

KENT COUNTY COUNCIL

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Social Care and Public Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Thursday, 21 March 2013.

PRESENT: Mr C P Smith (Chairman), Mrs A D Allen (Vice-Chairman), Mr R E Brookbank, Mr N J D Chard, Mr L Christie, Mr K A Ferrin, MBE, Mr C Hibberd, Mr M J Jarvis, Mr J D Kirby and Mr A T Willicombe

ALSO PRESENT: Mr G K Gibbens and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Ms M Peachey (Kent Director Of Public Health), Mr M Lobban (Director of Strategic Commissioning), Ms M MacNeil (Director, Specialist Children's Services), Mr A Scott-Clark (Director of Health Improvement (KCC), NHS Kent and Medway), Mrs A Tidmarsh (Director of Older People and Physical Disability), Mr M Walker (Head of Service, Learning Disability, West Kent) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

77. Minutes of the Meeting of this Committee held on 11 January 2013 (Item A4)

RESOLVED that the Minutes of the meeting of this Committee held on 11 January 2013 are correctly recorded and they be signed by the Chairman. There were no matters arising.

78. Minutes of the Meeting of the Corporate Parenting Panel held on 14 December 2012, for information (Item A5)

RESOLVED that the Minutes of the meeting of the Corporate Parenting Panel held on 14 December 2012 be noted.

79. Adult Services Oral Updates by Cabinet Member and Director (Item B1)

1. Mr Gibbens gave an oral update on the following issues:-
 - **Spoke at End of Life Care Conference on 12 February**, at which Kent was commended for its end of life care.
 - **Held Annual Meeting with Age UK Chairs on 13 February**, at which some good frank discussion took place.
 - **Spoke at The Dementia Pledge Event on 19 February**
 - **Attended Sevenoaks Leisure Centre Disabled Facility Launch on 28 February**

- **Kent and Medway Safeguarding Board** has commended Kent as excelling in the way in which it deals with safeguarding issues.
2. Mr Ireland then gave an oral update on the following issues:-
 - **Post-Winterbourne Safeguarding Conference – 13 March**. There was very positive feedback from the 250 multi-agency professionals at this event, raising awareness of the risk of institutional abuse.
 - **Dementia Intergenerational Project** – Kent has had commendation from the Department for Health and from Angela Rippon, who is part of the Prime Minister’s Dementia Challenge Group, on the work being done with two Gravesend Schools and their intergeneration dementia projects. Kent is cited as an exemplar as part of a government project to tackle Dementia.
 3. The oral updates were noted, with thanks.

80. Children's Services Oral Updates by Cabinet Member and Director (Item C1)

1. Mrs Whittle gave an oral update on the following issues:-
 - **an Ofsted Inspection of the Adoption Service** is currently proceeding. There has been much improvement in the service since the Improvement Notice, and it is critical that progress is sustained. Updated figures: in 2012/13, 141 children have been placed for adoption (compared to 68 in 2011/12), 105 children have been formally adopted (compared to 70 in 2011/12) and there has been a 25% increase in the number of adopters recruited. The partnership with Coram is working well and challenging questions are being asked.
 - **Children and Families Bill**
 - **Recently met with Our Children and Young People’s Council (OCYPC) and Care Leavers** – these meetings had two keys themes in common: the need for stability of allocated social workers and adequate social worker recruitment.
 - **KCC Cabinet report on UASC burden on Council Tax payers of Kent** – this seeks a unified approach, to resolve the previous clash of views between the Home Office and the content of the Children Act about local authorities’ duty to support young people who have exhausted all rights to stay (ARE cases). KCC is seeking a Court declaration about Kent’s responsibilities.
2. Mr Ireland then gave an oral update on the following issues:-
 - **Ofsted inspection of the Adoption Service** – it is vital to be realistic about the likely outcome; it is very difficult to go from an ‘inadequate’ to a ‘good’ rating.
 - **Formal judgement from the Ofsted inspection of Children In Care** is still awaited, along with an indication of the future inspection schedule.
 - **Kent had a Peer Challenge visit in early March, looking at Children’s Centres and Early Intervention**. This was led by the Director of Children’s Services in Hampshire, and was part of the national sector-led improvement

programme. The final report is awaited but initial feedback is positive, with helpful suggestions about how Kent can further develop.

3. Mrs Whittle and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

- a) it is important to be realistic about the rating that Ofsted are likely to give the Adoption service. It is very rare that a rating will go from 'inadequate' to 'good' in one step. It is likely to take three years to make the necessary improvements and for them to bed in, and this is the third year. The last stage of progress is often harder to make. It is hoped that, regardless of the rating awarded, the great improvement that KCC has made will be acknowledged in Ofsted's report so the public can see what KCC has been doing to address problems;
- b) it is important also not to be complacent and 'satisfied' but to be alert and look ahead for the next challenge. It is impossible to do *too* well;
- c) it has previously been reported, incorrectly, that the number of children in care in Kent had reduced, as not all the children who should have been counted had been included in the total. Mrs Whittle undertook to rectify this error and advise Members of the correct figure;
- d) regret was expressed that Ofsted inspectors were not able to observe the Cabinet Committee's meeting, and it was suggested that they instead be invited to view the webcast if they wish to;
- e) the challenge posed by UASC is ongoing, and a deal negotiated by a previous Government to address this has never been implemented. Legal advice is being sought about the possibility of getting a Courts declaration setting out Kent's responsibilities. The Cabinet report will cover the range of impacts for Kent, eg on education, worklessness, etc;
- f) it had previously been reported that the Adoption team is made up entirely of female staff. More male adoption workers would be welcomed, and it was confirmed that two good male candidates had come forward and were being considered. Universities could be encouraged to attract more men into social work courses, although the predominance of women in careers involving children is a long-established phenomenon; and
- g) Kent still experiences much pressure from children in care placed by other local authorities, and Mrs Whittle and her team was thanked for the way in which the issue is being tackled.

4. The oral updates were noted, with thanks.

81. 13/00001 - Every Day Matters: Kent County Council's Children and Young People's Strategic Plan 2013 - 2016 (Decision to be taken by the Cabinet Member for Specialist Children's Services)
(Item C2)

Mr M Thomas-Sam, Strategic Business Advisor, FSC, was in attendance for this item

1. Mr Thomas-Sam introduced the report and he and Mr Ireland responded to comments and questions from Members.

2. In debate, Members made the following comments:-

- a) the four outcomes of the vision do not include the successful transition from childhood to adulthood, and Members requested that this be added as a fifth outcome;
- b) one speaker sought reassurance that the list of outcomes and priorities is achievable, eg under priority 4 'ensuring that every child or young person has access to a good or outstanding school' does not seem to be achievable. The figure quoted on page 7 of the Strategic Plan, ie that 55% of primary schools are judged to be good or outstanding, should be updated to 61%;
- c) another speaker welcomed the ambitious targets and asked why every child should not aspire to have access to an 'outstanding' rather than a 'good' school. Kent's aim should be for all of its schools to be outstanding; and
- d) the 'governance architecture' outlined in the report, within which the Strategic Plan will be delivered, has to reflect and accommodate the reality of joint working in modern public life.

3. RESOLVED that:-

- a) the information set out in the report and given in response to Members' questions be noted; and
- b) the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to adopt the draft 'Every Day Matters: Kent County Council's Children and Young People's Strategic Plan 2013 - 2016' as the overarching framework for Kent County Council's Children's Services, be endorsed, taking account of the comments made by the Cabinet Committee in debate, set out above.

82. Public Health Oral Updates by Cabinet Member and Director *(Item D1)*

1. Mr Gibbens gave an oral update on the following issues:-

- ***He is very concerned about the difference between East and West Kent delivery of various public health elements*** and will seek to address this after 1 April to achieve high quality in all areas. A good level of public health funding is available to support this.
- ***Spoke and Presented Accreditation Certificates at the Public Health Champions Celebration Event on 26 February***, at which there was excellent attendance.

- **Chief Executive of Public Health England, Duncan Selbie, visited Kent on 7 March** and there was a good meeting and discussion.
2. Ms Peachey then gave an oral update on the following issues:-
- **Public Health is ready to deliver on 1 April as PCTs are abolished**, after two years of planning. Kent is very fortunate in having been able to retain most of its public health posts, and the service already appears well integrated. The style will be to minimize bureaucracy and concentrate on 'the public's health'.
 - **Spoke at a national conference on heat wave planning**, which is a new responsibility for the KCC. The conference was well attended with a broad range of participants.
 - **Met with the arts and culture organisations in Kent**, at their request, which was very enlightening.
 - **Improved teenage pregnancy rates in Kent** – these had fallen by 6%, which is to be welcomed, and some areas have exceeded this. *Ms Peachey undertook to provide Members with a District by District breakdown of figures.*
 - **Spoke at National Adaptation Conference.**
3. Mr Gibbens and Ms Peachey responded to comments and questions from Members and the following points were highlighted:-
- a) the Committee recorded its congratulations to everyone who had passed the Public Health Champions course;
 - b) beside the fall in teenage pregnancy rates, the rate of terminations in teenagers has increased by 5%;
 - c) there has been much discussion about transferring the pension scheme of public health staff to the KCC. The outcome is that staff transferring from the NHS will retain their NHS terms and conditions and pensions arrangements; and
 - d) concern was expressed about the workload of this Committee and the potential for public health issues to receive insufficient attention at the end of a long agenda.
4. The oral updates were noted, with thanks.

83. 13/00022 - To identify an interim solution for the Genito-Urinary Medicine service at Darent Valley Hospital (Decision to be taken by the Cabinet Member for Adult Social Care and Public Health)
(Item D2)

1. Ms Peachey introduced the report and clarified key points, as follows:-
- the proposed change in service delivery gives the KCC an opportunity to improve the quality of provision,
 - a new Head of Public Health Commissioning had recently been appointed, plus one member of staff to work specifically on sexual health issues,
 - GUM and HIV services are funded separately, so data on service delivery is recorded separately,
 - the new service will require the establishment of a Health Advisor role,

- the Local Area Teams (LATs) referred to in the report are part of a regional tier of the National Commissioning Board, and sit below the four regional teams.

2. Ms Peachey responded to comments and questions from Members, as follows:-

- a) Members sought to understand the need for the proposed interim solution and what had failed in the previous arrangement, and asked about the scope to build into the next contract a clause to protect against future failure. Ms Peachey advised that any provider could give notice that they would no longer be able to provide a service. The current contract will end on 31 March but the current provider has agreed to continue service provision until 1 May to allow time for interim arrangement to be established;
- b) if the KCC is dissatisfied with the quality of provision, it can give six months' notice to the provider to improve performance or face cancellation of the contract; and
- c) the KCC will not wait until the end of the one-year interim arrangement to go out to tender for the next long-term contract, but will start work on the specification for it imminently. *The detailed specification will be reported to the June meeting of this Committee.*

3. RESOLVED that:-

- a) the information set out in the report and given in response to Members' questions be noted;
- b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to agree that the GUM service in Darent Valley Hospital be handed over to Kent Community Hospital Trust to provide it from Gravesham Community Hospital as an interim solution, for the reasons set out in the report, for one year (with the service then being tendered out in 2014) be endorsed; and
- c) the detailed specification for the contract which is to be tendered out in April 2014 be reported to the June 2013 meeting of this Committee.

84. 13/00024 and 13/00023 - Public Health Transition (Decisions to be taken by the Cabinet Member for Adult Social Care and Public Health)
(Item D3)

Mr D Oxlade, Transition Programme Manager, was in attendance for this item.

1. Mr Oxlade introduced the report and, in response to a question, said he was confident of there being no complications around the transfer in terms of information technology issues. KCC Public Health staff will need to access some NHS systems, but this is a data rather than a hardware issue.

2. Ms Peachey thanked Mr Oxlade for the exceptional work he had put into preparing for the transition in the last eight months, and the very positive approach

which had been engendered and which is vital to making the new arrangement work well. Members added their thanks to Mr Oxlade.

3. The Cabinet Member, Mr Gibbens, added his thanks and said he was confident of the steps which had been taken to ensure a smooth transition on 1 April. He welcomed the NHS staff who will shortly be joining the KCC.

4. RESOLVED that:-

- a) the information set out in the report and given in response to Members' questions be noted;
- b) the decisions proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, as follows:-

13/00024 - to agree for the County Council to take over responsibility for the existing National Health Service contracts which are used to deliver those Public Health programmes for which the Authority will have responsibility from 1 April 2013, and

13/00023 - to agree that KCC shall take on responsibility for the relevant existing National Health Service Assets and Liabilities which relate to the previous delivery of Public Health programmes for which the Authority will have responsibility from 1 April 2013,

be endorsed; and

- c) the Committee's thanks to Mr Oxlade for the exceptional work on the transition and the very positive approach which has been engendered, and welcome to the NHS staff who will shortly be joining the KCC, be formally recorded.

85. FSC Directorate Financial Monitoring Report 2012/13

(Item E1)

Miss M Goldsmith, FSC Finance Business Partner, was in attendance for this item.

1. Miss Goldsmith and Mr Ireland introduced the report and, in response to a question, explained that the current budget allocation had been based on the assumption that the number of children in care in Kent would reduce substantially, which had not ultimately proved to be the case. Next year's budget assumed a smaller, more realistic reduction in the number.

2. RESOLVED that the revenue and capital forecast variances from budget for 2012/13 for the Families & Social Care Directorate (Adult Social Care & Public Health and Specialist Children's Services Portfolios), based on the second quarter's full monitoring to Cabinet, be noted.

86. Children's Services Improvement Programme: Progress Update

(Item E2)

Ms J Maiden-Brooks, Programme Manager, FSC Improvement Team, and Mr M Gurrey, Interim Assistant Director for Safeguarding, were in attendance for this item.

1. Mr Gurrey introduced the report and said that both the recent Ofsted inspection and a Peer review had identified much progress in Children's Services since the Improvement Notice had been issued in 2010. There is much excellent practice and work across the county. Mr Gurrey and Mr Ireland responded to comments and questions from Members. The following points were highlighted:-

- a) a key objective in the improvement plan, and a long-standing concern for Members, is to improve the recruitment of full-time, permanent social work and other staff to the KCC and to reduce the number of agency staff. Mr Ireland commented that, although he shared Members' concern and supported this aim, there are many very good workers amongst the agency staff, including some social work managers, whose professional experience had been of great benefit to the KCC. He assured Members that KCC will recruit only top quality social work staff. A new Adoption manager is shortly to be appointed, and to have the whole top management team then in permanent contracts will help a lot. A review of every part of the recruitment package has been commissioned, to address problems being experienced in some geographical areas and to maximise the opportunity to develop existing KCC social work staff, eg to take on first line management roles;
- b) Members had previously requested that social work recruitment data be included on the Directorate's dashboard, and this request was repeated so the situation can be kept under constant review. Mr Gurrey undertook to ensure its inclusion in future dashboard reports; and
- c) both the recent Ofsted inspection and a Peer review had been very useful in showing that the service had become somewhat introspective and focussed too much on statistics, and had helped KCC to look at the broader picture. This broader view was welcomed.

2. RESOLVED that:-

- a) the information set out in the report and given in response to Members' questions be noted; and
- b) data on social worker recruitment rates be included in future dashboard reports.

87. Ofsted Inspection: Protection of Children *(Item E3)*

Mr M Gurrey, Interim Assistant Director for Safeguarding, was in attendance for this item.

1. Mr Ireland introduced the report and said the inspection had been rigorous and thorough, having looked at more than 200 cases, and the relationship with inspectors had been constructive. The initial outcome had been positive, with KCC being

described as 'knowing itself well'. Areas which had attracted criticism are areas in which there is already a plan in place for improvement. It is important to be realistic about the rating the KCC might receive, and to move from 'inadequate' to 'adequate' would be as much as could realistically be expected. Mr Ireland and Mr Gurrey responded to comments and questions from Members and the following points were highlighted:-

- a) the fact that no children are described as being 'at risk' and no cases which urgently need safeguarding measures was welcomed;
 - b) planning for children in need is the main area in which the KCC is still relatively weak, and action has already been put in place to address the two recommendations made by Ofsted in relation to this area. All children in need cases are being reviewed and there is a practice improvement programme which will focus on continuous improvement; and
 - c) Ofsted had not been concerned about a lack of audit of children in need cases but that audits had not always been carried out well, and that the reason for the audit had not always been made clear. This view was accepted as a fair comment, and a series of random monthly file audits will address it.
2. RESOLVED that the information set out in the report and given in response to Members' comments and questions be noted.

88. Update on the Children and Young People's Mental Health Services (CAMHS) *(Item E4)*

Mr I Darbyshire, Senior Associate, Kent and Medway Commissioning Support, Ms C Infanti, Strategic Commissioning, Children's Services, Ms L Reid and Ms S Button, Sussex Partnership NHS Foundation Trust, and Ms L Kavanagh, NHS Kent and Medway, were in attendance for this item.

1. Mr Darbyshire introduced the report and explained that it followed on from the update given at the Committee's previous meeting. He introduced the visiting speakers, who were present in response to the Committee's request that representatives from the service provider attend to answer Members' questions. A service model and performance data from Sussex Partnership NHS Foundation Trust were tabled.

2. Officers and visiting speakers responded to comments and questions as follows:-

- a) do Kent's arrangements, service level agreements and targets differ from those of any other local authority the Trust works with? Ms Kavanagh responded that the model of support used in Kent is comparable to that used elsewhere, and had been based on known examples of best practice from elsewhere. Ms Reid added that the 'Right from the Start' model, which aims for early assessment and quick progress, had been developed by the Trust and previously used in

Hampshire. In Kent, this model has been implemented faster than it had been anywhere else. The service specification and key performance indicators are similar to those of all the Trust's other clients;

- b) concern was expressed that, as the service had stopped using the homeopathic hospital at Tunbridge Wells, and other services may have insufficient staff to cover, young people with eating disorders may be allowed to drop out of the system. West Kent may, in effect, be subsidising services in Sussex. Ms Button explained that a major service transformation had increased the staffing and resources in West Kent to ensure that the range and number of staff available there is sufficient to meet local demand. The staffing model used at the homeopathic hospital is one of large teams arranged in hubs and satellites to cover a large area, offering maximum accessibility and choice, delivering services locally via methods that people want, eg via GPs, schools, youth hubs, etc. There are sufficient resources to ensure that any gaps, eg staff sickness, are covered;
- c) The questioner remained unconvinced by the responses given to points a) and b). Ms Kavanagh added that Sussex is able to provide a faster service now as its model was established five years ago and has thus had more time to bed in and deliver shorter waiting times, so its speed is not at the expense of services in Kent. Kent can benefit from the experience gained in Sussex and the lessons learnt in establishing its model;
- d) one speaker stated that he would not wish to take on the contract for CAMHS in Kent as the service has historically had such a poor reputation. As KCC is judged by the outcomes which it achieves, the delivery of a good service is more important than the model used to deliver that service, and Kent should be given the CAMHS service it deserves. What is needed is fast improvement;
- e) how does the inherited backlog of cases in Kent compare to those of other authorities the Trust has worked with? Ms Reid replied that the backlog had been larger than expected, but the Trust intended to deliver a very good service and was alert to the challenges ahead;
- f) how long did it take to turn around the service in Sussex? Ms Reid replied that it had taken 18 months to reduce the waiting list in Sussex when the Trust had worked there five years ago. From this, it had learnt much. Good models and performance indicators are vital for measuring progress. It is intended that Kent's progress will be faster than that achieved in Sussex. The initial cultural change is the slowest part and can take more than a year to achieve;
- g) how does the level of resource in Kent compare to that in Sussex and Hampshire? Ms Button replied that the Trust had found fewer staff in West Kent than they had expected but had addressed this by some recruiting as well as transferring some from East to West Kent. In North and West Kent, there is much competition with London to recruit

specialist staff, including emergency out-of-hours staff. The target is to reduce the waiting time for an initial assessment appointment to 4 – 6 weeks by July 2013, and there have already been signs of progress towards this. There is no waiting period for young people needing emergency appointments;

- h) another speaker expressed a lack of confidence that the service in North West Kent could deliver the reduction in waiting times shown in the trajectory charts in the report, which seemed to show aspirational rather than realistic targets. Many adolescents drop out of the system while they are waiting to be seen. Ms Button sought to reassure Members that the increased staffing levels in West Kent will reduce waiting times, and the Trust's model will ensure engagement with young people who drop out. The model allows young people to choose how and where they want to be engaged. Ms Kavanagh added that the NHS could see clear dissatisfaction with the service as it was, hence the re-procurement of the service. The trajectory charts were not aspirational but were realistic and could be achieved by July 2013;
- i) another speaker supported the views already expressed and the lack of confidence around reducing waiting times in North and West Kent. If the times stated are not achieved by July 2013, this Committee will hold the Trust to account. Ms Kavanagh replied that it is important to have a realistic picture of waiting times in different areas of the county so the scale of the challenge can be seen. The wait between referral and starting treatment is currently 8 – 12 weeks. The aim is to provide equitable resources and an equitable experience for all young people across Kent, regardless of area. To this end, all eight Clinical Commissioning Groups share the same responsibility, working to the same specification and same targets;
- j) does the fast-track of urgent and severe cases create a two-tier system? Ms Button explained that young people in crisis have priority and do not have to wait for an appointment. There is some prioritisation for those whose needs are assessed as 'less severe', but apart from these cases, the Trust ensure that those who have waited the longest are seen first. It is important to treat each case in the best and safest way possible. Ms Kavanagh added that the Trust ensures that parents know what to do and how to contact the service to seek more urgent attention if a young person's circumstances change;
- k) a speaker commented that the tables showing numbers waiting and the length of wait, in the papers tabled at the start of the discussion, are not clear and do not help Members' understanding of the picture. In the chart which lists figures for each area, neither Sevenoaks nor Tonbridge and Malling are represented, and the correlation between these figures and the trajectory charts in the report is not clear. Ms Button explained that the towns and areas listed do not relate strictly to administrative districts but are the names of area teams (in which, Sevenoaks and Tonbridge and Malling come under T2 Tunbridge Wells and T2 Maidstone, respectively). She undertook to re-supply the

Committee with the same data broken down by administrative districts;
and

- l) Members asked that a further update report on the CAMHS service be made to a future meeting of this Committee so progress can be closely monitored.

3. The Cabinet Member, Mrs Whittle, commented that a key issue for KCC was to recognise and resource the need for early intervention, which it was seeking to do via the Young Healthy Minds initiative. Services will be commissioned jointly, and aspirations and goals also need to be jointly held. Joint referrals and assessments will ensure that every patient receives the most appropriate service for their needs. The backlog of cases needs to be cleared before the service can be sorted out. Today's discussion has been useful in indicating the need for additional investment.

4. RESOLVED that:-

- a) the information set out in the report and given in response to Members' comments and questions be noted;
- b) a further update report on the CAMHS service be made to a future meeting of this Committee: and
- c) the information and clarifications requested by Members, ie data on waiting times and numbers broken down by administrative district, and a comparison of resources available in Kent, Sussex and other south east regions be circulated to Members of the Committee following this meeting.

89. Families Services Directorate Performance Dashboard for January 2013 *(Item E5)*

Mr R Benjamin, Performance Monitoring Manager, and Ms M Robinson, Management Information Services Manager for Children's Services, were in attendance for this item

1. Ms Robinson introduced the report and responded to comments and questions from Members. The following points were highlighted:-

- a) the headings in the dashboard relating to Specialist Children's Services mirror the areas requiring attention which were listed in the Improvement Notice; and
- b) Members had previously asked that monitoring of social work recruitment be included in the dashboard, and this will be shown in future dashboard reports. Recruitment figures are available for February 2013 and these will be circulated to Members of the Committee following the meeting.

2. RESOLVED that:-

- a) the content of the Families and Social Care dashboards, and the information given in response to Members' comments and questions, be noted; and
- b) the social work recruitment figures for February 2013 be circulated to Members of the Committee following the meeting.

90. PH Performance Dashboard - Health Improvement Programmes Performance Report

(Item E6)

1. Mr Scott-Clark introduced the report and gave an oral update on smoking quits. The number of quits is currently a little behind target in West Kent, but it is hoped that the final number of quits for the year across the whole county will rise by the end of the current financial year. He responded to comments and questions from Members and the following points were highlighted:-

- a) the number of health checks in West Kent is still lower than that for East Kent because it is geared to delivery solely through GPs' practices, whereas in East Kent a wider range of methods of delivery is used;
- b) West Kent has historically had lower investment than East Kent across public health initiatives in general, and is only just catching up now; and
- c) when a GP identifies a smoker who wishes to quit and is willing to commit to a target date, a start date is agreed and the GP monitors the patient's progress at 4 weeks and 12 weeks. Patients who complete the four week stage without smoking are counted as having quit successfully. Some GPs are more proactive than others and the pattern across the county is uneven, but the public health team are working with GPs to address this.

2. RESOLVED that the information set out in the dashboard and given in response to Members' comments and questions be noted, with thanks.

SUMMARY OF EXEMPT ITEM (Where Access to Minutes Remains Restricted)

The Committee resolved that, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

91. 13/00010 - Appointment of a Transformation and Efficiency Partner - Adult Social Care Transformation Programme (Decision to be taken by the Cabinet Member for Adult Social Care and Public Health)

(Item B2)

1. The Committee had an extensive debate of the issue and made a number of comments on it. Officers responded to questions of detail.

2. The Cabinet Member, Mr Gibbens, acknowledged and responded to the comments made by Members in debate.

3. Mr L Christie proposed that the decision proposed to be taken by the Cabinet Member be deferred until a future meeting of this Committee, to allow exploration of the way in which the proposed contracting arrangement will work. Mr K A Ferrin seconded the motion, having sought clarification on various points of fact.

Lost on the Chairman's casting vote.

4. The recommendation in the report, that Members endorse the decision proposed to be taken by the Cabinet Member, was then put to the vote.

Carried

5. RESOLVED that:-

- a) the information set out in the report and given in response to Members' comments and questions be noted; and
- b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to identify the preferred bidder, to agree the award of the contract to that bidder as FSC adult transformation and efficiency partner, and to delegate authority to the Corporate Director of Families and Social Care, in consultation with the Cabinet Member for Adult Social Care and Public Health, to enter into the necessary contracts, following the satisfactory negotiation of detailed terms and conditions, be endorsed.