

KENT COUNTY COUNCIL

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Social Care and Public Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 4 October 2013.

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

ALSO PRESENT: Mr G K Gibbens and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Mr M Lobban (Director of Strategic Commissioning), Ms M MacNeil (Director, Specialist Children's Services), Ms M Peachey (Kent Director Of Public Health), Mrs A Tidmarsh (Director of Older People and Physical Disability), Mr M Walker (Head of Service, Learning Disability, West Kent) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

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

Mr S J G Koowaree made a general declaration of interest as his great grandson has autism.

27. Minutes of the Meeting of this Committee held on 12 June 2013

(Item A4)

RESOLVED that these are correctly recorded and they be signed by the Chairman. There were no matters arising.

28. Minutes of the Meetings of the Corporate Parenting Panel held on 11 April and 20 June 2013, for information

(Item A5)

29. Oral Updates by Cabinet Member and Director

(Item B1)

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

Launch of Dementia Diaries on 27 September – these present young people's experiences of living with people with dementia, and link to similar work in schools.

Held the Cross Party Member Briefing Re: Consultation on how people pay for their care & support on 11 September – a response to this consultation will shortly be sent to the Government.

On 10 October it is World Mental Health Day – the profile of mental health issues is rising, and more work is needed to address the stigma attached to them. A variety of events will be held across the county, of which Mr Gibbens said he hopes to attend as many as possible.

Doubleday Lodge consultation – a report on the outcome of the consultation will be made to the December meeting of this Committee.

SECASC - debate with Department of Health on transition of health and social care

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

Implications of the Care Bill – this will have far-reaching implications for local authorities.

Winterbourne View ‘stock take’- this is a Department of Health term for a joint Health and Social Care review of issues which arise for people in residential care, eg elder abuse and the wider implications which arise from commissioning and monitoring, especially for people who are placed at some distance from their home.

Health Pioneer bid - Health Pioneer is a Department of Health term for an initiative addressing Health and Social Care integration. Local authorities are invited to bid to be a pioneer in this field. Out of 111 initial bidders, Kent was one of 24 authorities to be shortlisted, and will know by the end of October if it has been successful. A report setting out more detail of the initiative will be made to a future meeting of this Committee.

3. The oral updates were noted.

30. The Integration Transformation Fund (Item B2)

Mr M Lemon, Strategic Business Advisor, was in attendance for this item.

1. Mr Lemon introduced the report and set out the context of the ITF and the way in which it relates to the Kent Health and Wellbeing Board, and to this Committee. A plan for the activity involved in allocating and spending this money would be reported to the Health and Wellbeing Board, which is responsible for agreeing the plan and overseeing its implementation. Although more guidance would become available in autumn 2013, the main vehicle for preparing the plan on behalf of the Health and Wellbeing Board, and for delivering integration activity, was expected to be the Health Pioneer programme, to which Mr Ireland had referred in his oral update. Mr Lemon responded to questions and comments from Members and the following points were highlighted:-

- a) although Health and Wellbeing Boards are responsible for the plans, NHS England reserve the right to assume this responsibility where they are not satisfied that local arrangements are sufficiently competent;
- b) ITF funding will be allocated for the 2015/16 financial year, with no guarantee of any further beyond that, but it is expected that the use of the ITF will promote changes to the way services are delivered to

enable base budget funding to be reallocated in future years. Another comprehensive spending review and a general election will take place in 2015; and

- c) the ITF is designed to produce significant re-design of health and social care services and will only succeed if activity can be moved from acute hospital settings into the primary and community care sectors. There is potential to destabilise service providers, including hospital trusts, if this is not done in a planned and coherent way. Service providers will need to be heavily engaged in the plans and proposals that come forward for service redesign. This Committee and the Kent Health and Wellbeing Board would need to be confident that these issues are being addressed.

2. RESOLVED that:-

- a) the timescales involved in the preparation of the Kent plan for the ITF be acknowledged; and
- b) the need to align integration activity with the requirements of delivering through the ITF in Kent be recognised.

31. Adult Social Care Transformation and Efficiency Partner Update

(Item B3)

1. Mr Lobban introduced the report and explained that it was being made in response to this Committee's request to have regular six-monthly updates. Current work is implementing the blueprint for ASC Transformation which was agreed by the County Council in May 2012. Mr Lobban emphasised that the main aims of the review were to increase enablement and independence via a change in commissioning; it was not just driven by a need to make savings. He responded to questions and comments from Members and the following points were highlighted:-

- a) expressions of interest from domiciliary care providers are currently being gathered, but a quality audit will first be undertaken and only those who pass will be invited to tender. The County Council currently contracts with 130 different providers, although 75% of the spend is with 20 of them;
- b) to maximise the efficient handling of volume and minimise travel time, contracts will be grouped in geographical areas. Achieving good coverage in rural areas is always a challenge; and
- c) control measures will be put in place to avoid the problem of a drop in quality, if the provision of a client's care package be should have to transfer from one contractor to another. Improved reviewing of individual needs will lead to better quality services.

2. The Cabinet Member, Mr Gibbens, said he hoped Members had found the report helpful, and repeated his commitment to bring regular six-monthly updates to this Committee. He invited any Member who wished the updates to include any other information to speak to him directly so that future reports can take account of any

such request. He supported Mr Lobban's comment that the main aims of the review were to increase enablement and independence via a change in commissioning,

3. RESOLVED that the information set out in the update report be noted.

32. 13/00066 - Future of TRACS Community Day Service, Longfield, Dartford
(Item B4)

Mr M Walker, Assistant Director, Learning Disability and Mental Health, and Ms S Bullen, Project Manager, were in attendance for this item.

Mrs A D Allen declared an interest in this item as the Co-Chairman of the Dartford Learning Disability Partnership.

1. Mr Walker introduced the report and summarised the consultation process and the key points arising from it, including the widespread support which had been expressed for the retention of the services rather than the premises from which they are delivered.

2. Members made the following comments:-

- a) a Dartford Member reported that clients participating in activities being provided via the new premises were enjoying the new service provision and liked the new venues. It is very pleasing to see this positive progress. Members from other areas were invited to visit the new premises;
- b) a Gravesend Member agreed that attitudes had changed from negative to positive during the course of the consultation. Most people's priority is to maintain their independence for as long as possible, and this modernisation would deliver that;
- c) a Member representing Ashford, where services for adults with learning disabilities had previously undergone a similar modernisation, said that clients there had given the same positive feedback on the revised service provision;
- d) the approach taken was generally supported and welcomed, and recommended for use in other areas across the county; and
- e) Mr Walker, Ms Bullen and their team were thanked for all the work they had put into the consultation and the re-designing of services.

3. The Cabinet Member, Mr Gibbens, acknowledged and welcomed Members' comments. He reminded Members that the latest proposed changes were part of an ongoing and long-term modernisation programme of day services for adults with learning disabilities. Previous projects had shown success and had strengthened services. He supported Members' comments about the importance of clients being able to maintain their independence. It is good to enable and support people within, rather than separately from, the community, and what is proposed will achieve this, as well as supporting independence.

4. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to move the TRACS service from its existing base at Longfield and to continue the service as a more inclusive, accessible, community-based service, operating from a range of community hubs, after taking into account the views expressed by the Cabinet Committee, be endorsed.

33. Oral Updates by Cabinet Member and Director (Item C1)

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

Children's Centres - the three-month consultation period ends on 4 October, with 5,000 responses having so far been received. Mrs Whittle had visited centres around the county and met many parents, from which she had seen that the most needy families are not always being reached by the current provision. Good, assertive outreach services are vital in preventing future cases of neglect and abuse, like those recently reported in the media. In common with most the UK, Kent has no one consistent model of Children's Centre provision.

Care Leavers Charter – Kent's version of the Care Leavers Charter is currently being developed and will be reported to a future meeting of the Corporate Parenting Panel.

Recruiting new foster carers – an aggressive marketing campaign is needed if the County Council is to compete with Independent Fostering Agencies as well as neighbouring authorities, particularly London Boroughs. Radio Kent is currently supporting the County Council's recruitment campaign.

Department of Education consultation on children's homes used by other local authorities to place vulnerable children – Kent is pushing for placing authorities to undertake a full risk assessment, in conjunction with the host authority, before any placement is made.

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

Ofsted reports and new inspection framework – the most recent Ofsted inspection, at the end of August, rated the County Council's children in care service as 'adequate', with the capacity to improve rated as 'good'. Ofsted's recommendations for action are all in areas are all either already in hand or in areas of ongoing improvement. Ofsted has since published a new framework of inspections, in which the safeguarding and children in care functions are to be inspected together.

Virtual School Kent – Kent's work via VSK had been praised in the children in care inspection. An annual award ceremony had been held recently in Canterbury to reward and celebrate the achievements of children in care in Kent schools.

Social Work Master Classes for social work and specialist children's services staff are being held by leading professionals in the field. These master classes represent a valuable investment in staff development.

3. Mrs Whittle responded to comments and questions, as follows:-
- a) children's centres around the county will be considered individually and a decision made about the future of each on a case-by-case basis. Alternative community venues will continue to be used to support families and the community in a different way, should the centre be closed; and
 - b) Mrs Whittle was thanked for the time and effort she had spent in visiting children's centres across the county.
4. The oral updates and the information given in response to questions were noted.

34. Shaping the future of Children's Centres in Kent Consultation *(Item C2)*

Ms K Mills, Commissioning Manager, was in attendance for this item.

Mr S J G Koowaree declared an interest in this item as his daughter is employed at a children's centre.

1. Mr Lobban introduced the report and emphasised that financial savings made will come from management and administration costs. The closure of a centre in any area would have various local impacts; some areas will retain the same or similar services, delivered from different premises, to ensure that optimum use is made of existing community infrastructure. Mr Lobban responded to comments and questions, as follows:-

- a) the review of service provision will seek to ensure that there is a local hub from which services can be delivered, and to ensure that parents know where and how to access the services they need. If services in an area undergo change, local parents will be reassured that services are still being provided, and advised in what form and where those services can be accessed;
- b) a Member representing a rural area expressed the view that parents in such areas who most need support services must be able to reach and access those services easily and quickly, as this has been proven to avoid them becoming isolated. This consideration must be taken on board when reviewing provision;
- c) a Member representing an urban area added that such issues are not unique to rural areas; many families living on low incomes in urban areas are unable to afford a car; and
- d) another Member commented that the review presents an opportunity to re-evaluate and improve the existing children's centre service, perhaps by integrating it with schools.

2. Mr Ireland assured Members that he had taken on board all comments made about the needs of rural areas and areas of deprivation. He said that much detailed

conversation had gone on with managers of children's centres about offering innovative outreach services in rural areas. Mr Lobban added that serious consideration would be given to all views expressed during the consultation, including those from individual Members and this Committee.

3. The Cabinet Member, Mrs Whittle, commented that some children's centres she had visited had had very limited facilities and seemed uninviting to parents and young children (for example, featuring no pictures, toys or play equipment), whereas other local premises offered better facilities and would seem to be a better location from which to offer children's centre services. She stated her commitment to protect funding to ensure that the services most needed by parents can be delivered.

4. RESOLVED that:-

- a) comments made by Members, set out above, be noted and taken into account as part of the formal consultation process; and
- b) the timetable for the proposed decision to be taken by the Cabinet Member for Specialist Children's Services be noted.

35. Oral Updates by Cabinet Member and Director

(Item D1)

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

Attended Public Health England Annual Conference on 10 September – Ms Peachey spoke at this conference and very good feedback had been received.

Met with Meradin Peachey and Graham Bickler from Public Health England on 18 September

Health and Public Health transition with Guest Speaker Norman Lamb MP – Mr Lamb highlighted the importance of using public health funding well and promoting public health initiatives.

Public Health Members' Briefing in July and further event planned for November – another briefing has been arranged for 26 November (*details sent to Members*), which will cover the key points of new local authorities' duties around public health. Members were asked to notify Mr Gibbens of any particular issues they wished to be covered at this session, and one Member asked to have a summary of recent changes to the NHS.

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

Flu vaccinations – a media campaign will promote the importance of flu vaccinations for those who are elderly, vulnerable or pregnant, as well as NHS and social work staff who work closely with those client groups.

First national Public Health England conference – this had been well attended, with over 1,000 participants. Kent had launched a 'find a condom' app, to tell young people where they can access condoms and sexual health advice at any time. Kent is the only UK local authority to offer such an app.

School nursing conference – this sought to achieve a match between the expectations of school nurses and what is expected from school nurses.

Visit to Ifield special school, to speak to the Head Teacher about their expectations of school nurses, as more children with disabilities and chronic conditions now attend mainstream schools. The Kent Community Trust will look into improving nursing support provided to special schools.

Launch of Annual Public Health Report on 8 November – all Members will be invited to attend this launch. *(details sent to Members)*

3. The oral updates were noted.

36. Kent Public Health Grant 2013/14 and 2014/15 *(Item D2)*

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp introduced the report and emphasised the complexity of the national and local processes for allocating the grant, in terms of programming spend and seeking to minimise financial risk. She responded to Members' comments and question, as follows:-

- a) the 'universal services in West Kent', referred to in paragraph 1.3 of the report, would include the school nursing service and health trainer services, for which there was currently much variance in provision between East and West Kent; and
- b) liaison with partners in Borough and District Councils takes place to decide upon and review funding allocations to projects which are delivered in partnership, eg the adult healthy weight strategy.

2. The Cabinet Member, Mr Gibbens, added that additional funding will be available for the 2014/15 financial year. If the Government's public health funding allocations are low, the public health grant can be used to help any areas which need uplift. He confirmed that grant levels were known for the 2013/14 and 2014/15 financial years but not for any further in the future.

3. RESOLVED that:-

- a) the challenge of establishing baseline spend against the public health grant in 2013/14 be noted;
- b) the importance of minimising financial risk in the approach to implementation of the programmes be supported; and
- c) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to approve an initial phase of programmes for funding, as set out in appendix 1 to the report, be endorsed.

37. 13/00073 - Tendering for an integrated model of Sexual Health services in Kent
(Item D3)

Dr F Khan, Consultant in Public Health, and Ms W Jeffreys, Public Health Specialist, were in attendance for this item.

1. Dr Khan introduced the report and Ms Peachey responded to questions of detail from Members. She explained that:-
 - sexual health education is currently delivered in schools as part of Kent Integrated Adolescent Support Services (KIASS), as traditional Physical, Social and Health Education (PSHE) and sex education in schools has been proven not to work well.
 - Young people have designed a computer page called 'Youthbites', which includes links to services such as FRANK, a confidential drugs information and advice service. The aim is that all schools will have access to this.
2. Members made the following comments:-
 - a) the proposed remodelling and re-tendering is much welcomed and has been needed for a long time, since a Kent County Council Select Committee produced a report on Physical, Social and Health Education in March 2007. The recommendations and outcomes from that report are still not apparent in the delivery of the service; and
 - b) it is vital that the proposed timetable for the re-tendering and start of the new contracts is adhered to, so that young people needing improved services are able to access these as soon as possible. Good sexual health services are vitally important and need to be reliable.
3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to tender for an integrated model of sexual health services, after taking into account the views expressed by the Cabinet Committee, be endorsed.

38. Mandated Public Health programmes
(Item D4)

1. Ms Peachey introduced the report and emphasised the importance of monitoring and raising standards in the mandated services which may not have as high a profile as, for example, sexual health services. Issues being addressed include how to improve communications and literature to make them as user-friendly as possible. In response to a question, Ms Peachey confirmed that the recruitment of school nurses is currently a challenge, and the County Council is liaising with Health Trusts to address this.
2. RESOLVED that the information set out in the report be noted.

39. Adult Social Care and Public Health portfolio and Specialist Children's Services portfolio Financial Monitoring 2013/14
(Item E1)

Miss M Goldsmith, Finance Business Partner (Adult Social Care/Specialist Children's Services), was in attendance for this item.

1. Miss Goldsmith introduced the report and, in response to a question, explained that children's services historically tended to show an annual underspend, while adults' services tended to break even.
2. In response to a question, Mrs Whittle explained that the number of children in care in Kent was lower than the national average but was steady. Timely decision making, about moving children on to permanent adoption placements or returning them to their birth parents, will keep this figure as low as possible. Mr Ireland added that, even if the number of unaccompanied asylum-seeking children (UASC) were included in the total, Kent's children in care population was not dramatically higher than that of other comparable local authorities. Indeed, Kent's number is steady while numbers in several other local authorities are rising.
3. RESOLVED that the revenue and capital forecast variances from budget for 2013/14 for the Adult Social Care and Public Health and Specialist Children's Services portfolios, based on the first quarter's full monitoring report to Cabinet, be noted.

40. Families and Social Care Performance Dashboards *(Item E2)*

Mr R Benjamin, Management Information Officer, Adult Social Care, and Mr C Nunn, Management Information Officer, Specialist Children's Services, were in attendance for this item.

1. Mr Benjamin introduced the report, and he and Ms MacNeil responded to questions from Members, as follows:-
 - a) the recruitment of permanent social work staff is currently increasing, so it is hoped that the number of agency social work staff will soon show a corresponding decrease; and
 - b) the number of older people entering permanent residential care fluctuates through the year, although a desired target of approximately 130 per month is set. The actual number is currently higher than this so is currently rated as red in the performance dashboard.
2. RESOLVED that the information set out in the report and dashboards be noted.

41. Update on Children's and Young People's Mental Health Service (CAMHS) *(Item E3)*

Mr I Ayres, Accountable Officer, West Kent Clinical Commissioning Group, was in attendance for this item.

1. Mr Ayres introduced the report and summarised the issues which had arisen in the year since the new contract with Sussex Partnership Health Trust had started in September 2012. These issues included the realisation that there were more waiting

lists than had previously been apparent, with several smaller ones coming to light; the need to move from the previously medically-led model and the need to re-shape the workforce to support this; an underestimate of the level of adjustment needed in changing the culture and transferring staff. The situation now is better than it was one year ago but there is still much progress to be made, but Mr Ayres assured Members that the service commissioners understood the issues they were facing and were confident of being able to address them fully.

2. Mr Ayres and Mr Ireland responded to comments and questions, as follows:-

- a) in response to a concern about young people still facing lengthy waits for appointments, *Mr Ayres agreed that persistently long waits were unacceptable and said that work was ongoing to assess whether or not the right action was being taken to address waiting times. He said the service had perhaps become over-confident about early successes in starting to reduce waiting times, as demand for services had risen more than had been expected;*
- b) concern was expressed about the difficulties of recruiting suitable staff in North West Kent and an opinion put forward that the level of graduate unemployment in the area was surely a resource which could help to ease these difficulties. *Mr Ireland commented that the concerns raised about recruitment had all been from Members who represent divisions in North West Kent, where recruitment has the challenge of having to compete with London salaries. This could contribute to the difficulties in recruitment. Mr Ayres added that recruitment difficulties could also arise from a shortage of suitably-qualified people coming forward or the service provider looking to recruit staff with a skills mix which does not exist. The model of provision could also be contributing to difficulties. It is important to identify the reality of the problem and be frank about addressing it. Future reports to this Committee will look at recruitment in more depth;*
- c) the difficulties being experienced with waiting times in the service should be the subject of the County Council's scrutiny function. This scrutiny could look at the problems in recruitment and ask if these stem from a reluctance to work with children who are seen as 'difficult', and if the profession carries a stigma;
- d) a child's home environment can impact on their mental health and the way in which any mental health issues are addressed. Some parents block sources of help, so a multi-agency approach might help in optimising the ways in which a family can be reached and helped;
- e) in response to a question about what powers the County Council has as a customer to enforce standards of service, *Mr Ireland explained that the County Council accesses only a relatively small part of the service – only for children in care. The contractual and monitoring role rests with clinical commissioning groups. Moving to a more joint approach and joint commissioning in future would lead to a less medical-based service. Mr Ayres explained the levers available in a contract to address performance. If a provider were to breach the terms of their contract a*

performance notice could be served upon them, with financial penalties if they do not take account of that notice. However, using such levers is an indication that the commissioner-provider relationship had already broken down.

3. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted; and
- b) the comments and concerns expressed by Members, set out above, be taken into account by the commissioning body.

42. Public Health Performance

(Item E4)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp introduced the report and explained that, although monitoring and reporting of performance at the County Council is established as best practice, the monitoring of four key services – Health Checks, National Child Measurement, Community Contraceptive and Stop Smoking services - was now mandatory. The Public Health team will increase its monitoring role and will look at value for money and unit cost as well as performance. Much of the data currently being reported relates to the time when public health was part of the NHS. The County Council inherited some areas of historically poor performance. A review of the procurement process is underway, which will prepare the ground to review the provision of any service which significantly under-performs.

2. The Cabinet Member, Mr Gibbens, expressed his concern at the number of services which the County Council had recently inherited from the NHS in which performance is currently rated as poor (red). He assured Members that he would continue to challenge the Director of Public Health and her team about the unsatisfactory performance in these services. Stopping smoking has been linked to improving mental health, so this service needs to be actively supported. The Public Health funding available from the Government must be used to address these priority areas. As the County Council could now influence and control these services, he expected performance to improve in the next year. However, steady and sustainable improvement necessarily takes time and cannot be achieved suddenly.

3. RESOLVED that the information set out in the report and given in response to questions be noted.

43. Adult and Children's Social Care Annual Complaints Report (2012 - 2013)

(Item E5)

Ms D Davidson, Adults' Customer Experience Manager, was in attendance for this item.

1. Ms Davidson introduced the report and she and Mr Ireland explained that the statutory complaint procedures for the adults' and children's services were different.

Mr Ireland asked Members to advise him if they wished future reports to address these two services separately.

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

44. Kent Safeguarding Children Board 2012/13 Annual Report
(Item E6)

Mr M Janaway, Programme and Performance Manager, Kent Safeguarding Children Board, was in attendance for this item.

RESOLVED that the information set out in the report be noted.

45. Medium Term Financial Outlook
(Item F1)

Mr D Shipton, Head of Financial Strategy, was in attendance for this item.

1. The Chairman read out a prepared statement which explained that this year's draft budget for all portfolio areas had been based on estimates, assuming that current trends would continue into 2014/15 and 2015/16, but that spending reductions were expected to be greater than ever before. The report explores the impact of, and the detail arising from, the 10% reduction announced by Eric Pickles and gives the Cabinet Committee an opportunity to have early engagement in the development of the budget and the Medium Term Financial Plan.

2. Mr Shipton introduced the report and explained that the complexity of government funding arrangements had meant that the budget consultation this year had not yet been able to start.

3. RESOLVED that the potential implications on future funding settlements, the Council's Budget/Medium Term Financial Plan and the likely timetable for setting the 2014/15 budget, be noted.