

KENT COUNTY COUNCIL

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 3 March 2015.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mrs P Brivio, Mr R E Brookbank, Mrs P T Cole, Mr A D Crowther, Mr S J G Koowaree and Ms A Harrison

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mr M Lobban (Director of Commissioning), Mr A Scott-Clark (Interim Director Public Health), Ms P Southern (Director, Learning Disability & Mental Health), Mrs A Tidmarsh (Director, Older People & Physical Disability) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

33. Apologies and Substitutes
(Item A2)

Apologies for absence were received from Mrs Dagger and Mr Maddison. Ms Harrison attended as substitute for Mr Maddison.

34. Declarations of Interest by Members in items on the Agenda
(Item A3)

- (1) During the debate on Item D5 – Commissioning of Home Care Services in Kent, Mr Koowaree declared an interest as he had relatives in receipt of Direct Payments.
- (2) There were no other declarations of interest.

35. Minutes of the meeting held on 15 January 2015
(Item A4)

RESOLVED that the minutes of the meeting held on 15 January 2015 are correctly recorded and that they be signed by the Chairman.

36. Verbal updates
(Item A5)

Adult Social Care

- (1) Mr Gibbens said he had taken key decisions as follows:
14/00135 – Charging for Adult Care and Support
14/00136 – Deferred Payments and Temporary Financial Assistance

- (2) He then provided an answer to a question about Troubled Families and mental health issues that Ms Cribbon had asked at the Council meeting on 12 February. He said that any young person referred to the Children and Young Persons' Mental Health Services was seen on the basis of clinical need regardless of their status as a looked after child or as a participant in the Troubled Families programme. Kent County Council also commissioned a specialist children in care team who worked within the Sussex Partnership Trust providing specific support for looked after children which was separate from the core mental health element of the service commissioned by the clinical commissioning groups.
- (3) Mr Gibbens said there were a range of services available to adults who were part of the Troubled Families programme including psychological therapies commissioned by the clinical commissioning groups and details were available on the Live it Well website.
- (4) Mr Gibbens also said that Kent County Council and the clinical commissioning groups were developing a new model of support for individuals with wellbeing and mental health needs and this would re-shape services to meet increasing demand, re-balance investment and ensure consistent support across Kent through a range of providers from the voluntary and statutory sectors. A consultation with the public to inform the new model was about to start and it was anticipated that the new model would be in place from April 2016.

Events

- (5) Mr Gibbens said he had spoken at the Combatting Loneliness & Isolation Conference in London on 20 January and at the Social Care Forum in London on 5 February as well as attending the Melbourne Avenue PFI Scheme Cutting Ceremony in Ramsgate on 27 January and hosting the Kent Age UK Chairs' Annual Meeting on 24 February.
- (6) Mr Ireland then gave an update on delayed transfers from hospital which had been discussed at the last meeting of the committee. He said there was still considerable pressure in hospitals in Kent and the pressure varied from week to week. NHS England had acknowledged that Kent was doing well compared with other areas. He also said that £0.5m additional funding had been allocated to Kent by the Department of Health which was being used to enable people to be discharged quickly to their own homes following an admission to hospital.
- (7) Mr Ireland said the national publicity campaign about changes as a result of the Care Act 2014 was underway and this would be supplemented by local actions. He referred to the extensive training programme for staff to ensure the authority was ready for 1 April and said that there was unlikely to be an explosion of activity on day 1 of the new regime.
- (8) In response to questions, Mr Ireland confirmed that, if demand for assessments was as predicted, there would be sufficient trained and qualified staff and Mrs Tidmarsh said that about 25% of assessments would be conducted by the voluntary sector with the balance being done in-house.

- (9) Officers also said that external trainers had been used to train social care and legal staff; the Integrated Discharge team model that was very successful at the Darent Valley Hospital had been implemented in East Kent, integrated teams around GP Practices were being rolled out across Clinical Commissioning Group (CCG) areas and that contractual arrangements were in place to ensure consistency in the conduct of Carer's assessments by the voluntary sector which would be supplemented by random quality checks.

Public Health

- (10) Mr Gibbens said he had taken three decisions relating to Public Health and they were:
- 14/00146 – Contract Extension for Kent Community Health Trust – Smoking Cessation Service
 - 14/00147 – Contract Extension for Kent Community Health Trust – Health Trainers Service
 - 14/00148 - Contract Extension for Kent Community Health Trust – Healthy Weight Service
- (11) Mr Gibbens said he had attended the LGA Annual Public Health Conference on 11 February. He said the key points made by Simon Stevens (Chief Executive - NHS England) were that: local authorities had a key role to play in ensuring the best start in life for all children; the NHS spent £3bn annually treating smoking related illness; the cost of alcohol misuse and its impact on families needed to be addressed; and that local authorities were well placed to work with clinical commissioning groups and health and wellbeing boards to undertake preventative work that would have a positive impact on the health of the nation.
- (12) Mr Gibbens said Duncan Selbie (Chief Executive - Public Health England) spoke about the role of local authorities in ensuring every child had the best start to life, the role of education which also had an impact on health and the need for local authorities to work across directorates to avoid unnecessary admissions of older people to hospital and to reduce health inequalities.
- (13) He concluded by saying Jess Mookherjee, Assistant Director of Public Health at KCC) had impressed delegates with her keynote speech and that the slides were available on request.
- (14) In response to comment about the message sent to residents when they were being given health advice by elected Members who were themselves overweight or obese, Mr Gibbens said he would encourage Members to lead by example, and to have a health check. He also said that it was predicted that by 2050 obesity would be the largest single killer and the biggest single cost to the NHS. He suggested that the cabinet committee might wish to consider this in more detail at a future meeting.
- (15) Mr Scott-Clark said there was not a single solution for obesity and a range of initiatives and activities through the various stages of life were required. He

also referred to the opportunities created by the new arrangements for the health visiting services and the ageing well programme.

(16) Mr Scott-Clark said the Thanet Aspiration Healthy Living Centre had been opened which was the fifth in the county along with three virtual centres. He said the health improvement teams would work closely with these centres as well as the centres outreaching to local communities. Funding for the Thanet Centre was in partnership with Aspire, Global Generation and Orbit South Housing and the centre was working with East Kent College.

(11) The verbal updates were noted.

37. Tendering for Integrated Community Equipment Service (ICES) and Section 75 agreement between Health and Social Care

(Item B1)

(1) Mrs Tidmarsh (Director of Older People and Physical Disability) introduced the report which asked the Cabinet Committee to consider and either endorse or make recommendations to the Cabinet Member on a proposed decision to enter into a Section 75 agreement for an Integrated Community Equipment Service with clinical commissioning groups and to delegate authority to officers to enter into the necessary contractual arrangements to put the service in place. She said that the proposed decision was in line with the objective of becoming a commissioning council and would provide an integrated service that was fit for purpose.

(2) In response to questions and comments, she said that the provider would be incentivised to re-cycle and reuse equipment and the arrangements for returning equipment would be made clear to users when it was provided.

(3) Mr Gibbens (Cabinet Member for Adult Social Care and Public Health) said that the proposed agreement would cover the provision of equipment across Adult Social Care, Specialist Children's Services and the Education and Young People's Services Directorate.

(4) RESOLVED that the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health that:

(a) the Integrated Community Equipment Service be delivered as an integrated service from 1 December 2015, jointly funded by Kent County Council and NHS Clinical Commissioning Groups and delivered by a preferred bidder identified, as a result of a competitive tendering exercise; and

(b) authority be delegated to the Corporate Director for Social Care, Health and Wellbeing, or other nominated officer, responsibility to enter all necessary contractual arrangements to formalise the joint funding arrangements. These will include, but not be limited, to:

(i) the signing and affixing of the Council seal to a section 75 agreement between Kent County Council and health partners;

(ii) the advertisement and management of a competitive tendering exercise and the award of contract to the preferred bidder, consulting

the Cabinet Member as required by the Council's scheme of financial delegation

be endorsed.

38. Proposed revision of rates payable and charges levied for Adult Services in 2015/16
(Item B2)

Miss M Goldsmith, Directorate Business Partner – Social Care, Health and Wellbeing, was in attendance for this item.

- (1) Miss Goldsmith introduced the report which set out the proposed rates and charges for Adult Social Care Services for the forthcoming financial year, including proposed changes to the social care policy and asked the Cabinet Committee to consider and endorse or make recommendations to the Cabinet Member on the proposed decision.
- (2) In response to comments and questions Miss Goldsmith and Mrs Tidmarsh said that:
 - (a) Financial support from the Council for residential care was means tested and re-assessed every year;
 - (b) Where one partner was in care, the income of the other was not taken into account; and
 - (c) Under the Deferred Payments Scheme interest was applied to the debt as it accrued.
- (3) RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health to
 - (a) Approve the proposed increase to the rates payable and charges levied for adult services in 2015/16
 - (b) Approve the introduction of the Deferred Payment Scheme as detailed in paragraphs 2.8-2.9 of the report; and
 - (c) Agree that the Corporate Director of Social Care, Health and Wellbeing, or other suitable delegated officer, undertake the necessary actions to implement this decision

be endorsed.

39. Better Care Fund Section 75 Agreement
(Item B3)

Ms J Frazer (Programme Manager, Health and Social Care Integration) and Ms R Parsons (Graduate Trainee) were in attendance for this item.

- (1) Mrs Tidmarsh introduced the report which asked the cabinet committee to consider and endorse or comment on a proposed decision to enter into a Section 75 agreement with Kent clinical commissioning groups to formalise the implementation of the Better Care Fund and establish the required pooled budget as well as delegating authority to the Corporate Director – Social Care Health and Wellbeing or other officer to arrange the sealing of the Section 75 agreement. She said the proposal had previously been discussed by the Kent

and Health and Wellbeing Board and that it supported the Kent Vision as a national Integration Pioneer.

- (2) In response to comments about the importance of providing joined up services in the community, the valuable work of the Integrated Discharge Team and the Kent Re-enablement Services as well as the work being done to identify and co-ordinate community activities, Mrs Tidmarsh said that the BCF was just one element of the work with the NHS to integrate services and more information was available on the Integration Pioneer and Health and Wellbeing Board websites.
- (3) In response to a question about the quality of care that could be provided by carers who made multiple short visits to the same person each day, Mr Lobban said the intention was to move from a “time and task” model to an outcome based model and this would be discussed further at Item D4 on the agenda.
- (4) RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health to:
 - (a) Agree that Kent County Council will enter into a Section 75 agreement with Kent clinical commissioning groups which will formalise the implementation of the Better Care Fund and establish the required pooled fund; and
 - (b) Delegate authority to the Corporate Director – Social Care Health and Wellbeing or other suitable delegated officer to arrange the sealing of the Section 75 agreement

be endorsed

40. East Kent Sexual Health Services - interim contract extension

(Item B4)

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

- (1) The Chairman confirmed that Members of the committee had read the information contained in the exempt report and did not intend to ask questions relating to that information.
- (2) Ms Sharp introduced the report which sought the committee’s endorsement of a proposed decision to extend the existing contract for community sexual health services in East Kent until 31 July 2015. She said the proposal to award new contracts had been discussed at the meeting of the cabinet committee held on 4 December and contracts had been awarded for services in West and North Kent. There were, however, a number of issues, which had now been resolved, in relation to the East Kent contracts and a four month extension to the existing contract would allow a managed transition.
- (3) RESOLVED that the proposed decision to extend the existing contract for sexual health services in East Kent until 31 July 2015 be endorsed.

41. Adult Social Care Transformation and Efficiency Partner update
(Item C1)

Ms K Ray, HR Business Partner – Social Care, was in attendance for this item.

- (1) Mr Lobban introduced the report which provided an adult social care transformation and efficiency partner update including a staffing update. He said staff numbers had reduced by 23% in the Older People/Physical Disability Division (OPPD). He said the number of resignations following the voluntary redundancy process had been higher than expected and a recruitment campaign was underway. He also referred to the Phase 2 Design update set out in paragraph 3 of the report.
- (2) In response to comments about the number of resignations and questions about the reasons for resignations and issues relating to recruitment Mrs Tidmarsh said:
 - (a) the aim had been to avoid compulsory redundancies and there were many reasons for resignations including the age profile of the workforce and personal decisions about transition to new ways of working;
 - (b) no recruitment had taken place during the consultation process and there was now an element of “catching up”;
 - (c) there were difficulties in recruiting staff in some areas however the recruitment of case officers and managers had been successful;
 - (d) a targeted approach to recruiting senior staff was being developed;
 - (e) the Directorate aimed for a mix of external recruitment and developing existing staff;
 - (f) a new tool had recently been introduced bringing together information on activity and staffing levels for the first time.
- (3) Mrs Tidmarsh also said that people were still choosing careers in adults’ social care and the Directorate worked with colleges to provide work placements for students and with colleagues in Organisational Development and Learning and Development to identify future needs and meet staff training requirements.
- (4) In response to a question, Ms Ray said that it was possible to amend employment contracts to prohibit staff working as agency staff for KCC within 12 months of resigning from a permanent post. She also said that work was already underway with Connect Kent to ensure former KCC staff were not put forward for KCC contracts.
- (5) RESOLVED that:
 - (a) the information in the report be noted
 - (b) an update on staffing be provided to the Adult Social Care and Health Cabinet Committee every six months.

42. Update on the Good Day Programme

(Item C2)

- (1) Mr Gibbens said he had taken a policy decision that all reports relating learning disability would be written an easy to read format.
- (2) Ms Southern introduced the update on the Good Day Programme which had been requested by the cabinet committee. She outlined the objectives of the programme and said that the formal consultation stage was nearly at an end. She said: the consultation with carers and service users had been successful; lessons learned from the early consultations had resulted in changes to the later ones; further improvement was required to communications with people with complex needs; the provision of more sensory rooms and adult changing places needed further consideration; and appropriate hubs to create an appropriate and inclusive environment needed to be identified in some districts. She also said that enabling people with learning disabilities to have fulfilled lives in the community had an indirect but significant impact on reducing health inequalities.
- (3) The update was welcomed by the cabinet committee and the importance of working with partners to provide adult changing places was emphasised.
- (4) In response to questions, Ms Southern said that work was taking place with Day Service staff to ensure that feedback about the programme was recorded and to develop a sustainable way to retain information about the decisions made on the programme.
- (5) She also said that Members were welcome to visit community hubs and more detailed information could be provided to Members about projects in their divisions.
- (6) Mr Gibbens said he had discussed the provision of an adult changing place at Sessions House with the Cabinet Member for Corporate and Democratic Services.
- (7) RESOLVED that the update be noted.

43. Care Act - consultation on the April 2016 changes

(Item C3)

Mrs C Grosskopf, Policy Manager, and Mr D Firth, Policy Officer, were in attendance for this item.

- (1) Mr Firth said the Care Act 2014 was being implemented in two stages starting in April 2015 with the introduction of the new legal framework. The cap on care costs, the raising of the capital threshold, new rights for self-funders in relation to care homes and new appeal rights would be implemented in April 2016. The consultation related the changes to be implemented from 2016 and had been received in February, two months later than expected. He said the deadline for responses was 30 March and, to ensure the views of Members were included, a meeting had been arranged for 17 March. Any comments could also be sent directly to him or to Mrs Grosskopf.

- (2) Mrs Grosskopf outlined the key points from the consultation including the cap on care costs, changes to the upper capital threshold, first party top-ups in residential care and a proposed new appeals system. She said the early indication from operational and other staff was that the current internal system for dealing with appeals was sufficient.
- (3) Questions were raised about how the implications of the Care Act would be communicated to residents and it was confirmed that publicity had already started, staff were being informed and a planned programme of communications was a key work stream for the implementation of the Act.
- (4) RESOLVED that the actions being taken in order to respond to the consultation by the deadline be noted.

44. Draft 2015/16 Social Care, Health and Wellbeing Directorate Business Plan and Strategic Risks
(Item D1)

Mr M Thomas-Sam, Strategic Business Adviser – Strategic and Corporate Services was in attendance for this item.

- (1) Mr Thomas-Sam introduced the report which included the draft Directorate Business Plan and Strategic Risks for the Social Care, Health and Wellbeing directorate.
- (2) Resolved that:
 - (a) the draft 2015-16 Business Plan for the Social Care, Health and Wellbeing Directorate at Appendix 1 of the report be noted; and
 - (b) the directorate risk register be noted.

45. Public Health Performance - Adults
(Item D3)

The Chairman proposed that this item be considered before agenda item D2 and the committee agreed.

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

- (1) Ms Sharp introduced the report which provided an overview of Public Health key performance indicators that relate to adults and said this report included performance indicators for substance misuse services in Kent which were being commissioned by Kent County Council with effect from 1 October 2014.
- (2) She drew attention to indicators relating to health checks and smoking cessation as they had not achieved the targets set for quarter 3 and to the indicator for the proportion of adults successfully completing treatment for substance misuse. Nationally there had been a drop in the numbers accessing and completing treatment for dependence on drugs in 2012/13 and Kent's performance at 20.6% was above the national average of 15%.

- (3) In response to a question, she said that performance targets for health checks had been set equally across the four quarters of the year and that for next year it was intended to take into account external factors and divide the annual target more realistically across the four quarters. She also said that some innovative arrangements were being put in place, such as a partnership with a pharmacy group and with Maidstone Football Club to encourage and conduct health checks.
- (4) RESOLVED that the current performance and actions taken by Public Health be noted.

46. Adult Social Care Performance Dashboard
(Item D2)

Miss S Smith, Head of Performance for Adult Social Care was in attendance for this item.

- (1) Miss Smith invited comments and questions on the report which included the draft Directorate Business Plan and Strategic Risks for the Social Care, Health and Wellbeing directorate.
- (2) In response to a question about the percentage of people with mental health needs in employment, she said this was a national target and did not reflect the numbers of people who had been helped into voluntary or short term work. Further information could be provided on request.
- (3) In response to a question about the number of completed promoting independence reviews, officers said this was a specialised review and targeted at those likely to benefit from it. Other reviews were carried out annually and further information could be provided on request. It was intended that more staff would be trained to conduct a less specialised form of independence review and that targets would be re-set for 2015/16.
- (4) Resolved that the Adult Social Care Performance Dashboard be noted.

47. Commissioning of Home Care Services in Kent
(Item D4)

- (1) Mr Lobban introduced the report which set out issues experienced during the mobilisation of contracts for home care services, the benefits and lessons learned to inform the future. He said having 23 contracted providers instead of the previous 130 was enhancing performance management and contributing to the objective of moving away from a time and task model to an outcome based model. There were improved patterns of care in place in some areas, however some providers had underestimated the cost of service provision in some isolated areas and there had been issues relating to the transfer of information during TUPE transfers and with the recruitment and retention of care staff particularly in West Kent.
- (2) In response to questions he said: it was intended to provide performance information to Members; contractors were a mixture of large and small national and Kent based firms that, with the exception of one provider in Dartford

Gravesham and Swanley, had all previously worked in Kent; information about satisfaction with the service would be easier to collect as contracts were monitored by commissioning officers who were looking at innovative ways of collecting feedback as well as the Quality Care Commission's new enhanced role in inspecting domiciliary care.

(3) In response to questions about contracts he said they had been let for 12 months with a possible extension by 12 months and a further 12 months. He also said that preparations were being made to potentially re-tender contracts in some areas including Dartford, Gravesham and Swanley, rural Ashford and West Kent. He also said preparations were being made for implementation of phase 2 of the transformation programme which would start in May.

(4) RESOLVED that the paper and proposed next steps be noted.

48. Work Programme 2015/16
(Item D5)

RESOLVED that the committee's work programme for 2015/16 be agreed.

49. East Kent Sexual Health Services - interim contract extension (appendix to item B4)
(Item F1)

There was no discussion on this item as the information in the exempt report had been considered and informed the discussion recorded in minute 41 above.

50. Tribute to Sue Horseman
(Item)

Mrs Tidmarsh said Sue Horseman would retire soon and paid tribute to the work she had done in relation to occupational therapy services for many years and the work she had done more recently on the contract for an integrated community equipment service.