers of care from hospitals	DH Strategic Executive Info Systems
NI 132	Timeliness of social care assessment	KASS - amended indicator
NI 133	Timeliness of social care packages	KASS - amended indicator
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	KASS - amended indicator

The New Performance Framework	KEY		13	
		Adults' Social Care Indicator		
		Interface Indicator		

The New Performance Framework for Local Authorities & Local Authority Partnerships

Indicator	Description	Data source:
NI 136	People supported to live independently through social services (all ages)	KASS - combined indicator
NI 139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	the new Place Survey
NI 140	Fair treatment by local services	? - the new Place Survey
NI 141	Number of vulnerable people achieving independent living	Supporting People - existing indicator
NI 142	Number of vulnerable people who are supported to maintain independent living	Supporting People - existing indicator
NI 145	Adults with learning disabilities in settled accommodation	KASS - new indicator
NI 146	NI 146 Adults with learning disabilities in employment PSA 16	KASS - new indicator
NI128	User reported measure of respect and dignity in their treatment	KASS - survey

The New Performance Framework	KEY		14	
		Adults' Social Care Indicator		
		Interface Indicator		

“Not everything that counts can be counted and
not everything that can be counted counts.”
Albert Einstein.

Thank you for listening

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