

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, 10 May 2016.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mrs P Brivio, Mrs P T Cole, Mr S J G Koowaree, Mr T A Maddison and Mr S C Manion (Substitute for Mrs V J Dagger)

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health and Wellbeing), Mr A Scott-Clark (Director of Public Health), Mr M Lobban (Director of Commissioning), Ms P Southern (Director, Learning Disability and Mental Health), Mrs A Tidmarsh (Director, Older People and Physical Disability), Dr F Khan (Deputy Director of Public Health), Mr M Gilbert (Performance and Contracts Manager), Mr W Gough (Business Planning and Strategy Manager, Public Health) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

1. Apologies and Substitutes

(Item A2)

Apologies had been received from Mr R E Brookbank, Mrs V J Dagger, Mr P J Homewood and Mrs C J Waters.

Mr S Manion was present as a substitute for Mrs Dagger.

2. Declarations of Interest by Members in items on the Agenda

(Item A3)

There were no declarations of interest.

3. Minutes of the meeting held on 10 March 2016

(Item A4)

RESOLVED that the minutes of the meeting held on 10 March 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

4. Verbal updates by the Cabinet Member and Directors

(Item A5)

1. Mr Gibbens gave a verbal update on the following adult social care issues:

Community Health and Wellbeing Service – he summarised recent developments, including the end of grant payments and their replacement by a tender process, culminating in contract awards to Porchlight and the Shaw Trust in January 2016,

and set out how the new service would be monitored. A report on the performance of the new service would be made to this committee at its 11 October meeting. Committee Members were each given a copy of a pack for 'Live Well Kent', which would be launched on 17 May. In response to questions, Mr Gibbens clarified that Porchlight and the Shaw Trust were the County Council's strategic partners and explained that other, smaller organisations may be contracted by these two to provide some services, and Ms Southern undertook to look into and advise a speaker outside the meeting on the involvement of specific clinical commissioning groups in this service delivery.

21 April - Visit to West Kent Mind in Sevenoaks

21 April – Visit to Age UK Sevenoaks

21 April – Visit to Age UK Tunbridge Wells

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

Sustainability and Transformation Plans – these would be published shortly, although the content of them was not yet known. In response to a question, he referred to the general difficulties in recruiting social workers and managers, which had been well documented in recent years, but said that difficulties in recruiting adult social care staff would hopefully soon be resolved.

Delayed Transfers of Care review – although formalised data would take a while to be published, current live data was showing a significant improvement in the number of delayed transfers.

3. Mr Gibbens gave an verbal update on the following adult public health issues:

Community Pharmacy Consultation – he outlined a number of issues arising from the consultation and reported his intention to respond jointly to the consultation with the Chairman of the Health and Wellbeing Board, Mr R Gough. Key concerns were the potential impact of the loss of community pharmacies in rural and suburban areas and the impact of centralised dispensing on those less able to access and use IT facilities. His approach, and proposal to respond jointly with the Health and Wellbeing Board, was endorsed.

26 April – Visit to Folkestone Men's Sheds – this was a very inspiring project which had produced success stories for participants. Committee Members added that most local shed schemes were now accessible to both men and women, and some local variations on the scheme had developed, eg 'Men in Boats' in Dover. A view was expressed that Community Shed schemes would be more easily accessible to transgender people.

4. Mr Scott-Clark then gave a verbal update on the following issues:

Suicide Prevention Campaign for men under 45: 'Release the Pressure' – this was being publicised by the County Council public health team by a range of media and outlets, including leaflets, billboards, on beer mats and at petrol stations. The response so far had been good, with an online media clip having been viewed 65,000 times and the website having had 20,000 hits. The helpline had reported a 16% increase in calls overall and a 20% increase in male callers. Other organisations, for example, Gillingham Football Club, had also undertaken their own campaigns. In response to a question, Mr Scott-Clark explained that it would take about a year for the male suicide figures to show any reduction as a result of the success of the campaign.

5. RESOLVED that the verbal updates be noted.

5. Adult Social Care Transformation and Efficiency Partner update

(Item C1)

1. Mr Lobban introduced the report and explained that, although the contract with Newton Europe would end shortly, the work which had been started with them as the County Council's Efficiency Partner would continue. Newton Europe staff were currently in the process of handing over work streams to County Council staff. Ms Southern, Mr Lobban and Mrs Tidmarsh responded to comments and questions from Members, as follows:-

- a) although there had been 45 applications for the Shared Lives programme awaiting approval at the time of writing the report, this did not indicate a lack of capacity in the service. The committee was assured that all applications were considered very carefully, and much effort was put into matching applicants to suitable hosts, and this inevitably took time. It was important also that hosts had been carefully assessed and had received appropriate training before being matched to an applicant. The training and matching requirements for this service were similar to those of the adoption service;
- b) the County Council had approached bus companies to explore the possibility of allowing travel with a bus pass earlier in the day, to give service users more scope to access training and employment, but had been advised that the costs of a blanket change to times would be prohibitive. It may be possible, however, to establish a targeted scheme whereby those wishing to travel to training or work could be given a different concession from those wishing to travel for leisure; and
- c) the acute hospital optimisation initiative, to promote independence for people leaving acute hospitals, highlighted the need for a strategic approach to service provision, so that a range of options was available, from which the most suitable choice could be made for each individual. The decision process by which an individual would be placed in a care setting and the care setting itself were of equal importance. It was important also that people should be able to express a preference of care option, for example, a wish to return home, and for that option to be tried.

2. RESOLVED that progress on the adult transformation programme be endorsed, and Members' comments on it, set out above, be noted.

6. Public Health Quality report

(Item C2)

1. Dr Khan introduced the report and, with Mr Gilbert and Mr Scott-Clark, responded to comments and questions from Members, as follows:

- a) Patient Group Direction referred to a group which consisted of professionals such as nurses and medical directors who were permitted under the Medicines Act 1968, in very specific and controlled circumstances, to issue prescription drugs;

- b) Dover had been chosen to pilot a community weight management programme as the East Kent Healthy Weight service was based there. The timescale of the pilot was open-ended but it was expected that it would continue;
- c) an additional staffing resource, allocated for six months, would be used to establish a dashboard for each service, to record performance against quality indicators. Work would also be undertaken with providers to incorporate quality indicators into service provision; and
- d) a challenge to be addressed was the way in which information gathered by Health Visitors could be used to identify families living in poverty. Health Visitors were well placed to observe indicators of poverty but were under an obligation to protect the privacy of the families they worked with. Information sharing among multi-disciplinary teams of professionals was an important part of their role but was also very closely prescribed. Any local authority wishing to establish a child poverty strategy would need to ensure that such a strategy included a very clear definition of poverty.

2. The Cabinet Member, Mr Gibbens, suggested that an update report on quality on public health be made to this committee annually.

3. RESOLVED that the measures being put in place to improve the quality of public health programmes, and the direction of travel, be noted, and Members' comments, set out above, be taken into account when developing future programmes.

7. Public Health Risk Management

(Item D1)

1. Mr Gough introduced the report and Mr Gilbert responded to a question by explaining that the risk rating for 'managing and working within the market' was currently quite high at level 9, although the aim was to reduce this to level 6. This high rating was due to some public health services being new to the market and needing more proactive market development. Work was needed to identify the market approach which would best contribute to minimising the level of risk.

2. RESOLVED that the risk management arrangements for public health, outlined in the report, be noted.

8. Work Programme 2016/17

(Item D2)

RESOLVED that the committee's work programme for 2016/17 be agreed.

9. INFORMATION ITEM - Financial arrangement to place a legal charge on a property of a service user accessing domiciliary care (decision number 16/00039)

(Item E1)

RESOLVED that the non-key decision, taken by the Cabinet Member for Adult Social Care and Public Health, in accordance with the decision-making process set out in

Appendix 4 Part 6 of the Constitution, and on advice from Democratic Services, be noted.