

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, 10 March 2016.

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

ALSO PRESENT: Mr B E Clark, Mr A D Crowther, Mr T Gates and Mr G K Gibbens

IN ATTENDANCE: Mr A Scott-Clark (Director of Public Health), Dr F Khan (Deputy Director of Public Health), Mr M Lobban (Director of Commissioning), Ms P Southern (Director, Learning Disability & Mental Health), Mrs A Tidmarsh (Director, Older People & Physical Disability) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

80. Introduction and Chairman's announcement

(Item A1)

The Chairman advised the committee that, due to the amount of business expected, meetings for the rest of the year were likely to be longer, and he asked that Members bear this in mind when setting diaries and be prepared to attend into the afternoon.

81. Apologies and Substitutes

(Item A2)

Apologies for absence had been received from Mr H Birkby and Mrs P Brivio.

Mr A Terry was present as a substitute for Mr Birkby and Mr Caller was present as a substitute for Mrs Brivio.

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

(Item A3)

There were no declarations of interest.

83. Minutes of the meeting held on 14 January 2016

(Item A4)

RESOLVED that the minutes of the meeting held on 14 January 2016 are correctly recorded and they be signed by the Chairman.

84. Verbal updates

(Item A5)

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

10 February – Spoke at Skillnet Social Value Workshop at Maidstone Salvation Army centre. This had shown what encouraging work was going on to help people back into employment.

25 February – Chaired annual meeting with Kent Age UK Chairs. This body aimed to help voluntary sector partners to fulfil their vital role in social care provision.

3 March – Attended South Kent Coast Health and Wellbeing Board Development Day in Dover. This board was helping to improve the links between health and social care.

2. Mr M Lobban then gave a verbal update on the following issues:

Care Quality Commission Consultation on Shaping the Future. This important consultation had closed on 4 March and a Member briefing on the outcomes would be prepared shortly. The consultation was for officers at this stage, and aimed to identify and shape the questions which would be included in the later stage, at which time Members would be engaged and be able to have input.

Visit to Queens House. Here he had met staff in the adult social care and specialist children's services teams.

Attended Association of Directors of Adult Social Services (ADASS) Policy Event. Further details of the issues covered at this event would be available for this committee's 10 May meeting.

Winter Pressures. As reported to the January meeting, pressures over the Christmas period had been light but had increased as the weather had grown colder in the new year. Adult Social Care staff had been in attendance at hospitals to do all they could to facilitate timely discharges. While there had been some increase in the overall number of delayed transfers from hospital, the number of delays attributable to social care causes had decreased.

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

3 February – Attended Local Government Association Annual Public Health Conference in London. There had been good input into an item about preventing suicide and Kent's approach had been cited as a good example.

23 February – Spoke at the Arts in Recovery Festival Launch at Sessions House. It had been encouraging to see the role that arts could play in helping those with substance misuse issues to recover.

Supporting Public Health work. Member grant money left over at the end of the financial year could be used to support various Public Health initiatives. Members who had spare funds and wished to use them for this purpose were encouraged to contact the Public Health team.

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

Chaired workshop on Illicit Tobacco, at which Public Health and Trading Standards colleagues had discussed how joint working would address the issue of illicit tobacco coming into, and circulating within, the county.

Attended Local Government Association/Association of Directors of Public Health (ADPH) conference, this had included an excellent workshop on mental health, for which he expressed his appreciation to the team involved.

Attended Chief Medical Officer/Directors of Public Health development day. This had discussed current key Public Health issues, including antibiotics, childhood obesity and smoking.

Attended round-table meeting on Tobacco Control with the Minister of Public Health. It was hope that a tobacco control strategy would soon be ready to publish.

Appointed representative of the Association of Directors of Public Health for the South East. Mr Scott-Clark received congratulations from Members on this appointment.

5. RESOLVED that the verbal updates be noted.

85. Proposal on the Closure of the Dorothy Lucy Centre, Maidstone - Additional Information (decision number 16/00007)
(Item B1)

Mr B E Clark, County Council Member for Maidstone South, was present for this item, and Ms C Holden, Head of Commissioning for Accommodation Solutions, was in attendance for this and the following item.

Mrs Marian Reader and Ms Anna Ralph were present at the invitation of the Cabinet Member, as they had been the lead petitioners in opposing the proposed closure.

1. The Chairman welcomed Mrs Reader and Ms Ralph to the meeting and explained that the role of the Cabinet Committee was to comment on and/or endorse the decision proposed to be taken by the Cabinet Member, which was set out in detail in the recommendation report.

2. The Chairman then asked Members if, in debating agenda items B1 and B2, they wished to refer to the information set out in the exempt appendices to these items, F1 to F3. Members confirmed that they did not wish to refer to this information and discussion of these items therefore took place in open session.

3. Ms Holden introduced the report and summarised the consultation process and the further work undertaken since then to identify need and alternative provision. It had not been possible to make a recommendation to the January meeting of the committee but a detailed proposal was now being presented for the committee's comment, prior to a formal decision being taken by the Cabinet Member. The proposal was that use of the Dorothy Lucy Centre for short-term respite care would end in August 2016 and for day services in March 2017.

4. Mrs Reader addressed the committee to represent the views of local people about the proposed closure and made the following points: alternative provision to be made should be local so that friends and family could visit easily; money could be raised to extend and upgrade the centre to provide more accommodation, particularly as the elderly population was increasing; it was short-sighted to close a popular facility at which many local people had received excellent care from dedicated staff; the centre's respite care was particularly helpful and popular; staff there lived locally and their families' livelihoods would be affected by the closure and subsequent loss

of jobs; the day services were a lifeline for elderly people locally; the centre was irreplaceable for local people.

5. Ms Ralph then addressed the committee, supported many of the points made by Mrs Reader and added the following: the respite care given at the centre was a vital support to those caring for a relative 24 hours a day; the centre had been assessed by the Care Quality Commission in 2013 as being 'good', so the proposal to close it was questioned; people living with dementia did not cope well with change and it would be difficult for them to travel to access services provided elsewhere, hence day services provided elsewhere would not work for those currently using the Dorothy Lucy Centre; there were many families which would suffer through the proposed closure and some people did not have a family to support and fight for services for them; the Dorothy Lucy Centre could be given to someone other than the County Council to run.

6. Mr Clark referred to the points he had raised at the January meeting and added the following: the Dorothy Lucy Centre was very well regarded within the community; there was concern that there would be sufficient alternative provision for all current users to be able to transfer, especially those needing services for dementia, as there were not yet like-for-like services for all clients; day care services were proposed to remain open for one more year, until March 2017, so the whole centre could perhaps stay open for another year; to fragment the services now would make closure an inevitable choice in a year's time, if alternative provision of the remaining service was found not to be viable; the fact that the centre would stay open for a while longer was welcomed, to allow the establishment of like-for-like services.

7. Members then made the following comments and asked questions, to which Ms Holden responded:

- a) concern had been expressed at the January meeting of the committee that the County Council was withdrawing from residential and day care provision at the Centre, and this concern was repeated. Moving all service provision to the private sector could compromise its long-term sustainability and the quality of care provided. Such a move was a retrograde step. Kent should instead retain a mixed economy of elderly care provision, with the County Council continuing to provide some services, alongside the private and voluntary sectors. Ms Holden explained that the County Council was currently to retain four of its centres as integrated care centres;
- b) a view was expressed that, to continue to keep open premises which had been assessed as 'substandard', was not what the County Council wanted to be seen to be doing. Instead, it should look to develop a long-term strategy for services for the elderly and those with dementia, to set out how those services could be provided by different means. The challenge of providing services for these client groups was the same across the county, and making changes to service provision was never popular with those who used them. However, the proposed changes seemed to present a sensible way forward;
- c) the Dorothy Lucy Centre had been spared closure some years ago when other premises had been closed, but it seemed that there was still no

solution in place. The report referred to things which 'could be' provided, but the certainty that these things would be provided and would be of suitable quality was questioned. A view was expressed that there was not currently sufficient capacity in the private sector in Kent to cover the needs of those with dementia, who found such uncertainty difficult and distressing;

- d) no good, sound reason had been given for closing the centre. Media coverage had highlighted cases of substandard elderly care provision around the country, yet a centre delivering good-quality care was to be closed; and
- e) provision of care to the elderly was inevitably an emotive subject, and the views of those campaigning to keep the centre open were understood. However, the County Council had a duty to look at care provision for the whole of Kent within the budget which was available, and to apply a strategic view to what was viable and what was not.

8. The Cabinet Member, Mr Gibbens, gave a commitment that, if the proposed decision to close the centre was indeed taken, no closure would happen until alternative care provision was established and operating to his satisfaction. This same commitment to continued provision had been established in the past when making changes in service provision, for example, of day services for people with learning disabilities, and was applied strictly in each case. Mr Gibbens emphasised that cost was not the main issue in the proposal. He acknowledged and said he appreciated Members' concerns about the closure of a service against a background of an ageing population and increasing levels of dementia. It was vital to plan now for services which would be needed in 20 years' time, and how those services could best be delivered, and put in place provision which supported this. For this purpose, the County Council had developed its Accommodation Strategy. Work on this strategy had highlighted a shortage both of extra care sheltered housing and nursing care beds and had shown that people had greater needs at the time that they entered such facilities. He assured the committee and the public that he would not allow the Dorothy Lucy Centre to close until he was satisfied that suitable alternative provision was in place. He thanked Mrs Reader, Ms Ralph and Mr Clark for attending to address the committee and said he understood the views they had presented. He assured them that he would not be taking a decision until later in March, and that he had not yet decided what decision this would be.

9. RESOLVED that:-

- a) the content of the report and the work undertaken to date be noted; and
- b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health:
 - i) to close the Dorothy Lucy Centre, Maidstone;
 - ii) to re-provide elderly frail services (currently provided by the Dorothy Lucy Centre) through existing external provision;

- iii) to re-provide dementia day services (currently provided by the Dorothy Lucy Centre) through a block contract;
- iv) to re-provide the short-term beds (currently provided by the Dorothy Lucy Centre) in the independent sector;
- v) that Dorothy Lucy Centre day provision continue to operate as is until at least March 2017, to allow time to complete a procurement exercise for a block contract and implement a transition plan;
- vi) that existing services not close until alternative provision is available for the current service users;
- vii) to give consideration to leasing the day centre part of the building to an external provider as an interim measure if they are unable to secure a suitable venue within the procurement timetable, with the understanding that they identify an alternate venue within a given timeframe; and
- viii) to delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement this decision,

be endorsed.

Carried, 7 votes to 4.

NOTE: Subsequent to the Cabinet Committee meeting, the Cabinet Member had further discussion with some local Members, during which greater clarity was provided about the proposed order of closure of the various elements of the services currently provided at the Dorothy Lucy Centre.

86. Proposal on the Closure of Kiln Court care home, Faversham - Additional Information (decision number 16/00008)

(Item B2)

Mr T Gates, County Council Member for Faversham, was present for this item.

1. Ms Holden introduced the report and outlined the work which had been undertaken since the committee had considered the issue at its January meeting. It had not been possible to make a recommendation at that time, due to the further work needed, but a detailed proposal was now being presented for the committee's comment, prior to a formal decision being taken by the Cabinet Member.

2. Mr Gates addressed the committee and said he hoped that Kiln Court would be allowed to remain open as there was no alternative provision yet in place; the arguments against closing Kiln Court were the same as those against closing the Dorothy Lucy Centre, ie it was valued and used by local people and those who benefitted from its services would find change very difficult to cope with; the home could be kept open for future use, be modernised and have services added to it to make its retention more feasible, perhaps being run by Age UK or a similar organisation; he referred to a letter from Brenda Chester from Faversham Health Matters which had been sent to him and all Member of the committee, setting out a case for keeping the home open and the lack of alternative local facilities for

Faversham people; if it were to be closed, those who currently used the home would have to move a long way away, where their families may have difficulty in visiting them; alternative services needed to be local; the length of time allowed between the report to the committee's January meeting and the taking of the decision in March did not seem sufficient to have completed and considered all the work required to be undertaken; the financial pressures upon the County Council were well understood, but the recent 2% increase in Council Tax could perhaps be spent on social care services; a past agreement about the use of the Kiln Court site was that it should always be used for social care purposes, and the current proposal could be challenged by the parties to that agreement. Ms Holden explained that the County Council was unable to approach any one provider, eg Age UK, to provide services but was required to enter open procurement and a formal tender exercise with the care market as a whole. If Kiln Court were to be declared surplus to requirements, the disposal of the site would require a separate decision to be taken by a Cabinet Member.

3. Members then made the following comments:-

- a) it was important that Kent retain a mixed economy of care provision, with the involvement of the public, private and voluntary sectors. The public trusted the public sector to support them in difficult times, and the County Council needed to demonstrate that it was able to deliver such services. For the public sector to stop providing care facilities could prove, in the future, to be a mistake, despite the current financial restrictions upon local authorities;
- b) a letter sent to Members by Brenda Chester had made some good points, particularly about a 2-tier system of choice based on a service user's ability to pay; the County Council should surely look to offer quality care to all those who needed it;
- c) elderly care, like primary school education, needed to be provided locally. The report recommendation for Kiln Court did not include the same level of detailed assurances about alternative local provision as had been included for the Dorothy Lucy Centre, and the possibilities/scope for alternative provision set out in the report seemed less certain;
- d) people who had contributed much to the county during their lives should be able to rely on receiving good quality care in their later years; and
- e) in response to a query about the presentation of the information awaited at the time of the January report to the committee, Ms Holden, explained that a summary of the discussions with the clinical commissioning group was set out in section 4 of the current report.

4. RESOLVED that:-

- a) the content of the report and the work undertaken to date be noted; and
- b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to

- i) close Kiln Court care home, Faversham; and
- ii) 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,

be endorsed.

Carried, 8 votes to 4.

5. The Cabinet Member, Mr Gibbens, emphasised that cost was not the main issue in the current proposal; the chief concern was the quality of care provided to those who needed it. He reiterated his commitment that no closure would happen until alternative care provision was established and operating to his satisfaction. He thanked Members for their comments and Mr Gates for attending to address the committee, and said he understood and respected the views put forward.

87. Proposed Revision of Rates Payable and Charges Levied for Adults' Services in 2016-17 (decision number 16/00016)
(Item B3)

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

1. Miss Goldsmith introduced the report and explained that the review of rates and charges was undertaken annually. On this occasion, most rates and charges had been maintained at the 2015/16 level, the one exception being the charges made to other local authorities for assessments for clients placed within Kent.

2. Miss Goldsmith advised the committee that one area of information – the personal expenses allowance – could not yet be set as the rates had yet to be published by the Department of Health. This rate was not something over which the County Council had any discretion or control, but the rate, when published, would have an impact on the Council's financial assessment process.

3. In response to a question about what constituted a meal, charged at £3.90, Mrs Tidmarsh clarified that this would normally be a hot main meal of two courses. However, this may vary from area to area, depending on the local provider.

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

a) to approve that:

- i. the client contributions for residential care for older people remain at £463.07;
- ii. the client contributions for residential care for people with learning difficulties remain at £631.26;
- iii. the Wellbeing Charge - Better Homes Active Lives scheme for older people remain at £15.00;

- iv. the Wellbeing Charge - Better Homes Active Lives scheme for people with learning difficulties remain at £44.92;
 - v. the notional charges for Day Care remain at:
 - Learning Disability – Day Centre £37.64
 - Learning Disability – Day Centre half day £18.82
 - Older People – Day Centre £29.99
 - Older People – Day Centre half day £15.00
 - Physical Disability – Day Centre £35.80
 - Physical Disability – Day Centre half day £17.90
 - Older People with Mental Health Needs – Day Centre £35.45;
 - vi. the client contributions for Meals Charges remain at:
 - Meal Charge £3.90
 - Meals and other snacks £4.90
 - Refreshments flat rate charge £1.00; and
 - vii. for Local Authority Charges for Adult services: Assessment hourly rate to increase to £68.76 per hour.
- b) to note:
- i. the recommendation to continue the £10 charge for blue badge
 - ii. the continuation of the current mileage rate paid to Voluntary Drivers
 - iii. the rates for consultancy work and key publications; and
- c) to 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,

be endorsed.

88. Contract Award for Older Persons' Residential and Nursing Care Homes - effective April 2016 (decision number 15/00089b)
(Item B4)

Ms C Holden, Head of Commissioning for Accommodation Solutions, was in attendance for this item.

1. The Chairman asked Members if, in debating this item, they wished to refer to the information set out in the exempt appendix, F4. Members confirmed that they did not wish to refer to this information and discussion of this item therefore took place in open session.

2. Ms Holden introduced the report and explained that the procurement process had taken longer than expected as additional work had needed to be undertaken in relation to the National Living Wage, but a guide price and contract award was now being presented for the committee's comment, prior to a formal decision being taken by the Cabinet Member. The outcome of the tender evaluation process and the names of the successful tenderers to whom it was proposed that contracts be awarded were set out in the exempt appendix to the report.

3. Ms Holden and Mr Lobban responded to comments and questions from Members, as follows:-

- a) surprise was expressed at the limited affect that the introduction of the national living wage in April 2016 appeared to have had on prices. Mr Lobban confirmed that the national living wage had been subject to a detailed analysis which had shown that it had added an annual pressure of approximately £6m. He reminded the committee, however, that the national living wage would increase further each year, so it was important that the County Council establish a good mechanism by which this ongoing increase could be managed, year on year; and
- b) in response to a query about care placement training, Ms Holden confirmed that all placement managers would undergo suitable training on the new process during March and April 2016.

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

- a) agree the guide prices for Older Persons' Residential and Nursing Care as follows:

Residential:	£373.51
Residential High:	£455.45
Nursing:	£504.73
Nursing High:	£530.28

- b) award contracts to the successful tenderers, identified in the exempt appendix to the report; and
- c) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other suitable nominated officer, to undertake the necessary actions to implement the decision,

be endorsed.

89. Progress Report on Smoking and Tobacco Control *(Item C1)*

1. Dr Khan introduced the report and outlined the work underway to address the prevalence of smoking in Kent, which was above the national average. This work included campaigns to promote plain packaging, to encourage young people not to take up smoking and to establish smoke-free parks, for which there was currently a pilot scheme in Shepway. Dr Khan responded to comments and questions from Members, as follows:-

- a) no mention was made of the role played by the Fire Service in highlighting the dangers of smoking as a cause of house fires. People would often be more willing to take advice from a uniformed firefighter than from the County Council;

- b) tobacco control was part of the health improvement model (HIM) and the data on which this model was based had been generated by a national health survey;
 - c) work to determine the safety and effectiveness of e.cigarettes as a method of giving up smoking (eg, compared to nicotine patches) had been undertaken by University College London and Public Health England, and the current thinking was that their use was less harmful than smoking tobacco. However, the amount of nicotine contained in e.cigarettes was not yet regulated and hence could vary. There was evidence that their use could cause minor hypertension;
 - d) the import of illicit tobacco into a county with several points of entry - ports and airports - would always present a challenge. Mr Scott-Clark agreed that strategic partnership working, including Ministerial support and work with Public Health England and NHS partners, would be the most effective way of addressing this and would be key to leveraging in all possible support to tackle illegal activity. Kent was indeed a key route into London and the rest of the UK;
 - e) work to address smoking prevalence and illicit tobacco was welcomed, although the news that Kent still lagged behind the rest of the UK in addressing smoking prevalence was disappointing. Gillingham Football Club was currently running a healthy lifestyle project in an effort to teach families about healthy living and encourage them to reassess their lifestyles. What was also of concern, apart from tobacco smoking, was the smoking of cannabis, and it would be useful to have a report to a future meeting on the prevalence of cannabis smoking and what could be done to address it. Mr Scott-Clark added that there was a clear north-south divide in the prevalence of smoking, and confirmed that prevalence was higher around areas where tobacco products entered the country;
 - f) rates of mortality due to smoking varied between areas of affluence and deprivation. Health survey data had shown that people in deprived areas were more likely to smoke, as well as to have other unhealthy behaviours. It was also known that people from deprived areas tended to present with cancer symptoms later and were therefore less likely to be able to benefit from available treatment; and
 - g) it was depressing to see young people smoking, and a clear message needed to be sent that smoking was definitely 'not cool'.
2. RESOLVED that work undertaken to address smoking and tobacco control issues be endorsed.

90. Sexual Health Service update
(Item C2)

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

- a) the report was welcomed and Kent's advanced provision of HIV services acknowledged. Dr Khan undertook to look into and provide information on the extent to which Kent's HIV rates were higher than other areas of the UK, but explained that many people were difficult to engage with and test due to their transient lifestyles; and
 - b) the fact that teenage pregnancy rates in Kent were the lowest ever was welcomed. The report made no mention of teenage pregnancy in relation to sexual health, although the two issues were related. Dr Khan advised that, although the County Council's Teenage Pregnancy Strategy had now ended, work was still going on to address teenage pregnancy rates. Although the provision of sexual health services contributed only in a limited way to addressing teenage pregnancy rates, the target age range of sexual health services had been extended. Work to raise young women's aspirations for their future would make a greater contribution to tackling teenage pregnancy rates.
2. RESOLVED that work undertaken to implement sexual health services across Kent be noted and welcomed.

91. Adult Health Improvement Services - Commissioning Strategy
(Item C3)

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

1. Mr Scott-Clark and Ms Sharp introduced the report and emphasised the need for a balance of intervention and prevention over the short and long-term to achieve sustainable health improvement, and for local authorities to be partners in this work. To support this partnership working, the County Council's procurement process had been aligned with those of its district council and NHS partners. An extension to the contract would be requested, to allow time to further develop this joint working.
2. Mr Scott-Clark and Ms Sharp responded to comments and questions from Members, as follows:-
 - a) the County Council wanted to implement its new adult health improvement model as soon as possible and wanted to make the procurement process for this as efficient as possible. It would spend the extension time to clarify what could be delivered by current partnership working and what would need to be procured elsewhere or by other means; and
 - b) the potential role of district council partners and the Kings Fund in identifying and addressing health improvement issues had not previously been drawn on, but the role of district councils in controlling licensing and housing would make a valuable contribution, and district council-run leisure facilities could also offer much to support health improvement projects in an area.
3. RESOLVED that the feedback from stakeholders since January and the opportunities for working jointly with partners on the re-commissioning of adult health improvement services be noted.

The Vice-Chairman took the Chair for the next three items of business

92. Market Shaping and Oversight Protocol and Adult Social Care Community Support Market Position Statement

(Item C4)

Ms E Hanson, Head of Strategic Commissioning, Community Support, was in attendance for this item.

1. Ms Hanson introduced the report and explained that the two documents presented in the report represented two aspects of the County Council's role in relation to the care market under the new requirements of the Care Act 2014.
2. In response to a concern that the County Council's ability to shape the market would diminish as it reduced its direct involvement in service provision, Ms Hanson confirmed that 90% of the County Council's current provision was commissioned externally. Part of the County Council's commissioning approach was to determine what needed to be purchased and who was best placed to provide it.
3. RESOLVED that the Adult Social Care Market Shaping and Oversight Protocol and the Adult Social Care Community Support Market Position Statement be endorsed, and authority to update the Market Position Statement as necessary be delegated to the Corporate Director of Social Care Health and Wellbeing.

93. Draft 2016/17 Social Care, Health and Wellbeing Directorate Business Plan
(Item D1)

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

1. Mr Thomas-Sam introduced the report and confirmed that, following consideration by the Cabinet Committee, and including any comments made by the committee, the final version of the Directorate Business Plan would be cleared by the Corporate Director and the Cabinet Member and collectively agreed by the Leader and Cabinet before publication on the County Council's website.
2. RESOLVED that the draft 2016/17 Directorate Business Plan for the Social Care, Health and Wellbeing Directorate be noted.
3. Concern was expressed about the volume of information which Members were asked to read and consider in advance of a meeting in order to be able to have a meaningful discussion and offer useful comment to officers. Mr Gibbens said he appreciated this view and said he had tried to minimise the volume of paper as far as possible. Providing information sufficient to allow Members to give an informed opinion, but without overloading them, was sometimes a difficult balance to achieve. He welcomed any suggestion from Members about how the volume of reading material could be reduced.

94. Risk Management: Social Care, Health and Wellbeing (Adult Social Care and Specialist Children's Services divisions)

(Item D2)

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

RESOLVED that the risk management arrangements for Adult Social Care and Specialist Children's Services, outlined in the report, be noted.

The Chairman resumed the Chair for the remainder of the business.

95. Adult Social Care Performance Dashboard

(Item D3)

Ms S Smith, Head of Performance for Adult Social Care, was in attendance for this item.

1. Ms Smith introduced the report and emphasised that performance was generally good across all areas of adult social care activity. She responded to comments and questions from Members, as follows:-

- a) one area in which performance was rated red was the number of people aged over 65 receiving domiciliary care, which was still rising beyond target. However, this figure should be considered with the number of people in receipt of a direct payment, with which they would purchase their own care services. Although the County Council would encourage service users to take up a direct payment if they felt they wished to and could manage their own funds, people would never be pressured to take this up if they did not wish to; and
- b) as mentioned in Mr Lobban's verbal update earlier in the meeting, while there had been some increase in the overall number of delayed transfers from hospital, the number of delays attributable to social care causes had decreased. Continuing work with NHS colleagues would address the number of cases attributable to other causes. However, the process of discharging patients to other suitable care could not always be straightforward, and finding the right solution in some cases would necessarily take more time.

2. RESOLVED that the Adult Social Care performance dashboard be noted.

96. Public Health Performance - Adults

(Item D4)

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

1. Ms Sharp introduced the report and announced that the County Council's suicide prevention strategy had recently been launched and was being publicised to reach as broad an audience as possible, using a range of sites, including pubs, petrol station forecourts and on public transport.

2. RESOLVED that the current performance, and actions taken by Public Health to address areas of concern, be noted.

97. Kent Alcohol Strategy - update

(Item D5)

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

- a) the Chief Medical Officer had recently reduced the recommended maximum alcohol consumption per week for an adult male from 21 to 14 units, to match the recommended consumption for an adult female;
- b) concern was expressed that common-sense advice on alcohol was hard to find – for example, red wine was previously thought to be beneficial in small doses but was now thought not to be. The public needed to be able to access reliable information and advice on which to base decisions about their lifestyle and habits. One example was information about the relative strengths of different alcoholic drinks; one unit of a stronger drink might be equivalent to several units of a weaker drink; and
- c) although alcohol consumption might be reducing, other habits such as the smoking of cannabis were on the increase. It would be useful to have a report to a future meeting on the prevalence of cannabis smoking and what could be done to address it.

2. RESOLVED that the progress to date and planned work for the next period be noted and a more detailed report by the Kent Drug and Alcohol Partnership be made to the May 2016 meeting of the committee.

98. Work Programme 2016/17

(Item D6)

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