

KENT COUNTY COUNCIL

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 26 September 2014.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mrs P Brivio, Mr R E Brookbank, Mrs P T Cole, Mr A D Crowther, Mrs V J Dagger, Mr S J G Koowaree and Mr T A Maddison

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mr M Lobban (Director of Commissioning), Mr A Scott-Clark (Interim Director Public Health), Ms P Southern (Director, Learning Disability & Mental Health) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

1. Apologies and Substitutes

(Item A2)

The Democratic Services Officer reported that she had not been notified of any apologies or substitutes.

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

(Item A3)

There were no declarations of interest.

3. Minutes of the meeting held on 11 July 2014

(Item A4)

RESOLVED that the minutes of the meeting held on 11 July are correctly recorded and they be signed by the Chairman. There were no matters arising.

4. Verbal updates

(Item A5)

1. Mr G K Gibbens gave a verbal update on the following issues:-

Residential Care Contract – 16 July

***Older Persons Nursing tender stage one analysis guide price recommendation
Home Support Fund Policy***

15 July - Presented at the Capita 'Delivering Dilnot' Conference in London

16 July - Presented at the Kent Care Workforce Summit in Ashford

30 July - Visited Age UK in Canterbury

02 September - Spoke at the Learning Disability Partnership Awards at

Sessions House – other Members added that they had attended similar awards

events in their local areas and had found the experience enlightening. Members were encouraged to become involved in their local learning disability partnerships. **12 September - Attended the Kent 'Forget Me Nots' Dementia Group Meeting** – this had been the first such event for Kent and had been well received as a way of exploring how to live well with Dementia. He would like to repeat the event in future years.

He added that he would be happy to receive from any Member suggestions of how to reduce the volume of papers produced for the meeting and any request from a Member for him to visit any Adult Social Care premises in the county.

2. Mr A Ireland then gave a verbal update on the following issues:-

Mobilisation of new home care contract – this was progressing well and was encouraging more people to take up a direct payment.

Care Act Stocktake – this Department of Health initiative had started on 22 September. The Directorate was up to date with all key milestones. Following the stocktake, it would be possible to see a national picture of implementation of the Act.

Private and Voluntary sector home closures – he praised the excellent efforts of the staff of the two homes concerned in moving more than 60 elderly residents at short notice when the homes were forced to close. The impact of the two closures on the number of care places available locally would be monitored.

Safeguarding Vulnerable Adults Board Annual Report.

Deprivation of Liberty Safeguards – this was a national issue, arising from a recent judgement in Cheshire.

Members asked how much information about the home closures could be shared with them and Mr Lobban undertook to respond to the questioners outside the meeting.

3. Mr G K Gibbens then gave a verbal update on the following issues:-

Contract Award for Kent Community Infant Feeding Service

10 July - Attended Mental Health Engagement event for Dartford, Gravesham and Swanley, Swale & West Kent Clinical Commissioning Group (CCG) Areas in Lenham

15 July - Attended the Local Government Association Physical Activity Senior Leadership Forum in London – 'keep active' initiatives were targeted particularly at young women and older people.

17 September - Presented at the Public Health England Conference in Warwick - he congratulated the public health team on the positive feedback that had come from this event and said that some of the public health initiatives being championed in Kent were being copied by other local authorities.

15 October 2014 seminar by Professor Chris Bentley on Health Inequalities – Members were given the details of this event and encouraged to attend.

4. Mr A Scott-Clark then gave a verbal update on the following issues:-

Health Checks success

Sexual Health services non-award, and retender – contracts had not been awarded for two of the seven lots – contraception and sexual health (CASH)/genito-urinary medicine (GUM)/HIV and young people's services – as no bids had met the

specification, so for these parts of the service the market would be re-tried. An update on the issue would be reported to the Committee's December meeting.

Flu campaign

Kent Housing Group Conference

Public Health England Conference

He responded to a question about the target for the number of health checks undertaken and explained that, although he did not want to get too focussed on numerical targets, Kent could aim to raise its uptake rate as high as possible, and could aim to reach beyond the national target of 75%.

5. RESOLVED that the verbal updates be noted.

5. NHS Health Checks - proposals for future delivery

(Item B1)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this and the following item.

1. Ms Sharp introduced the report and responded to comments and questions from Members, as follows:-

- a) it was a challenge for the County Council that its performance at delivering health checks was not as it would like, but it was hoped that an improvement could be achieved soon. Ms Sharp responded that analysis of what happened after a health check, eg how a patient planned to address any issues highlighted in their health check, was also important;
- b) the recommendation in the report was welcomed but it was suggested that it could be enhanced to aim for a higher target rate of uptake, and should at least start off as 50%;
- c) one speaker who had recently attended the contracting Trust's annual general meeting told the Committee that the Trust had recently received a good CQC assessment and that he was content that it was capable of meeting the challenge of improving the uptake of health checks;
- d) progress so far had been good but would need to be sustained. Ms Sharp said performance had moved from a red to a green rating within one quarter and reassured Members that the County Council was not complacent in setting or striving to reach its targets; and
- e) Ms Sharp explained that the element of risk mentioned in the report referred to any area of expected activity which was not covered within the required timescale and reassured Members that the terms of the contract would stipulate that any such area would not be paid for. Any saving made by this means could be used to fund pilots for other areas of work, eg with Public Health England.

2. Mr T A Maddison proposed and Mr S J G Koowaree seconded that the recommendation in the report be enhanced to specify a target rate for Kent of 50% uptake.

Agreed without a vote.

3. The Cabinet Member, Mr Gibbens, thanked Members for their comments, of which he would take account when taking the decision, and reiterated comments previously made about target setting. Sensible, realistic targets should be set, with a timeframe within which they would expect to be achieved. He reminded Members that updates on this and other public health issues would be available to the committee as part of the regular performance monitoring reports.

4. RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the contract with Kent Community Health Trust to 31st January 2016, after taking account of views expressed by the committee, be endorsed; and
- b) a series of innovation projects designed to deliver a significant improvement in the uptake of checks, with the aim of achieving a target rate of 50% in Kent, be endorsed.

6. Tendering for Postural Stability classes
(Item B2)

Ms M Varshney, Consultant in Public Health, was in attendance for this item, with Ms Sharp.

1. The Chairman asked Members of the Committee if, in debate, they wished to refer to the list (which had been tabled) of companies which had submitted expressions of interest in bidding for the contract. Members confirmed that they did not wish to do so and the item was therefore considered without going into closed session.

2. Ms Sharp introduced the report, which had been prepared following a report to the Committee's July meeting on the dynamic purchasing system. She explained that all those companies which had submitted expressions of interest would be invited to tender for a two-year contract, with an award of contract taking place in November 2014 and classes starting in January 2015. Ms Varshney added that the programme of postural stability classes would ensure systematic delivery, with referrals being made to community-based classes via a central point.

3. The Chairman clarified that the award of contract would ultimately be made to the bidder/s identified at the end of the process as the highest scoring, and checked that Members of the committee understood and were happy that that would be the process. Members confirmed that they were happy to accept that approach.

4. Ms Varshney and Ms Sharp responded to comments and questions as follows:-

- a) it was important that the approach taken to identifying and involving suitable participants for postural stability classes was appropriate and consistent. A suitable population could be identified by various routes, including GPs, district nurses and social workers, all of whom were well placed to identify patients and clients who would benefit most from them; and
- b) Members asked for clarification and more detail about the workings of the dynamic purchasing system, *and this would be provided in a future report to the Committee.*

5. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to award contract/s to those bidders receiving the highest scores in the tender evaluation process, be endorsed.

7. Outcome of formal consultation on the closure/variation of service of Swale Learning Disability Day Service
(Item B3)

Ms P Watson, Commissioning Manager, Accommodation Solutions, was in attendance for this item.

1. Ms Southern introduced the report and reminded Members that this was the latest in a programme of modernisation of day services for people with learning disabilities. Ms Watson set out the arrangements for the 14-week consultation. They responded to comments and questions from Members, as follows:-

- a) the vital importance of good public consultation was emphasised, and a suggestion made that information about such service reviews in future could be sent to local households with council tax bills;
- b) in response to a question about equality impact assessments, how they worked and an example of their importance, Ms Southern explained that the equality impact assessment process was important but complicated, as clients engaging with a service would have a wide variety of complex needs. The equality impact assessment would be reviewed throughout each stage of the project to ensure all needs were included;
- c) a Member who had been involved in the modernisation of services for people with learning disabilities in Ashford, the first such service to be modernised, asked for an update on the progress of those service since modernisation. Ms Southern explained that an annual review on progress was reported to the Project Advisory Group (PAG) and a review of all such services undertaken and reported to the Good Day Board, which would monitor progress and draw out any lessons which could be learnt from previous exercises. That information could be shared with elected Members and made available on the County Council website;
- d) the clarity of the easy-read documents appended to the report was praised, as was the thoroughness of the consultation and the reporting of service users' views. Ms Southern agreed that clarity of information was very important for the client groups concerned; and

- e) the now well-established custom of keeping existing services open until new services were up and running was praised as it would ensure there was no gap in provision.

2. The Cabinet Member, Mr Gibbens, emphasised that, in all such modernisation programmes, he had always made sure that no facilities would be closed until replacement services were available. He undertook to ensure that an update report on past modernisation programmes was presented to a future meeting of the Committee.

3. RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, after taking account of views expressed by the committee, to proceed with the transformation of the Swale Learning Disability Day Service and to continue the service into a more inclusive, accessible, community-based service, operating from community hubs, be endorsed; and
- b) the Corporate Director of Social Care, Health and Wellbeing, or other delegated officer, undertake the necessary actions to implement this decision.

8. Personal Health Budgets - Section 75 Agreement

(Item B4)

Ms J Frazer, Programme Manager, Health and Social Care Integration, and Ms M Reynolds, Senior Associate, Kent and Medway Commissioning Service, were in attendance for this item.

1. Ms Frazer and Ms Reynolds introduced the report and explained the workings of a Section 75 agreement. They responded to comments and questions from Members, as follows:-

- a) service users currently affected by the new arrangement would be only those in receipt of a Direct Payment who had taken part in a pilot scheme, so numbers were currently small, and it was not yet clear to what extent the numbers would grow in the future. Projections made for the scope of the new arrangements were based on a broader range of service users with long-term conditions;
- b) in response to a question about the likely increase in annual cost as the client base grew, Ms Reynolds and Mr Ireland explained that the Section 75 agreement gave the County Council a mechanism for claiming from CCGs sufficient funds to meet demand and had been established with the expectation that funds would increase. *Ms Frazer undertook to circulate to the committee an example case study which was listed as a background document to the report;* and
- c) one additional member of staff would be employed to manage the administrative required to operate the Section 75 agreement.

2. RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to enter into a Section 75 agreement with the Kent clinical commissioning groups (CCGs) to allow the CCGs to utilise the County Council's financial systems to make personal health budget direct payments, be endorsed; and
- b) authority be delegated to the Corporate Director of Social Care, Health and Wellbeing, or other suitable officer, to arrange the sealing of the Section 75 agreement.

9. The wellbeing charge in existing and new extra care schemes
(Item B5)

Ms C Holden, Head of Strategic Commissioning, was in attendance for this and the following item.

1. Ms Holden introduced the report and explained that the purpose of the wellbeing charge was to cover such expenses as background support, non-scheduled calls and emergency responses to residents of extra care housing developments, and was means-tested. Many of the clients to whom the wellbeing charge applied were self-funders. The service charge referred to in the report covered such things as heating, lighting, cleaning and maintenance of communal areas, and any surplus funds generated by chargeable facilities could be directed towards reducing this charge.

2. In debate, Members welcomed the reduction in the charge as a sensible move which should encourage more people to choose to move into extra care housing.

3. RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, after taking account of the views expressed by the committee, to reduce the wellbeing charge as follows:-
 - i) at the existing Extra Care Housing Schemes, it be set at £15 per week from 1 April 2015, with the exception of the particular circumstances at Thomas Place set out at ii) below;
 - ii) at Thomas Place, it remain at £13.91 per week for existing tenants, unless they are subsequently financially assessed as being able to meet the full cost of their social care (in which circumstances, it rise to £15 per week); and
 - iii) for new Extra Care Housing Schemes the charge be set at £15 per week with immediate effect,
- be endorsed; and

- b) the Corporate Director of Social Care, Health and Wellbeing, or other suitable delegated officer, undertake the necessary actions to implement this decision.

10. Contract Award for Older Persons Residential and Older Persons Nursing Care homes
(Item B6)

Ms C Maynard, Procurement Category Manager, was in attendance for this item, with Ms Holden.

1. The Chairman asked Members of the Committee if, in debate, they wished to refer to the content of the exempt appendix which was included in the agenda pack as item E1. Members confirmed that they did not wish to do so and the item was therefore considered without going into closed session.

2. Ms Holden introduced the report and, in response to a question about the breakdown of scores, explained that 50% of the score was for the price tendered, 30% was for quality and capability and the remaining 20% for a provider's performance against the agreed key performance indicators introduced as part of the contract.

3. RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to agree that the Kent County Council enter into contracts with the suitable residential care and nursing care homes identified through the tender exercise, be endorsed; and
- b) authority be delegated to the Corporate Director of Social Care, Health and Wellbeing, or other suitable officer, to undertake the actions to implement this decision.

11. Adult Social Care Transformation - Phase 1 update and appointment of partner for Phase 2 design
(Item B7)

1. The Chairman sought and received the Committee's agreement to consider this item as urgent business as it had not been published in time to comply with the required notice of five clear working days before the meeting.

2. Mr Lobban introduced the report and presented a series of slides which set out the progress made on phase 1 of the transformation programme, the process to be followed for the appointment of a partner for phase 2 and initial plans for phase 3. He emphasised that the relationship with Newton Europe had been constructive as its work was complimentary to the County Council's work. It was important, therefore, to maintain the pace of change. Mr Lobban and Mr Ireland responded to comments from Members, as follows:-

- a) the approach taken was supported and the savings made so far were commended;

- b) it was emphasised that the importance of achieving a correct assessment was vital;
- c) Members asked to have the opportunity to meet representatives of Newton Europe;
- d) one speaker said that, when Newton Europe had first been appointed, he had had concerns that the predicted savings were realistic, but was pleased now to see that these savings had been achieved; and
- e) the enablement service currently being run as a result was excellent.

3. Mr Ireland added that the presence of Newton Europe had had a very positive impact on County Council staff and the savings achieved had been the result of close joint working.

4. The Chairman placed on record his congratulations and thanks to County Council staff on the positive way in which they had embraced the process of working with Newton Europe as an efficiency partner. The Cabinet Member, Mr Gibbens, added his thanks to Mr Lobban and his team on the work put into preparing the presentation and update report. He hoped that the Committee had found the presentation helpful and offered Members the opportunity to view a more detailed presentation and meet representatives of Newton Europe.

5. RESOLVED that:-

- a) the update on phase 1 of Adult Social Care Transformation and the outcome of the assessment stage of phase 2 be noted;
- b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to appoint Newton Europe to support the County Council in designing phase 2 of adult social care transformation, be endorsed;
- c) authority be delegated to the Corporate Director of Social Care, Health and Wellbeing, in consultation with the Cabinet Member for Adult Social Care and Public Health, to enter into the necessary contracts, following final confirmation of funding details and the satisfactory negotiation of detailed terms and conditions, to a maximum value of £2.5million;
- d) the Corporate Director of Social Care, Health & Wellbeing, or other delegated officer, undertake the necessary actions to implement this decision; and
- e) the Committee's congratulations and thanks be passed to County Council staff on the positive way in which they had embraced the process of working with Newton Europe as an efficiency partner, and to Mr Lobban and his team on the work put into preparing the presentation and update report.

12. Delivery plan for reducing excess winter deaths in Kent
(Item C1)

Ms M Varshney, Consultant in Public Health, was in attendance for this item.

1. Ms Varshney introduce the report and responded to comment and questions from Members, as follows:-

- a) there were many schemes advising people about staying healthy through the winter, eg 'Keep Warm, Keep Well', and this range of advice could be confusing for some residents. It was the role of the Kent and Medway Sustainable Energy Partnership (KMSEP) to co-ordinate advice from healthcare professionals, and a call centre was being developed to provide a single contact number that people could call for advice;
- b) meals on wheels services used to ensure that elderly people had at least one hot meal a day but the service had now been reduced in some areas of the county. Mr Lobban advised that the meals on wheels contracts had been cut back due to a decline in demand and increasing competition from other companies, from which clients could buy meals direct. Mr Scott-Clark agreed that services could be patchy and added that some residents with the greatest challenge to keep themselves and their homes warm in winter were in the more affluent areas of the county, in which some people were living alone in large family houses which they could not afford to heat or insulate adequately. It was often difficult also to get these clients to hospital when needed as they lived in remote rural areas; and
- c) National Institute of Clinical Excellence (NICE) guidance on addressing winter excess deaths was currently in draft form but would be included in the delivery plan when finalised.

2. RESOLVED that the plan and its delivery schedule for 2014/15 be welcomed and the plan be promoted within local and strategic forums.

13. Developing a Public Health Strategy *(Item C2)*

1. Mr Scott-Clark presented a series of slides which set out the context of and process for establishing a public health strategy and summarised the strategy's key components. The slides had been included in the agenda pack for the meeting. He responded to comments and questions from Members, as follows:-

- a) the public health practice part of the strategy currently had three key elements – Health Improvement, Health Protection and Improving Services – but the plan was to add a fourth – the Public Health of the public;
- b) an example was given of the way in which the strategy would be applied, eg to help people to stay in work or move from benefits into work. The Public Health Minister had recognised the work which had gone on in some parts of the county between GPs and JobCentre Plus, but to be truly effective this work would need to be county-wide. The importance of being in regular paid work and having a stable income as a support to good health was well established;
- c) immunisation programmes were overseen by Public Health England but programmes were formally commissioned by NHS England. The

importance of people taking responsibility for their own health was highlighted and supported;

- d) environmental factors such as air quality and pollution surely had some impact on public health issues, and Mr Scott-Clark confirmed that statistics on this would be included in the strategy. Recent work in Europe on the health effects of pollution could also be included.

2. RESOLVED that the information set out in the presentation, and given in response to comments and questions, be noted, and the outline public health strategy be welcomed and commended.

14. Better Care Fund update *(Item C3)*

Ms J Frazer, Programme Manager, Health and Social Care Integration, was in attendance for this item.

1. Ms Frazer introduced the report and presented a series of slides, which had been included in the agenda pack, setting out the plan, its context and links to other work such as phase 2 of the adults transformation programme. In response to questions, she explained that the funding for 2015/16 was not yet known and the plan was to achieve inter-operability of several systems rather than trying to achieve one system, which was not feasible.

2. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted.

15. Care Act Implementation Programme Update *(Item C4)*

Mr M Thomas-Sam, Strategic Business Advisor, and Ms C Grosskopf, Policy Manager, were in attendance for this item.

1. Mr Thomas-Sam and Ms Grosskopf introduced the report and responded to comments and questions, as follows:-

- a) a view was expressed that the Government's blanket allowance of £125,000 per authority was unfair to a large authority such as Kent, and Mr Thomas-Sam assured Members that the County Council would be making this point clearly and firmly to the Government as part of the consultation on the funding formula. Other speakers supported this and said that lobbying should be strong as the allocated funding was clearly inadequate and there were still many unknowns. Mr Ireland added that final funding guidance would be issued by the Government on 13 October and would help to make clear the extent of the challenge;
- b) the required assessment of over 10,000 service users would be undertaken through a combination of in-house resources and with the assistance of external organisations, to ensure that all assessments were completed within the required timetable. *A report to the Committee's December meeting would set out the next stage of the process and how*

this would be achieved. Mr Ireland added that, at its December meeting, the Committee would be able to consider the first indications of the changes coming in 2016, although many significant issues would emerge after 2016; and

- c) Members thanked the officer team for the enormous amount of work which had gone into analysing the complex new legislation and processing it and presenting it clearly to help Members to understand it. Kent was very lucky to have the experienced and capable officers that it had.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and assured them that he shared the concerns expressed about the cost issues. He agreed with Mr Ireland that the biggest challenges would come after 2016. He confirmed that the issue would be considered by the Cabinet following the Cabinet Committee's December meeting and that a number of key decisions would arise as the new legislation came into effect.

3. RESOLVED that progress on the implementation plan, in readiness for April 2015 changes, the latest costs estimates and the forecast of additional activity, the legal advice regarding eligibility and charging and the submission of the County Council's response to the consultation by the required deadline, be noted

16. Adult Social Care Annual Complaints Report *(Item D1)*

Mr A Mort, Customer Care and Operations Manager, was in attendance for this item.

1. Mr Mort introduced the report and responded to comments and questions from Members, as follows:-

- a) it was difficult to say how Kent scored in comparison to other local authorities, or to rate it in a 'league table', as authorities differed in the way in which they defined complaints and publicised their complaints procedure. However, in an Ombudsman's national report of complaints received in 2013, Kent had showed up as having a good record;
- b) the number of complaints received had decreased. The Care Act proposed the introduction of an appeals process in 2016 but the detail was not yet available. The increased number of assessments associated with the Care Act could possibly lead to more complaints;
- c) the total of £98,966 paid out to complainants was made up from £51,500 paid in adjustments to clients' care accounts, for example where a charge had been disputed, and £47,370 in settlements. These payments were made either at the suggestion of the Ombudsman or as a gesture of goodwill where a service had not been to the expected standard;
- d) there was a decrease in the number of complaints received in the last year, when it might have been reasonable to expect more, given the financial pressures and amount of change taking place. However, it showed that the County Council had held a very good, steady position; and

- e) Members agreed that the Directorate had very good staff and officers who had performed very well in a difficult role at a difficult time, and placed on record their thanks to the officers concerned.

2. RESOLVED that:-

- a) the information set out in the report, and given in response to comments and questions, be noted.
- b) the Committee's thanks for good performance in a difficult role at a difficult time be conveyed to the staff concerned.

17. Kent and Medway Safeguarding Adults Annual Report April 2013 - March 2014
(Item D3)

Mr N Sherlock, Head of Adult Safeguarding, was in attendance for this item.

1. Mr Sherlock introduced the report and responded to comments and questions from Members, as follows:-

- a) reports of abuse in hospitals and other health settings had almost doubled since 2011, due to greater public awareness and willingness to report concerns, partly as result of media coverage. This increased awareness and willingness to report concerns was to be welcomed;
- b) the updated CQC inspection regime measured the quality of safeguarding practice, rather than the number of alerts or reports received; and
- c) concern was expressed that fines imposed as punishment in cases of neglect were often too small to be of any real deterrent. Mr Sherlock explained that, for a care provider to have a fine imposed upon them, there would need to be a finding of criminal neglect or abuse. Very few such cases resulted in prosecution in a criminal court, and vulnerable people often lacked the capacity to give evidence in court, so police often made a judgement not to prosecute. However, the new Care Act had put safeguarding on a firmer legal footing in this respect.

2. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted.

18. Kent County Council's Local Account for Adult Social Care for 2014
(Item D4)

Ms S Smith, Head of Performance and Information Management, was in attendance for this item.

1. Ms Smith introduced the report and responded to comments and questions from Members, as follows:-

- a) Ms Smith received Members' compliments and praise for her and her team for the work which had gone into preparing the Local Account document;

- b) in response to a question about accessibility and the intended circulation of the finished document, Ms Smith confirmed that it would be available online and would also be distributed to GPs' surgeries, libraries and hospitals; and
- c) the section on a new mental health service for Kent was welcomed as this service was vitally important.

2. The Cabinet Member, Mr Gibbens, commented that there had been good discussion of the document content at a recent workshop event, which had been well attended by Members, and he hoped it would be as well received by the public and service users. Mr Ireland added that he had been pleased to hear Members' positive views on the document, which had been improved since previous years. He said he felt it presented a balanced and honest account of the strengths and weaknesses of the Directorate and that the publication of this annual document was an important part of the overall service.

3. RESOLVED that:-

- a) the information set out in the report, and given in response to comments and questions, be noted; and
- b) Members' compliments and praise of the work which had gone into preparing the Local Account document be conveyed to the staff concerned.

19. Annual Equality and Diversity Report *(Item D5)*

Ms M Harrison, Programme Manager, OPPD Transformation, was in attendance for this item.

1. Ms Harrison introduced the report and responded to comments and questions from Members, as follows:-
 - a) the clarity of the language used in the document, and its layout, were praised as they made it accessible for a broad audience to understand. Ms Harrison confirmed that the easy-read version would be made available to anyone who requested it, but the speaker then asked how service users would know that they could request it. It should be made available in accessible formats so that people did not have to ask for it;
 - b) similarly, the document would be made available in other languages when requested; and
 - c) only 4,000 of the estimated total of approximately 28,000 people in Kent with learning disabilities were receiving services from the County Council, but that did not mean that the rest had been 'missed'. Ms Harrison explained that learning disability was a very broad category and most people covered by it were in education, training or employment. Because these people were not supported directly by the County Council, they were not counted. What would be a challenge would be older people with

learning disabilities who needed to access County Council care when their elderly parents died or were no longer able to care for them. The number of future cases of this type could not be estimated.

2. RESOLVED that:-

- a) current performance and the proposed changes to equality objectives be noted, and revised objectives be received at future meetings;
- b) equality governance continue to be observed in relation to decision making;
- c) the Committee continue to receive annual reports in order to comply with the Public Sector Equality Duty; and
- d) a report on the service impact on client groups, broken down by age, gender, disability and ethnicity, be made to a future meeting of the Committee.

20. Risk Management - Adult Social Care
(Item D6)

Mr A Mort, Customer Care and Operations Manager, was in attendance for this item.

1. Mr Mort introduced the report and responded to a question about strategic risk by explaining that adult safeguarding was one such risk in social care work which was always present but had to be managed as well as possible and minimised as far as possible. He also explained that the risk 'scores' quoted in the appendix to the report had been calculated by taking a score (of between 1 and 5) for the likelihood of a something happening and multiplying it by a score (of between 1 and 5) for the likely impact on the County Council, should the risk actually happen.

2. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted.

21. Work Programme
(Item D7)

RESOLVED that the work programme for 2014/15 be agreed.