

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 Thursday, 14 January 2016.

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

ALSO PRESENT: Mr B E Clark, Mr G K Gibbens and Mr R W Gough

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Dr F Khan (Interim Deputy Director of Public Health), Mr M Lobban (Director of Commissioning), Mrs A Tidmarsh (Director, Older People & Physical Disability) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

65. Apologies and Substitutes
(Item A2)

Mr R H Bird was present in place of Mr S J G Koowaree and Mrs J Whittle in place of Mrs A D Allen.

66. Declarations of Interest by Members in items on the Agenda
(Item A3)

There were no declarations of interest.

67. Minutes of the meeting held on 3 December 2015
(Item A4)

RESOLVED that the minutes of the meeting held on 3 December 2015 are correctly recorded and they be signed by the Chairman. A question was raised about the name of the company delivering advocacy services but the initialised version of the name was subsequently confirmed as being the correct trading name.

68. Verbal updates
(Item A5)

1. Mr G K Gibbens gave a verbal update on the following adult social care issues:

8 December – Visited Hi Kent offices in Canterbury
15 December – Attended Sandwich Town Council Public Meeting on the future of Wayfarers Residential Home

22 December – Visit with the Chairman to Westview Integrated Care Centre in Tenterden, at which he met staff and residents, **Highlands House offices in Tunbridge Wells and Adult Social Care and Public Health staff at Headquarters.** The County Council had a joint arrangement with Kent and Medway NHS and Social Care Partnership Trust for the provision of mental health care services, and staff working in this field were accredited mental health practitioners.

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

Hospital discharge arrangements over Christmas and New Year - social care staff had been present in all hospitals every day except Christmas Day and so were a very visible resource. Work with NHS England before Christmas had aimed to reduce bed occupancy to 80%, to allow space for emergency admissions over the holiday period, and the system had worked well. There has been less pressure on beds than at Christmas 2014 but it was expected that pressure would increase through January as the weather grew colder.

Independent Chair of Safeguarding Vulnerable Adults Board (SVAB) – a new independent Chair, Deborah Stuart – Angus, was now in post, thus bringing arrangements in line with the requirements of the Care Act, ie that such boards be chaired by an independent person. Responding to a question about a youth centre in Rochester which had received recent media coverage regarding safeguarding concerns, he advised the committee that Medway Council and the Medway Safeguarding Children Board were responsible for the running of the centre but the County Council, as a potential future user of the service, had an interest in its good running.

National response to Comprehensive Spending Review – this had recognised the County Council's ability to raise additional precept (the social care levy) and hence recognised the importance of funding increasing care needs. However, the County Council's social care budget was still short of what had been identified by the Association of Directors of Adult Social Services as a required level of funding.

3. Mr G K Gibbens gave a verbal update on the following adult public health issues:

4 December – Spoke at Family Nurse Partnership Event in Sessions House, Maidstone – this had included the presentation of awards to families and children.

9 December – Spoke at West Kent and Medway Singing Project event in Sessions House, Maidstone – singing had been identified as being of great benefit to people living with dementia and mental health problems, and it had been good to see the happiness that it could bring to patients and carers.

4. Dr F Khan then gave a verbal update on the following issues:

Update on Dry January and online Know Your Score test – the aim of the Dry January campaign was to encourage people to either reduce or give up alcohol consumption for the whole of January, and this had been given more immediacy with the recent announcement from the Chief Medical Officer of the finding that consumption of more than 14 units of alcohol per week would place drinkers in a danger zone. The launch of the 'Know Your Score' website had been successful, with 3,000 hits in the first week. Users were able to calculate their level of risk by entering details of their alcohol consumption. Responding to a question, Dr Khan explained that the launch had been timed to coincide with New Year resolutions. The

number of hits was encouraging, especially as many people, having calculated their risk, then went on to address their habits.

Update on flu vaccinations – although some data was still to be collected, the level of uptake across all risk groups had been lower than in previous years. This could be partly due to a milder start to the winter and partly to public scepticism about the value of vaccination in fighting the new and varying strains of flu which had appeared in recent years. The likely pattern of spread of viruses to the UK could be partly predicted by looking at the patterns in other countries. Responding to a question about the Keep Warm campaign, which was accessible only online, Dr Khan explained that public health practitioners would work with partners to ensure that those with no access to the internet would be made aware of the campaign and the guidance within it.

Joint Strategic Needs Assessment (JSNA) development workshop – this workshop had sought to help practitioners to understand whether or not the county's JSNA was fit for purpose. A revised version of the JSNA would better meet future needs and new ways of commissioning services and would be a useful tool for commissioners.

5. RESOLVED that the verbal updates be noted.

69. Kent Drug and Alcohol Services - contract awards (decision number 16/00004)
(Item B1)

Mr M Gilbert, Commissioning and Performance Manager, was in attendance for this item.

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

- a) by seeking a co-design arrangement with providers, the County Council would work together with them to identify priorities to ensure that needs could still be met within reducing funding. Bidders for the West Kent contract and the current provider of the East Kent contract had given assurances that they could and would continue to deliver services within the available budget;
- b) as part of the procurement process, the County Council had identified areas of risk, and would always be proactive in meeting with service users in the early stages of a new contract to identify any problems or shortcomings in the service they received from the provider and would then be proactive in addressing those issues with the provider. Mr Gilbert offered to report back to the Committee to Members assurances on the performance of the service; and
- c) differing levels of spend in East and West Kent reflected the different levels of need in the two areas. There was a substantially higher number of drug and alcohol users in treatment in East Kent compared to West Kent, and this warranted a higher contract value for East Kent.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and emphasised his commitment to providing a strong drug and alcohol service across Kent. He added that the contracts which the County Council had been able to

negotiate for this service were an example of the benefit of the Public Health function now being within the County Council.

3. RESOLVED that:-

- a) the progress of the procurement of the West Kent Drug and Alcohol Service, and the contract extension for East Kent, be noted;
- b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:-
 - i) award the contract for the West Kent Drug and Alcohol Service to the successful bidder (from those listed in the exempt appendix to the report); and
 - ii) invoke the one-year contract extension option within the East Kent Drug and Alcohol Service contract (provided by Turning Point), to enable it to run until 31st March 2017,

taking account of comments made by this committee, be endorsed.

70. Healthwatch Contract
(Item B2)

Mr R Gough, Cabinet Member for Education and Health Reform, was present and Ms E Hanson, Head of Strategic Commissioning, Community Support, was in attendance for this item.

1. Ms Hanson introduced the report and explained that, although the funding for Healthwatch had moved into the Social Care, Health and Wellbeing Directorate, the responsibility for the service, due to the need for objectivity, remained with the Cabinet Member for Education and Health Reform, Mr R Gough, and it was he who would be taking the key decision to extend the contract. Ms Hanson and Mr Gough responded to comments and questions from Members, as follows:-

- a) tendering arrangements for a new contract would start in the autumn of 2016 and the new contract was expected to start in April 2018;
- b) the County Council had been continuing to work with the provider to refine and apply a robust performance framework to measure the performance of the contract and ensure that it delivered value for money. Mr Gough added that, when awarding the original contract, he had been keen to establish robust monitoring, eg of Healthwatch's profile, its engagement with clinical commissioning groups and contribution to the Kent and Medway Health and Wellbeing Board. Monitoring also needed to be objective, and the County Council needed to be able to demonstrate objectivity, if challenged, as it commissioned both Healthwatch as well as some of the services on which Healthwatch was required to comment;
- c) Healthwatch services were funded in part from the revenue support grant (RSG);

- d) a view was expressed that Healthwatch was not as effective a consumer champion as the former LINKs had been. Ms Hanson explained that Healthwatch was improving its reach and visibility, and worked with existing patient groups. Members would have input into the shaping of the next contract;
 - e) in response to a query about the number of contacts with Healthwatch, and if these were increasing or decreasing, which areas of service attracted the most comment and complaint and how successful the current contract had been to date, Ms Hanson undertook to supply this information outside the meeting; and
 - f) a view was expressed that much valuable work had been done for the Care Quality Commission by working with Healthwatch.
2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Education and Health Reform, to:-
- a) extend the Healthwatch Kent Contract from 1 April 2016 to 31 March 2018, with an optional one- year break clause available at the end of year one (31 March 2017); and
 - b) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision,

taking account of comments made by this committee, be endorsed.

71. Outcome of the formal consultation on the closure of Blackburn Lodge care home, Sheerness
(Item B3)

Ms C Holden, Head of Commissioning for Accommodation Solutions, was in attendance for this and the following three items.

1. The Chairman asked Members if, in debating agenda items B3 to B6 they wished to refer to the information set out in the exempt appendices F2 to F4. Members confirmed that they did not wish to and discussion of these items took place in open session.
2. Ms Holden introduced the report and responded to comments and questions from Members, as follows:-
 - a) the County Council owned the Blackburn Lodge care home, however a covenant on the site from the Ministry of Defence stated that the site should be used for health and social care purposes only. The County Council had approached the Ministry to have the covenant lifted, however this was not currently seen as a priority; and
 - b) as part of the Equality Impact Assessment which the County Council had carried out, every service user likely to be affected by the proposed closure would have a personalised review to assess the impact upon them.

3. The Cabinet Member, Mr Gibbens, thanked Members for their comments and said that he viewed the proposed changes as a positive move forward for social care provision on the Isle of Sheppey. He said he had long been concerned about the lack of nursing care facilities on the island and stated his commitment to addressing this issue.

4. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:

a) close Blackburn Lodge, once suitable alternative provision is established on the Isle of Sheppey; and

b) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision,

taking account of the comments made by this committee, be endorsed.

72. Outcome of the formal consultation on the sale as a going concern of Wayfarers care home, Sandwich
(Item B4)

1. Ms Holden introduced the report and explained that the County Council was confident of being able to secure a trusted provider to run Wayfarers as a care home. She assured Members that the contract of sale would include a requirement that the purchaser undertake to continue to do this, for a term yet to be defined. The sale was expected to take approximately twelve months to complete. Ms Holden responded to comments and questions from Members, as follows:-

a) concern was expressed that County Council Members had not been notified of or invited to attend meetings about the proposals which had been held in Sandwich in November. The Chairman agreed that it would have been useful for County Council Members to have had an opportunity to attend but advised that the meetings concerned had been organised by the Sandwich Town Council, so the County Council had no input into who was notified or invited. Ms Holden added that the officer team had attended and made presentations at several related meetings in Sandwich. At these meetings, the strength of local feeling and wish to retain Wayfarers as a care home had been clear, and the County Council's drive to achieve this via a covenant in the contract of sale was supported; and

b) concern was expressed that the County Council's in-house unit cost across various types of social care provision was generally higher than unit costs achieved by private providers for comparative services. The public trusted the local authority to provide care services so should continue to offer this option for those who wanted it. Although the unit cost of local authority care services was higher, the authority had the advantage of being able to have its services formally scrutinised and be held to account for the quality of service it provided.

2. The Cabinet Member, Mr Gibbens, reported that he had attended a meeting in Sandwich at which it had been clear that the Town Council did not support the sale of Wayfarers as a going concern. He sympathised that people were generally fearful of change. It was important that older people in Sandwich should continue to have a choice of services. He stated his commitment to securing the best way forward for Wayfarers and said he would give it all the support necessary to ensure that it would thrive.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:

a) secure the sale of the Wayfarers registered care home, Sandwich, as a going concern; and

b) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision,

taking account of the comments made by this committee, be endorsed.

Mrs P Brivio and Mr T Maddison requested that their abstentions from this resolution be recorded.

73. Outcome of the formal consultation on the closure of the Dorothy Lucy Centre, Maidstone
(Item B5)

Mr B Clark, County Council Member for Maidstone South, was present for this item.

1. Ms Holden introduced the report and made amendments to the figures quoted in paragraph 2.5 of the report for the number of signatures received, to include both the paper and electronic petitions (a total of 3,095), and the number of beds available in Maidstone for short-term care, quoted in paragraph 3.3.2 of the report, which should read 30 rather than 14. She explained that it had not yet been possible to formulate a clear proposal on which the Cabinet Member could be asked to take a decision. Further work would be undertaken and a formal proposal brought to this committee on 10 March 2016 for comment, prior to a formal decision being taken by the Cabinet Member.

2. Mr Clark welcomed the deferral of a formal decision as the private sector did not yet have sufficient capacity to accommodate local need, particularly for those on the waiting list for dementia care beds. There had been a disappointing take-up of the tendering options, and not all of these options were in the control of the County Council. The current service was well regarded locally, but if the proposal were taken to the market now, without there being much appetite to tender, future reviews in a more difficult economic climate may find no interest at all and the service might then be lost. Mr Ireland commented that the independent care sector model was well established and had proven to be successful. Since the Community Care Act in 1993, there had been an expectation that the majority of services would be provided by the independent sector, and in Kent this had indeed been the case.

3. Ms Holden, Mr Ireland and the Cabinet Member, Mr Gibbens, then responded to comments and questions from Members, as follows:-

- a) despite the extent of independent sector provision, the local authority retained its obligation to provide appropriate local care places for those who needed them. The independent sector had limited capacity and appetite to increase provision. Day care was important and use of it would increase as use of residential care reduced. The Dorothy Lucy centre should be considered for development as a specialist day care centre. Ms Holden suggested that the market could be asked to respond to a tender for day care provision, to test the appetite to take it up. Mr Gibbens confirmed that use of the Dorothy Lucy centre as a specialist day care centre was a possible option and would be considered;
- b) concern was expressed at the lack of dementia care beds in Maidstone. Independent sector care provision in Maidstone was thriving and there were many good local examples. The suggestion that the Dorothy Lucy centre be developed as a specialist day care centre was supported and should be taken forward. In exploring options, it was important that clear pictures of demand and provision were identified;
- c) concern was expressed that two months may not allow sufficient time to complete the work which needed to be done to prepare a proposal; and
- d) disappointment was expressed that some of the signatures to the petitions had proven to be invalid in terms of the County Council's petition scheme. Mr Gibbens explained that he wanted to reflect the level of concern shown by petitioners and had considered it appropriate, therefore, to offer the lead petitioner an opportunity to address the committee at its March meeting. This suggestion was generally supported.

4. RESOLVED that the content of the report and the work undertaken to date be noted, and that further work be undertaken (as detailed in section 5.7 of the report) and a report seeking a formal Cabinet Member decision be presented to this Committee in March 2016.

74. Outcome of the formal consultation on the closure of Kiln Court care home, Faversham
(Item B6)

RESOLVED that the content of the report and the work undertaken to date be noted, and that further work be undertaken (as detailed in section 5.4 of the report) and a report seeking a formal Cabinet Member decision be presented to this Committee in March 2016.

75. Budget 2016-17 and Medium Term Financial Plan 2016-19
(Item C1)

Mr D Shipton, Head of Financial Strategy, was in attendance for this item.

1. Mr Shipton introduced the report and said this would be the most difficult budget the County Council had faced. He outlined the following:

- a) one of the biggest issues had been that the County Council had not have the spending plans from Central Government until the announcement of the spending review on 25 November 2015. This meant that officers did not know the total financial envelope within which they were working. The County Council did not receive its own individual settlement until 17 December 2015;
- b) the settlement on 17 December included a significant re-distribution of Revenue Support Grant which officers had not been able to anticipate. The net impact of that re-distribution was a £15million reduction to the Council's budget;
- c) papers for this committee had been published with an assumption that there was still £8m of the £15million to be found, and this was included in the appendices of the papers for this committee. The County Council's draft budget had subsequently been published on 11 January. That draft identified another £4million of the £8million, so there was now only £4million left unidentified, and this would nearly all be taken from financing items. However, having a small gap still to close would make scrutiny of the budget somewhat difficult, as Members were unable to scrutinise a whole budget;
- d) the provisional settlement also included the spending power calculation, which measured the County Council's change in funding, both through council tax and through government grants. It took no account of the additional spending requirements the County Council was facing, through the effects of inflation, the effects of the rising population or the impact of increasingly complex needs. Mr Shipton's request to Members was that they bear in mind that the spending power figure in the report represented only the funding half of the equation and not the spending half; and
- e) the County Council faced real-term reductions in its funding. The Council would not be able to raise enough through council tax to compensate for both the spending demands and the reductions in central government funding, and therefore needed to make substantial savings.

2. Mr Shipton then explained that the impact upon this committee's work area of having to find £4million of additional savings was that the savings identified for housing-related support would need to increase from £1.5million to £2million. The appendices to the report set out the extracts of the published budget which related to the Social Care, Health and Wellbeing and Public Health portfolios. A statement of variation would be prepared later as it had not been possible to produce this level of detail in the time available since the spending review announcement.

3. Mr Shipton, Mr Ireland and Mr Lobban responded to comments and questions from Members, as follows:

- a) in response to a question about the income generated by raising the precept to 2% and the extent to which this would help to offset the increased costs of the national living wage, Mr Shipton confirmed that the income generated would increase each year (as long as the County Council were to agree to raise the precept each year). However, this would

not be sufficient to cover the expected increase in costs and the impact of the national living wage in future years as well as the impact of rising demand for social care services. Savings would need to be made elsewhere to cover the gap. Some care costs were currently covered in part by the revenue support grant, which was reducing. Officers were confident that the extent of pressures on social care budgets would mean that the County Council would be likely to meet the Government's criteria for the additional 2% social care precept each and every year. Mr Ireland added that the ongoing costs of implementing the 2014 Care Act would no longer be funded via a separate grant with funding transferred into the revenue support grant. The funding transferred for the Care Act had not been protected from the reductions in the revenue support grant over the next four years;

- b) in response to a question about how the County Council could rationalise the charging process and be able to set a reliable guide price across the county which would cover providers' costs, due to the impact of the national living wage differing between providers, Mr Shipton explained that identifying the impact of the national living wage, and isolating this impact from that of other inflationary affects upon the costs of care packages, was complex. It had not been possible since the announcement of the spending review to calculate in detail all the implications of this. Work was ongoing and should be completed soon. Mr Lobban added that the pricing structure of the care market across the county was indeed very complex, and the impact of the national living wage would add another layer to this complexity. Pricing was also affected by other factors, including how individual service users chose to fund their care;
 - c) a view was expressed that the Kent Support and Assistance Service (KSAS) should not suffer any reduction in funding. Mr Shipton advised that the funding for KSAS was included in the revenue support grant, and, unlike recent years, there was no protection for any individual components within the grant, as part of the planned reductions over the next four years. This lack of protection had been referred to in the County Council's response to the Government on the provisional settlement;
 - d) in response to a question about funding made available by the Government to help those authorities supporting Syrian refugees, Mr Shipton said that an announcement on the level of funding was currently awaited, however, the County Council did expect to receive some funding; and
 - e) a view was expressed that it was unwise to try to apply percentages when referring to the potential impact of the national living wage, as the range of potential affects was broad and hence difficult to identify and quantify. Mr Lobban replied that the impact would be easier to identify once the detailed work currently underway had been completed.
4. RESOLVED that the draft budget and Medium Term Financial Plan (including responses to consultation and Government announcements) be noted, and that Members' comments on other issues which should be reflected in the budget and Medium Term Financial Plan, set out above, be noted by the Cabinet Member for Finance and Procurement and Cabinet Member for Adult

Social Care and Public Health, prior to Cabinet on 25 January 2016 and County Council on 11 February 2016.

76. Cabinet Members' Priorities for Business Plans 2016/17

(Item C2)

Mr M Thomas-Sam, Strategic Business Adviser, was in attendance for this and the following item.

RESOLVED that the Cabinet Members' priorities for the 2016/17 directorate business plans be noted.

77. Care Act 2014 Implementation update

(Item C3)

1. Mr Thomas-Sam introduced the report and explained, in response to a question, that the strategic guidance to accompany phase 2 of the Care Act was expected to be received from the Government in late January.

2. RESOLVED that the key implementation issues highlighted in the report be noted.

78. The Public Health Strategic Delivery Plan and Commissioning Strategy

(Item C4)

Mr M Gilbert, Commissioning and Performance Manager, was in attendance for this item.

1. Dr Khan introduced the report and, with Mr Gilbert, responded to comments and questions from Members, as follows:-

- a) to help address the large discrepancy in health outcomes across the county, local County Council Members could become more involved in the delivery of health campaigns. They would need to develop a way of being kept up to date about events. Dr Khan agreed that this was a good idea and advised Members that there was still scope to build into the model some way of engaging them. She undertook to consider how this could be achieved;
- b) there would always be some people who did not wish to have help with addressing their unhealthy habits and were happy with their lifestyle. Following 'Dry January' could be 'Fatless February'! Dr Khan confirmed that the model of health improvement was based on influencing behavioural change. Many people were unaware that their habits were harmful to their health. Behaviours also tended to 'cluster', for example, smokers tended also to drink, and one behaviour may depend on the other, making either difficult to give up in isolation. Harmful habits also tended to 'snowball' or increase and become entrenched. To be effective, campaigns should relate to the communities they were trying to influence, and reach them via the most appropriate means for the intended audience, eg by using social media;

- c) in response to a question about the sample used by Behavioural Architects, and whether or not this sample was large enough to be representative, Mr Gilbert explained that, although the number of people sampled by Behavioural Architects, a specialist behavioural science agency, was small, it was selected to be as representative of the population as possible, and the research undertaken with the sample was detailed;
- d) a view was expressed that Kent could look at and learn from public engagement campaigns run by other local authorities, eg the 'Born in Bradford' scheme;
- e) in response to a question about monitoring people's engagement with the daily digests of 'healthy living' guidance produced by district councils, Dr Khan explained that patient and stakeholder engagement were studied when preparing contracts specifications, to check that the specifications were right;
- f) in response to a concern about reaching sectors of the public which were traditionally hard to reach and were often most likely to use unhealthy behaviours as a 'crutch', Dr Khan agreed that people in the lower socio-economic groups tended to view health messages as the least important concern they had, and consequently were traditionally hard to incentivise; and
- g) a group which had not historically been a concern but was known to drink and smoke more than a few years ago was middle-class women, many of whom were struggling to balance career and children as well as caring for elderly parents. Dr Khan added that statistical evidence supported this concern, as well as the fact that rates of breast cancer and ovarian cancer in this group were rising.

2. RESOLVED that:-

- a) the progress of the transformation work and the findings of the customer insight work and public consultation be noted, and Members' comments, above, be taken into account; and
- b) the direction of travel, and the work to integrate adult health improvement services, be endorsed.

79. Work Programme 2016/17
(Item D1)

RESOLVED that the committee's work programme for 2016/17 be noted.