

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 Monday, 30 January 2017.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr R H Bird (Substitute for Mr S J G Koowaree), Mr H Birkby, Mrs P Brivio, Mrs P T Cole, Mr A D Crowther, Mrs V J Dagger, Ms A Harrison, Mr P J Homewood and Mrs C J Waters

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health and Wellbeing), Dr A Duggal (Deputy 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) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

4. Apologies and Substitutes

(Item A2)

Apologies for absence were received from Mr S J G Koowaree who was substituted by Mr R H Bird.

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

(Item A3)

Mrs A D Allen declared an interest in agenda item B2, Community Advocacy for People with a Learning Disability, as co-chairman of the Dartford Partnership Group for Adults with Learning Difficulties

6. Minutes of the meeting held on 6 December 2016

(Item A4)

RESOLVED that the minutes of the meeting held on 6 December 2016 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

7. Verbal updates by the Cabinet Member and Directors

(Item A5)

1. Mr G Gibbens, Cabinet Member for Adult Social Care and Public Health, reported on a tour he had completed of some adult care facilities with the Chairman, including Westbrook, an integrated care facility at Westgate-on-Sea where they met residents. This had included a visit to the Ogden Wing which is home to residents with dementia with challenging behaviour. They went on to visit staff at Chestfield prior to going to the new learning disability provisions in Thanet. He had also visited Laurel House.

In addition he had hosted a “Children’s Commissioner Takeover Challenge” involving representatives of schools around Kent challenging various Cabinet Members over services that had been commissioned. His group had been concerned about obesity and CAMHS (childhood and adolescent mental health services), including the difficulty in accessing services, the upshot of which had been that a meeting would be held between the young people, the local GP and Mr Gibbens.

2. Mr A Ireland, Corporate Director Social Care, Health and Wellbeing, drew Members’ attention to the Police and Crime Bill currently making its way through Parliament, especially the provisions in that legislation for adult social care, particularly in relation to the work of the approved mental health practitioners in terms of their roles around assessment and compulsory admissions. The issues at stake were around the use of police stations as a place of safety for assessment. The loss of this would require the development of some other facilities. He then turned to the funding of adult social care which remained unsettled. He anticipated that there would be consultation and discussion (if only through the professional associations) as the matter emerged both in terms of how funding was allocated to local authorities to meet their statutory duties towards adult social and also in terms of phase 2 of the Care Act (financial thresholds etc). He would continue to keep the Committee apprised of developments. The Sustainability and Transformation Plan (STP) work was underway on developing a range of different models and anticipating future structures and delivery models. The County Council was fully engaged at Member and officer level on all the various working groups and was making the fullest possible contribution, ensuring that the principles and details of the provision of social care agreed by the County Council were being pursued. Council staff were working hard over the winter period to seek to ensure that as many people as possible were discharged from hospital as easily as possible. The systems were showing, despite the pressures placed upon them, considerable resilience.

In response to questions from members of the Committee Mr Ireland made the following points:

- He welcomed comments made in support of the work of social care staff
- In terms of domiciliary care, the message was being communicated with the NHS that it was in their interest to resolve matters because of the close interdependency between NHS and council services/issues.
- He confirmed that a report would be brought back concerning the Police and Crime Bill and its implications on adult social care.
- He undertook to keep the Committee updated with intelligence about the future funding of adult social care.
- The timetable for the STP was such as to not affect the forthcoming financial year but there were short term measures being put in place by the Government which would affect 2017-18.
- He acknowledged that some hospital discharges were taking longer than they might, but there was commitment across the entire sector to try to get as many people discharged to their own homes wherever possible and appropriate.
- He had spoken with the Police and Crime Commissioner who acknowledged the importance of further work in relation to people with mental health issues.

3. Dr A Duggal, the Deputy Director of Public Health, reported that she had met with the Ebbsfleet Development Corporation as part of an open day discussion. The event had sought to ensure that appropriate services were developed and delivered through the Ebbsfleet area as people moved into the area. She referred to the Kent

Drug and Alcohol Strategy that was out for consultation – there were still three weeks for responses which would be welcomed. Further work was being undertaken in respect of suicide prevention including the award winning *Release the Pressure* campaign. A grant had recently been awarded for the education of professionals to help address mental health issues for young people. Finally she referred to the newly published report from the Royal College of Paediatrics and Child Health, *the State of Child Health*, which had a number of recommendations, many of which were beginning to be addressed, for example achieving Unicef baby friendly status within children's centres and partner organisations.

8. 16/00134 - The Strategy for Adults with Autism in Kent (2016-2021)
(Item B1)

Ms B Palmer, Manager, Sensory and Autism Services, and Mr G Offord, Commissioning Officer, were in attendance for this item.

1. Ms Palmer introduced the item and reminded Members that the committee had previously considered and commented on a report on the consultation on the new Strategy. The new Strategy, taking account of views received as part of the consultation, was now presented for comment and approval prior to the Cabinet Member taking a formal decision to approve and publish it. Ms Palmer then responded to comments and questions from Members, as follows:

- a) a pilot autism enablement service, led by occupational therapists, would address the need for such services as travel training, which was regularly provided to young people now but would not have been given years ago, meaning that some people now in adulthood had never had the opportunity to benefit from it;
- b) although the response rate, of 107 responses out of 13,000 people known to have autism, seemed disappointing, this did include some responses being made on behalf of groups. Hence, the total number of people represented by the responses given was greater than 107. To increase the level of engagement and extend the autism collaborative would always be welcome, and staff liaising with working groups of young people and adults would collect their contact details for future use;
- c) the County Council was currently working on a project to establish an all-age pathway, which would ensure that people being diagnosed with autism at any age would have access to the support and services they needed. Demand for services among young people was currently growing; and
- d) adults with autism were currently under-represented in the employment market but had good skills to offer; it was important to identify how these skills could be best used. Kent Supported Employment supported adults with autism to find employment but it was hoped that this work could be extended. Some national employers were known to employ only people with autism, due to the particular skills they could bring to the work of those companies.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking the decision.

3. RESOLVED that:-

- a) the final version of the Strategy for Adults with Autism in Kent (2016-2021) be approved; and
- b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to approve and adopt the Strategy for Adults with Autism in Kent (2016-2021) and to delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to refresh and/or make revisions, as appropriate, during its lifetime, be endorsed.

9. 16/00142 - Community Advocacy for People with a Learning Disability
(Item B2)

Ms E Hanson, Head of Strategic Commissioning, was in attendance for this item.

1. Ms Hanson introduced the item and explained the context of the current proposal to include community advocacy for people with a learning disability in the existing advocacy contract. She then responded to comments and questions from Members, as follows:-

- a) the proposal to expand the contract, and the additional funding made available to accompany this, were both welcomed; and
- b) in response to a question about monitoring and target outcomes, Ms Hanson undertook to circulate to the committee the performance data relating to the current advocacy contract and those proposed to be included in the new revised contract to include advocacy for people with a learning disability.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking the decision.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to approve a variation to the Kent advocacy contract to include community advocacy for people with a learning disability, and to delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision, be welcomed and endorsed.

10. Your Life, Your Wellbeing - Transformation Phase Three Assessment
(Item C1)

1. Mr Lobban introduced the report and presented a series of slides which summarised work undertaken in previous phases of adult social care transformation and set out the aims of phase three, the design phase, which sought to identify the best way forward. He highlighted key concerns, including the need for an integrated, professionally-led model of service delivery with flexibility of contract type and a professional workforce with a genuine career pathway. Mr Lobban and Mr Ireland responded to comments and questions from Members, as follows:-

- a) this stage of the Adult Social Care transformation had been discussed in detail at the Commissioning Advisory Board, attendance at which was open to all Members, and such in-depth discussion had allowed Members to gain a good understanding of the issues involved;
 - b) several Members expressed concern about the future of voluntary sector services. The voluntary sector no longer received the grants it once did and was now trying to deliver more with less; this situation was clearly unsustainable. As a result, many voluntary sector organisations were facing closure. The problems now faced by the voluntary sector were a combination of a lack of finance and a shortage of volunteers, and as a result it simply did not have the capacity to deliver the services which were expected of it. Mr Lobban advised speakers that the County Council funded only 3% of the voluntary sector organisations in Kent;
 - c) concern was expressed at the growing number of older people experiencing, or at risk of falling into, social isolation and loneliness. Mr Lobban agreed that this was a growing issue and highlighted the importance of the voluntary sector in addressing it;
 - d) in response to a question about the adequacy of sheltered housing provision in Kent, Mr Lobban advised that some 2,000 *more?* sheltered housing *units/places?* would be needed in the next four years. Kent had an opportunity to review its housing provision for older and vulnerable people, how to use its existing housing stock and how to support residents. The County Council was not yet in a position to guarantee a supply of Extra Care Sheltered Housing. A view was expressed that enhanced care was a good way forward but was an expensive option, as local authorities now had less money available to them to delivery housing support services;
 - e) Mr Ireland reminded Members that the aim of the transformation programme had been to deliver a sustainable model of social care, within the reduced budget now available. The County Council had set out to identify, with partners, the best model of service delivery and how best to support it with integrated activity, and the design phase was concerned with identifying how best to do this;
 - f) the stated aims of achieving a professional workforce with a genuine career pathway, and the priority of addressing social isolation, were welcomed, and it was suggested that local initiatives to counter the latter could be supported by elected Members using their Member grants; and
 - g) there was no mention of a potential role for trading standards colleagues in work to address social isolation, but older and vulnerable people living alone were at risk of being targeted by rogue traders. Mrs Tidmarsh agreed that joint working with colleagues across the Council and at borough and district councils would be a good way to tackle this.
2. RESOLVED that the information set out in the report and slides, and Members' comments on work and priorities, set out above, be noted.

11. Work Programme 2017
(Item D1)

RESOLVED that the committee's work programme for 2017 be noted.