

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, 4 December 2014.

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

ALSO PRESENT: Mr G K Gibbens

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

UNRESTRICTED ITEMS

1. Apologies and Substitutes
(Item A2)

The Democratic Services Officer reported that Mr R A Latchford was present as a substitute for Mr H Birkby, and that Mrs M E Crabtree and Mrs P A V Stockell were present as substitutes for the two Conservative vacancies on the committee. The second of these vacancies had arisen when Mr A H T Bowles left the committee.

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

There were no declarations of interest.

3. Minutes of the meeting held on 26 September 2014
(Item A4)

RESOLVED that the minutes of this committee's meeting held on 26 September 2014 are correctly recorded and they be signed by the Chairman. One matter arising was addressed later as part of the verbal updates.

4. Meeting Dates for 2015
(Item A5)

The dates reserved for the committee's meetings in 2015 were noted, as follows:-

Thursday 15 January
Tuesday 3 March
Friday 1 May

Friday 10 July
Friday 11 September
Thursday 3 December

All meetings would commence at 10.00 am. If an earlier start time were to be required for any meeting, this would be announced nearer the time.

5. Verbal updates
(Item A6)

Adult Social Care

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

Key Decisions:

Wellbeing Charge in Extra Care Housing Schemes

Personal Health Budgets – Section 75 agreement

Swale Learning Disability Day Service

Local Account

Adult Social Care Transformation – Phase 2 Design Partner Appointment

Events:

7 October - Consortium for Assistive Solutions Adoption (CASA)/Innovage Final Conference in Brussels

14 October - visited Compaid in Paddock Wood

22 October - spoke at the Kent Seniors Forum at Sessions House

These events had all been very positive, addressing high-profile issues which would help Kent to identify and prepare for the future support needs of an ageing population.

12 November - attended Porch Light 40th Anniversary Conference in Canterbury

12 November - attended Government Office for Science Future of Ageing Meeting at the University of Kent

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

Transformation update – work was currently progressing from phase 1 to phase 2. The issues involved were complex and much work had gone into achieving optimum value. The committee would be given regular updates.

Five Year Forward – emerging strategic direction of NHS and impact on social care – this influential document included some reference to the links between social care and health.

Feedback from staff briefings – briefings for staff around the county had been very positive and had provided an opportunity to debate emerging issues. *Feedback from briefings would be collated and circulated to Members.*

Adult Public Health

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

Key Decisions:

Health Checks Service - contract extensions

Contract awards for Community Sexual Health Service

Events:

1 October - attended Kent Malnutrition Conference at Ashford International Hotel

10 October - attended Public Health Mental Wellbeing Celebration Day at

Sessions House – the aim of World Mental Health day on 10 October was to highlight mental health issues across all age groups and sections of society, as research had shown that one in four people would experience some sort of mental ill health during their lifetime. Early diagnosis was key, and, for young people, GP support and good transition from children's to adults' services was key. He thanked the public health team and Penny Southern and her team for organising this event.

15 October - hosted Professor Chris Bentley's Health Inequalities Briefing for Members at Sessions House - this had highlighted the seven stages of life and the importance of a child's early years. Health inequalities was a huge issue to be tackled and he offered a briefing on health inequalities to any Members who wished to have one.

19 November - spoke at the Wellbeing Symposium at Detling Showground

26 November - attended Environment, Health & Sustainability Conference at Ashford International Hotel

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

Campaigns update – campaigns were currently running for flu jabs, particularly for pregnant women and children aged 2 to 4, novovirus and late HIV diagnosis.

Ebola update Although Ebola remained an ongoing issue in West Africa, the Kent Public Health team continued to work locally with the NHS and Public Health England system to gain assurance that Kent was prepared.

Canterbury Christchurch University AGM – Mr Scott-Clark had attended the recent Canterbury Christchurch University AGM. The public health team had supported the university in gaining accreditation for their Masters' degrees in Public Health and various team members were supporting teaching.

Health Checks target – in response to a question on the minutes of the last meeting, Mr Scott-Clark clarified that the key provider, Kent Community Health Trust (KCHT), was currently working towards a target of achieving 50% uptake of invitations to attend a health check, while NHS England aspired to a target of 75% uptake. The County Council was working with KCHT to increase and agree a new, higher target that it would work towards.

5. The verbal updates were noted, with thanks.

6. **Smoking Cessation service - proposals for future delivery (decision number 14/00146)**
(Item B1)

Dr F Khan, Consultant in Public Health, was in attendance for this item, and Ms K Sharp, Head of Public Health Commissioning, was in attendance for this and the following items.

1. Dr Khan introduced the report and explained that it was proposed that the existing contract for the smoking cessation service be extended to 31 March 2016.

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

- a) one speaker asked why the contract was being extended despite existing targets not being met. Dr Khan explained that the target, which was prescribed by the Department of Health, did not allow a longer quit period for those smokers for whom the habit was so entrenched that quitting would inevitably take longer. In extending the contract, and in future commissioning, it would be made clear that other targets, such as reduced dosage of tobacco, abstinence and quitting needed to be considered, and that the current target was considered to be no longer fit for purpose. The target also did not take account of deprivation factors; it was known that smokers living in areas of deprivation tended to find it harder to give up;
- b) another speaker added that most smokers who would find it easier to quit were likely to have already done so; the next challenge was to tackle smokers for whom the habit was more entrenched;
- c) the Kent and Medway Fire and Rescue Authority was a trusted service that was viewed as friendly and accessible, and this popular image could be used to spread advice about the dangers of smoking, in term of the risk of home fires. This would be an alternative way to tackle the issue, with the health benefits being a welcome side effect;
- d) one speaker suggested that the reason why Kent was behind on its smoking quit target was that cheap cigarettes were so easily available across the county, having been imported via Kent's ports; and
- e) recent community health events and publicity had suggested that the most successful way to give up smoking was the use of e.cigarettes. Perhaps the County Council's current stance, that e.cigarettes were not a reliable way to give up, should be reviewed. It was important that the usefulness and potential contribution of e.cigarettes to smoking quits was clearly understood. Dr Khan explained that new research on this issue was due soon, but the current view was that they were useful as long as they were used as a step to giving up smoking. She added that part of the reason that the targets for quits had not been reached was that smokers were switching to e.cigarettes instead of accessing smoking cessation services.

3. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking the decision.

4. RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the contract with Kent Community Health Trust for the smoking cessation service to 31st March 2016, after taking account of this committee's comments, be endorsed; and
- b) the timeline for tendering the service be agreed.

7. Adult Healthy Weight commissioning plan (decision number 14/00148)
(Item B2)

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

1. Ms Varshney introduced the report and emphasised that, as many aspects of weight management were outside the control of County Council, as commissioners of the service, it was vital that all partners collaborate effectively to address issues at a local level. Ms Varshney responded to comments from Members, as follows:-

- a) one speaker praised the effectiveness of a weight loss course that he had attended and recommended it as way of controlling weight;
- b) the appendix to the report mentioned the extension of the consultation to include healthy weight services for children. In such services, it was vital that parents were given feedback so they could make appropriate lifestyle adjustments for their family, as part of the preventative agenda;
- c) an example of local schemes which could be introduced was an 'outdoor gym', a selection of fitness equipment which the public could use, free of charge, which had been installed by a parish council. Good partnership working would promote, and ensure best use was made of, such facilities. Health walks were another local initiative put in place by parish and district councils. Ms Varshney agreed that, by working closely with local partners, all the facilities that they each ran would be available to the overall campaign, and the areas of the population which could most benefit from these facilities could be identified;
- d) one speaker referred to the previous provision of a gym in the basement of Invicta House, County Hall, and *Ms Varshney undertook to check if this facility was still available and advise the committee;* and
- e) the County Council should retain its role as a co-ordinator of these various local services.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking the decision.

3. RESOLVED that:-

- a) the approach for developing a system-wide strategy for Healthy Weight in Kent, and a revised commissioning timeline, be supported; and
- b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the contracts for Tier 1 and Tier 2 weight management services to 31 January 2016, after taking account of this committee's comments, be endorsed.

8. Tendering outcomes for Community Sexual Health Services (decision number 14/00143)
(Item B3)

1. The Chairman asked Members of the Committee if, in discussing the report, they wished to make reference to the information set out in the exempt appendix to it, which was included at the end of the agenda, at item F1. Some Members confirmed that they wished to ask questions about some of the information in the appendix.

2. Accordingly, it was RESOLVED that discussion of this item take place in closed session. It is recorded below, in Minute 19.

9. Extending the current contract for Health Trainers from March 2015 to January 2016 (decision number 14/00147)
(Item B4)

5. Ms Sharp introduced the report and explained that it was proposed that the existing contract for the health trainers service be extended to January 2016, to allow time to review work streams and identify any duplication of work between the County Council and its partners. The aim was to achieve one workforce and one contact point for use by the public and professional partners. She responded to comments and questions, as follows:-

- a) the health trainers service was praised for its good public engagement, and the extension of the service was supported by speakers; and
- b) asked about the risks which were listed in the report against options A and B, Ms Sharp explained that one risk was more immediate than the other, and one option allowed a longer period in which to prepare.

6. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking the decision.

7. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the contract with Kent Community Health Trust to provide health trainers to 31st January 2016, after taking account of this committee's comments, be endorsed.

10. Local Welfare Assistance future options
(Item B5)

Ms M Anthony, Commissioning and Development Manager, was in attendance for this and the following item.

1. Ms Anthony introduced the report, which followed on from the committee's discussion at an earlier meeting, and explained that the current 2-year pilot of the Kent Support and Assistance Service (KSAS) would continue to receive government funding until the end of the current financial year only, in common with similar schemes run by other local authorities across the UK. The outcome of a challenge by the London Borough of Islington to the Government's decision to cease funding was due shortly. The report set out three options for future funding, of which, option 3 was recommended. Ms Anthony and Mr Ireland responded to comments from Members, as follows:-

- a) in response to a concern about compromising existing support to the families covered by the County Council's statutory responsibilities, Mr Ireland explained that those statutory responsibilities under care and childcare legislation pre-dated the current funding arrangement and would continue after whatever change came in at the end of this financial year. Ms Anthony added that KSAS had been very effective in supporting many families who were at the edge of, but not covered by, that legislation. The recommended

option would allow the County Council scope to offer increased support where needed. Monitoring of the effects of this sort of service delivery over an 18-month period had shown good potential to benefit service delivery. The County Council's newly-acquired responsibilities allowed it to provide assistance to a wider cohort of service users than was covered by its statutory responsibilities. Monitoring of the effects of this wider service delivery over an 18-month period had shown that option 3 would make the most of the community assets available;

- b) concern was expressed about the ramifications of this change upon the staff employed at the County Council's call centre. Ms Anthony responded that discussion with the call centre was ongoing, with the aim of securing the best future arrangement for its involvement; and
- c) support for option 3 was expressed by other speakers as it would benefit community-based provision and allow flexibility.

2. RESOLVED that:-

- a) the comments and concerns raised by Members in debate be noted and taken into account; and
- b) option 3 for further work and development of a full business case be endorsed, with a view to a formal decision on the issue being taken in the future by the Cabinet Member for Adult Social Care and Public Health.

11. Provision of support to socially-excluded groups
(Item B6)

1. Ms Anthony introduced the report and explained that the Supporting People service had brought together disparate existing resources, and the ongoing County Council transformation programme offered a timely opportunity to review the service. She emphasised that the parts of the Supporting People service for which the County Council was responsible included only the support elements.

2. The Chairman clarified with Ms Anthony that the committee was being asked to give in-principle support for a review of commissioning arrangements, and would have an opportunity at a future meeting to consider the issue, prior to a formal decision being taken by the Cabinet Member.

3. Ms Anthony responded to comments from Members, as follows:-

- a) the County Council would work with other agencies, eg the probation service, to shape future commissioning, and district councils were also keen to work with the County Council;
- b) the proposed changes were supported as a way of avoiding future increases in costs, if greater support were to be needed for a service user;
- c) a view was expressed that district councils were better placed to deliver housing-related support; and

- d) a speaker who had had first-hand experience of Supporting People budgeting commented that some issues blurred the boundaries between various benefit entitlements and hence made calculations complex.

4. RESOLVED that:-

- a) the information provided about the preventative services for socially-excluded groups be noted; and
- b) in-principle support be given, taking into account the comments set out above, to the County Council continuing to support these groups with such services, to enable future work to be done to re-shape services.

12. Care Act Implementation - Eligibility Criteria for Adult Care and Support (decision number 14/00134)
(Item B7)

Mr M Thomas-Sam, Strategic Business Advisor, and Ms C Grosskopf, Strategic Policy Lead for the Care Act Programme, were in attendance for this and the following item.

1. Mr Thomas-Sam introduced the report and reminded Members of the huge scale of the change to social care policy enshrined in the new Care Act, which had consolidated and changed much existing legislation. There would be national and local media campaigns early in 2015 to raise public awareness of the changes, and all current service users and stakeholder partners would be written to. In addition, staff would be given extensive training to help them learn the new legislation and switch to applying the new rules and criteria when undertaking care assessments. A briefing for elected Members had been arranged for 15 January, to which all elected Members had been invited.

2. Mr Thomas-Sam and Mr Ireland responded to comments from Members, as follows:-

- a) Mr Thomas-Sam clarified that the previous eligibility criteria had focussed on minimising the risks to a person's independence, while the new national eligibility criteria had changed this focus to concentrate more on outcomes;
- b) the retention of the manager discretion element of the assessment process was welcomed, and Mr Thomas-Sam agreed that it was important in any social care legislation that there should be an ability to address cases of exceptional need. Mr Ireland added that there would always be some people who had needs which the County Council would meet, even though they did not fit within the new eligibility criteria;
- c) the appeal process by which service users could challenge their assessments needed to be easily accessible. Mr Thomas-Sam explained that a new national appeal system would be established, relating solely to the implementation of the Care Act, however, the form of this would not be announced until early in 2015;
- d) Mr Ireland explained that the County Council needed to come to a view on the new national eligibility criteria for two reasons; firstly, because it was not

lawful for any local authority to set its eligibility criteria at a higher level than the national minimum and, secondly, because the extent to which the Council believed that the new criteria represented a change to legislation would determine what level of public consultation it needed to undertake. The Council would need to form this view early, so that, if public consultation were needed, this could be undertaken as early as possible. It was clear that there was some level of change between the old and new criteria, and the need for extensive staff training and adjustment to a new regime added to the extent of the adjustment which needed to be undertaken; and

- e) Mr Thomas-Sam reminded Members that existing service users who had been assessed against the current criteria would be unaffected and would be passported to the new national eligibility criteria in April 2015.

3. The Cabinet Member, Mr Gibbens, thanked Members for their careful consideration of the issues set out in the report, and for their comments, which he assured them he would take account of when taking the decision. He emphasised the scale of the change represented by the new Care Act – the single largest change to social care since 1948 - and said that the extensive work the County Council had undertaken in the past to its social care policy and assessment process had placed it in the best possible position to accommodate the current changes. He was determined that Kent should maintain its excellent record and reputation in this field. He paid tribute to and thanked Mr Thomas-Sam and Ms Grosskopf for the huge amount of work they had undertaken in analysing and processing the extensive content and complexity of the Care Act legislation and its impact on the Council's policy setting.

- 4. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, that the County Council adopt the national minimum eligibility criteria for determining which adults with care and support needs meet Kent's eligibility criteria, from 1 April 2015, after taking into account the comments made by this committee, be endorsed.

13. Care Act Implementation - Charging and Deferred Payments (decision numbers 14/00135 and 14/00136)
(Item B8)

RESOLVED that the decisions proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, that:-

- a) the County Council exercise its power under Section 14 of the Care Act 2014 to charge, from 1 April 2015, for the same services for which it currently charges, as at 31 March 2014 (decision number 14/00135); and
- b) the County Council adopt, from 1 April 2015, both the mandatory and discretionary elements of the proposed Deferred Payments scheme (as set out in Sections 34 and 35 of the Care Act 2014), and the current Temporary Financial Assistance scheme, and for new clients on 31 March 2015 (decision number 14/00136),

be endorsed.

14. Self-Assessment Framework

(Item C1)

1. Ms Southern introduced the easy-read report and explained that it was being presented to the committee so Members could see how their views on services for people with learning disabilities fed into the overall policy and service delivery. The action plan for Winterbourne View was in its second year, and work on this would continue into 2015. She responded to comments and questions from Members, as follows:-

- a) speakers praised the extensive work which had gone into preparing the action plan in what was a difficult area of work;
- b) the past year had been the first to which the self-assessment process had applied, and the County Council had been very honest in its assessment of its service delivery. Two areas of performance were currently rated red but were approaching the threshold for amber and were expected to achieve amber by the end of the current financial year; and
- c) in response to a question about 36 service users having been assessed as needing to move from Winterbourne View into the community, Ms Southern reassured the committee that this did not necessarily mean those 36 people had been inappropriately placed at Winterbourne View. For many of them, delays to the planned discharge had been caused either by there being no suitable service to discharge them to, or by the body which had placed them at Winterbourne View (for some, NHS England, for some, clinical commissioning groups) delaying their discharge from some other reason. The two threads needed to be addressed in tandem.

2. The Cabinet Member, Mr Gibbens, commented that the easy-read report and action plan had been welcomed and had received much positive support from GP colleagues when reported to the Kent Health and Wellbeing Board on 19 November. He said he encouraged the principle of producing information in an easy-read format and that all future reports referring to learning disability services should be prepared in this format. He thanked Ms Southern and her team for the clarity of the information set out.

3. RESOLVED that the 2013/14 national comparison action plan, including the progress made on performance rated red, the way in which Kent is approaching the 2014/15 joint health and social care self-assessment framework, the Kent action plan for Winterbourne View and the wider issues for learning disability in Kent, be noted.

15. Adult Social Care Performance Dashboard for September 2014

(Item D1)

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

1. Ms Smith introduced the report and, in response to a question about the target for the number of Promoting Independence Reviews, currently rated as red, explained that the prescribed target had not been reached as the cohort of service users for whom such reviews were applicable was limited. The outcome, however, still showed a high number of such reviews being completed.

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

16. Public Health Performance - Adults

(Item D2)

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

1. Ms Sharp introduced the report and commented that the level of chlamydia screening was below target but that this would be boosted by the recently-awarded revised contract for the delivery of community sexual health services.

2. RESOLVED that the current performance and actions taken by public health be noted.

17. Work Programme

(Item D3)

1. The Democratic Services Officer introduced the report and reminded Members of its purpose as an ongoing *aide memoire* of upcoming business and a tool by which any Member of the committee could propose an item for future consideration.

2. RESOLVED that the committee's work programme for 2015 be agreed.

18. Motion to Exclude the Press and Public for Exempt Business

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

EXEMPT ITEM (Open Access to Minutes)

19. Tendering outcomes for Community Sexual Health Services

(Item F1)

1. Ms Sharp introduced the report and reminded the Committee that, in the first round of tendering, no suitable bids had been received to deliver lots 1, 2 and 7, so tendering for these outstanding lots had been repeated. In the second round, the original lot 7 had been incorporated into the revised requirements for lots 1 and 2. The Council had engaged with both current and new providers, and the 'hub and spoke' model it had adopted had been designed to increase the level of productivity expected from the new services. In addition, the Council was working with NHS England to ensure that HIV services were fully integrated into sexual health across the whole county.

2. The unrestricted report had set out the outcome of the first round of tendering and the tendering process followed for the second round, and the exempt appendix to the report listed those bidders who had successfully met the criteria in the specification and to whom it was proposed that contracts for lots 1 and 2 be awarded.
3. Ms Sharp responded to comments and questions from Members, as follows:-
 - a) concern was expressed about the very limited number of bidders, out of those expressing an interest, which had ultimately been able to meet the specification criteria, and that this may indicate a lack of suitable providers available to deliver such services. Ms Sharp explained that some of those bidders would be involved in some part of the service delivery, in collaboration with the successful bidders. The highly-specialised, clinical nature of the required services would inevitably limit the number of providers qualified and able to take on such work. In addition, some of those potential providers would be deterred from bidding because of the sensitivities around the content of the work. Mr Scott-Clark added that the highly clinical nature of the service meant that it needed to be led by consultants, to ensure that suitable quality and standards could be maintained, and the NHS was the only body which employed such consultants; and
 - b) in response to a further question about sub-contracting services, Ms Sharp explained that the lead providers, to whom it was proposed to award contracts, would take on the overall accountability for service delivery but would arrange for some other organisations to deliver elements of it.
4. RESOLVED that:-
 - a) the identities of the providers to which sexual health service contracts had been awarded in the first round of tendering (for lots 3 to 6) be noted;
 - b) the identities of the providers which had received the highest scores from the tender evaluation in the second round of tendering (for lots 1 and 2) be noted; and
 - c) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to award contracts to the bidders identified in the exempt appendix to the report, to deliver community sexual health services for lots 1 and 2, after taking account of this committee's comments, be endorsed.