

## KENT COUNTY COUNCIL

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### **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 Tuesday, 14 March 2017.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mrs P Brivio, Mrs P T Cole, Mr A D Crowther, Mrs V J Dagger, Ms A Harrison, Mr P J Homewood, Ms D Marsh, Mr R A Marsh (Substitute for Mrs C J Waters) and Mr A Terry (Substitute for Mr H Birkby)

ALSO PRESENT: Mrs T Dean, MBE and Mr G K Gibbens

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

#### **UNRESTRICTED ITEMS**

##### **1. Apologies and Substitutes**

*(Item A2)*

Apologies for absence had been received from Mr H Birkby and Mrs C J Waters.

Mr A Terry was present as a substitute for Mr Birkby and Mr R A Marsh as a substitute for Mrs Waters.

##### **2. Declarations of Interest by Members in items on the Agenda**

*(Item A3)*

Mrs A D Allen declared a personal interest as a Co-Chairman of the Dartford Partnership for Adults with Learning Disabilities.

Ms D Marsh declared a personal interest as a registered mental health nurse, although she was not currently employed as such.

##### **3. Minutes of the meetings held on 16 January 2017 and 30 January 2017**

*(Item A4)*

RESOLVED that the minutes of the meetings of this committee held on 16 January 2017 and 30 January 2017 are correctly recorded and they be signed by the Chairman. There were no matters arising.

##### **4. Verbal updates by the Cabinet Member and Directors**

*(Item A5)*

#### **Adult Social Care**

1. The Cabinet Member for Adult Social Care and Public Health, Mr G K Gibbens, gave a verbal update on the following issues:-

**7 February – opened Copperfields Extra Care Housing in Ramsgate.** The concept of extra care sheltered housing (ECSH) had developed a lot since the first schemes opened 8 – 10 years ago. It had been good to meet many residents who were happy with their new homes at Copperfields, and the success of the model demonstrated the extent to which older people valued living independently and having their own front door.

**23 February – attended Ministerial Roundtable on Carers Strategy and Carer-friendly Communities.** This had emphasised the importance of carers' support as part of the Minister's role.

**Additional funding for social care.** He welcomed the announcement in the recent budget of additional government funding for local authorities, to support the provision of social care.

Mr Gibbens responded to comments and questions from Members, as follows:-

- a) having visited Emily Court, an ECSH facility in Dartford, the facilities of which were praised by the local Member, Mrs A D Allen, Mr Gibbens commented that ECSH offered a secure and supportive place for people with dementia and as such were a valuable part of future dementia care provision; and
- b) in response to a question about the options around ECSH provision, including partnerships with housing associations, Mrs Tidmarsh explained that there were various ways of providing such services, including PFI funding and partnership working with district councils and housing associations, and that schemes offered a combination of units for sale or rent.

2. The Corporate Director of Social Care, Health and Wellbeing, Mr A Ireland, then gave an update on the following issues:-

**Feedback from the Association of Directors of Adult Social Services (ADASS) Policy Event – 3 February 2017.** This event had included discussion of such issues as market engagement, integration with the NHS, and long-term funding solutions and sustainability, and he would ensure that an ADASS seminar in May took account of Kent's perspective on these issues.

**Update on the Kent and Medway Sustainability Transformation Plan.** Work on this would continue, with the aim of reducing pressure on the hospital sector and enhancing the experience for patients, users and carers. The County Council would work with CCGs to ensure that work streams were brought together.

**Care Quality Commission's inspection of commissioning of adult social care announced.**

**Care Quality Commission good care guides.** These were produced on a range of five subjects and would be made available in the Members' lounge at Sessions House.

Responding to a comment, Mr Ireland explained that the Government had been lobbied by national organisations with the view that the additional funding awarded to

local authorities for social care provision should instead have been given to them. It was important that the allocation of that funding be strategic and carefully targeted. In Kent, the relationship between the County Council and care organisations was good and the latter were largely supportive of the Council's need to develop care provision.

### **Adult Public Health**

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

***6 February – visit from Duncan Selbie, Chief Executive of Public Health***

***England.*** Mr Selbie had been very complimentary about the County Council's work in public health since it took over responsibility for it in April 2013 and acknowledged the ongoing challenge faced by Kent and many other local authorities across the country in addressing health inequalities.

***9 March – attended Local Government Association Public Health Conference in London.*** At this event it had been announced that the ring-fencing of local authorities' public health funding would continue until 2019. Discussion had included public health issues for children, especially the prevalence of obesity among Year R children.

4. The Director of Public Health, Mr A Scott-Clark, then gave an update on the following issues:-

***Sustainability Transformation Plans (STP).*** To what Mr Ireland had said above, Mr Scott-Clark added that the County Council had a statutory duty to support NHS commissioning and to identify priorities.

***Local Government Association Suicide Prevention publication.*** Mr Scott-Clark thanked Jess Mookherjee, Tim Woodhouse and Wayne Gough, who had worked on the County Council's 'Release the Pressure' campaign, which had been showcased in the LGA publication.

***Darzi Fellow*** – an NHS clinician who had undertaken a clinical leadership fellowship under the Darzi fellowship would be starting work in the County Council's PH team in September 2017 for a twelve month placement.

Responding to a question about the possibility of establishing an apprenticeship scheme for healthcare assistants, to boost the profession, Mrs Tidmarsh explained that such a scheme was currently being discussed with the NHS. Discussion would include a possible model, methods of delivery and the likely implications of the scheme.

Responding to a question about training for nurses and social workers to improve hospital discharge, Mrs Tidmarsh explained that the 'Home First', 'Discharge to Assessment' and enablement services sought to support timely discharge and return patients home as soon as possible.

5. RESOLVED that the verbal updates be noted, with thanks.

**5. 16/00096 - Kent and Medway Prisons Drug and Alcohol Services Procurement**  
*(Item B1)*

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

1. Ms Sharp introduced the report and advised the committee that drug and alcohol services in prisons were commissioned by the County Council on behalf of NHS England and were funded by the latter. In response to a question, Ms Sharp explained that NHS England also determined the length of contract to be awarded to the success bidder, and this would be three years with an option to extend for two further years.
2. RESOLVED that the progress of the procurement of the Kent and Medway Prisons Drug and Alcohol Service be noted, and the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to award the contract for Kent and Medway Prisons to the successful bidder, following the conclusion of the procurement process, be endorsed.

**6. 16/00132 - Proposed Revision of Rates Payable and Charges Levied for Adult Social Care Services in 2017-18**  
*(Item B2)*

*Miss M Goldsmith, Finance Business Partner, was in attendance for this and the following item.*

1. Miss Goldsmith introduced the report and explained that most of the charges were those which had applied year on year, with only one charge being new this year. This charge, for home care and other non-residential care and support, was the subject of the item B3 on this agenda. The proposal to introduce an annual arrangement fee for self-funders was discussed under this item and was ultimately endorsed, after being put to the vote. *The discussion of item B3 is covered in minute 7.*
2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:
  - a) approve the proposed changes to the rates payable and charges levied for Adult Social Care Services in 2017-18, as follows:

an increase to:

    - i. Client contributions for residential care – older people £467.70
    - ii. Client contributions for residential care – people with learning disabilities £637.57
    - iii. Deferred Payment Scheme – the Initial fee £484.80 and annual fee £65.65
    - iv. Wellbeing Charge - Better Homes Active Lives Scheme for older people £15.16
    - v. Wellbeing Charge - Better Homes Active Lives Scheme for people with learning disabilities £45.36
    - vi. Notional charges for Day Care:
      - Learning Disability – day centre £38.02
      - Learning Disability – day centre half day £19.01
      - Older People – day centre £30.29
      - Older People – day centre half day £15.15
      - Physical Disability – day centre £36.16

- Physical Disability – day centre half day £18.08
- Older People with Mental Health Needs – day centre £35.80
- vii. Notional Homecare charge;
  - Social ½ hour – £7.77
  - Social ¾ hour - £10.36
  - Social 1 hour - £13.44
  - Unsocial ½ hour - £8.81
  - Unsocial ¾ hour - £11.65
  - Unsocial 1 hour - £14.91
- viii. Client contributions for Meals Charges
  - Meal Charge £3.94
  - Meals and other snacks £4.94
  - Refreshments flat rate charge of £1
- ix. Other Local Authority charges.
  - Assessment hourly rate to increase to £70.27

Introduce:

- x. Annual arrangement fee of £104 for self- funders – non-residential care

note:

- xi. The charge for Personal Expenses Allowance.
- xii. The recommendation to continue the £10 charge for blue badge
- xiii. The continuation of the Voluntary Drivers mileage rate
- xiv. The rates for consultancy work and key publications

and confirm the charge for other Local Authorities for use of in-house respite residential beds is to be calculated on the basis of full cost recovery; and

- b) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision,

be endorsed.

**7. 17/00026 - Proposed Changes to the Charging Policy for Home Care and other Non-Residential Care and Support**  
(Item B3)

*Mr M Thomas-Sam, Head of Strategy and Business Support, was in attendance for this item, with Miss Goldsmith.*

1. Miss Goldsmith and Mr Thomas-Sam introduced the report and explained that, of the three proposed changes to charging set out in the report's recommendation, the first two had already been introduced by most local authorities. Under the Care Act 2014, self-funders now had enhanced rights to seek assistance from their local authority.

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

- a) concern was expressed that a change from a levy of £1 for every £500 to £1 for every £250 of a client's savings was a large increase to make all at once. Mr Thomas-Sam advised that the change sought to equalise the situation for clients living in their own homes and those in long-term care;
- b) in response to a question about other local authorities' approach to charging an arrangement fee, Miss Goldsmith advised that most other authorities charged one. The arrangement fee in Kent was confirmed as being £104 per annum;
- c) a view was expressed that the changes proposed were not necessary and would generate minimal income, compared to the £26m given by the Government to the County Council for social care for 2017-18. Mr Ireland explained that the changes had been planned for and included in the County Council's budget for 2017-2018. He commented that, although the £26m of Government money would have an impact upon the County Council's budget, it would not solve the ongoing shortfall in funding for social care, which was a national issue, and the changes proposed had to be considered as part of this larger picture;
- d) a view was expressed that changes should not necessarily go ahead just because they had been planned in the budget, as money given since must have had some impact on the funding picture; and
- e) in response to a question about what was included in the consideration of a client's second or additional property, Miss Goldsmith confirmed that this would not include the house content.

3. Mr A Marsh proposed and Mr P Homewood seconded that the three parts of recommendation a) be not activated yet as the income they would generate may be insufficient to justify their introduction, and a suggestion that consideration of these proposed changes be deferred until the £26m given to County Council by Government in the recent budget (since this report had been written) had been spent.

4. The Cabinet Member, Mr Gibbens, sympathised with the concerns expressed and the suggestion made but said that, even with the £26m, the County Council's social care budget was still challenging. He emphasised the breadth and range of service provision which had to be achieved within the funding available to the County Council. Another view was expressed that, although the £26m was a one-off payment, there were many ongoing expenses which would need to be covered in this and every subsequent year. It was vital that the County Council protect the most vulnerable in society and every piece of available funding should be drawn upon to do this;

5. It was then suggested that each of the three parts of recommendation a) be voted on individually. Mr Marsh confirmed that he was happy to withdraw his amendment and go with this suggestion. The votes were as follows:

(1) Change the rules on the treatment of savings/other capital between £14,250 and £23,250 so that £1 per week for every £250 between these two amounts is taken into account (rather than the current £1 for every £500).

*Lost, 5 votes to 6*

(2) Change the current policy on the treatment of any second or more properties so that they are treated as capital in the financial calculation. It is proposed that this applies to new clients from April 2017 and existing clients from April 2018.

*Carried, 9 votes to 1*

(3) Introduce an Arrangement Fee of £104 per annum for people who have over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who nevertheless request KCC to make the arrangements for their care (as is permitted under the Care Act 2014).

*Carried by 11 votes to 0*

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

a) approve the proposed changes to the Charging Policy for Home Care and other non-residential care and support to:

Change the current policy on the treatment of any second or more properties so that they are treated as capital in the financial calculation. It is proposed that this applies to new clients from April 2017 and existing clients from April 2018;

Introduce an Arrangement Fee of £104 per annum for people who have over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who nevertheless request KCC to make the arrangements for their care (as is permitted under the Care Act 2014); and

b) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision,

be endorsed.

7. The changes proposed in part 1 of recommendation a - to change the rules on the treatment of savings/other capital between £14,250 and £23,250 so that £1 per week for every £250 between these two amounts is taken into account (rather than the current £1 for every £500), was not endorsed.

8. Mr Gibbens said that he would consider the committee's views when taking the decision.

**8. 17/00030 - Housing-Related Support - contract continuation**  
*(Item B4)*

The Chairman referred to the additional item which had been published after the main agenda and asked Members if, in considering it, they wished to refer to the information included in the exempt appendix to it. Members confirmed that they did wish to refer to this information and, accordingly, the item was considered in closed session at the end of the meeting. *It is covered in minute 17, below.*

## **9. Kent Support and Assistance Service (KSAS) Update**

*(Item C1)*

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

1. Ms Anthony introduced the report and responded to a question about eligibility for KSAS.
2. RESOLVED that the information set out in the report be noted.

## **10. Draft Adult Social Care and Health Directorate Business Plan 2017/18**

*(Item C2)*

*Mr M Thomas-Sam, Head of Strategy and Business Support, was in attendance for this item.*

1. Mr Thomas-Sam introduced the report and, with Ms Southern and Mrs Tidmarsh, responded to a question about support given to staff working with changing services. Staff training and development were key priorities when approaching transformation and bedding in new services, and staff were supportive of the transformation agenda. Regular briefings and training to cope with changing pressures were arranged for staff groups. Staff now had more scope than previously to use specialisms in which they had once trained, and were able to see how their specific skills contributed to service development.
2. RESOLVED that the draft Directorate Business Plan 2017/18 for the Adult Social Care and Health Directorate be noted, prior to the final version being approved by the Corporate Director and the Cabinet Member.

## **11. Recommissioning of Mental Health Supporting Independence Service and Mental Health Housing Related Support**

*(Item C3)*

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

1. Ms Hanson introduced the report and set out the key changes to the way in which services had been commissioned historically, moving to integrated services delivered with strategic partners, built on peer support.
2. In response to a question about the prevalence of mental ill health, Mr Scott-Clark explained that, although it was often reported that one in four adults would experience some sort of mental ill health during their lifetime, it was now known that the whole adult population would experience at least one mental health issue during their life time.
3. RESOLVED that the proposal to include the Mental Health Supporting Independence Service and Housing Related Support Contracts in the existing Live Well Kent Contract, and the information given in response to comments and questions, be noted.



## **12. Risk Management: Social Care, Health and Wellbeing**

*(Item D1)*

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

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

- a) it was important to set targets which would challenge and stretch the service but were attainable;
  - b) the level of each risk was identified by balancing the impact of something happening with the likelihood of it happening;
  - c) a view was expressed that levels of risk would be easier to understand if each risk were banded 'red', 'amber' or 'green', and Mr Mort undertook to include this banding next time the risk management report was submitted to the committee; and
- a) Mr Ireland explained that the register contained a lot of risks because it included both Children's and Adult Services risks. It also reflected the current risk levels, which were probably higher now than at any time before, eg the current risks in the social care market. Some risks were unavoidable, e.g. those associated with any major change such as the renewal or upgrade of the IT system and the staff training which must accompany this. Mr Gibbens added that active safeguarding of any vulnerable client group also brought with it a high level of risk.

2. RESOLVED that the risks presented in the Directorate risk register, and the information given in response to comments and questions, be noted.

## **13. Adult Social Care Performance Dashboard**

*(Item D2)*

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

1. Ms Smith introduced the report and explained that parts of the dashboard were reviewed regularly, some weekly, some monthly. This helped to identify patterns and variances through the year, eg changes in the number of people awaiting discharge from hospital. Ms Smith, Mr Ireland and Mrs Tidmarsh responded to comments and questions from Members, as follows:-

- a) the listing, including red, amber and green ratings, was welcomed as being clear and helpful. Mr Gibbens added that arrows included, to show the direction of travel, towards or away from a target, had proved confusing and would not be included in future dashboards;
- b) Mr Ireland explained that, although it impacted upon social care services and relied upon waiting for a suitable place to become available at a care home, delay in discharging patients from hospital was the responsibility of the NHS. Mrs Tidmarsh added that an integrated discharge scheme, led by

a case manager within a hospital and involving a patient's family, was now working well to seek to ensure that a patient was discharged as soon as possible and to a suitable placement. A recommendation of a placement would be made and the family given time to visit the home and consider it and any other options;

- c) it was noted that an increase in one client group would lead to a decrease in another group, eg more people staying in their own homes with a care package or enablement service would mean fewer people taking up long-term care placements. However, those entering long-term care were doing so at a later stage of life and with more complex care needs, having stayed longer in their own homes; and
- d) targets were reviewed annually, in April, to ensure that they remained challenging but achievable. In reviewing targets, likely patterns of need for the next year would need to be predicted, as far as was possible.

2. RESOLVED that the information set out in the Adult Social Care Performance Dashboard, and given in response to comments and questions, be noted.

#### **14. Public Health Performance - Adults** *(Item D3)*

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

1. Ms Sharp introduced the report and highlighted areas of performance in which Kent was doing well (the number of health checks completed), less well (levels of substance misuse in some parts of the county were above the national average) and which needed addressing (the number of people in Kent who continued to smoke was the third highest in the UK).

2. Mr Scott-Clark then responded to comments and questions from Members, as follows:-

- a) analysis had been undertaken of the costs of the stop-smoking service and campaigns, balanced against the benefits to be gained in treating fewer cases of smoking-related illness, and this had shown that a small spend could produce a large gain. On the whole, public health treatments were very cost-effective; and
- b) use of e-cigarettes had been shown to be an effective method of stopping smoking. Public Health England had stated that they were 95% as safe as smoking traditional tobacco products. A national system was monitoring evidence around e-cigarette usage. Public health professionals recommended that e-cigarettes be used as an alternative to tobacco for a limited period only, as an aid to stopping, and not adopted as a new, permanent habit. Nicotine-replacement therapies used alongside motivational support had been shown to give the best outcome.

3. RESOLVED that the current performance of Public Health-commissioned services set out in the report, and the information given in response to comments and questions, be noted

**15. Work Programme 2017**  
(Item D4)

RESOLVED that the committee's work programme for 2017 be noted.

**16. 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 5 of Part 1 of Schedule 12A of the Act.*

**EXEMPT ITEM (Open Access to Minutes)**

**17. 17/00030 - Housing-Related Support Services - contract continuation**

1. Mr Lobban introduced the report and explained that, unfortunately, it had not been possible to publish a report with the agenda because a complex programme to align the renewal of the various community support services to implement the Your Life Your Wellbeing Strategy had proved impossible to complete in time. Community services which need to be aligned were Homecare, Supporting Independence Service and Housing Related Support. Instead, a staged approach had been adopted, with just the four areas of Housing Related Support services listed – older people's and community alarms, people with learning and/or physical disabilities, people with mental health needs and homelessness and offenders - being taken forward separate to Home Care and Supporting Independence Service so contracts could be continued by 31 March 2017, ensuring continuity of service. He advised Members that work to align and integrate service delivery would continue. He advised the committee that a key decision would be taken under the procedures for urgency which were set out in appendix 4 part 6 of the County Council's constitution.

2. The Cabinet Member, Mr Gibbens, added that he regretted having to submit a late report and take an urgent decision but he had simply not felt able to report the required level of detail about the whole programme in time to accompany the agenda. He offered a briefing on the issues concerned to any Member who requested one.

3. Mr Ireland emphasised the service advantages of aligning and integrating service provision but said this may have an impact on savings currently set out in the budget, which would need to be mitigated.

4. In discussion, the following points were raised:

- a) the continuation of contracts for the service areas listed was welcomed;
- b) in response to a question about engagement with providers, Mr Lobban outlined the preparatory work being undertaken in the four service areas listed and advised that Member support was being sought to start formal market engagement in readiness for the full procurement process.

5. RESOLVED that:-

The decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:

- a) agree to continue service provision on the existing terms and conditions through to 30 September 2018 and to approve actions taken by officers to continue service provision through to 31 March 2017, for housing-related support services for the following:
  - i. older persons' housing-related support and community alarms
  - ii. people with learning and/or physical disabilities
  - iii. homelessness and offenders;
- b) agree to continue service provision on the existing terms and conditions through to 30 September 2017 and to approve actions taken by officers to continue service provision through to 31 March 2017, for housing related support services for the following:
  - i. people with mental health needs
- c) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision; and
- d) support officers commencing market engagement in readiness for the full procurement process, where required,

be endorsed.