

## KENT COUNTY COUNCIL

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### ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Public Health Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 10th September, 2025.

PRESENT: Ms I Kemp (Chair), Mr A Kibble, Mr R Mayall, Mr S Dixon, Mr R Ford, Mr M Brown, Mr T Shonk, Mr D Burns, Mr C Sefton, Ms C Nolan and Mr S Jeffery.

ALSO PRESENT: Miss D Morton, Ms G Foster, Mr M Mulvihill

IN ATTENDANCE: Richard Smith (Corporate Director of Adult Social Care), Dr Ellen Schwartz (Deputy Director of Public Health), Helen Gillivan (Interim Director of Integrated Commissioning), Victoria Tovey (Assistant Director of Integrated Commissioning), Mark Albiston (Director for Adult Social Care), Simon Mitchell (Assistant Director for Adults Commissioning), Mark Scrivener (Head of Risk and Delivery Assurance), Helen Groombridge (Adult Social Care & Health Performance Manager), Sarah Crouch (Public Health Specialist), Abenaa Gyamfuah-Assibey (Public Health Specialist), Chloe Nelson (Senior Commissioner), Georgina Walton (Digital and Innovation Lead) and Ruth Emberley (Democratic Services).

#### UNRESTRICTED ITEMS

**16. Introduction/Webcasting Announcement**  
(Item. 1)

**17. Apologies and Substitutes**  
(Item. 2)

Apologies were received from Mr Andrew Kennedy and Mr Oliver Bradshaw, with Mr Dean Burns substituting for Mr Bradshaw.

**18. Declarations of Interest by Members in items on the agenda**  
(Item. 3)

There were no Member declarations of interest.

**19. Minutes of the meeting held on 8 July 2025**  
(Item. 4)

RESOLVED that the minutes of the meeting which took place on the 8 July 2025 were a true and accurate record and a paper copy to be signed by the Chair.

**20. Cabinet Member, Corporate Director and Director of Public Health Verbal Updates - No papers**  
(Item. 5)

1. The verbal update was presented by Miss Diane Morton (Cabinet Member for Adult Social Care and Public Health), Mr Richard Smith (Corporate

Director for Adult Social care) and Dr Ellen Schwartz (Deputy Director of Public Health)

2. Miss Morton provided the following update:
  - a) Following World Suicide Prevention Day, the Cabinet Member took the opportunity to reflect on the work which had been carried out in Kent. The new Suicide Prevention grants had been awarded to several charities and social enterprises across the county.
  - b) Kent was hosting the Baton of Hope on 22 September, which was the biggest anti-stigma campaign that the Kent Suicide Prevention Team had been involved in to date. The campaign involved a tour of the UK, and Kent had been chosen as one of the areas the baton would visit. Medway, Maidstone, Canterbury and Margate would all be involved.
  - c) Community equipment supplier NRS ceased to operate at the end of July 2025. MedEquip took over the contract by 1 September 2025 and recruited staff, secured a facility, mobilised 57 vehicles, secured stock, handled 617 calls and completed 308 deliveries. Mr Simon Mitchell, the Commissioning Staff and Occupational Therapy Team were acknowledged and thanks given to their efforts during the transition period.
3. In answer to some Member questions and comments, the following was said:
  - a) Several interventions were available for mental health, wellbeing and suicide, the Live Well Kent Service being one, as well as other commissioned specialist services. Other actions included the provision of work force training to identify signs that people may need support. Many of the services were reviewed on an annual basis to establish whether they could refresh delivery and operation.
  - b) The Baton of Hope was welcomed as an important event in local schools and universities; several students would be attending the celebration and taking part to raise further awareness.
  - c) NRS suffered a major cyberattack in 2024 however approximately 4-6 weeks prior to the organisation's collapse further issues with the company became apparent and a support package was sought. There were no other warning signs prior to this. The support package sought by NRS prior to closure was not granted as Kent County Council felt the assurance provided by the supplier was insufficient.

- e) It was confirmed by the Cabinet Member for Adult Social Care and Public Health that she was working with colleagues in other areas across the country to shared ideas regarding the lack of funding available for Adult Social Care.
4. The Corporate Director for Adult Social Care, Mr Smith, provided the following update:
- a) The most recent Association Director of Social Services (ADAS) survey returned results which confirmed the state of the market and finances were serious. The Casey Commission was scheduled to produced interim recommendations over the coming years however the directorate was still facing demand which outstripped resources available from central Government. Current demand for older people and younger adults was approximately 10-12%, however the funding formula was approximately 4%.
  - b) Ms Helen Gillivan was welcomed into the post of Interim Director of Integrated Commissioning. Thanks and best wishes were expressed for Richard Ellis who left Kent County Council.
  - c) High temperatures of the summer had caused an increase on stress on resources for the Adult Social Care Directorate and thanks was expressed to staff who worked hard to keep the services going.
  - d) Artificial Intelligence tool Magic Notes had successfully been piloted and would be rolled out over the next few months to wider parts of the team. This product would help with the assessment process and productivity.
5. The Deputy Director of Public Health, Dr Ellen Schwartz provided the following update:
- a) An increased focus had been placed on infection prevention control, working in particular with community settings and care homes to increase the standard of infection prevention control.
  - b) A series of pandemic planning exercises had been conducted in preparation for the next pandemic.
  - c) Work concerning the Building Blocks of Health had been carried out across the Council to support health and environment work; this included many initiatives such as working with the Kent Housing Group and the Coastal Region Programme.
  - d) The statutory pharmaceutical needs assessment was due for publication in late September 2025.
  - e) An expansion and development of a supervised tooth brushing programme for 3–5-year olds in deprived areas was due for

launch in late 2025. A SEND (Special Education Needs) Health Needs Assessment was due for completion for this project.

- f) The Kent Public Health Observatory had developed some key data resources to inform Planning and Commissioning directorates of the Joint Strategic Needs Assessment and Specific Health Needs Assessments.
- g) The development of a centre of excellence in research and innovation was currently underway, with Kent County Council being viewed as an attractive training location, with 27 trainees in the Public Health department, this calendar year.
- h) Improvements around the pathways for substance misuse treatment were underway, in addition to work on improving service users' experience for replacement treatment, by working to identify an alternative to methadone.
- i) Gambling was a new area to Public Health and work was going to be conducted with national investment from the end of 2025 to progress this.
- j) Significant work had been carried out in conjunction with KMPT (Kent and Medway Partnership Trust) as well as other mental health providers in order to improve services across the board.
- k) A needs assessment was conducted last year in relation to sexual health services and work was being conducted to improve the support available. This included the development of a new sexual health clinic in Dover.
- l) On integrated commissioning, the Public Health Service Transformation programme continued to improve services. A new therapeutic support service for children and young people aged 4 to 19 years who required mild to medium emotional support had been procured. A new infant feed service had also been procured, as well as the development of the Cyber Sanctuary Initiative to protect survivors of domestic abuse from digital stalking and cybercrime.

6. In answer to Member questions and comments, the following was said:

- a) It was confirmed that Public Health worked primarily with the UK Health Security Agency who were responsible for monitoring emerging diseases. Dr Schwartz confirmed that imported diseases were highly unlikely to cause a pandemic; this would more likely arise due to a novel agent meeting a population who was not immune.
- b) Kent and Medway were a low Tuberculosis endemicity areas, although nationally there was a recognised increase. Close work continued with partner agencies to ensure pathways were robust and that systems from prevention to treatment worked effectively together. In relation to measles, it was confirmed

that once infection levels were at the expected level of 95%, transmission could not happen and therefore even if people were not vaccinated, they would not become ill. However, vaccination rates were decreasing both globally and locally. It was confirmed that Chickenpox could lead to prolonged illness and therefore a vaccination scheme rollout against Chickenpox was being supported.

7. RESOLVED Members noted the verbal updates.

**21. Performance Dashboard - Adult Social Care**  
(Item. 6)

1. The item was presented by the Adult Social Care & Health Performance Manager, Ms Helen Groombridge.
2. The report was taken as read however some of the key points were highlighted as follows:
  - a) Adult Social Care continued to operate under high and increasing levels of demand, although the service had been able to deliver an increased number of Care Needs Assessments and reviewed the Care and Support Plan and people in enablement services.
  - b) Adult Social Care received and concluded the highest rate of safeguarding concerns and inquiries in Quarter 1.
  - c) With regard to the Key Performance Indicators (KPIs) none were rated red, 4 were rated amber and 3 rated green.
3. In answer to some Member questions and comments, the following was said:
  - a) Just under 3% of people made further contact with the service after initial contact. Reasons for this included a change in care needs following initial contact or a change in information.
  - b) It was clarified that the Kent Enablement Service (KES) and Kent Enablement at Home (KeaH) were both enablement services run by the Council, however KES focused on providing mental health support, inclusive of autistic spectrum needs and the Kent Enablement at Home service primarily assisted people with physical health needs. It was explained that people return to Adult Social Care for a variety of different reasons and so the model was built around trying to meet service user needs at the first point of contact, without committing to a long term package.
  - c) A requirement for Care Needs Assessments increased in 2023 and 2024 onwards. It was evidence from September 2024 (to date) that the impact of previous changes had resulted in less

Care Act Assessments needed by the 24 long term community teams. Although new Care Act referrals had reduced, the team continued to generate the same level of Care Act Assessments as before.

- d) Demand for Social Care came from 3 areas: discharge from hospital due to a health condition, access to preventative services in the community and children and young people entering the system. It was confirmed that that the increase for care increased every year.

- 4. RESOLVED Members noted the performance of services in Quarter 1 2025/2026.

## **22. Performance Dashboard - Public Health** (Item. 7)

- 1. The item was presented by the Assistant Director of Integrated Commissioning, Ms Victoria Tovey.
- 2. Ms Tovey took the report as read and highlighted the following key points:
  - a) Of the 14 KPIs, 7 were green, 2 were not available as data from the National Drug Treatment Monitory System was yet to be provided and 5 were amber.
  - b) Two of the amber rated KPIs were in the Health Visiting Service; although rag rated amber, performance was still higher than other neighbouring regions. The One You Kent Service (Lifestyle Service), Sexual Health Services and young person substance misuse service were all currently rated amber.
- 3. In answer to Member questions and comments, the following was said:
  - a) Additional Government funding had been provided to smoking cessation services; the Stop to Start grant had been provided and the funds utilised toward increased capacity. A commissioned dedicated outreach service to help more people to stop smoking had been commissioned, as well as the creation of a one-day seminar aimed at reaching people who may not engage in traditional stop smoking services, which had a strong evidence basis.
  - b) Vaping cessation presented a different set of difficulties in that it was a nicotine replacement product; however, it was recognised as an increasing problem. Work had been carried out with colleagues in trading standards to ensure no illegal products were imported and sold in Kent, in addition to proactive work with young people.
  - c) Sincere thanks was expressed to the effort involved in cross agency working which focused on the crackdown on illegal

vaping resulting in several successful operations throughout the county.

4. RESOLVED Members noted the performance of Public Health commissioned services in Quarter 1 2025/2026.

**23. Risk Management: Adult Social Care**  
*(Item. 8)*

1. The item was presented by Head of Risk and Delivery Assurance, Mr Mark Scrivener, who drew Members' attention to the key points of the report.
2. In answer to Member questions and comments the following was said:
  - a) The Corporate Director for Adult Social Care, Mr Richard Smith, explained to Members that the directorate needed to look at how to reduce the current number of people who required expensive services. There were 4 Adult Social Care and Access Services and residents were signposted as much as possible, in line with the statutory requirement around information, advice and guidance. Investment had been made in enablement services to prevent care packages being put in place at the point of crisis as this has been proven to be unsustainable and costly.
  - b) If ongoing support and services were required then the directorate reviewed the most person-centred way of delivering this, as this often resulted in the most cost-effective way of meeting need.
  - c) Mr Smith explained that Community services had been rewired back into communities; integration had a structure based on health and care partnership footprint, joint working around learning disability services had demonstrated positive result and Kent had recently been held as an exemplar in hospital discharge in East Kent due to sustained improvement in performance. Kent was therefore doing all it could to integrate health services with citizens of Kent.
  - d) The Interim Director of Integrated Commissioning, Ms Helen Gillivan, confirmed that the directorate had co designed a market position statement around accommodation and close work had been carried out between the housing and district partners.
  - e) Mr Scrivener confirmed that, whilst the report was an annual item, there was an officer and Member dynamic throughout the year where risks were monitored and discussed. Other places such as the Governance and Audit Committee, Cabinet Committee and on occasion, the Scrutiny Committee, were also responsible for monitoring and reporting on risk.

3. RESOLVED Members considered and commented on the risk presented in the report

**24. 25/00070 Parent and Infant Mental Health Service - Non Key Decision**  
(Item. 9)

1. The item was presented by the Senior Commissioner, Ms Chloe Nelson and Public Health Specialist, Abenaa Gyamfuah-Assibey.
2. Ms Assibey presented the key points to the Members regarding the non key decision.
3. There were no Member questions or comments.
4. RESOLVED that Members CONSIDERED and ENDORSED the proposed non significant key decision as set out in the Proposed Record of Decision (appendix A) to:

A) APPROVE the additional expenditure of £400,000 across the contract period for the Parent Infant Mental Health Service from DFE Family Hub Grant and Public Health Grant to support venue costs.

B) DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to exercise relevant contract extensions and enter into relevant contracts or legal agreements; and

C) DELEGATE authority to the Director of Public Health, to take other necessary actions, including but not limited to allocating resources, expenditure, and entering into contracts and other legal agreements, as required to implement the decision

**25. 25/00054 Adult Social Care Prevention Framework - Key Decision**  
(Item. 10)

1. Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton, introduced the Adult Social Care Prevention Framework as a practical plan for years 2025 to 2035.
2. The item was presented by Public Health Consultant, Ms Sarah Crouch, who highlighted the key points to Members.
3. In answer to Member questions and comments, the following was said:
  - a) Statutory services required protection although the Prevention Framework was a positive future step.
  - b) Mr Smith explained that the directorate had a statutory duty under the Care Act to provide services which prevented, reduced and delayed the need for ongoing services as well as the need for people to access statutory services, as well as provide advice and guidance. How this would be accomplished

was set out in the Prevention Plan and any issues surrounding funding were a separate matter.

- c) There has been an increase in individuals who required more complex support and care and consequently, this was costing more. The Prevention Framework aimed to support residents earlier on so need could be diverted.
- d) The amount paid for services in 2021 had increased and would continue to do so, taking into account inflationary factors. Other factors such as increase in hospital discharge resulted in a cost pressure and without a preventative offer, residents would continue to reach out to Adult Social Care at a point of crisis.
- e) The entirety of the Social Care budget comprised of central Government grants that had an inflation uplift each year, social care precept, contribution from business rates and other general Council Tax Funds. The issue arose from the fact that the budget did not increase each year and therefore did not meet demand.
- f) Efforts to undertake recommissioning activities and to review large contracts were being made in order make sure they were fit for purpose and giving best value for money, in addition to meet the needs and demands of residents. It was confirmed that all recommissioned contracts would contain a preventative element.

- 4. RESOLVED that Members CONSIDERED and ENDORSED the proposed decision attached as Appendix A, on pages 97 – 99 of the report.

**26. 25/00014 Wellbeing Services in the Community - Key Decision**  
(Item. 11)

- 1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton, who thanked officers for their extensive work on the project.
- 2. The item was presented by the Digital and Innovation Lead, Ms Georgina Walton. Ms Walton presented a slideshow to the Committee.
- 3. There were no questions or comments from Members.
- 4. RESOLVED that Members CONSIDERED and ENDORSED the proposed decision set out in the Proposed Record of Decision.

**27. 25/00081 Wellbeing Services in the Community for Adults with Sensory Impairments - Contract Extension - Key Decision**  
(Item. 12)

- 1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton and presented by the Assistant Director for Adults Commissioning Mr Simon Mitchell. Mr Mitchell drew the key points to

Members' attention and confirmed that since the submission of the report, one of the subcontractor's names had changed and Mr Mitchell confirmed this would be amended in the paper before finalisation.

2. RESOLVED that Members CONSIDERED and ENDORSED the proposed decision as set out in Appendix A of the report.

**28. Decisions Taken out of Committee Cycle**  
*(Item. 13)*

1. The item was presented by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton. The decision involved the community equipment supplier MedEquip taking over NRS contracts at the end of July 2025. As Members had already discussed this, it was by unanimous agreement to note the recommendation.
2. RESOLVED that Members noted that the following decision has been taken in accordance with process set out in Part 2 paragraph 12.36 of the Constitution:25/00055 - Kent Community Equipment Service - Direct Award of contract under Framework Y24008

**29. Work Programme**  
*(Item. 14)*

1. The item was presented by Democratic Services Officer, Miss Ruth Emberley.
2. RESOLVED that Members noted the Work Programme.