

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 Friday, 10 July 2015.

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 V J Dagger, Mrs M Elenor (Substitute for Mr H Birkby), Mr S J G Koowaree, Mr T A Maddison and Mrs C J Waters

ALSO PRESENT: Mr M J Angell, Mr G Cowan, Mr G K Gibbens, Mr M E Whybrow and Mrs Z Wiltshire

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mr A Scott-Clark (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

13. **Membership** (Item A2)

1. It was noted that Mr P J Homewood and Mrs C J Waters had joined the committee to fill the two vacancies.

2. The Chairman welcomed Mrs Waters to the committee.

14. **Apologies and Substitutes** (Item A3)

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

Mrs M Elenor was present as a substitute for Mr Birkby.

15. **Declarations of Interest by Members in items on the Agenda** (Item A4)

1. Mrs A D Allen declared an interest in item B4 as a Trustee of North West Kent Age Concern, and in Item B5 as Co-Chairman of the Dartford and Gravesham Learning Disability Partnership.

2. Mr T Maddison declared an interest in item B5 as a Trustee of Invicta Advocacy.

16. **Minutes of the meeting held on 1 May 2015** (Item A5)

1. RESOLVED that the minutes of the meeting held on 1 May are correctly recorded and they be signed by the Chairman.
2. Referring to minute 12, Mr T Maddison asked that the committee be sent a copy of the letter sent to the Minister in response to the publication of the ADASS report 'Distinctive, Valued, Personal – Why Social Care Matters: The Next Five Years'.

17. **Verbal updates**
(Item A6)

Adult Social Care

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

20 May - Attended Shared Lives Family Visit at Dungeness Lifeboat Station – meeting people with learning disabilities and their families at this event had been very enlightening.

2 July - Visit to Brockhill Performing Arts College – children and adults aged between 6 and 76 had performed together.

Dementia friends – on 6 July, all Cabinet Members had become Dementia Friends. This involved committing to training and actions to help and support people coping with dementia.

Backdating of charges for adult social care and support – Mr Gibbens read a statement clarifying that the Department of Health had very recently confirmed that local authorities were permitted to backdate charges on certain conditions from 1 April 2015, when the Care Act came into force. This information had not been available when he had taken a key decision in February 2015 to establish the new charging arrangements which would apply from 1 April 2015, under section 14 of the Care Act 2014. He therefore intended to take a decision allowing backdating for domiciliary and other non-residential care and support. This would only apply to new clients, from the date on which the decision would come into effect. Backdating for residential care was already in place.

- a) in response to a question about the scale of charges involved, Ms Grosskopf clarified that the difference in costs to the County Council of not being able to backdate charges would be approximately £250,000 per year; and
- b) Mr Gibbens offered to send more information on the Shared Lives Initiative to one speaker.

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

Care Act 2014 Phase 2 – there had been no mention of this in the Chancellor's budget speech, so the expectation was that the planned implementation of phase 2 would be unaffected. Regulations relating to the changes in April 2016 were expected to be published in October 2016. **Deprivation of Liberty Safeguards** – the scope of these had been widened and a Law Commission consultation issued, to which the County Council would be making a full response. Primary legislation would be required to address the changes.

- a) in response to a question about the impact upon the social care budget of the latest Care Act changes, he explained that the full costs and impact had yet to be identified.

Adult Public Health

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

10 June - Spoke at the Kent Sheds Celebration Event at Riverside Centre, Gravesend – the Sheds project was supported by a cross-section of organisations and had given many people a positive outcome, and the inclusion of men and women was welcomed. Mr Gibbens thanked the Public Health and Adult Social Care officers and staff of KMPT for their work in supporting the project.

30 June - Spoke at Public Health Champions Celebration Event, Detling Showground – this was part of a campaign to spread the message about the importance of Public Health and health campaigns, eg workplace health and obesity.

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

Public Health Champions - partner organisations such as JobCentre Plus and district councils had now formally become public health champions, and those most recently completing a training course had now 'graduated'. Maintaining connections with public health Champions in partner organisations would be vital. He commended the work of the public health workforce development team.

Workplace Health - a scheme of Kent Healthy Business Awards had been launched, with partners in the Chambers of Commerce, district councils, etc, to raise the profile of workplace health, including a target to reduce the level of sickness absence in the workplace. This had physical and mental health elements.

Campaigns - current campaign activity included guidance about health precautions in a heatwave and support for the Public Health England '10 minute shake-up' campaign, aimed at primary school children, to encourage them to keep active in the school holidays. The mobile health check unit would also be attending the County Show on 10 – 12 July.

- a) in response to a question about public health involvement in services for drivers caught up in operation stack, Mr Scott-Clark explained that public health had co-ordinated a multi-agency partner response to distribute food and water to drivers stranded through the heatwave. The County Council's emergency planning team had also been involved, with health partners, in ensuring that drivers were able to renew supplies of essential medication while they were stranded.

- 5. The verbal updates were noted, with thanks.

18. The 2015 - 2020 Kent and Medway Suicide Prevention Strategy and Action Plan (Item B1)

Mr M J Angell, Mr G Cowan, Mr M Whybrow and Mrs Z Wiltshire were present for this item.

Ms J Mookherjee, Public Health Consultant, and Mr T Woodhouse, Public Health Programme Manager, were in attendance for this item.

1. Ms Mookherjee introduced the report and strategy, which the committee had seen through its stages of development. Ms Mookherjee, Mr Woodhouse and Mr Scott-Clark responded to comments and questions from Members, as follows:-

- a) a statistic quoted for the number of suicides in any area represented those who were resident in that area, not those who had gone there to commit suicide;
- b) cases quoted in which support services had been withdrawn from an individual were those in which the individual had been assessed as no longer requiring those services. The importance of a case being properly reviewed before any service was withdrawn was emphasised;
- c) it was important to consider the impact of suicide upon a family, and, in particular, upon children, and have suitable support services available for them;
- d) figures for those committing suicide listed in the report should be shown as a rate per 100,000, not per 1,000.
- e) those industries with higher rates – eg construction, agriculture and road transport – tended to employ larger numbers of men, who often spent long periods of time away from their families and home support networks. The high rate among construction workers had only recently been identified, and work would be undertaken to find the best ways of engaging with this group to address issues, eg via leisure facilities and the trade bodies to which they belonged;
- f) once the strategy had been launched, the Public Health team would work with partners to identify and engage with those most at risk of suicide, and progress reports on the implementation of the strategy would be made to this committee. It was known that only 20% of those who take their own life had contact with secondary mental health care providers in the twelve months prior to their death, highlighting the need for multi-agency partnerships and population-wide approaches;
- g) Kent was proud to have more mental health networking projects than any other county, known as ‘Shed’ projects, and these were a large and important part of the strategy. They had previously been targeted at men but most now included women. Although public health funding had not yet been confirmed for 2016 onwards, Shed projects were not expensive to run, and some were not financed by the County Council. It was suggested that, if an area did not have a Shed project, local County Councillors could perhaps support the establishment of one by using their community grant money;
- h) the report contained both actual numbers of deaths by area and rates per 100,000. To compare suicide levels across clinical commissioning group areas, it would be necessary to examine the rates of deaths, as

comparisons using actual numbers would be compromised by the different population sizes within clinical commissioning groups; and

- i) social isolation and loneliness both had an impact on the suicide rate. The Shed projects could help in tackling isolation.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and a constructive debate. He undertook to take on board the comments made and take them forward with officers. Recent media coverage of suicide had emphasised the importance of good cross-working with partners such as The Samaritans and Shed projects. He encourages Members to visit their local Shed project and requested that a report on Sheds be added to the committee's next agenda.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to approve the adoption of the 2015-2020 Kent and Medway Suicide Prevention Strategy and Action Plan, taking account of comments made by the committee, be endorsed.

19. The Public Health Strategic Delivery Plan and Commissioning Strategy *(Item B2)*

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

1. Ms Sharp introduced a series of slides about public health transformation, which had been included in the published meeting papers. She explained that the Cabinet Member was being asked to agree to extend current contracts to ensure that they all ended together, to accommodate easier and neater re-commissioning of services grouped together under the 'Living Well' and 'Ageing Well' headings. Ms Sharp and Mr Scott-Clark responded to comments and questions from Members, as follows:-

- a) Members could look into how they could support public health initiatives in their local areas. Although public health campaigns encouraged people to live and eat healthily, and provided information about the health benefits of doing so, it was not possible to force them to make the necessary lifestyle changes. Mr Scott-Clark summarised the public health role as being to organise the efforts of society and Ms Sharp added that Members would be kept up to date with progress on campaigns and would be able to see what issues were current in their area of the county;
- b) the work undertaken on the strategy and in driving it forward was welcomed and the proposed contract extensions welcomed; and
- c) Public Health's work with other directorates and partners was setting an excellent example of joint working, and allowed services to be more responsive to needs, especially in the field of early intervention. Kent could look at and learn from other local authorities which were shaping their services in the same way. Mr Scott-Clark added that the main focus of the strategy was on where most change could be made, eg life expectancy, and on making the strategy holistic and as simple as possible.

2. The Cabinet Member, Mr Gibbens, advised the Committee that a similar report would be made to the Children's Social Care and Health Cabinet Committee on 22 July, concerned with the 'Starting Well' agenda of children's health issues.

3. RESOLVED that:-

- a) the planned public health interventions be noted; and
- b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the current contracts for Smoking Cessation, Health Checks, Health Trainers and Healthy Weight services to run until 30th September 2016, be endorsed.

20. Local Welfare Assistance future options update

(Item B3)

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

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

- a) Kent's assessment process was faster than that of many other local authorities and was seen by many as an example of best practice. Similarly, Kent had a clearer picture of local spend patterns through its regular monitoring activity.

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

- a) extend the current arrangements for local welfare assistance in the context of the options explored, as set out in paragraph 3(8) (b) of the report; and
- b) endorse the co-ordination and integration of the future design, commissioning and provision of any revised model for local welfare provision with that of the larger-scale transformation projects,

be endorsed.

21. Kent Community Hot Meals tender

(Item B4)

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 at the end of the meeting. It is recorded below, in Minute 31.

22. Commissioning of Advocacy Services for Vulnerable Adults

(Item B5)

Mrs A D Allen declared an interest in this item as Co-Chairman of the Dartford and Gravesham Learning Disability Partnership, and Mr T Maddison declared an interest as a Trustee of Invicta Advocacy.

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

1. Ms Hanson introduced the report and, with Mr Ireland, responded to comments and questions from Members, as follows:-

a) as advocacy work was a specialised field, and suitably-qualified staff hard to find, the County Council would be working with existing and new providers to seek to grow the workforce. This would be included in the design of the service specification;

b) the holistic approach being taken to the service was welcomed. It was important that the service was cross-cutting as advocacy needs cut across several service areas. Mr Ireland added that the current review of service commissioning had been prompted, and was supported, by the changes in the Care Act 2014, which had brought an opportunity to review the model as a whole; and

c) in response to a question about the County Council's ability to accommodate the capacity and provide the specialist knowledge required to run the service, Ms Hanson explained that advocacy was centrally placed in supporting other services, and the knowledge and expertise of advocacy staff could be applied to and could benefit other services.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Health, to re-commission advocacy services for vulnerable adults, and delegate authority to the Corporate Director of Social Care, Health and Wellbeing to authorise the letting of the contract, be endorsed.

23. Care Act - update on phase 1 and plans for phase 2
(Item C1)

Ms C Grosskopf, Strategic Policy Adviser, was in attendance for this item.

1. Ms Grosskopf introduced the regular six-monthly update report on the implementation of the Care Act. Phase 1 had been successfully implemented and had been the subject of a 'deep dive' review by the Local Government Association and the Association of Directors of Social Services. Final confirmation of exactly which elements of Phase 2 would be implemented was expected by the end of July 2015. In response to a question about the new appeals process, Ms Grosskopf explained that the proposed new appeals system was expected to have three stages: internal resolution, if possible, then independent review (by someone who must not have been employed by the County Council for 2-3 years) then a fresh decision by the Council, based on the recommendations of the independent review. Further detail of the appeals process was awaited.

2. RESOLVED that the information provided on Phase 1 of the programme, and the plans being implemented for Phase 2, be noted.

24. Adult Social Care Transformation and Efficiency Partner update
(Item C2)

1. Mr Lobban introduced the six-monthly update report and highlighted the key areas of past and future work and potential savings. He responded to comments and questions from Members, as follows:-

- a) the success of the planned pathways to independence would depend on there being suitable accommodation available in the desired area. The County Council was working with district councils and housing providers to develop capacity and there was confidence that this need could be met. All district councils and NHS partners had signed up to a multi-agency accommodation strategy, covering all areas of provision, eg for the elderly, those with learning disabilities, etc; and
- b) the County Council's efficiency partner, Newton Europe, had spoken at the recent LGA conference and had used their work with Kent County Council as a best practice example. However, despite the progress made, there was still some 'bed blocking' in hospitals due to a lack of alternative care placements available. Previously, a patient's discharge care package would be planned as soon as they entered hospital, but this practice seemed to be less common now. Mr Lobban agreed that the right menu of services and suitable links between them would make a big difference to services for vulnerable people.

2. RESOLVED that information set out in the report be noted.

25. Kent Drug and Alcohol services - Commissioning Plans
(Item C3)

Ms K Sharp, Head of Public Health Commissioning, and Ms J Mookherjee, Consultant in Public Health, were in attendance for this item.

1. Ms Mookherjee and Ms Sharp introduced the report and emphasised that services needed to be re-commissioned to respond to changes in patterns of substance use and to ensure that services were sustainable, moving to a public health model which allowed a more flexible approach with strategic partners. The committee was being asked to comment on the proposed new approach. Members made the following comments:-

- a) the move to prosecute offenders caught driving under the influence of drugs, on their first offence, was welcomed. A roadside test for drug use, similar to that available for drink-driving, was now available;
- b) County Council funding could be used to support local issues and prevention campaigns;

- c) work on drug and alcohol services was closely link to work on the Suicide Prevention Strategy; and
- d) an apparent new pattern of substance use was the use of small metal canisters of 'laughing gas' which were sold at parties and could be seen littering the streets. These were apparently a low-level form of recreational drug use among young people, but it was important that the risks were made clear, eg to those with asthma. Ms Sharp explained that a discussion item on 'legal highs' was on the agenda for a meeting of the Kent Drug And Alcohol Partnership (KDAP) on 13 July, at which the police and prison services would report on recent deaths from the use of legal substances. She undertook to report back to this committee on any issues arising from the KDAP meeting.

2. RESOLVED that the level of efficiency savings which needed to be achieved through the re-commissioning of adult community drug and alcohol services in Kent be noted, and the proposed commissioning approach (option 2 in paragraph 6.1 of the report) and procurement plan designed to achieve savings and required outcomes be welcomed/supported.

26. Integrated Commissioning for Learning Disability in Kent
(Item C4)

- 1. Ms Southern introduced the report and explained that the County Council would lead on integrated commissioning, and would direct the governance aspects of it, while funding would be provided by clinical commissioning groups (CCGs).
- 2. RESOLVED that the information set out in the report be noted.

27. Adult Social Care Performance Dashboard
(Item D1)

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

- 1. Ms Smith introduced the report and responded to comments and questions from Members, as follows:-
 - a) when setting targets for work areas such as promoting independence reviews, it was important that targets be challenging but attainable; and
 - b) the reduction in admissions to permanent residential or nursing care showed that the County Council was responding successfully to changes in life patterns and supporting more people to live independently at home.
- 2. RESOLVED that information set out in the Adult Social Care performance dashboard be noted.

28. Public Health Performance - Adults
(Item D2)

RESOLVED that the current performance set out in the dashboard, and actions taken by Public Health, be noted.

29. Adult Social Care Annual Complaints Report, 2014 - 2015
(Item D3)

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

1. Mr Mort introduced the report and emphasised that, although the number of complaints received had increased, it represented a small percentage of the number of contacts made and was fewer than the number of compliments received. Many of the complaints received arose from communication issues and disputed decisions, such as assessments for care packages and, in particular, charges for services. Feedback given would always be considered carefully and lessons drawn from it, from which improvements could be made. He read out two compliments which had been received recently; one from a relative of a client praising the professionalism of a care manager and one thanking the enablement service for support given, which had helped a client to avoid the need to have a care package. Mr Mort responded to comments and questions from Members, as follows:-

- a) asked if some complaints might stem from misunderstandings, eg of the assessment process or the level of care expected, he explained that, if a simple misunderstanding were identified, this would be rectified quickly and would not necessarily be logged as a complaint, but otherwise all complaints were logged.
- b) asked if the number of complaints had increased, or were expected to increase, as a result of changes arising from the Care Act, he explained that, as the report was concerned with the year from April 2014 to March 2015, it would not record any complaints arising from the Care Act. Next year's report, however, was expected to include more, as service users were now experiencing and challenging the changes to carers' assessments and the charging structure;
- c) as good practice, the County Council tended to record most of the complaints received, whether or not they related to statutory services. The definition of a statutory complaint for adult social care was very broad, so most were logged. However, a few received as complaints might be dealt with in other procedures, for example complaints about human resources issues or safeguarding issues; and
- d) asked if the home care provider changes tended to lead to increased complaints, he explained that this had been the case in the past and so, whenever a service provider were changed, an increase in complaints might be expected. However, the recent changes following the home care re-tender had generated fewer complaints than expected.

2. The Cabinet Member, Mr Gibbens, thanked officer teams for their work to minimize complaints as far as possible. He said that he welcomed feedback and complaints as a sign that people felt able to contact the Council to express their views. He also emphasised the importance of identifying and addressing issues and learning lessons from them.

3. RESOLVED that the information set out in the report be noted.

30. Work Programme
(Item D4)

1. Arising from discussion of the dashboard report, which had identified the number of adults with mental health issues and learning disabilities being supported into employment, a request was made that the committee have the opportunity to discuss this issue at a future meeting.

2. RESOLVED that, with the addition of the above, the committee's work programme for 2015/2016 be agreed.

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)

31. Kent Community Hot Meals tender (exempt appendix to item B4)
(Item E1)

Mrs A D Allen declared an interest in this item as a Trustee of North West Kent Age Concern.

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

1. Ms Hanson introduced the report and explained that the provider to whom it was proposed to award the contract had been the only bidder and was currently negotiating with the County Council about unit price and volume. It was hoped that these negotiations would soon be successfully concluded. It was important to fix a fair price for the customer and secure terms which were favourable to the County Council. Ms Hanson clarified the type of meals which would be provided by the contract; frozen meals which would be reheated in a van on the way to the customer's home. This was an essential service for those customers for whom no other options were available, eg those who could not use a microwave. Ms Hanson responded to comments and questions from Members, as follows:-

- a) the length of contract was part of the current negotiations. The provider favoured a longer contract of three or five years but a decision on length would be made once calculations around unit price had been completed;

- b) although the County Council had not had the opportunity to make a comparison and choice between several bidders, it was emphasised that the range of catering options and products available in the market meant that customers would not miss out on having some choice of product, supplier and price;
- c) one Member said he had visited the bidder's factory and been impressed with the production process;
- d) in some areas of Kent there was already much competition among providers, including local supermarkets, to deliver to residents, eg those in sheltered housing developments, and the need for another meals contract in those areas was questioned. Ms Hanson confirmed that micro-provision was more advanced in East Kent than in West and reminded Members that the contract currently under discussion aimed to help those customers for whom other options were not suitable. Mr Lobban added that some customers needed to have hot meals delivered for a limited period of time, eg after returning home from hospital, and the service able to be offered to this group of customers was a small but important part of a hot meals service. The unit price being negotiated was more cost-effective than paying a carer to visit a customer to prepare a hot meal; and
- e) it was suggested that day centres currently offering a hot meals service could extend their service further afield, but another speaker added that some such concerns would be unable to compete on volume and price as they operated as charities.

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

- a) award the Kent community hot meals delivery contract, to commence on 1 October 2015, to the preferred bidder identified in the exempt appendix, once the negotiations described are successfully concluded; and
- b) agree that the Corporate Director of Social Care, Health and Wellbeing, or other suitable delegated officer, undertake the necessary actions to implement this decision,

be endorsed.