

## KENT COUNTY COUNCIL

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# ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Public Health Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 12th November, 2025.

PRESENT: Mr A Kibble, Mr R Mayall, Mr S Dixon, Mrs B Porter, Mr T L Shonk, Mr T Mole, Mr R Palmer, Mrs S Roots, Mr C Sefton, Mr S Jeffery, Mr A Kennedy and Ms C Nolan

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

IN ATTENDANCE: Dr Anjan Ghosh (Director of Public Health), Dr Ellen Schwartz (Deputy Director of Public Health), Sarah Hammond (Interim Corporate Director of Adult Social Care), Helen Gillivan (Interim Director of Adults and Integrated Commissioning), Victoria Tovey (Assistant Director for Integrated Commissioning), Mark Albiston (Director for Adult Social Care), Sydney Hill (Director for Adult Social Care), Sue Ashmore (Assistant Director for Prevention and Adult Social Care Connect), Helen Groombridge (Adult Social Care and Health Performance Manager), Pascale Blackburn-Clarke (Customer Experience and Relationship Manager), Sarah Challiss (Senior Commissioner), Toyin Sosanya (Pharmacy and Quality Lead), Hannah Brisley (Senior Commissioner), Nathalie Reeves (Public Health Specialist), Professor Durka Dougall (Public Health Consultant) and Ruth Emberley (Democratic Services).

### UNRESTRICTED ITEMS

#### **30. Election of Chair**

*(Item. 1a)*

Mr Spencer Dixon was nominated by the Leader to be the Chair of the Adult Social Care and Public Health Cabinet Committee. The Committee agreed the nomination and Mr Dixon was declared as Chair of the Committee.

RESOLVED that Mr Spencer Dixon be elected Chair of the Committee

#### **31. Election of Vice Chair of the Committee**

*(Item. 2)*

Mr Richard Palmer proposed that Mr Terry Mole be elected as Vice-Chair of the Adult Social Care and Public Health Cabinet Committee. This nomination was seconded by Mr Adrian Kibble. There were no further nominations.

RESOLVED that Mr Terry be elected as Vice-Chair of the Committee.

#### **32. Apologies and Substitutes**

*(Item. 3)*

Apologies were received from Mr Michael Brown, with Ms Sharon Roots attending as substitute.

**33. Declarations of Interest by Members in items on the agenda**  
*(Item. 4)*

1. A Member declared that he had a family Member currently working for the NHS.
2. RESOLVED that there were no other Member declarations of interest for any items on the agenda.

**34. Minutes of the meeting held on 10 September 2025**  
*(Item. 5)*

RESOLVED that the minutes of the Adult Social Care Cabinet Committee held on the 10 September 2025 were a correct record and a paper copy to be signed by the Chair.

**35. Verbal Updates by Cabinet Member, Corporate Director and Director of Public Health**  
*(Item. 6)*

1. The Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton provided an update for Committee Members. Some of the key highlights were as follows:
  - a) Congratulations were extended to Mr Dixon on his new appointment as Chair of the Committee.
  - b) Tribute was paid to Mr Richard Smith, KCC's previous Corporate Director of Adult Social Care, who had joined Nottingham City Council. Sincere thanks were expressed in relation to all his work and achievements. A warm welcome was extended to Sarah Hammond, the Interim Corporate Director of Adult Social Care.
  - c) Miss Morton and the two Deputy Cabinet Members for Adult Social Care, Mr Mark Mulvihill and Ms Georgia Foster, had visited several organisations and services across Kent, including Spadeworks, the Blackthorn Trust and Kenwood House.
  - d) Miss Morton recently attended the Registered Managers Conference, alongside a variety of committed care professionals and providers.
  - e) Kent Wellbeing Award took place recently in Ashford. Miss Morton was in attendance and presented the Kent Champion Award to Justin Blackman from North Kent Mind.
  - f) It was confirmed that close work had continued with partners in health and the voluntary sector, with Miss Morton recently meeting with the new Integrated Care Board Chief, Mr Doyle.
  - g) The first Kent Health and Wellbeing Board had taken place which involved District Councils and system partners, the primary focus

being prevention and integration. Miss Morton confirmed that she had requested both voluntary and community sectors be represented on the board, given their vital insight and connection to residents' everyday lives.

- h) The new integration brokerage service was fully in place across hospital transferer care hubs. Sincere thanks were expressed to the Interim Director of Adults and Integrated Commissioning, Helen Gillivan, and her team for their hard work in the project.
  - i) The Baton of Hope passed through Kent recently as part of a national tour. The event was well attended and successful.
2. Director of Public Health, Dr Anjan Ghosh provided a verbal update to the Committee. Some of the key points included the following:
- a) A heavy Influenza season was coming, with high levels in children and young adults. The Emergency Department attendance for Influenza had increased. Kent was supporting the NHS and UK Health Security Agency by promoting vaccines for high-risk groups.
  - b) Experts had indicated that it was not a matter of 'if' but 'when' the next pandemic would occur and in recognition of this, a national exercise called Exercise Pegasus had been completed in three phases, across all 4 nations. KCC was developing a framework from Exercise Pegasus that would be flexible enough to fit into any possible future pandemic.
  - c) Dr Ghosh confirmed that the Council was 1 year into an initial 2 year phase of the Marmot Coastal Region works and reminded Members that the programme focused on getting people back into work and the pathways into employment, particularly among high-risk groups.
  - d) The East Kent Neighbourhood Health Programme was part of the Marmot region and used Marmot principles to improve the building blocks of health.
  - e) The pharmaceutical needs assessment was published in September. Dr Ghosh confirmed that this was a statutory requirement of the Council under the Health and Wellbeing Board. The assessment laid out the current picture of community pharmacies and highlighted where there was need.
  - f) The Kent Annual Conference was scheduled for the 27 November 2025 at the Detling Showground. Dr Ghosh and Mr Mulvihill would be speaking at the conference, in connection to the Batton of Hope.
  - g) Progress had been made in relation to the improvement of pathways for opiate and crack substance misuse. Work had been carried out in association with prisons and Probation Services to secure additional funding for the medication Buvidal, for the treatment of addiction. Pathways for treating people with Ketamine addiction were also being reviewed and work has been carried out with Health Care

- Professionals (HCPs) to create better care for hospital to community pathway.
- h) A new health needs assessment had been completed for young peoples' drug and alcohol needs.
  - i) An annual conference on trauma informed care and healing centred care was scheduled for the 14 November 2025.
  - j) A post incident guide had been developed with Adult Social Care and a healing centred practitioner toolkit had been created for trauma informed care networks.
  - k) A Mental Health Needs assessment had just been published which underpinned the work the directorate carried out.
  - l) Dartford was due to start becoming a Health Alliance; it was confirmed that 11 out of the 12 District Boroughs were a Health Alliance and each had a £30,000 innovation fund administered through social enterprise.
  - m) A new smoking cessation pilot was being carried out in hospital A&E settings, with a view to expanding this to other health and Wellbeing Services operating from A & E departments.
3. The interim Director of Adult Social Care, Sarah Hammond, provided the following update for Members:
- a) Ms Hammond had agreed to offer her leadership to the directorate during the process of recruitment of a new Director of Adult Social Services.
  - b) Ms Hammond confirmed that she had been involved in several extended senior leadership meetings across the county and met with key partners such as the Chair of the Adult Safeguarding Board and colleagues from the Mental Health Trust and Integrated Care Board. In addition, Ms Hammond had also met with improvement partners who were charged by the Local Government Authority and the Department of Health to assist Kent with its improvement journey within Adult Social Care
  - c) In the coming weeks, Ms Hammond planned to go on several site visits to meet front line staff.
  - d) Work into understanding the finances of Adult Social Care was being conducted to understand the reasons for the increase in cost and some understanding into the cost drivers had been established.
- 4) In answer to Member comments and questions, the following was said:
- a) Dr Ghosh confirmed that KCC were promoting Influenza vaccinations amongst eligible staff, particularly within Adult Social Care and Health.

Issues around mass vaccination were national decision and therefore made by Central Government before they could be executed by Local Government.

- b) The Deputy Director of Public Health, Dr Ellen Schwartz explained that the most recent strain of virus had undergone various changes that resulted in making it more easily transmittable. The vaccine was modelled on the previous one, which meant efficacy was good in children and young people and moderately good in adults.
  - c) Dr Schwartz confirmed that NHS colleagues monitored the uptake of Influenza vaccines and COVID boosters, however the directorate worked closely with them and provided support by targeting and raising awareness of Kent residents. Low levels of COVID activity were confirmed, meaning there was no current need for additional awareness of the vaccination. The data collated by the NHS was shared with the directorate which enabled them to provide support around the vaccine uptake.
  - d) Dr Ghosh confirmed there was a lot of misinformation in social media around vaccinations and there had been a backlash from the pandemic and COVID vaccination. However, there was no hard evidence to show that wariness of vaccines had impacted the overall uptake.
  - e) It was confirmed that Adult Social Care staff working in care homes were eligible for the Flu vaccine.
5. RESOLVED Members noted the verbal updates delivered by the Cabinet Member for Adult Social Care, the Director of Public Health and the Interim Director of Adult Social Care.

**36. Adult Social Care and Health Complaints Report 2024/2025**  
(Item. 7)

- 1. The report was presented by the Customer Experience and Relationship Manager, Pascale Blackburn-Clarke.
- 2. Ms Blackburn-Clarke highlighted the key points of the Adults Social Care and Health Complaints report 2024/2025 to Members.
- 3. In answer to Member comments and questions, the following was said:
  - a) Of the 380 complaints about 'Quality of Care' included in the total, assurance was given that all complaints which came to the directorate were reviewed and lessons were learnt.
  - b) Officers worked closely with care providers and provider markets to ensure a drive in quality. It was explained to Members that whilst this information was not included in the report, officers were provided with a breakdown of the specifics.

4) RESOLVED that Members CONSIDERED and COMMENTED on the content of the report.

**37. Annual Report on Quality in Public Health (including Annual Complaints)**  
*(Item. 8)*

1. The report was presented by the Deputy Director of Public Health, Dr Ellen Schwartz. The key points were highlighted to Members as follows:

- a) The paper provided an overview of the quality assurance and governance processes currently in place for Public Health and those which were under development to ensure high quality Public Health services were provided.
- b) In going forward, commissioned services will be reviewed, as well as advisory services and a more comprehensive approach would be examined.
- c) A review was undertaken in 2023 of the existing quality assurance processes focusing on commissioned services, which resulted in a list of recommendations. Some of these recommendations had been enacted, for instance the recruitment of a dedicated officer for quality and the development of a Public Health quality assurance framework.
- d) The patient safety incident policy would be reviewed, as well as other elements of safety and quality.

2. In answer to a Member's question, Dr Schwartz explained that the data for the report had been taken from the Adult Social Care and Public Health overarching collection of complaints, compliments and comments and therefore the specific details relating to the sewage outage were not readily available. Dr Schwartz confirmed a response could be provided after the meeting, once the information had been identified.

3. RESOLVED that the Committee NOTED and COMMENTED on the content of the report.

**38. Adult Social Care Performance Dashboard Quarter 2 2025/2026**  
*(Item. 9)*

1. The report was introduced by the Adult Social Care and Health Performance Manager, Helen Groombridge, who highlighted the key points for Members as follows:

- a) The report provided an overview of Adult Social Care activity and performance for Quarter 2, being a period of between July and September 2025.
- b) Of the 7 Key Performance Indicators (KIPs):

- i) 4 were RAG rated green (having met or exceeded target)
    - ii) 3 were RAG rated amber (having not met target but were within the floor target or upper threshold)
  - c) Of the amber rag rated KPIs, one had improved by a 2% increase of the Care Needs Assessments completed within 28 days.
  - d) Increased activity had occurred with the amount of Occupational Therapy Assessments completed, as well as the number of residents who received the enablement service, Kent Enablement at Home.
  - e) The number of people requiring short term residential nursing beds had decreased. The number of people who required a first or annual review of their care and support plan continued to decrease.
  - f) The highest number of Care Needs Assessment first reviews were completed in July and ongoing reviews had been completed for the prior 14 months.
  - g) Contact for the Adult Social Care Connect Service, incoming safeguarding concerns and referrals for carers had all increased, whilst the Incoming Care Needs assessment and Deprivation of Liberty Safeguard application had decreased.
  - h) Once the National Adult Social Care Returns had been published, the team would add in benchmarking information for 2024 and 2025 to show how trends and demands equated to the national position.
2. In answer to Member comments and questions, the following was said:
- a) Director for Adult Social Care Mark Albiston explained that various factors impacted the increase of the cost of care, such as the increase in people requiring care and provider failure which resulting in recommissioning. It was highlighted to Members that two provider failures resulted in a cost of £1.5 million. In addition, the pressures of supporting hospital discharge in the NHS were a significant factor
  - b) Annual provider fee uplifts meant that an increase in cost was anticipated. The 18 to 25 Transition Service had moved back into Adult Social Care and factored into the increase of people who required support.
  - c) Quarter 1 showed an increase in short term pathways (residents discharged from hospital who required short term placement) and this increase was in both volume and average cost.
3. RESOLVED the Committee NOTED the performance of the Adult Social Care Services in Quarter 2 2025/2026

**39. Adult Social Care Operational Pressures Escalation Plan 2025/2026**  
*(Item. 10)*

1. The report was presented by the Deputy Cabinet Member for Adult Social Care and Public Health, Mr Mark Mulvill. Mr Mulvihill highlighted the following points to Members of the Committee:
  - a) The plan had been developed in collaboration with NHS and Community Partners to ensure that KCC could effectively manage times of heightened pressure across Health and Social Care Services.
  - b) In addition, the plan set out a clear structured framework to help provide a swift and proportional response to demand. It clarified and provided governance arrangements and operational triggers that enabled local managers and system leaders to make coordinated decision when pressures mounted.
  - c) The strengthened framework enabled protection to the most vulnerable residents by anticipating pressures through early coordination of date monitoring, risk assessment, streamlining communication between services, the deployment of staff and flexible resourcing.
  - d) In order to prevent hospital admissions and support timely discharge, the Escalated Pressures Plan provided methods to strengthen links with the NHS, District Councils and voluntary sectors.
  - e) Embedded learning from previous winters, rather than focusing on crisis response, was a key element to ensure workforce and partner agencies were able to plan, maintain resilience and uphold quality of care.
2. In answer to Member questions and comments, the following was said:
  - a) Miss Morton confirmed that Kent County Council had a statutory responsibility to provide a Care and Support Plan if one was required.
  - b) The Assistant Director Prevention and Adult Social Care Connect, Sue Ashmore confirmed that the Single Health Resilience Early Warning Database (SHREWD) was used by Kent County Council's health colleagues, however Ms Ashmore confirmed that it was also used for staffing and care enablement and was updated regularly.
  - c) Staffing levels were categorised as green, despite having a 30% reduction, as staff were utilised from across the system. Work was carried out with partners in health to consider duality of roles and how to collaborate more closely.

- d) Ordinary Residence was a reoccurring issue; work was being conducted exponentially to ensure packages of support were identified for people in their residential area, as well as conducting work with families to ensure any restricted moves or care packages required for a timely hospital discharge were sourced on a locality basis. The Medway Hospital system was supported by Social Work Practitioners from Kent County Council who worked directly with Kent residents, as well as Medway Council and the Community Health Providers, to ensure the correct social care input for the Kent Residents discharged from Medway Hospital.
  - e) An Integrated Brokerage Team hosted within Kent County Council ensured that work was conducted across the system, to enable the right support to be provided and at the right price for individuals being discharged from hospital.
  - f) It was confirmed that, other than the staffing pressures already discussed, nothing further of significance has been escalated.
3. RESOLVED the Committee NOTED the content of the report and the Adult Social Care and Health Operational Pressures Escalation Plan 2025/2026.

**40. Accommodation Market Position Statement**  
*(Item. 11)*

1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton. Miss Morton explained that the Position Statement was part of the directorate's 10-year vision on supporting adults who draw on social care and young people transitioning into adulthood, helping them to live independently, safely and with choice.
2. Senior Commissioner, Sarah Challiss presented a PowerPoint presentation to Members of the Committee.
3. A Member commented that, whilst the direction of the Position Statement was strongly supported, it was felt that the approach was too optimistic, given the current state of finances for Adult Social Care and Public Health. Concern was raised in connection with property developers and how they could be engaged in the extra care housing model.
4. In answer to a Member's question, it was explained that the growing demographic of older people within Kent was acknowledged, as well as the consequential growing need for residential care, however it was clarified that the overall aim was to reduce the over-reliance on residential care. In relation to nursing, the specific client group who required support included residents with Dementia and bariatric needs of people with significant complex support needs. It was confirmed that the next steps involved working through District profiles to establish what was required on each part of the market, to ensure sustainability to meet care need.

5. Ms Hammond explained that empty beds arise from either high expense or the provider being unable to meet the need of the individual who requires placement, or the bed was not in the correct place. Part of the Accommodation strategy was ensuring the right provision was in the right place.
6. It was confirmed that when the Position Statement was published, the evidence base document would be available so Members could see the data and figures used. Work was currently underway with the analytics teams and therefore timescales for implementation would be provided in due course.
7. RESOLVED the Committee NOTED the contents of the Accommodation Markert Position Statement.

**41. 25/00094 Long Acting Reversible Contraception - Key Decision**  
*(Item. 12)*

1. The item was introduced by the Cabinet Member for Adult Social Care and Public Health, Miss Diane Morton.
2. Public Health Consultant, Professor Durka Dougall, highlighted key points to Members. These included:
  - a) This was a proposed 6 year commissioning strategy, Kent County Council had statutory duty to provide comprehensive sexual health care.
  - b) Long Acting Reversible Contraception (LARC) was an effective, evidence based contraceptive method, with services funded entirely through the Public Health Grant.
  - c) LARC is currently delivered through more than 100 GP practices across Kent and through the Council's Integrated Sexual Health Service.
  - d) The current contract was due to conclude in December 2026; based on the findings of the Sexual Health Needs Assessment, analysis of different commissioning practices and options and the wish to align primary care contracts from 2026, the proposal was to recommission the LARC services in primary care for a period of 6 years 4 months for a value of £13 million, commencing on 1 December 2026.
3. In answer to Member comments and questions, the following was said:
  - a) It was acknowledged that existing provider GP practices were under pressure and therefore the aim was to recommission in a streamlined way across several public health services. It was confirmed that this was part of suite of initiatives; the aim was to work with local GP Practices to build relationships and understand what some of the blockers and obstacles were.

- b) It was confirmed that previously a year-by-year contract extension model was being used however taking a 6-year 4-month approach prevented the need for annual re-bidding.
4. RESOLVED the Committee CONSIDERED and ENDORSED the Cabinet Member for Adult Social Care and Public Health in relation to the proposed Key Decision, as detailed in the Proposed Record of Decision document for 25/00094.

**42. Work Programme**  
*(Item. 13)*

RESOLVED Members noted the Work Programme.