

## 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 Wednesday, 12 June 2013.

PRESENT: Mr C P Smith (Chairman), Mrs A D Allen, Mr R E Brookbank, Mr L Burgess, Mrs P T Cole, Ms C J Cribbon, Mrs V Dagger, Mrs S Howes, Mr S J G Koowaree, Mr G Lymer, Mr R A Marsh (Substitute for Mr A H T Bowles) and Mr P J Oakford

ALSO PRESENT: Mr G K Gibbens and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Ms M Peachey (Kent Director Of Public Health), Mrs J Duff (Head of Service Ashford & Shepway OPPD), Mr M Lobban (Director of Strategic Commissioning), Ms M MacNeil (Director, Specialist Children's Services), Mr A Scott-Clark (Director of Public Health Improvement), Ms P Southern (Director of Learning Disability and Mental Health) and Miss T A Grayell (Democratic Services Officer)

### UNRESTRICTED ITEMS

#### 3. Election of Vice-Chairman

(Item A3)

1. Mr C P Smith proposed and Mr R E Brookbank seconded that Mr G Lymer be elected Vice-Chairman of the Committee.

*Agreed without a vote*

Mr G Lymer was duly elected Vice-Chairman of the Committee

#### 4. Declarations of Members' interest in items on today's agenda

Members made general declarations of interest as follows:-

- Mrs A D Allen as a Trustee of Dartford Age Concern
- Mr R E Brookbank as Chairman of Darent Valley Age Concern
- Ms J Cribbon as a Trustee of Gravesham Age Concern
- Mr S J G Koowaree as his daughter works at a children's centre and he has a grandson in the care of the County Council
- Mr P Oakford as he and his wife are registered foster carers

**5. Minutes of the Meetings of this Committee held on 21 March and 23 May 2013**  
(Item A5)

RESOLVED that the Minutes of the meetings of the Cabinet Committee held on 21 March 2013 and 23 May 2013 are correctly recorded and they be signed by the Chairman. There were no matters arising.

**6. Minutes of the Meeting of the Corporate Parenting Panel held on 28 February 2013, for information**  
(Item A6)

RESOLVED that the Minutes of the meeting of the Corporate Parenting Panel held on 28 February 2013 be noted.

**7. Chairman's Announcements**  
(Item A7)

The Chairman welcomed Members to the first meeting of the Cabinet Committee since the May elections. He referred to the broad remit of the Committee, which is concerned with the work of Adult Social Care, Specialist Children's Services and Public Health, three major areas of the County Council's work which are all currently undergoing change. He set out the role of the Committee as being to contribute views and steer the two Cabinet Members on decisions which they are required to take, and monitor performance in the three areas of work listed.

**8. Oral Updates by Cabinet Member and Director**  
(Item B1)

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

**Spoke at South East England Forum on Ageing Symposium on 15 May** in his capacity as the Chairman of South East Councils Adult Social Care (SECASC). The forum had shown up much commonality around issues.

**Dementia Awareness Week** – this is a good opportunity to raise the focus on and awareness of dementia, and in particular the need for early diagnosis and the issues raised by early-onset dementia.

**Safeguarding Awareness Week, 10 – 14 June.** As often highlighted in previous meetings, safeguarding has a very high priority and is everyone's responsibility.

**Paulina Stockell's appointment as the new Older People's Champion was welcomed**

**Ann Allen's appointment as the new Learning Disability Champion was welcomed**

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

**Department of Health visit to West View**, a health and social care centre in Tenterden. Department of Health visitors were impressed by Kent's innovative projects and schemes, and Kent will apply to have 'pioneer' status in this field.

**Publication of a report by the Local Government Ombudsman** – the Local Government Ombudsman had published findings arising from a complaint by a carer about how an assessment was done and the County Council's provisional charging of service users awaiting financial assessment. The Ombudsman had found against the Council, which had accepted the findings and made restitution to the family concerned. In line with the Ombudsman's recommendations, the Council no longer makes provisional charges, with work being undertaken to identify all others who have been provisionally charged and to reimburse them.

**Adult Services performance deep dives** are going on across all areas of Adult Services to identify key issues.

**Prime Minister's Challenge on dementia** – Mrs A Tidmarsh and Ms E Hanson lead on this. A recent event in which young people met and worked with people with dementia to broaden their understanding of issues was very successful.

3. The oral updates were noted.

## **9. Oral Updates by Cabinet Member and Director** (Item C1)

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

**Children's Services Improvement Panel** – this had been established following Ofsted's report and Improvement Notice two years ago, with the purpose of addressing the issues covered by that Notice. The Panel's work relates primarily to Kent's children in care but must also have regard to children in care placed in Kent by other local authorities. Mrs Whittle will write to all KCC Members to reform the Panel following the recent elections.

**Children Missing from Care** – the County Council has responsibility for approximately 200 unaccompanied asylum seeking children (UASC), 1,800 Kent children in care and 1,200 children in care placed by other local authorities (although, for the latter, the County Council is not the corporate parent), and the issue of children who go missing from care is one which it takes very seriously. Much effort is put in to identify those who repeatedly go missing and the Council's work in this field has input from care leavers, foster carers and the Dartington Hall trust.

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

**Adoption inspection** – a draft report and comments following the March inspection have now been received and publication of the final formal report is awaited. The Council's response to the report will include a comment on the excessive time taken for the report to be received.

**Changes to the Ofsted inspection framework** – the Council had expected that future inspections of services would be undertaken separately, but a joint inspection

of the Council's Safeguarding and Children in Care services is now expected in September 2013.

**Publication of a report by the Local Government Ombudsman** – the Local Government Ombudsman had published findings against the County Council arising from a case two years ago of a young man not having been identified by the correct 'looked after' status, which then compromised his legal status upon reaching 18 and meant he missed out on housing services and support to which he would have been entitled. The Ombudsman's recommendations have been accepted, including paying compensation to the young man. Subsequent training has addressed staff's understanding of the issues raised by the case, and arrangements have been clarified and tightened.

**Formal opening of the Ashford Multi-Agency Service Hub (MASH)** which brings together NHS and Social Care teams. This is one of three such hubs in Kent, the others being in Sittingbourne and Margate.

3. Mrs Whittle, Mr Ireland and Ms MacNeil responded to comments and questions as follows:-

- a) a Member commented that the Ombudsman's report suggested that issues around the transition from children's to adult services should be revisited. Another Member added that work done on transition issues since the case in question had made it much harder for the Ombudsman to find against the County Council now. Ms MacNeil added that practices and record keeping had changed and improved much since then, and intervention levels are now clearer. Some advice given to the young man in question had failed to warn him fully of the likely future impact of his situation;
- b) in response to questions about teenagers in care being accompanied by adults when being advised and making decisions about their future options, Ms MacNeil explained that advice is given direct to young people in writing. Many young people prefer not to be accompanied by an adult, and an 'appropriate adult' is only involved when required by law, eg at a police interview with a young person aged under 16. For every young person to be accompanied by an adult would be very resource intensive. Mrs Whittle took up the point that having an adult present when a young person is making decisions about their future would be a good practice to adopt and undertook to take forward this idea; and
- c) Members were advised that the cost of the compensation that the County Council had been directed to pay to the young man concerned was £3,000.

4. The oral updates were noted.

**10. 13/00045 - Kent County Council Sufficiency Strategy**  
(Item C2)

*Ms H Jones, Head of Strategic Commissioning, and Ms S Brunton-Reed, Interim Manager, Access to Resource Team, were in attendance for this item.*

1. Ms Jones introduced the report and explained that the Sufficiency Strategy brought together for the first time a number of duties which the County Council already had in other forms. Ms Jones and Ms Brunton-Reed responded to comments and questions from Members and the following points were highlighted:-

- a) special guardianship orders are an alternative form of accommodation for a child who does not wish or is unable to live with their own family;
- b) the Sufficiency Strategy is a helpful tool that the county council can use in helping to enforce a reduction in the number of children in care placed in Kent by other local authorities; and
- c) the final bullet point of key objective 4 should read 'to *eliminate* the use of bed and breakfast accommodation ... '.

2. RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet, to adopt and publish the County Council's Sufficiency Strategy, be endorsed, and Members' comments on the Strategy, set out above, be noted; and
- b) annual update reports on the Strategy be made to the Cabinet Committee.

## **11. 13/00051 - Local Children's Services Arrangement**

*(Item C3)*

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

1. Mr Thomas-Sam introduced the report and explained that the arrangements proposed will give the County Council a better platform from which to deliver the new duties arising from the Children and Families Bill. The proposed arrangements had been considered and endorsed by the Health and Wellbeing Board and the Kent Children and Young People's Joint Commissioning Board, and the Cabinet Committee is being invited to consider the proposals and give a final view. Mr Thomas-Sam responded to comments from Members and the following points were highlighted:-

- a) a Dartford Member said the Local Children's Trust Board arrangements there had been particularly good, and it had been hoped that the new arrangements would build on this success and not lose the impact of it. In this regard, he considered the present proposal to be disappointing;
- b) concern was expressed that, as clinical commissioning groups are not yet developed to a consistent level in all areas, to bring in the new arrangements by July 2013 seems hurried;
- c) the role proposed for head teachers in the new arrangements was supported, *and Mr Thomas-Sam confirmed that head teachers will be*

*represented on the Health and Wellbeing Board so will be able to have input; and*

- d) the length of time taken for children to access speech and language services is an historical challenge which urgently needs to be addressed and shortened.

2. The Cabinet Member, Mrs Whittle, acknowledged and appreciated the concerns expressed by Members about changing the current arrangements. The KCC needs to use the new arrangements to influence service provision, eg by encouraging clinical commissioning groups to add children's services issues to their agendas.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to approve the local children's services arrangements, after taking into account the views expressed by the Cabinet Committee, be endorsed.

## **12. Local Government Ombudsman Report**

*(Item C4)*

*Ms M Lowe, Performance and Quality Assurance Officer (Children in Care), was in attendance for this item.*

1. Ms Lowe introduced the report and explained that the County Council's protocols for preventing youth homelessness were revised in 2009 following the Southwark judgement. The case referred to in Minute 9 above had led to the Ombudsman directing the County Council to undertake an audit of how its protocols are implemented. It is encouraging that the protocols themselves are not recommended for audit.

2. The report mentions a good pilot project currently running in the Dartford area, working with families with long-term major problems who need support if a teenager has left home but wishes to return. This pilot includes a 'crash pad' facility, which offers a young person an emergency bed at the YMCA in Dartford, giving them and their family some short-term respite. It is hoped that this type of support model can be rolled out across Kent so many more families can benefit from it. Members welcomed news of this pilot and its success in helping to reduce the number of young people who go into care, and Ms Lowe undertook to provide the Committee with more detail of the scheme in a future report.

3. RESOLVED that the findings of the audit report and the actions resulting from it be noted and a further report giving detail of the 'Dartford model' be presented to a future meeting of this Committee.

## **13. Children's Centre Future Service Options Programme**

*(Item C5)*

1. Mr Lobban introduced the report and responded to questions from Members. The following points were highlighted:-

- a) the timetable in section 8 of the report will need to be revised as the dates of the autumn meetings of this Committee have since been changed. This Committee will now have the opportunity to discuss and contribute views to the consultation on 4 October (instead of on 13 September), and discuss the decision on 5 December (instead of on 8 November) prior to it being taken by Graham Gibbens;
  - b) it is not yet known what potential further savings might arise from the programme, beyond those mentioned in the report, but it is planned that those savings will be able to be identified during the review; and
  - c) the review will include a Member briefing on the issues involved, to which clinical commissioning groups and other partners such as children's centres will also be invited.
2. RESOLVED that the aims of the future service options programme and the proposed timetable be noted, the level of Member involvement proposed be welcomed, and a Member briefing be arranged, to which clinical commissioning groups and other partners such as children's centres will also be invited.

*Note: Before leaving the meeting at this point, Mr S J G Koowaree submitted a list of comments and questions arising from this item, which was later passed to Ms MacNeil. A written response to these points was subsequently prepared and sent to Mr Koowaree.*

#### **14. 13/00053 - Child Poverty Strategy** (Item C6)

*Ms D Exall, Strategic Relationships Advisor, and Mr T Woolmer, Policy Officer, Strategic Relationships, were in attendance for this item.*

1. Ms Exall introduced the report and explained that the Strategy had been built on a robust needs analysis and the experience of several years' work to reduce child poverty. She highlighted key findings, including the fact that more than half of children in poverty in Kent have at least one parent in work, and that national research indicates that at least one third of children in Kent are likely to have experienced episodes of poverty in the last three years, although the current snapshot figure is 18%. The breadth of the issues involved means that all County Council directorates have a contribution to make towards reducing child poverty or its impact in order to ensure that children are able to achieve their full potential.
2. In discussion, Members made the following comments:-
  - a) surprise was expressed at the extent of child poverty and the number of families affected by it;
  - b) Members welcomed the strategy and supported its emphasis on getting people into work. Poverty needs to be tackled at its source;
  - c) there are no quick fixes and no short-term solutions. *Ms Exall advised that one way to start addressing child poverty is to improve the*

*provision of advice and information about how families can access support and help funds;*

- d) it is necessary to use a range of methods – eg breakfast clubs - to address child poverty quickly, even though the underlying causes will take longer to address;
  - e) education is vital to creating a positive work ethic in young people, to avoid passing worklessness on to the next generation; and
  - f) the County Council needs to ensure that children from poorer families get the best education it can give them, by putting the best teachers into schools in the areas of greatest deprivation. The challenge will be to identify the most needy areas, as there are pockets of deprivation everywhere.
3. RESOLVED that the content of the Child Poverty Strategy be welcomed and Members' comments on it be noted, prior to the final strategy being approved by the Cabinet Member for Specialist Children's Services.

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

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

***Welcoming Public Health Team to KCC*** – Public Health is now fully part of KCC.

***More Member briefings on new Public Health responsibilities*** are planned in the next three months.

***An article in the Times newspaper on 11 June*** covered local authorities' role in Public Health and how they are held to account and challenged, citing an example of health inequalities between Wokingham and Manchester. Kent also needs to address health inequalities.

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

***Public Health is now part of the County Council, and so are the responsibilities*** – Ms Peachey added that the Public Health team in Kent is the best she has worked with.

***House of Lords reception on Sexual Health Services*** – new guidelines were issued by a Parliamentary working group in 2012, stating that access to sexual health services should be open.

***Visit to Barton Junior School with the school nurse team leader*** – this is a good example of a school holding a 'health day' to identify and address health issues. This ties in with the launch of the Kent Community Health Trust 'Ready For School' initiative; some children arrive at reception class not fully toilet trained, and school nurses are working to address this. Not all school nurse services have the support from head teachers that they could have.

**NICE is extending evidence reviews to social care** – this arose at the annual conference. There is no one model programme of evidence gathering.

3. The oral updates were noted.

**16. Progress update on Genito-Urinary Medicine (GUM) service transfer from Darent Valley Hospital to Gravesham Community Hospital**  
(Item D2)

*Dr F Khan, Consultant in Public Health, and Ms W Jeffreys, Public Health Specialist, Head of Sexual Health Commissioning, were in attendance for this item.*

1. Dr Khan introduced the report and, with Ms Jeffreys and Ms Peachey, responded to questions from Members. The following points were highlighted:-

- a) the accessibility of services via public transport had been one of the aspects covered by the consultation on the interim arrangements. The public transport links to Gravesham Community Hospital are better than those to Darent Valley Hospital;
- b) the services have no 'catchment area' and can be accessed by residents from anywhere across the county. However, in practice, most of those who access services there come from the north of the county. Many people who need to access such services try to do so at a little distance from their home area;
- c) the current arrangements are interim and the best model of provision will be further considered at the time of tendering for the permanent contract; and
- d) HIV testing and treatment are funded separately and differently. Testing is funded by and delivered as part of the Public Health service but the cost of drugs and treatment for HIV patients is met by NHS England. The Kent Public Health service arranges treatment for HIV patients and claims reimbursement of the costs from NHS England.

2. The Cabinet Member, Mr Gibbens, advised the Committee that the delivery of GUM and sexual health services will be monitored as part of the regular Public Health performance monitoring, to ensure that services are delivered as effectively as possible and achieve the best value for public money.

3. RESOLVED that the update on the transfer of GUM and sexual health services from Darent Valley Hospital to Gravesham Community Hospital be noted.

**17. Update on the Measles outbreak in England**  
(Item D3)

*Dr F Khan, Consultant in Public Health, was in attendance for this and the following item.*

1. Dr Khan introduced the report and responded to questions from Members. The following points were highlighted:-

- a) the current large number of unimmunised 10 – 16 year olds stems largely from the national controversy over the use of the MMR vaccine years ago. This number also includes those from immigrant families who have not been immunised in their home country before coming to the UK; and
  - b) child health records are generally good around the county and can help identify young people who are unimmunised or only partly immunised. The parents of these young people are contacted and asked to make an appointment for immunisation, and the child's health records are then updated.
2. RESOLVED that the actions taken in Kent in response to the measles outbreak, as part of the new health protection duties of the County Council, be noted and approved.

## **18. Health Protection Assurance**

*(Item D4)*

1. Dr Khan introduced the report. In response to a question, Ms Peachey and Mr Ireland explained that health and social care colleagues work together to monitor extremes of hot and cold weather to assess the level of support likely to be needed by the most vulnerable residents.
2. RESOLVED that the reporting arrangements and organisational structures designed to ensure health protection assurance and deliver the new health protection duties of the County Council be noted.

## **19. Children's Services Improvement Plan Update**

*(Item E1)*

*Mr M Gurrey, Assistant Director of Safeguarding, was in attendance for this item.*

1. Mr Gurrey introduced the report and set out recent developments since inspections in November and January, and what inspections were expected in the next few months. A new Improvement Notice, received since the most recent inspection, has changed the focus; the emphasis is now on partner involvement.
2. RESOLVED that the update on the Children's Services Improvement Plan be noted.

## **20. Child and Adolescent Mental Health Services (CAMHS) update**

*(Item E2)*

*Ms H Jones, Head of Strategic Commissioning, Mr I Darbyshire, NHS Commissioning Manager, and Ms S Mullin, KCC Commissioning Manager for Emotional Wellbeing Services, were in attendance for this item.*

1. Ms Jones and Mr Darbyshire introduced the report and set out key advances since last reporting to the Committee and work which is currently going on. They and Ms Mullin responded to comments and questions from Members and the following points were highlighted:-

- a) a Member referred to a GP practice in his local area which has experienced severe problems with waiting times. Having to wait a long time for a CAMHS appointment leads to further problems for a young person. He said that he hoped to see an improvement in waiting times very soon;
- b) another Member supported this point and commented that the CAMHS service, in its current state, would let down the County Council in an inspection;
- c) to what extent do staff shortages cause or contribute to long waits? *Mr Darbyshire responded that some staff shortages in West Kent have led to a backlog of cases. He undertook to give the questioner more detail of staffing levels outside the meeting;*
- d) what can be done to prevent a backlog recurring? *Mr Darbyshire responded that more young people are now seen at the 'front end' of the service and so have no need to wait. The way in which the service is delivered has also changed and the process improved. Ms Mullin added that the staffing structure was previously rather 'top-heavy' so has been reviewed to provide more staff at the level at which assessments are undertaken. Offering appointments at evenings and weekends has also helped to reduce the backlog. Ms Jones added that close partnership working and regular fortnightly meetings help to provide coherent data and address issues;*
- e) what is the waiting time between assessment and treatment? *Mr Darbyshire responded that data systems will be in place shortly which can provide this information to a future meeting of the Committee;*
- f) how was the CAMHS service provided before the current provider was engaged? *Mr Darbyshire responded that, across Kent, CAMHS had previously been provided by six different providers. Ms Jones added that, up to two years ago, there had been no strategic commissioning and no monitoring. There is now a complete strategy with close partnership working and monitoring; and*
- g) are staff moved around to address shortfalls in particular areas? *Mr Darbyshire responded that staff have indeed been moving from East to West Kent to address demand. East Kent has shorter waiting times but has a few other issues, eg in helping young people with Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD). CAMHS is a finite resource and must ensure that it targets the most needy young people.*

2. The Cabinet Member, Mrs Whittle, added that it is important for the Committee to receive regular monitoring reports. A great amount of work has been done to move

the service on from its previously uncoordinated state. Kent has made good investment in its CAMHS services compared to other local authorities, but needs to ensure it deploys services well to address the backlog and the issues which have been identified. A quarterly update report to this Committee would be a good idea.

3. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted, with thanks; and
- b) a quarterly update report be made to this Committee. Members expressed their expectation that significant reductions in waiting times will be shown in future reports.

**21. Kent County Council Local Account for Adult Social Care for 2012 - 2013**  
(Item E3)

*Mrs S Abbott, Head of Performance and Information Management, was in attendance for this and the following item.*

1. Mrs Abbott introduced the report and announced that there would be a briefing arranged within two weeks of the Cabinet Committee meeting to allow Members of the Committee to see and comment on the first draft of the 2012-13 Local Account document .
2. RESOLVED that progress in the development of the 2012-13 Local Account report be noted.

**22. Families and Social Care Performance Dashboards for 2012/13 for Adult Social Care, March 2013**  
(Item E4)

RESOLVED that the performance dashboards and end of year business plan reports for Adult Services be noted.

**23. Families and Social Care Performance Dashboard for 2012/13 for Specialist Children's Services**  
(Item E5)

*Mr C Nunn, Member Information Officer, was in attendance for this item.*

RESOLVED that the performance dashboards and end of year business plan reports for Specialist Children's Services be noted.

**24. Public Health Performance Dashboard - Health Improvement Performance Report**  
(Item E6)

1. Mr Scott-Clark introduced the report and gave a brief update on a couple of aspects, as follows:-

- although the monitoring year has not yet quite finished, it is expected that the number of smoking quits will fall slightly short of the target at the end of the year. Guidance recently received from NICE on the use of e.cigarettes is that users who switch to them cannot be counted as having successfully quit smoking.
  - health checks have been completed this year in East Kent for 18.8% of the total eligible population, and in West Kent for 10.4% of the total eligible population. The national target is to invite 20% of the eligible population each year to attend for a health check, thus reaching 100% over a five year period. The current national average of health check invitations is 16.6%, which shows that, comparatively, East Kent is doing well. West Kent is a year behind in implementation than East Kent; however West Kent is performing better when compared with East at the same point in implementation.
2. RESOLVED that the information set out in the report and given in the oral update be noted, with thanks.

**25. 13/00010 - Appointment of Efficiency Partner for Delivery of Transformation Programme - Exempt Minute from 21 March meeting**  
*(Item F1)*

RESOLVED that the minute of the discussion which took place in the closed part of the meeting held on 21 March 2013 is correctly recorded and it be signed by the Chairman.