

## KENT COUNTY COUNCIL

---

### ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of A meeting of the Adult Social Care Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Friday, 19th January, 2018.

PRESENT: Mrs P T Cole (Chairman), Mrs A D Allen, MBE, Mrs P M Beresford, Miss E Dawson, Ms S Hamilton, Mr P J Homewood, Mr S J G Koowaree, Mr P W A Lake, Ida Linfield, Mr S C Manion (Substitute for Mrs S Chandler), Mr D D Monk and Mr R A Pascoe

OTHER MEMBERS: Graham Gibbens

OFFICERS: Anu Singh (Corporate Director, Adult Social Care and Health), Michelle Goldsmith (Finance Business Partner), Emma Hanson (Head of Strategic Commissioning Adult Community Support), Annie Ho (Acting Head of Adult Safeguarding), Penny Southern (Director, Disabled Children, Learning Disability and Mental Health), Michael Thomas-Sam (Head of Strategy and Business Support), Anne Tidmarsh (Director, Older People and Physical Disability) and Emma West (Democratic Services Officer)

#### UNRESTRICTED ITEMS

**56. Apologies and Substitutes.**

*(Item. 2)*

Apologies for absence were received from Mrs S Chandler, Ms D Marsh and Mr B Lewis.

Mr S Manion attended as a substitute for Mrs S Chandler.

**57. Declarations of Interest by Members in items on the agenda.**

*(Item. 3)*

1. Mrs A D Allen declared an interest as a Co-Chairman of a Partnership Group for Adults with Learning Disabilities.
2. Mr G Koowaree declared an interest as his Grandson was a looked after child.

**58. Minutes of the meeting held on 23 November 2017.**

*(Item. 4)*

1. RESOLVED that the minutes of the meeting held on 23 November 2017 be noted.

**59. Verbal Updates by Cabinet Member and Corporate Director.**

*(Item. 5)*

1. Graham Gibbens (Cabinet Member for Adult Social Care) gave a verbal update on the following issues:

**Christmas Tour** – The Chairman and Mr Gibbens visited various parts of Kent to see groups of service users. The sites and teams which had been visited were Worrall House in Kings Hill, Older People and Physical Disability – West Kent (OPPD), Gravesham Place Integrated Care Centre, and Milton Haig Centre, for people with learning disabilities. A visit would be arranged in Spring 2018 to meet with Mental Health staff.

**LGA Challenge on Dementia 2020** – Mr Gibbens was a Member of the Prime Minister’s Challenge on Dementia 2020. Key outcomes were discussed in a meeting he attended last Wednesday. It was important to ensure that Kent has a skilled workforce to support people living with dementia, that there are good processes in place to measure how we are improving the situation for people living with dementia and that there was close working with the voluntary sector in post diagnosis support.

**Social Isolation and Loneliness update** – The Jo Cox Commission on Loneliness had been looking at current loneliness and isolation issues. The Prime Minister spoke very strongly about the fact that loneliness and isolation was not just an issue for older people, it affected all sectors of the community. The Prime Minister made it clear that everybody who was represented in the gathering should be looking at loneliness and isolation as being key items to focus on. Mr Gibbens said that a loneliness and isolation item would be brought to the next meeting of the Adult Social Care Cabinet Committee on 9 March 2018 to provide further information to Members regarding loneliness and isolation in Kent and how issues were being addressed.

1. Anu Singh (Corporate Director of Adult Social Care and Health) gave a verbal update on the following issues:

**Managing in Winter** – Kent and Medway had consistently been on an OPEL alert 3 and OPEL alert 4 (Operational Pressures Escalation Levels), which was an indication that there was not sufficiency and flow across the system. This was in place across all hospital sites in Kent and Medway, social care beds and the capacity across the workforce to handle the movement of people in the most appropriate way through the system. The way in which this issue had been managed over the holiday period in Kent and Medway had been very positive, social care staff had done all within their power to ensure that people were able to access the care and support that they needed. This work was ongoing, leaders across health and care had put different leadership arrangements in place to allow Kent to have the support of the national teams at NHS England and NHS improvement. This in turn would bring together a programme management office that would allow workers to work together in a different way and pull together information about what could be done individually as organisations and access the care and health support that people need.

**Sustainability Transformation Plan update** – An important element of the STP was the Clinical Commissioning Groups (CCG) which allowed organisations to work together in a different way. There were currently 8 CCG’s across the Kent and Medway region. There was work being undertaken which would enable all of the groups to work collectively in a different way and act as a single organisation, it would be an important factor for the success of Kent’s STP and how best to work together as an integrated health and care system.

**Windchimes Short Break Centre** – Windchimes continued to maintain its outstanding rating for the second year in a row. Anu Singh congratulated staff and thanked them for their hard work which made achieving the outstanding rating possible.

3. RESOLVED that the verbal updates by the Cabinet Member and Corporate Director, be noted.

**60. Safeguarding Adults Update.**

*(Item. 6)*

1. Michael Thomas-Sam (Head of Strategy and Business Support) introduced the report which provided an update on Adult Safeguarding in Kent for the period April to September 2017.
  - a) In response to a question, Annie Ho (Acting Head of Adult Safeguarding) discussed the importance of training and said that Adult Safeguarding training procedures were updated regularly to ensure that staff were well-supported.
  - b) In response to a question regarding the Deprivation of Liberty Safeguards (DOLS), Annie Ho said that the DOLS safeguard very vulnerable people. She said that although there may be cases where vulnerable people were being deprived of their liberty in an unlawful way, the issue could not be resolved by social care staff alone, the ownership needed to be shared. She reiterated the fact that training was crucial for staff who were safeguarding vulnerable adults and said that all providers should know and apply for DOLS.
  - c) In response to a question, Penny Southern (Director of Disabled Children, Learning Disability and Mental Health) said that there was no correlation between the primary support reasons and the sources of concern in the report. She said that she would be able to provide further information in a briefing note outside of the Committee meeting. Annie Ho said that within Mental Health, the most common type of abuse was Domestic. She said that from September 2017, Kent Police had introduced a specific unit that would deal with domestic abuse issues, so the referral source did not correlate to a specific service user group. However, there were issues that different organisations were responding to. She said that Kent Police were looking at focusing on increasing services for better Mental Health.
  - d) In response to a question relating to types of abuse and the locations in which the abuse took place, Annie Ho said that the types of abuse were wide in terms of what would be classified as abuse. She referred to the report and informed the Committee that several cases that were classified as abuse were relating to neglect or tasks that had not been completed promptly enough. She said that she would be able to provide further information in a briefing note outside of the Committee meeting.
  - e) In response to a question, Annie Ho said that the percentage relating to 'other' and 'unknown' types of abuse was a percentage that needed to be reduced and looked at and analysed further. She said that issues reported as 'unknown' were reported as data quality issues, and issues that were

reported as 'other' could be anything outside of the other fields. Penny Southern said that the user usually chose 'other' when they did not fit into the other fields that were provided.

- f) In response to a question regarding the risk of safety to people with mental health illnesses, Annie Ho said that whilst she appreciated the seriousness and sensitivity of the issues, the report and the Adult Safeguarding unit could only assess adult safeguarding practice, not the wider multi-agency practice within mental health. Penny Southern said that she represented the Local Authority in the Mental Health Crisis Care Concordat where good practice and outcomes were assessed, and feedback was taken onboard. She said that there was a lot of work being undertaken in Kent to support a person in crisis. Ms Marsh who was the Mental Health Champion had visited the previous Crisis Care Concordat and had worked with the team to grasp a wider understanding of the national agreement. She said that the Crisis Care Concordat focused on preventing future crises by making sure people are referred to the appropriate services and able to find employment. She said that she would be able to provide further information in a Members' briefing, this was welcomed by the Committee.
- g) In response to a question regarding categories of abuse, Annie Ho said that the category of verbal abuse was considered in the report's figures, as was physical abuse.
- h) In response to a question, Penny Southern said that the figures marked as 'unknown' within the report were currently classed as data quality issues but would be known at a later date. The figures marked as 'other' within the report were usually due to people not recognising that the other fields available were applicable to them. She said that the 'unknown' and 'other' fields were reviewed annually and were updated and changed each year as new terminology was introduced.
- i) In response to a question regarding the annual report release date, Michael Thomas-Sam said that this would be between May and June 2018 and would be available to all Members.
- j) In response to a question regarding training, Annie Ho said that training was available for families wishing to offer a home to older teenagers with challenging behaviours. The Kent and Medway Adult Safeguarding Board worked hard to continue to review accessible and available training across the county. Penny Southern said that all families received training as a requirement.
- k) In response to a question, Annie Ho said that a quarterly performance report was brought Adult Social Care Cabinet Committee meetings. The performance reports monitored correlation issues and surface areas. Penny Southern said that there was also a bi-monthly safeguarding performance meeting held within the Adult Safeguarding team. The safeguarding performance meetings assessed trends and issues in further detail. She said that the meetings were held to ensure appropriate action could be taken and to provide face to face support and training for staff to support them to deliver services. She said that in future reports, more information could be

provided to show trends and correlation to provide Members with a deeper level of information.

2. Mr Gibbens said that a Members' briefing would be organised to discuss the report in the further detail. He also said that a Members' visit to the referral unit in Kroner House, Ashford would be organised.
3. RESOLVED that the report be noted.

**61. Kent Advocacy Contract.**  
(Item. 7)

1. Emma Hanson (Head of Strategic Commissioning Adult Community Support) introduced the report which provided an update on the commissioning and performance of the Kent Advocacy Contract.
  - a) In response to a question, Emma Hanson said that a lot of work was being undertaken with partner organisation and other stakeholders with regards to promoting the Advocacy service.
  - b) In response to a question regarding poor performance of the IMHA provider in East Kent, Emma Hanson said that the transfer was smooth, and performance had improved in those areas. She said that the issues were not caused by the advocates or the quality of the advocates, but were caused by problems with management and the performance reporting. In response to a separate question regarding Support 4 Sight, Emma Hanson said that she would be able to provide further progress information once the transfer was complete. With regards to extending the Kent Advocacy contract, she said it was likely that a proposal would be brought to the Committee.
  - c) In response to a question, Emma Hanson said that a lot of work was being undertaken with the Citizens Advice Bureau with regards to promoting the Advocacy service.
  - d) In response to a question, Emma Hanson said that achieving a consistent timescale for resolving advocacy issues would be a challenge because of the varying complexity of various issues. She said that Kent had been working closely with the Department of Work and Pensions (DWP) to try and reduce the number of issues regarding welfare benefits. She said that the Kent Advocacy Contract had not been presented to the Health and Wellbeing Board.
2. Mr Gibbens said that discussions would need to take place with the Chairman of the Health and Wellbeing Board to see how they provide similar services before the item could be placed on their Work Programme.
3. RESOLVED that the report be noted.

**62. End of Life Care in Kent.**  
(Item. 8)

1. Anne Tidmarsh (Director of Older People and Physical Disability) introduced the report which shared the updated overview of End of Life Care in Kent and an

action plan which set out areas for improvement and gaps that had been identified and how they would be addressed.

- a) In response to comments and questions, Anne Tidmarsh said that prisoners were supported by the NHS. Although, the help that prisoners received was dependant on the services that were being provided within the prison and dependent on where the person would be going after they left the prison. She said that this was part of the End of Life Care in Kent action plan to be looked at with NHS to ensure that the transition was as smooth as possible.
  - b) In response to a question, Anne Tidmarsh said that good progress had been made under the Sustainability Transformation Programme. She said that a lot of joint-working had taken place within health and social care around training and workforce development. She said that although there was a lot of work still to be done, measures were in place to ensure that staff received sufficient training for end of life care.
  - c) In response to a question, Anne Tidmarsh said that a Kent shared care record was one of the outputs that the STP aimed to achieve. Work had been carried out around the ESTHER model and whether Kent could provide an ESTHER care record and an application for smart phones, but it was important to understand the required content, ensure that content was suitable for the Kent and Medway shared care record, and prevent duplication.
  - d) In response to a question, Anne Tidmarsh said that there were still challenging outputs to be achieved within the STP action plan, regular progress updates would come back to future Committee meetings. She said that supervisors and managers were responsible for ensuring sufficient training was in place, in order to support staff who were supporting people that were receiving end of life care.
  - e) In response to a question regarding to the Liverpool Care Pathway, Anne Tidmarsh said that she would be able to provide more information to Members outside of the meeting with regards to whether the pathway was still being used and if so, in what way. She said that it was important for Kent to ensure that an individual receiving end of life care felt comfortable in the final hours or days of their lives.
  - f) In response to a question, Anne Tidmarsh said that Buurtzorg was a Dutch nurse-led model which looked at the skills of a community nursing team and how best to deliver high-quality, low-cost care.
2. Mr Gibbens said that end of life care was a very serious and important issue. He informed Members that an End of Life Care event would be held in February 2018, the event would look more closely at progress that had been made and how closely Kent were working with health colleagues and GP's. He added that joint-working was encouraged and requested that the item be referred to the Health and Wellbeing Board.
  3. In response to comments and questions, Anne Tidmarsh said that within social care, there was no separate pathway for end of life care. She said that Kent were working with staff to ensure that sufficient training had been put in place to allow them to have a clear understanding of what needed to be done when dealing with end of life situations.

4. RESOLVED that the report be noted.

**63. Draft 2018-19 Budget and 2018-20 Medium Term Financial Plan.**  
*(Item. 9)*

1. Michelle Goldsmith (Finance Business Partner – Social Care, Health and Wellbeing) introduced the report which set out the draft 2018-19 Budget and 2018-20 Medium Term Financial Plan.

a) In response to a question, Anu Singh said it was important to address social isolation within the way that Kent had set up the core delivery. She said that there were several infrastructure contracts and relationships with the voluntary community sector which Kent were building to most meet need.

b) In response to a question, Michelle Goldsmith said that the budget for Adult's Services was fairly large and said that the core delivery would cover contingency issues. Anu Singh said that if emergency situations arose, Kent would need to be flexible as an authority.

2. RESOLVED that the report be noted.

**64. Revenue and Capital Budget Monitoring - October 2017-18.**  
*(Item. 10)*

1. Michelle Goldsmith introduced the report which provided Members with the latest revenue and capital budget monitoring position for the 2017-18 financial year.

2. RESOLVED that the report be noted.

**65. Work Programme 2018/19.**  
*(Item. 11)*

1. RESOLVED that the Work Programme 2018/19 be noted.