KENT COUNTY COUNCIL

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, 21st January, 2026.

PRESENT: Mr A Kibble, Mr R Mayall, Mr S Dixon (Chair), Mr M Brown, Mrs B Porter, Mr C Sefton, Mr A Kennedy, Mr T L Shonk, Mr T Mole (Vice-Chair), Mrs S Roots, Mr O Bradshaw, Ms C Nolan and Mr P Stepto

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

IN ATTENDANCE: Dr Anjan Ghosh (Corporate Director of Public Health), Sarah Hammond (Interim Corporate Director of Adult Social Care), Dr Ellen Schwartz (Deputy Director of Public Health), Helen Gillivan (Director of Adults and Integrated Commissioning), Victoria Tovey (Assistant Director of Commissioning), Michael Thomas-Sam (Interim Director of Operations (Short Term Support)), Sydney Hill (Director of Operations (Long Term Support)), Michelle Goldsmith (Finance Partner for Adult Social Care), Dave Shipton (Head of Finance Policy, Planning and Strategy), Julie Samson (Strategic Financial Advisor for Public Health), Ben Campbell (Commissioning Manager) Marie Hackshall (System Programme Lead Kent & Medway Learning Disability, Autism and ADHD), Sam Spiller (Commissioner), Jessica Mookherjee (Public Health Consultant), Rebecca Eley (Senior Commissioner), Sophie Kemsley (Public Health Specialist)

UNRESTRICTED ITEMS

43. Apologies and Substitutes
(Item. 2)

Apologies were received from Mr Stuart Jeffery, with Mr Paul Stepto attending as substitute.

Mr Oliver Bradshaw, Member of the Independent Group, was formally welcome to the Committee and it was clarified that Ms Connie Nolan would retain her membership.

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

1. A Member declared that an immediate family relation worked for the NHS.

2. RESOLVED there were no other declarations of Member interest.

45. Minutes of the meeting held on 12 November 2025
(Item. 4)

RESOLVED that the minutes of the meeting held on the 12 November 2025 were a true and accurate record and a paper be signed by the Chair.

46. Verbal Updates by Cabinet Member, Director of Public Health and Corporate Director
(Item. 5)

1. The Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton, provided an update for the Committee. The following points were highlighted:

   a) Sincere thanks were expressed to all the officers in the directorate in view of the significant and sustained pressure the sector was under. Tribue was also paid to all carers and staff working within the care sector and in the community.

   b) It was acknowledged that the Care Act framework did not fully meet the budget, however Miss Morton commented that the proposed draft budget was a responsible plan which fulfilled statutory duties and invested in prevention and long-term change. Kent Enablement at Home was cited as being essential to the approach, as it reduced long term demand and supported independence.

   c) Work had taken place with the lead Member for Integrated Childrens Services on the progress of the development of in-house provision in CYPE (Children, Young People Education) to try and form similar opportunities in Adult Social Care and Health, alongside the Accommodation Statement.

   d) Technology drop-in centres were being piloted in libraries and the Committee would receive further updates, once the programme commenced.

   e) On the 1 December 2025 a joint brokerage between the NHS and KCC to manage pressures (with a focus on hospital discharge) commenced and staff were undergoing an induction.

   f) The Live Well Contract would soon be due for renewal, and it was anticipated that new ways of working which would align with the directorate's prevention ambition.

   g) The Older Persons Residential and Nursing tender was open, and providers had bene invited to engage.

   h) In March 2026, Kent will launch the first Coastal Marmot place in the UK.

   i) Other future key initiatives included:

      i) The Family Hubs investment; the Public Health grant allowed £1 million per year, for the next 3 years, in support of this project.

ii) The Marmot Accelerator Project was currently in development and would take place on the Isle of Sheppey.

iii) Health promotion pilots in Accident and Emergency Departments would initially start across two Trusts, with the hope of future expansion. This included smoking cessation.

2. The Corporate Director for Public Health, Dr Anjan Ghosh provided the following verbal update:

a) The 5 strategic priorities identified for Public Health for the coming year were additional to the ongoing work in the directorate, although some continued from the previous year, such as the Integrated Care Strategy Implementation, which was the Joint Health and Wellbeing Strategy for Kent.

b) The other 4 priorities included: Prevention, Tackling Health Inequalities, Mental Health and New Models of Care.

c) The refresh of the Health and Wellbeing Board would continue and take a more prominent role, given the change in priorities and the uncertainty of Local Government Reorganisation.

d) Kent Public Health Observatory were supporting Adult Social Care; the collaboration was going to use the statistics of adults in the general population who would likely drawn on care and support from Adult Social Care

e) From October 2025, the Department of Health & Social Care launched the Pharmacy Contraception Service nationally and has started in Kent. A new sexual health clinic will be opened at the Discovery Centre in Sandwich, at some point in March 2026.

f) Kent Public Health had produced the SEND (Special Educational Needs) Health Needs Assessment which had been published on the Kent National Health Public Observatory website.

g) The Best Start for Life Family Hub Key Decision (25/00109) was discussed at the CYPE Cabinet Committee on 20 January 2026; aspects of the grant were funded by Public Health and equated to approximately £15 million over three years.

3. The Interim Director of Adult Social Care, Ms Sarah Hammond provided the following verbal update:

a) The Director of Countywide Operations, Mr Mark Albiston, left KCC at the beginning of 2026. Thanks was expressed for his hard work and warm wishes were extended for his wellbeing and career progression. Ms Sydney Hill had been appointed as Director of Operations (Long Term Support) and Mr Michael Thomas-Sam had agreed to the interim position of Director of Operations (Short Term Support).

b) Winter Pressures continued and hospital colleagues faced significant challenges over the Christmas period, however colleagues at the

QEQM Hospital had stepped down their critical incident status and return to normal operating level.

c) The recent water outage in Kent had caused significant challenges, particularly in western and mid Kent. Assurance was given to the Committee that the directorate worked in partnership with Emergency response colleagues, with particular focus on older and vulnerable residents, as several care homes were significantly affected.

d) Almost 1000 KCC colleagues attended a Microsoft Teams Staff Event with Ms Hammond in which the challenges and pressures within directorate were discussed. There was an overall upbeat and positive response.

e) The operational focus remained on spending every penny wisely and meeting residents' needs when required and at best value. Commissioning Teams were focusing on changes to the development of services to meet local need at a sustainable and affordable price.

f) The Accommodation Choice Strategy (previously referred to as the Detrimental to Move Policy) had contributed significantly to the overspend in the directorate budget and was ready for first review by the Cabinet Members.

g) Work continued with Partners in Health & Care, in connection with the CQC Improve Plan and officers look forward to welcoming some of them, including the Senior Lead, to county over the next few weeks. A particular focus was the improvement of safeguarding referrals.

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

a) The water outage in Kent was not a new issue and had happened before; infrastructure resilience was problematic on a national regulatory basis. Whilst the main crisis point had concluded, the issues were not entirely over and therefore a debriefing review session of lessons learnt was scheduled to take place and therefore a further update would be provided accordingly. During the recent water outage, a command structure was set up (Gold Command) and underneath sat various cells, one being the Vulnerable Peoples and Communities Cell, chaired by colleagues from Public Health.

b) In relation to the Third-Party Top-Up scheme applicable to care home settings, if a resident no longer had adequate funds, it was confirmed that the setting could be moved to ensure that the Authority did not continue to incur expenses. However, it had to be clearly communicated to the resident that an alternative appropriate setting had been identified, and several factors needed to be considered to ensure the suitability criteria was met.

5. RESOLVED the Committee noted the verbal updates made by the Cabinet Member for Adult Social Care, Corporate Director for Public Health and the Interim Director for Adult Social Care.

POST COMMITTEE NOTE

Dr Anjan Ghosh clarified that the Dover Discovery Centre was new sexual health site based in Dover not Sandwich.

47. Draft Revenue, Capital Budget and Mid Term Financial Plan for Adult Social Care and Public Health
(Item. 6)

Leader of the Conservative Party, Mr Harry Rayner, was in attendance for this item.

1. The item was introduced by the Deputy Leader, Mr Brian Collins, who delivered a written briefing. The following key points were highlighted:

    a) The Council had set a balanced revenue budget through £179.5m of core-funded spending and offsets including reserve movements, new savings, and income generation. The net increase in spending had been funded through government grant, retained business rates, and council tax.

    b) The capital programme showed a significant increase but remained fully funded through external sources or previously planned borrowing, with no new borrowing to avoid adding pressure to the revenue budget.

    c) Most spending growth arose in Adult Social Care, Children's Services, and Growth, Environment and Transport. This reflected pay awards, contractual uplifts, increased demand, and costs of new placements. As these pressures continued to exceed available funding, the budget relied on savings, income, and some one-off measures. Planned changes to reserves resulted in a net increase intended to strengthen financial resilience.

    d) Despite improvements to funding distribution, the overall government settlement remained insufficient, necessitating increases in council tax despite efforts to minimise them. It was highlighted substantial future financial challenges without further government support.

    e) Significant risks in Adult Social Care and SEND. Mitigation in adult services included measures to contain provider fee growth, manage demand, and reduce placement costs through new contracting arrangements. SEND pressures required both local management and national legislative reform.

    f) The budget proposals represented an important step toward restoring the Council's financial sustainability while protecting frontline services.

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

    a) The number of residents who required services and care had reached a plateau, with the number of older residents reducing. On this basis, the directorate was confident that a peak had been reached and

following further analysis it was evident that, in some cases, other alternative community resources would have been more appropriate. Whilst certain aspects of the cost drivers were not in the control of the service certain aspects were, such as what services would be paid for and the amount, as well encouraging people to be part of a preferred provider and/or framework. Behavioural and practice changes had starting to materialise and it was hoped that these would continue to accelerate.

b) Several aspects of the budget were based on forecasts and in year predictions and demand levels was one aspect. It was explained that it was for this reason a general reverse was held in the budget and the recommendation amount for this was within 5% and 10% of the net revenue spending to mitigate risk that the forecast was understated.

c) It was confirmed that the planned changes in spending were reflected in the published report. Base Budget Changes was the full year effect of variances which occurred in the current financial year and the remaining were forecasts for changes in the forthcoming financial year.

d) Members were encouraged to view the financial dashboard as this contained greater detail than a published document.

3. RESOLVED Members noted the draft budget for both Adult Social Care and Public Health.

48. Performance Dashboard
(Item. 7)

1. The item was presented by the Assistant Director of Commissioning, Victoria Tovey. The paper provided information on the Public Health performance for commissioned services for quarter 2, which covered the period of July 2025 to September 2025. Some of the key points highlighted included:

a) Out of the 14 Key Performance Indicators (KPIs):

I. 8 were green
II. 4 were amber
III. 2 were red

b) 2 KIPs were not included in the published paper as the data was not available at the time, however Ms Tovey confirmed that these were for:

i. Smoking Indicators (number of people setting a quit date) - this was an annual target which had a trajectory to be on track by the end of the financial year

ii. For clients setting a 4 week quit timeframe - the target had been exceeded, based on the quarter 2 data.

c) The 2 red KPIs had been flagged previously, these included:

I. Young People Exiting the Specialist Substance Misuse Service - this would be closely monitored. Following a deep dive, the information suggested that in some cases, the young person may have received enough of an intervention and so achieved treatment goals, and this outcome may be a better indicator.

II. One You Kent Service - this focused on the engagement for residents in deprived areas. This service was going through a re-commissioning process and so would also be closely monitored in the new contract.

d) Ms Tovey highlighted the following positive new for Members:

I. New Birth Visits delivered by Health Visting had exceeded the national benchmark

II. There had been a steady increase in the Substance Misuse Services over the last 5 quarters.

III. The target for the National Child Measurement Programme had been met, which was in line with national and regional performance.

2. RESOLVED that Members noted the contents of the report.

49. 25/00105 Suicide and Self Harm Prevention Strategy 2026 - 2030 - Key Decision
(Item. 8)

1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton.

2. Public Health Consultant, Jessica Mookherjee presented the paper to the Committee. The paper was taken as read and the following key points were highlighted:

a) The vision of the strategy was to reduce the suicide rate in Kent and Medway to below the national average. The previous strategy was coming to an end, and Ms Mookherjee highlighted the importance of having a new framework in place that was aligned with the National Suicide Prevention Strategy.

b) Public Health Specialist, Sophie Kemsley explained that the work on the strategy had been based on years of collating date and evidence, in particular the use of the Real Time Suicide Surveillance data received from Kent Police, on a fortnightly basis.

c) The strategy was based on 8 priorities which included items such as:

i. Making suicide everybody's business
ii. Providing effective crisis support
iii. Reducing access to the means and methods of suicide
iv. Providing support to those who have been bereaved by suicide.

d) The consultation ran throughout the summer of 2025 and received approximately 150 responses; based on this feedback only minor amendments to the strategy were required.

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

a) There is an agreement with Kent Police that every fortnight, the team is provided with anonymised details of deaths where Police officers suspected a suicide. This information was used to build a picture of where there could be emerging risks and/or patterns. This information included details of the individual's age, employment status, the area in which they lived, health conditions and housing status - amongst other risk factors - and was used within the programme to identify priority groups (as set out in the draft strategy). As a direct result of this data analysis, people who have been impacted by domestic abuse were cited on the National Suicide Prevention Strategy in 2023 as a direct result of the work undertaken in Kent and Medway.

b) Prevention was key; one area of the programme's focus, was the prevention of a second suicide attempt. To achieve this, a better understanding of self-harm was required.

c) It was clarified that the new strategy brought together both adults and children's strategy, as suicide rates were increasing in younger people. The 8 priorities were the same for both, but the ways to achieve them may vary.

d) A mandatory referral in circumstances where there had been domestic abuse was not in place however this would be investigated further by the Domestic Abuse Strategy Group.

e) It was hoped that ongoing consultations with Public Health's wider network would work towards improving consultation responses. Members noted that they could also utilise their social media platforms to reinforce the message.

4. RESOLVED that Members CONSIDERED and ENDORSED the proposed decision as detailed in the Proposed Record of Decision document.

50. 25/00106 Kent Drug & Alcohol Services - Key Decision
(Item. 9)

1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton.

2. The report was presented by Public Health Consultant, Jessica Mookherjee. It was explained to Members that the current contracted ended on 31 March 2026 and therefore a recommission was required to ensure continuity. The Inpatient Detox was a short medically managed stay where people dependent on drugs and alcohol could withdraw from the addictive substance, safely and under 24-hour clinical supervision.

3. It was confirmed that there were only 5 Inpatient Detox Units in the country, one of them being in Kent. Part of the commissioning was to provide and protect services for a small yet highly vulnerable group of residents.

4. Senior Commissioner, Rebecca Eley, confirmed the funding for the contract did not draw from KCC core funds, it was funded entirely from an Office for Health Improvement and Disparities (OHID) additional grant, the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). It was explained that this would be consolidated into the Public Health Grant from 1 April 2026 and KCC had received confirmation of the funding until 31 March 2029.

5. Ms Eley explained that, within the DATRIG funding, there was a ring-fenced allocation for in-patient detoxification which local authorities must use as part of an IPD Consortium or not have access to the funds. It was explained to Members that approval was sought for a contract amount for a period of 5 years, equating to just under £2.5 million, however Members were asked to note that the contract would reflect only the funds available through known funding at that time. The annual contract would be in the region of £240,000 in the first year.

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

   a) The flexibility within the contract allowed for anticipated in year increases, typically in line with CIP (Cost Improvement Programme). It was confirmed that Commissioners continually carried out work to ensure this was line with the rest of the facilities across the UK.

   b) The majority of patients going into the In-Patient Detox Units had both mental health and substance misuse problems and so continuing work was being carried out along side colleagues in the mental health team. The service at Bridge House, Maidstone, is run by the Kent and Medway Mental Health Trust.

   c) Approximately 80 – 85% of service users in the In-Patient Detox Service were men and it was hoped that a service/organisation, specifically targeted toward supporting veterans, would attend the Substance Misuse Alliance meeting. Further, work is carried out by the Commissioned Drug and Alcohol providers to ensure woman (as an underserved group) are supported, as well as support veterans. There are existing links to Op Courage.

7) RESOLVED that Members CONSIDERED and ENDORSED the proposed decision as detailed in the Proposed Record of Decision document.

51. 25/00107 Suicide Bereavement Service (Non Key Decision)
(Item. 10)

1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton.

2. The item was presented by Jessica Mookherjee and Commissioner Sam Spiller.

3. The key points were as follows:

   a) Amparo means ‘shelter’ or ‘safe haven’ in Spanish.

   b) Between 2022 and 2024, there was an average of 144 suspected suicides per year in Kent and Medway, according to the Real Time Suicide Surveillance System.

   c) Evidence suggests that up to 135 people are affected by any individual case of suicide.

   d) Since 2021, the Service has been delivered in Kent and Medway by Listening Ear and is funded in full by the Integrated Care board (ICB) and commissioned by KCC, in line with national guidelines.

   e) The current contract is due to expire on 31 July 2026, having been live for 5 years and has used all the contractually permitted extensions to date. A comprehensive review of the service had been undertaken and demonstrated vale and impact of the service to date.

   f) An 8 month extension is sought from 1 August 2026 until 31 March 2027 and costs will be fully secured from the ICB.

4) RESOLVED that Members CONSIDERED and ENDORSED the proposed decision as detailed in the Proposed Record of Decision document.

52. 25/00116 Kent Carers' Support Service Contract Award - Key Decision
(Item. 11)

1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton.

2. The item was presented Commissioning Manager Ben Campbell. Mr Campbell explained that Cabinet Committee approval was sought to award contracts for the Kent Carers Support Service, then extend the existing contract arrangement, to allow time for the conclusion of the procurement exercise.

3. RESOLVED that Members CONSIDERED and ENDORSED the proposed decision as detailed in the Proposed Record of Decision document

53. 25/00117 Learning Disability/Physical Disability and Mental Health 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.

2. The item was presented by the System Programme Lead Kent & Medway Learning Disability, Autism and ADHD, Marie Hackshall. The following key points were highlighted for Member attention:

    a) The existing contract was due to expire in June 2026 and the decision was seeking Member endorsement for an additional 2-year extension, until June 2028.

    b) In order to align with the Supported Living Provision, both the Residential and Supported Living Arrangements were in the process of being recommissioned and brought together, to allow for greater flexibility and sustainability.

3. RESOLVED that Members CONSIDERED and ENDORSED the proposed decision as detailed in the Proposed Record of Decision document.

54. Exercise Pegasus Update
(Item. 13)

1. The Item and introduced and presented by the Deputy Director for Public Health, Dr Ellen Schwartz. The following key points were highlighted:

    a) Exercise Pegasus was a four nations pandemic preparedness exercise which commenced in 2025 and took place over 3 phases in September, October and November, with 1 phase still outstanding.

    b) It was confirmed that there was currently no national pandemic plan in place; whilst publication was awaited, the exercise was conducted to help prepare locally. As part of the Kent and Medway Resilience Forum, KCC were leading on drafting a supplementary document in response to the Emergency Response Framework. This would be a pandemic framework.

2. RESOLVED Members noted the contents of the Report.

55. 25/00118 Adult Social Care Provider Fee Uplifts 2026/2027 - Key Decision
(Item. 14)

Mr Richard Streatfeild was in attendance for this item.

1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton.

2. The report was presented by the Director of Adults and Integrated Commissioning, Helen Gillivan.

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

   a) It was drawn to Member attention that section 4.2.2 of the report set out each of the different contract proposed uplifts, for each of the 4 contracts as follows:

      I. Older Persons Residential and Nursing proposed no general uplift
      II. Supported Living and Working Age Adults, there was a 2% proposed uplift
      III. Working Aged Adults and LDPDMH Residential, a proposed 2% uplift
      IV. EDLA (Everyday Services for Working Age Adults) no general uplift was proposed.

   b) The proposal set out for the uplifts to be applied consistently across framework providers. A duty of care existed to ensure a sustainable market and ongoing discussions with providers continued, to ensure the cost of care was sustainable to meet individual need. It was confirmed to Members that this proposal was for the annual uplift fee progress.

   c) In regard to the Older Persons Residential and Nursing, it was confirmed that a mixed market was required to meet individual need. The new framework ensured that providers were biding within a pricing band, meaning a range for the new tender. This enabled providers to determine a suitable fee within their business model. It was hoped that this would enable different providers (dependent on size) to determine what the model of care would be suitable for them, within their pricing band.

   d) It was reiterated to Members that KCC had a duty of care, under the Care Act, to ensure a sustainable market and not to ensure an individual provider was sustainable, however if the provider was a significant part of the care and support delivery within the required economy, work would be carried to ensure that provider was sustainable. Assurance that an uplift could be negotiated for all small providers could not be given.

   e) All legal advice given to the Council was private and confidential and could not be discussed in public.

   f) It was confirmed that intensive modelling around the current market had been undertaken to understand the demand of capacity across the county, as well as a detailed financial analysis around current fees and the proposed new modelling. Although it was not possible to

comment on the impact of any future potential closures, there was assurance in the capacity of the market to meet demand.

g) The number of provider closures due to unsustainability had been reviewed from the previous year and it was reported to not be a significant number.

h) A robust provider failure process (from both a commissioning and operational perspective) was in place, to ensure continuity and contingency in the standard of care being sustained.

i) Miss Morton highlighted the key element of the Strategic Statement was prevention and the policy focused on keeping people at home for longer by using every available resource in the community as well as technology. It was explained that keeping people at home worked towards sustaining the market.

j) It was explained that the proposal was provisional and that ongoing engagement with the market would continue before the formal decision could be taken by the Cabinet Member. Detailed analysis also continued as part of the directorate's commissioning responsibilities and contract management, as well as discussion with various associations.

4. It was proposed and seconded that the decision return to the Committee for further review, once negotiations within the sector had concluded. Following a vote, the motioned failed.

5. RESOLVED that the Committee CONSIDERED, and the majority of Members, ENDORSED the proposed decision as detailed in the Proposed Record of Decision document.

56. Work Programme
(Item. 15)

RESOLVED the Committee noted the Work Programme.