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 Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 15 January 2015.

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

ALSO PRESENT: Mr G Cowan, Mr G K Gibbens and Mr D Smyth

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

UNRESTRICTED ITEMS

20. Apologies and Substitutes
(Item A2)

The Democratic Services Officer reported that Mr R Bird was present as a substitute for Mr S J G Koowaree, Mr R A Latchford was present as a substitute for Mr A D Crowther, and Mrs P A V Stockell was present as a substitute for one of the Conservative vacancies on the committee.

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

There were no declarations of interest.

22. Minutes of the meeting held on 4 December 2014
(Item A4)

RESOLVED that the minutes of the meeting held on 4 December 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

23. Verbal updates
(Item A5)

Adult Social Care

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

Key Decisions:

Strategic Efficiency and Transformation Partner - The Council was currently tendering using a fully compliant, open, Official Journal of the European Union (OJEU) process to select a strategic efficiency partner to continue the work currently being carried out in its transformation agenda.

The request to delegate the award decision to the Cabinet Member for Business Strategy, Audit and Transformation would be submitted to the Policy and Resources Cabinet Committee on Friday 16 January. As it was a cross-directorate initiative, the Chairman of the Policy and Resources Cabinet Committee wanted to ensure that directorates affected were kept informed and, as the first tranche of work to be carried out under this contract would be the Adult Social Care Phase 2 implementation, requested that this committee be given an update.

Events:
23 December 2014 – Chairman's Tour – this tour included a visit to the central referral unit at Kroner House in Ashford, and a similar visit was offered to any other Member who wished it.
20 January 2015 – will speak at conference in London about combatting loneliness and isolation

He responded to comments and questions, as follows:-

a) there had been recent media coverage of training and recruitment issues, including the use of agency staff, and the issues raised by this would be addressed in a report to the committee at its March meeting. Mr Ireland reassured Members that use of agency staff was carefully monitored, *and undertook to look into what policy the County Council had regarding re-engaging its former employees who had left to work for agencies.* He added that it was important that the Council secure the most skilled staff it could find, even if that meant using agency staff.

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

Hospital discharge – this item was covered by an item later on the agenda
Association of Directors of Adult Social Services (ADASS) Policy Day – this had taken place early in January and discussion had included the extent to which local authorities were prepared for the implementation of the Care Act. An ADASS document titled 'The Future of Social Care' was currently in draft and would be sent to Members of the committee once finalised.
Deprivation of Liberty Safeguards (DOLS) – an amendment to primary legislation would be required to change the current legislative framework of this, so it was expected that the current arrangements would apply for at least the next three years.

Adult Public Health

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

Media campaigns – these were being tackled jointly by the public health and communications teams and external partners, mostly the NHS. Topics included late diagnosis of HIV, 'dry January' (giving up alcohol for January), national obesity week, starting on 19 January, noro virus and work with Public Health England on research into the health impacts of incidences of flooding.

4. The verbal updates were noted, with thanks.

24. Updating the Kent and Medway Suicide Prevention Strategy
(Item B1)

Ms J Mookherjee, Consultant in Public Health, was in attendance for this and the following item.

1. Ms Mookherjee introduced the report and explained that the committee was being asked to give views on the draft strategy and agree the process for, and content of, broader consultation. The Kent strategy was built around the same six key priorities as the national suicide prevention strategy but had its own, local, action plan. Recent research had identified that rates of suicide were higher in the construction, agriculture and highways maintenance industries. Ms Mookherjee responded to comments and questions from Members, as follows:-

a) data on the rate of suicide among young offenders had only recently been recorded; in 2013, 11 suicides were recorded in Kent among young people in custody. Work was ongoing with NHS partners to address this issue, using the mental health concordat and crisis intervention procedures. In addition, the police would need to have training in identifying mental health problems among young people upon arrest. This would be a challenge as mental health problems could seem to be anti-social behaviour;

b) the increase in the rate of suicide was made up of the number of suicides and the increased rate of suicide among construction workers. Debt and economic uncertainty were also contributors, and those dealing with these anxieties needed advice and support. *Ms Mookherjee undertook to check the involvement of the Citizen's Advice Bureau on a steering group which was looking at suicide prevention and advise the committee of the outcome outside the meeting.* Another speaker added that the Citizen's Advice Bureau had a duty of confidentiality, which might make it difficult to identify and use client data to monitor patterns;

c) it was difficult to identify war veterans among victims of suicide as a Coroner recording a verdict would not necessarily have access to, record and report information about a victim's past life. Accordingly, there was no data on the rate of suicide among former service personnel, although they were identified as a high-risk group in the wellbeing strategy. It was suggested that, as the Coroners service was run by the County Council, the Council could request that additional information be recorded which would help other areas of its work, and *Ms Mookherjee undertook to look into this suggestion;*

d) students were known to be at particular risk of self-harming but not of suicide. Although incidences of self-harming were viewed very seriously, they were not necessarily a pre-cursor to suicide and were seen as an expression of distress rather than an intention to take one's own life;

e) it was known that men with Asperger's syndrome or on the autistic spectrum tended towards depression but were less likely than other men to join support groups or projects such as the 'men's shed' scheme, which were designed to give men a way of seeking moral support and networking to combat mental health problems. Such young men would be hard to identify and reach;

f) the Live it Well strategy could also be more widely promoted to support the same aim; and

g) Ms Mookherjee advised Members that national and local good practice involved identifying popular venues chosen for suicide by jumping, eg Dover Cliffs, Beachy Head and the Clifton Suspension Bridge in Bristol, and ensuring that contact details for the Samaritans were displayed prominently at those sites. Asked if people who travelled to such locations to commit suicide would then be counted as a suicide from that area, thus inflating local figures, *Ms Mookherjee undertook to look into how such deaths would be recorded, geographically, and advice the speaker outside the meeting.*

2. RESOLVED that:-

a) the contents of the draft Strategy and Action Plan be noted; and

b) the proposed consultation process for the 2015-2020 Kent and Medway Suicide Prevention Strategy and Action Plan, and the questions to be used in this consultation, be endorsed.

25. Building a Mental Health Core Offer
(Item B2)

Ms S Scamell, Commissioning Manager, Mental Health, Ms J Mookherjee, Public Health Consultant, were in attendance for this item, with Ms P Southern.

1. Ms Southern presented a series of slides which set out the background to and context of the core offer, which aimed to meet needs in the community, using prevention and primary care services. The voluntary and community sector was best placed to identify and respond to community needs. The presentation included extracts from a DVD made recently by the Porchlight charity, *and Ms Southern undertook to send a link to the whole DVD and to the Live it Well website to Members of the committee.* Comments and questions from Members included the following points:-

a) the budget for mental health services seemed to have been reduced, and concern was expressed that service provision should not suffer. Ms Southern and Ms Scamell reassured Members that the overall level of funding had not been reduced; the organisation of funding had simply changed, leading to figures being listed differently;

b) the plan to continue grants made to the voluntary sector was welcomed, as working with this sector was vital when preparing for change, and to retain knowledge and expertise. Contracts with the voluntary sector would need

to include notice that regular monitoring would be undertaken. Ms Southern added that partners in the voluntary sector were supported and prepared to enable them to enter into and compete in the contracting process so they were able to take part fully;

c) Ms Scamell clarified that 'informal community services' listed among the grants and contracts to be awarded referred to day services, and that projects listed as 'others' were those which were supported by a collaboration of adult social care, public health and clinical commissioning groups;

d) Ms Scamell explained that adult social care staff worked with the NHS to improve access to psychological therapy services and was seeking further investment on this aspect of the mental health core offer;

e) concern was expressed that some organisations listed to receive grants and contracts were unknown to elected Members. Members surely needed to be aware of the organisations with which the Council was working in their areas, and what services were available, so they were able to help and advise local people. Ms Southern advised Members that local information could be found on the Live it Well website; and

f) one of the stated aims of the core offer was to achieve 'parity of esteem' for those suffering from poor mental health. This sought to address the disparity which had existed historically between the perception of mental health and physical health issues, to reduce stigma and emphasise that mental health issues needed to be treated as would any other health issue. Research had shown that people experiencing serious mental health problems tended to die up to 25 years earlier than those without.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and added that the voluntary sector was keen to work with the County Council. He said he had been pleased to visit and see the work undertaken by the Porchlight charity across the county. He undertook to look into methods of keeping Members informed of work going on in their divisions.

3. RESOLVED that:-

a) the approach to develop a primary care and wellbeing service, and the proposed commissioning timeline, be supported;

b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to provide grants for one further year, 2015/16, and then to award contracts for mental health services, as detailed in the report, from 1 April 2016, be endorsed, taking account of the comments made by this committee; and

c) the procurement process for the primary care and wellbeing service duly commence.

26. Care Act Implementation - power to delegate Adult Care and Support functions *(Item B3)*

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

1. Ms Grosskopf introduced the report and clarified that the ability to delegate the assessment function applied also to specialist assessments in respect of services for blind people and deaf people. The County Council was able to delegate the assessment function if it wished to; there was no obligation to do so. Ms Grosskopf, Mr Thomas-Sam and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

a) it was the assessment function and service provision for the specified areas only that the County Council was minded to delegate; the Council would retain control of the funding for services and the legal responsibility for contracting for those services;

b) concern was expressed that legal advice had been sought about the detailed operation of the new delegation but that advice had not yet been received, so the detail of how the new delegation would work was, as yet, unclear. However, Ms Grosskopf pointed out that, on the advice so far, it was expected that delegation would be implemented via the commissioning and procurement processes;

c) in response to a question about how the operation of the service would be monitored, Mr Thomas-Sam explained that regular monitoring would be part of the Care Act Programme and, in the light of actual data, following the implementation, any necessary adjustments needing to be made to the service would be reported to the committee as part of its usual monitoring process;

d) a view was expressed that existing expertise in undertaking assessments should be retained 'in-house' by the Council as far as possible. Mr Ireland clarified that the Council was not seeking to externalise its social work assessment functions; the new delegations related only to the specified client groups. In taking on new areas of responsibility, the Council was venturing into service areas of which it had no previous experience or expertise, so it made sense to delegate the assessment function to organisations which did have this experience;

e) a concern was expressed that the bodies to which the Council would delegate the assessments may not have sufficient capacity to undertake them; and

f) a view was expressed that there would need to be a robust system via which a client could appeal against their assessment and request that it be reviewed. Mr Thomas-Sam explained that there would indeed be a national appeals system but the detail of this would be included in the second part of the Care Act implementation. It was expected that the Government would publish a consultation document in due course, early in 2015. However, as best practice, the Council would ensure that quality of

decision-making could be clearly evidenced, in the event of any decision being challenged under an appeals system, and that every individual would be provided with the information they needed, relating to their assessment. This best practice would require staff to be given necessary training so they were able to provide and uphold the best possible assessment service.

2. The Cabinet Member, Mr Gibbens, commented that the Care Act was a huge piece of legislation which would bring far-reaching changes to the way in which the County Council delivered social care, and, as such, its implementation would need to be closely monitored. He suggested that regular update and monitoring reports be made to the committee on the overall implementation of the Care Act, and that the frequency of these reports could be agreed as part of the agenda planning process.

3. RESOLVED that:-

a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, that the following adult social care and support functions be delegated, from April 2015, under Section 79 of the Care Act 2014:

1) assessment and care provision for prisoners,
2) assessment of self-funders, existing and ongoing, for the purposes of the cap on care costs,
3) specialist assessments for blind people,
4) specialist assessments for deaf people, and
5) carers' assessments and administration of some aspects of support for carers,

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

b) regular update and monitoring reports be made to this committee on the overall implementation of the Care Act.

27. Budget 2015/16 and Medium Term Financial Plan 2015/18

(Item C1)

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

1. Mr Shipton introduced the report and explained that the draft budget proposals for each of the Cabinet Committees had been published in time for those committees to consider them. However, the Government's provisional settlement and information on the tax base had been published very late before Christmas, and to accommodate this it would be necessary to make some small changes to the draft budget before it was considered by the Cabinet on 28 January. The Government's provisional settlement had been largely as expected, except for the element of funding for welfare reform. The increase to tax base had been estimated at 0.5%, but provisional notification from districts showed a higher increase (1.7%), giving the Council more available funding. As a result, the savings proposals in the final draft budget would be reduced and some additional spending could also be funded. Mr Shipton responded to comments and questions from Members, as follows:-

a) the ‘pay and reward’ line in the Directorate’s budget plan listed no figure, and Mr Shipton explained that pay awards made to staff no longer had a separate cost of living element but consisted just of a performance award. The Personnel Committee would meet at the end of January to identify the level of award to be made, and until that deliberation had taken place, it would not be possible to allocate a figure to this line. The estimated level of reward for achieving was expected to be similar to the current year, ie 2%;

b) the ‘removal of grants’ line in the draft plan referred to the annual £3.4m grant that local authorities had received from the Department for Work and Pensions (DWP) for the last two years, which had now ended. The provisional settlement had identified funding for welfare provision within the Revenue Support Grant, but this was not ring-fenced. This funding had been taken from elsewhere in the Revenue Support Grant and thus authorities had not received any additional funding to replace the lost DWP grant. The County Council would comment on this as part of its response to the provisional settlement. This area of the budget might require a late change as the Council had been surprised by the Government’s approach to this issue. Mr Lobban added that planned future work on welfare provision, reported recently to the committee, would still go ahead;

c) the context and detail of the drop in funding listed against services for older people and those with physical disabilities in the A-Z service analysis would be explained in a variation statement which would be issued before the detailed budget was considered by the County Council on 12 February. Mr Ireland added that the Council needed to achieve a balance between reducing the level of affordable activity and the number of people needing services such as long term domiciliary care, eg due to an increase in enablement activity;

d) concern was expressed that, while the Council could plan to deliver regular services within the available funding, any crisis situation, such a period of unexpectedly harsh winter weather, could place a strain on resources. The Council would need to have some level of flexibility to respond to crises. Mr Ireland agreed that targets were challenging and relied on being able to minimise periods of crisis;

e) Mr Shipton explained that, in compiling the A-Z service analysis document, it had simply not been possible to list details of funding for all social care and health services individually. The rule of thumb was that only services with spending over £1m would be listed individually and, as a result, smaller areas of spending were listed as ‘other adult services’. *He offered to send the speaker a detailed list of such services if this were required;*

f) one speaker said he had been sceptical about the feasibility of delivering the predicted transformation savings but was pleased that the planned savings were being realised, and he sought assurance that delivery of savings would continue, to achieve the optimum savings projected. Mr Ireland responded that the transformation programme had changed the overall profile of the Council’s services and the way in which those services were provided, eg by minimising the demand and need for long-term care placements by using

enablement services such as telecare. He emphasised that this would not impact upon current service recipients; and

g) figures listed in the draft budget did not include the £10m of Government funding attached to the implementation of the 2014 Care Act. The allocation of this would be listed separately in the medium term financial plan. This level of funding was expected to be sufficient to cover current activity.

2. In response to a question about his ability to draw on reserve funds, the Cabinet Member, Mr Gibbens, reiterated his commitment to the continuation of the Kent Support and Assistance Service and the planned activity which had been reported to the previous meeting of the committee. He emphasised that, in bad weather, action would always be taken to protect and support the most vulnerable people. It was important to make funding available to protect and support these people in their own homes to avoid their needs escalating to more acute services at greater cost later. This view found general support from the committee.

3. RESOLVED that:-

a) the draft budget and medium term financial plan, including responses to consultation and Government announcements, be noted; and

b) Members' comments on the draft budget and medium term financial plan, set out above, be noted by the Cabinet Members for Finance and Procurement and Adult Social Care and Public Health when they are considered by the Cabinet on 28 January 2015 and County Council on 12 February 2015.

28. Drug and Alcohol Service commissioning
(Item C2)

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

1. Ms Sharp introduced the report, which had been requested by the committee, as an overview of current drug and alcohol service commissioning. The report covered the key components of the services across Kent and the related performance.

2. She explained that, as part of a transfer process within Kent County Council, commissioning responsibility had moved to public health, and an County Council internal audit had been undertaken. This audit identified a number of issues which needed urgent action, in relation to the governance of the contracts.

3. As part of this, an urgent decision had been taken by the Cabinet Member for Adult Social Care and Public Health to ensure that contracting arrangements were appropriately formalised. The record of that decision was appended to the report and appeared also as Item E1 on the agenda, with its supporting paperwork.

4. Ms Sharp reassured Members that the need to take this action was not a reflection on the quality or performance of the services across Kent. The focus for the

future would be on how to integrate the services across public health and ensure the best possible quality of service.

5. RESOLVED that the information set out in the report and in the attached record of decision be noted.

29. Public Health services - Dynamic Purchasing System
(Item C3)

Ms H Bradbury, Procurement Officer, was in attendance for this item, with Ms Sharp.

1. Ms Sharp introduced the report, which had been requested by the committee to inform them of the system which was being used for commissioning public health services and adult residential care. One of the benefits of the dynamic purchasing system was that it reduced bureaucracy by requiring any organisation which wished to be added to the system to be assessed only once, rather than at two separate stages. Ms Sharp and Ms Bradbury responded to comments and questions from Members, as follows:-

a) the move to broaden the scope for small and medium-sized enterprises (SMEs) to bid for County Contracts by joining the dynamic purchasing system was warmly welcomed;

b) joining the dynamic purchasing system could be achieved in one stage but a second stage was available, if required. The first stage would test applicants by requiring them to complete a quality and capability questionnaire to ensure that they met suitable quality thresholds, so they could proceed to the second stage. Once they had passed this stage, the County Council felt secure that it was considering providers who were suitable for and capable of delivering the required high standard of service; and

c) in assessing quality and capability, the County Council would refer to Care Quality Commission (CQC) ratings but would not rely wholly upon those ratings, making its own assessment alongside those of the CQC. Mr Lobban added that, in assessing quality of performance, the County Council would also apply the stringent performance indicators which governed the regulatory requirements of its work.

2. RESOLVED that:-

a) the opportunities presented by increased use of a dynamic purchasing system for commissioning social care, health and wellbeing services for Kent be noted; and

b) elected Members seek to raise awareness of the Public Health and Residential Care dynamic purchasing systems wherever possible and encourage potential providers interested in bidding to provide these services to apply to join.

30. Work Programme

(Item D1)

RESOLVED that the committee's work programme for 2015/16 be agreed.

31. Hospital Discharges and Delayed Transfers of Care

(Item D2)

1. Mr Ireland introduced the report and referred to the media coverage of crises in hospital services over Christmas and the new year. Although admissions of elderly and frail older people to hospitals would usually rise at that time of year, both the number of patients and the severity of their conditions had continued to increase beyond the holiday period. At a recent meeting of adult social care and clinical commissioning group partners, Kent's hospitals were judged to be holding up well against great strain. National media coverage had reported that no hospitals had met their targets. He explained that a dedicated social work team was now in each acute hospital in Kent and, in a three week period, had been effective in diverting 12 people from being admitted unnecessarily. There was also much activity to speed up placements and arrange domiciliary care packages, although the closure of two care homes during 2014, losing 60 care beds, had inevitably had some impact.

2. Ms Duff added that, as the lead officer for urgent care, she and area managers had been involved in taking on additional care workers to support enablement services to allow people to return home from hospital sooner. Response to the request for additional workers, and existing workers to take on extra shifts, had been good. She gave figures for the number of admissions during one week in December at the main East Kent hospitals, as follows: Queen Elizabeth the Queen Mother – 165, Kent and Canterbury – 222, and William Harvey - 208. The average weekly number of admissions was usually 50 to 60. To boost the number of short-term beds available, care homes had been asked to identify and offer any spare capacity they could. To illustrate the level of delayed discharge in East Kent, Ms Duff reported that, in the week of 18 December, there were 40 delayed discharges among clients for whom the County Council had responsibility; 31 of these delays were attributable to a health cause, 8 to social care causes, eg being able to find continuing care placements, and 1 to joint causes. Hence, none of the increase in delays was due to social care causes.

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

a) concern was expressed that, whereas a patient's discharge would once have been planned as soon as they were admitted to hospital, this practice may have been discontinued. Ms Duff confirmed that the usual practice was still for a plan of the patient's likely acute care needs to be drawn up upon admission and for this to shape their hospital stay. New integrated discharge teams, based within hospitals, would co-ordinate services and resources to plan a patient's discharge. The speaker added that the enablement team in her area was very successful;

b) the Director and staff were thanked for their work in co-ordinating hospital discharges over the busy Christmas and new year period. At a regional Health Overview and Scrutiny Committee meeting on 14 January, it was

highlighted that, although three hospitals in the region had had to declare emergency status, Kent's hospitals had managed to avoid this by close joint working between the NHS and adult social care staff;

c) another speaker endorsed this and offered to share a presentation that she had recently attended which highlighted the dangers of elderly people staying in hospital for extended periods; and

d) it was suggested that, once the 2014/15 winter had passed, the experience and performance be evaluated and any lessons learnt be highlighted so the County Council and its partners could prepare for the following winter. Mr Ireland supported this suggestion and added that, as no severe weather had so far been experienced this winter, it was not possible to predict what experiences might yet be to come. He explained that there was a delay in official data being collated and released and that NHS England were not able to provide validated figures beyond the end of November 2014. However, the County Council kept its own, un-validated, figures and monitored activity and costs of activity very closely.

4. The Cabinet Member, Mr Gibbens, thanked Members for their comments. He explained that he had requested the report to allow Members to have an opportunity to discuss this highly topical issue and hoped that they had found it reassuring. He thanked the adult social care and hospital teams for their work in avoiding the need to make unnecessary admissions to acute services. He asked any Member who had concerns about the issue to contact him directly.

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

32. 14/00161 - KDAAT: realignment to Public Health directorate
(Item E1)

1. The Cabinet Member, Mr Gibbens, reiterated that he did not like taking decisions outside the committee process but emphasised that an urgent decision had been needed in this case to ensure that contracting arrangements were appropriately formalised. He thanked Members for the cross-party support he had received at consultation meetings before taking the decision.

2. He commended the public health team for their extensive work since October 2014, following the transfer of the commissioning responsibility, in ensuring that the drug and alcohol commissioning system in Kent, was now significantly improved as a result of the actions taken.

3. RESOLVED that the taking of decision number 14/00161– 'KDAAT Realignment to Public Health Directorate', in accordance with the process set out in paragraph 7.10 of Appendix 4 Part 7 of the County Council's constitution, be noted.