KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of A meeting of the Adult Social Care Cabinet Committee held at Darent Room, Sessions House, County Hall, Maidstone on Friday, 29th September, 2017.

PRESENT: Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman), Mrs A D Allen, MBE, Mrs P M Beresford, Mrs S Chandler, Mr I S Chittenden (Substitute for Ida Linfield), Miss E Dawson, Mr K Gregory, Ms S Hamilton (Substitute for Mr P W A Lake), Mr P J Homewood, Mr S J G Koowaree, Mr B H Lewis, Mr D D Monk and Mr R A Pascoe

OTHER MEMBERS: Graham Gibbens

OFFICERS: Anu Singh (Corporate Director, Adult Social Care and Health), Penny Southern (Director, Disabled Children, Learning Disability and Mental Health), Anne Tidmarsh (Director, Older People and Physical Disability), Theresa Grayell (Democratic Services Officer) and Georgina Little (Democratic Services Officer)

UNRESTRICTED ITEMS

29. Apologies and Substitutes.
(Item. 2)

Apologies for absence had been received from Mr P W A Lake and Ida Linfield.

Mr I S Chittenden was present as a substitute for Ida Linfield and Ms S Hamilton for Mr P W A Lake.

30. Declarations of Interest by Members in items on the agenda.
(Item. 3)

Declarations of interest were made by:-

Mrs A D Allen, as a Trustee, in a personal capacity, of North West Kent Age UK and a Co-Chairman of a Partnership Group for Adults with Learning Disabilities;

Mr B H Lewis, whose wife was employed by the County Council;

Ms D Marsh, as a Registered Mental Health Nurse; and

Mrs S Chandler, as a Board Member of East Kent Housing.

31. Minutes of the meeting held on 20 July 2017.
(Item. 4)

RESOLVED that the minutes of the meeting held on 20 July 2017 are correctly recorded and they be signed by the Chairman. There were no matters arising.

32. Verbal updates by Cabinet Member and Director.
(Item. 5)

1. Before starting his verbal updates, the Cabinet Member for Adult Social Care, Mr Gibbens, welcomed Ms Anu Singh to her first meeting of the Cabinet Committee since her appointment as the Corporate Director of Adult Social Care and Health. Mr Gibbens then gave a verbal update on the following issues:-

Independent Living Scheme – this service, for adults with learning disabilities, was changing its focus to children and adults with the most complex needs, and was no longer a service which would be delivered by the County Council. Consultation on the proposed changes was planned to run from 20 September to 19 October but had been extended to 2 November, and a recommendation report would be made to the Cabinet Committee on 23 November 2017. Ms Southern offered a briefing to any Member who wished one.

Older Persons' Core Offer – a report on this was made to the Cabinet Committee in July but a decision on it had been delayed until after a series of meetings with providers to discuss issues of concern to voluntary organisations. A key decision was expected to be taken in December. If any significant change were to be made to the funding arrangements after this time, further consultation would be undertaken.

Local Government Association – Mr Gibbens had been reappointed to the Community Wellbeing Board, which had been addressed at a recent meeting by Jackie Doyle-Price, MP. Major areas of concern at that meeting had been delayed transfers of care, independent living and supporting people with learning disabilities to get back into work.

Key Decision taken on Housing-Related Support – since the July meeting, he had taken a key decision to work with providers to explore and secure alternative funding models for housing-related support for community alarms in sheltered housing.

2. The Corporate Director of Adult Social Care and Health, Ms A Singh, outlined her previous 20 years' experience in local government and with NHS England, and said that she was pleased to be back in local government. She then gave an update on the following issues:-

Delayed Discharge of Care – it was estimated that 2,500 people in the UK were in hospital but should be placed elsewhere. Hospital beds occupied by these people prevented others being admitted to hospital for procedures, resulted in much additional cost for the NHS and led to accident and emergency targets being breached. Delayed discharges of care could be health-related or social care-related, with social care causing the fewest delays.

Sustainability Transformation Plan update – the 44 Sustainability Transformation Plans in England had become Sustainability Transformation Partnerships earlier in 2017 and were now working on their plans for the next five years, including setting their Sustainability Transformation Strategies. Part of this forward planning was to lobby for some of the funding previously directed to acute care to be redirected to local care and primary care, and a case would need to be made for this investment. Work on this direction was taking place in eight testbed sites and the results of this would be seen in November.

Safeguarding Awareness – Safeguarding Awareness Week was 9 to 13 October and a briefing on a number of events taking place would be circulated to Members later. Part of the message of this week was that safeguarding was everybody's responsibility, and a campaign, 'Respect not Neglect' had been launched. Abuse

could take many forms, including neglect, domestic violence, financial abuse and modern slavery.

3. Ms Singh responded to comments and questions from Members, including the following:-

a) attracting staff to work in health and social care roles, as well as social work, was an ongoing problem. Formerly, auxilliary nursing staff would have undertaken care and support tasks to cover night shifts but this did not seem to happen now. Ms Singh advised that, in order to address this, it was necessary first to understand the problem. Kent was a large and diverse county in terms of income and qualifications, and solutions to attract staffing would need to be tailored to the circumstances in different areas. Work was starting with Health Education England and discussions taking place with local colleges to attract students and graduates to the profession;

b) work on raising awareness of adult safeguarding was welcomed. Asked what percentage of adult social care funding was spent on prevention, *Ms Singh undertook to look into this and advise the speaker outside the meeting*; and

c) Sustainability Transformation Plans in some areas of the country were more advanced in their development than Kent's as they had been in preparation for longer. Examples of longer-standing Sustainability Transformation Plans were in Manchester and Somerset, the latter being a good example of a history of integrated practice and use of systems such as EMIS. Integration of social care data would allow people with multiple needs to be identified and treated more efficiently.

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

33. 15/00003 - Live Well Kent: Our Strategic Partnership - Presentation.
(Item. 6)

Ms E Hanson, Head of Commissioning, Mr A Hardie, Executive Director of Enterprise and Operations, Shaw Trust, Mr M Barrett, Chief Executive Officer, Porchlight, and Ms J Hargreaves, Head of Community and Preventative Services, were in attendance for this item.

1. Ms Hanson introduced a series of slides *(included in the agenda pack)* which set out the aims, key threads and achievements of the Live Well Kent Partnership. Mr Barrett then introduced slides outlining the work of Porchlight and Mr Hardie introduced slides outlining the same for the Shaw Trust. They emphasised the person-centred approach of the Live Well Kent Partnership, with information being presented in as simple a way as possible, to make it user-friendly, and gave examples of the programme's successes around the county and opportunities for

future working. Ms Hanson, Mr Hardie and Mr Barrett then responded to comments and questions from the committee, including the following:-

a) asked how volunteers were recruited to work in the County Council's partner organisations, Mr Hardie explained that the Shaw Trust was always seeking volunteers and put much thought in to how to train them to the required standard and how their skills could be best used. Volunteers were required to have a minimum level 1 or 2 qualification to work with people with mental health needs. The aim was for Live Well Kent to recruit 50 such volunteers. Mr Barrett added that, although volunteers were a vital part of its work, Porchlight did not rely solely on them but also had paid staff. He agreed with Mr Hardie about the importance of thorough training of staff and volunteers to make sure they could give best support in an environment where they would be safe. Mr Hardie reassured the committee that volunteers were in addition to paid staff and that no volunteer would take a job from a paid member of staff;

b) concern was expressed that the £4m budget allocation to Live Well Kent was not sufficient to cover its work. Ms Hanson said that the move from government grant funding to contracting had had an impact on the way in which voluntary organisations worked but emphasised that they retained their vitally important role in the social care market;

c) asked how many people Live Well Kent might work with at any one time, Mr Barrett explained that there could be between 1,000 and 1,200 people eligible for support at any one time. Recent government reforms of the welfare system and the increase in the number of people sleeping rough had had an impact on the number of people with mental health needs and exacerbated the anxiety levels of those coping with homelessness;

d) Ms Hargreaves explained that Live Well Kent sought to work more closely with GPs around referrals and wanted to identify if those who referred themselves had done so on the recommendation of their GP. Live Well Kent sought to support more non-clinical interventions and was looking into the possibility of holding drop-in clinics at GPs' surgeries. Ms Southern added that money from clinical commissioning groups was invested in the service and the aim was to establish a fully-integrated service to be able to access joint health and social care funding;

e) asked if Live Well Kent would signpost people to housing providers, Mr Barrett explained that, if a person met the criteria for a priority need category, they would either be referred on to district housing providers or supported by Porchlight to rent privately;

f) asked about waiting lists and the timescale for receiving a response to referral, Ms Hargreaves explained that, in response to a telephone or email referral, Live Well Kent aimed to make contact within two days and start to deliver a service within five days. There was a waiting list for some services, for example, community inclusion, which indicated the level of demand;

g) asked if a therapist was on hand to help people with complex mental health issues, Ms Hargreaves explained that Live Well Kent's service was a general, universal service rather than an acute service and hence was not designed to cater for people with complex mental health needs;

h) asked how the service would reach people in the large rural areas of the county, Mr Hardie explained that workers were allocated to a geographical area to work in both urban and rural areas. To make contact face-to-face with service users was important. Ms Hanson added that local workers needed to understand and be familiar with communities and the activities available there in order to best help someone to find support within their community rather than to have to travel outside it. The importance of creative arts and cultural activities to personal wellbeing and identity was emphasised; and

i) concern was expressed that many people with mental health needs may not know that they were entitled to a reduction in Council Tax, and that some district councils did not seem to be aware of this and the need to spread this information. Mr Barrett explained that advising on this was part of Porchlight's service. Entitlement would depend on individuals' circumstances, and the Department of Work and Pensions would need to refer to and interpret the Mental Capacity Act 2005 to calculate a person's eligibility.

2. RESOLVED that the information set out in the presentation and given in response to comments and questions be noted, with thanks, and a further update be made to a future meeting of the committee, including examples and case studies of frontline service delivery.

34. 17/00068 - Adult Social Care Case Management ICT System.
(Item. 7)

Ms L Harris, Programme Manager for Adult Social Care Technology-Enabled Change, was in attendance for this item.

1. Ms Harris introduced the report and said that the Council required a modern technology solution as the current system that was introduced in 2006 was no longer fit for purpose. The proposed new system would provide the Council with the opportunity to make processes more efficient, it supported integration with other systems, especially those under the Sustainability Transformation Plan in relation to

Health, and introduced a new functionality that allowed people the ability to access their own care records, and allowed more flexible ways of working.

2. In response to questions, Ms Harris said the following:-

a) training would be provided as part of the implementation project. This would consist of both E-learning and classroom training;

b) the implementation programme would be delivered in two phases. The first phase would cover the replacement of the main case management system and include replacement of the Transaction Data Matching (TDM) system. The second phase would look at the integration of the case management system with other systems and enabling access to social care records for clients and/or their carers. Allowances had been made in the budget for the cost of integration. The new contract would be in operation for ten years to maximise the Council's investment; and

c) the proposed new system had already been implemented in another authority of similar size to Kent and had proved to be efficient. The SWIFT contract would expire in April 2019 and the new Case Management system was expected to go live in January 2019. Suppliers had advised the County Council that implementation of the system could be completed within the given timeframe. Mrs Tidmarsh added that a similar system had been implemented within Specialist Children Services which had had a positive impact on staff time.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care, to procure a new Adult Social Care Case Management ICT system, and to delegate authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision, be endorsed.

35. 17/00006 - Local Account for Kent Adult Social Care (April 2016 - March 2017). *(Item. 8)*

Ms S Smith, Head of Performance and Information Management, and Ms T Easdown, Project Officer, Performance and Information Management, were in attendance for this item.

1. Ms Smith introduced the report and referred to the Member briefing which has been held recently. Ms Smith extended her thanks to Ms Easdown who produced the report.

2. Ms Smith said that the report looked at key improvements across Adult Social Care and would be widely distributed. The document would be available on the County Council website, together with a short video. It would also be on social media, including Twitter and Facebook, making it easier to access. Adult Social Care had shared the document previously with the Kent Learning Disability

Partnership Board and various formats would be produced, including an easy-read version.

3. In response to a request, Ms Smith said future years' reports would include a comparison of costs against those of previous years and undertook to add these to the current document before it was published.

4. Members welcomed the clarity of the report and commented on the following:-

a) the Member briefing had been most useful and they asked that this be an annual event; and

b) it was suggested that the video be linked to YouTube.

5. RESOLVED that the final draft of the annual Local Account document be endorsed for sign off by the Cabinet Member for Adult Social Care.

36. 17/00078 - Physical Disability Wellbeing Core Offer.
(Item. 9)

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

1. Ms Hanson said that the current spend from Kent County Council on physical disability grants was £181,053 and this was due to expire in March 2018. The plan was to work with the Council's peer-led network of physically disabled adults, associated carers and families to review the service delivery and any changes that needed to be made. Key areas requiring improvement were as follows:-

a) support with information and advice;
b) support to people to understand and access disability benefits;
c) support to people to understand how direct payments worked;
d) close working with adult social care to improve accessibility of direct payments;
e) signposting people to services that best met their needs; and
f) access to a wide range of community activities and peer support.

2. The plan was to reinvest the money into a new service with a contract of three years, plus an additional two years to ensure the desired level of sustainability.

3. A Member asked a question about the specification of those who were involved in the review of the service. Ms Hanson said that the County Council looked at user-led organisations. In order to set the correct tone it was important that organisations working with people with physical disabilities employed and were

managed by people with physical disabilities. The County Council looked closely at what this meant and then translated it into a specification.

4. A Member asked a question about the equality implications and how the County Council aimed to incorporate those who were not involved in the review, specifically physically disabled people under the age of 16. Ms Hanson said that, following the Equality Impact Assessment, the scope of the offer had been adapted to ensure that the website and helpline were accessible to all. Further work would be undertaken to map out what services were available in order for people to be signposted correctly. For those under the age of 16, there would be a clear indication of how to access services.

5. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care, to:-

(a) tender for a new contract to deliver an information, advice and peer support service for people with a physical disability; and

(b) delegate authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to award the contract to the successful organisation,

be endorsed.

37. 17/00097 - Health and Social Care in Prisons.
(Item. 10)

Ms E Hanson, Head of Strategic Commissioning, Community Services, and Ms S Peacock, Commissioning Officer, were in attendance for this item.

1. Ms Hanson said that the committee Chairman and the Cabinet Member had visited the prison with Ms Peacock to see first-hand the growing issue of the ageing population. When the Care Act 2014 was put in place the local authority took over responsibility from the NHS for providing social care in prisons at a time when the NHS was mid-way through the contract with Primary Health Care. Instead of commissioning a new service, the local authority bought the service from the Primary Health Care provider. At the point at which the NHS recommissioned the primary health care service in prisons, the local authority worked with them to ensure there was an integrated primary health and social care service.

2. Ms Hanson said that a Section.75 agreement would be drawn up to underpin the co-commissioning arrangement, with NHS England as the lead commissioner and contracting authority.

3. A Member asked a question about the number of referrals and why that was not deemed to be a true representation of the demand within the prisons. Ms

Peacock said that prison governors were unaware of the full extent of social care interventions available to prisoners and therefore had initially restricted referrals to equipment only, such as the delivery of wheelchairs. The County Council has raised prison governors' awareness of social care issues and reaffirmed the use of peer support.

4. RESOLVED that the decision proposed to be taken by the Cabinet Member to:-

(a) jointly commission an integrated health and social care service with NHS England; and

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

be endorsed.

38. Your Life, Your Wellbeing - Transformation Phase Three Design update.
(Item. 11)

Ms J Frazer, Head of Adults Portfolio Management Office, was in attendance for the item.

1. Ms Frazer introduced the report which provided a six-month update on the Your Life, Your Wellbeing Transformation Programme that was established to support the implementation of the new Adult Social Care Strategy. The report summarised the key themes and identified opportunities to move towards outcome-based practice. Particular work was carried out to develop the safeguarding model and a plan was put in place to prepare a full business case by the end of November 2017.

2. A Member asked a question about the high proportion of older people requiring support and whether or not this was a result of demographic change in society. Mrs Tidmarsh said that it was in part due to demography and population changes, however the complexity of cases requiring social care intervention had also changed. It was evident from the work carried out that older people who required long term placements and care needed this at a much later age due to living longer and therefore remained in the system for longer and required more complex care. This was also reflected in the complexity of mental health problems. More work was done to give them help within the community as statutory services were delivering more for dependant people.

3. A Member asked a question about the time frame of the pilot schemes and when these would then be rolled out countywide. Ms Frazer said that the pilots were predominantly carried out around Ashford and Canterbury with some done in the west of the county; some of the findings within the report were taken from the

pilots. The pilots were used to inform the design of the model that was due to be implemented starting in November 2017.

4. RESOLVED that the information set out in the report and comments by members of the committee set out above, be noted.

39. Time To Change - KCC Mental Health Pledge and World Mental Health Day. *(Item. 12)*

Ms Mookherjee, Consultant in Public Health, and Ms E Hanson, Head of Commissioning, were in attendance for this item.

1. Ms Mookherjee introduced the report and invited all Members to attend the events taking place at County Hall on 10 October to celebrate World Mental Health Day. She set out the ongoing commitment to champion mental health issues in the workplace, to achieve parity of esteem for mental and physical health and tackle stigma and discrimination so mental health issues could be easier to talk about and address. She advised that, out of the twenty or so people in the meeting room, eight would experience some form of mental health problem at some time in their life, and that there was a 25-year gap in life expectancy between those with poor mental health and those with good mental health.

2. Ms Mookherjee and Ms Hanson responded to comments and questions from the committee, including the following:-

a) the Time to Change initiative was driven by the voluntary sector but had much public health support. Kent had a very good public health programme which was well resourced and was doing much work with strategic partners;

b) much work was going on with schools to engage children in talking about mental health issues*, and a report on this work could go to a future meeting of this committee*;

c) Ms Marsh explained that she was the Member champion for mental health issues and promoted the events planned at County Hall to celebrate World Mental Health Day on 10 October. She explained that the Time to Change initiative had been in place since 2007 and said that mental health was something that no employer could afford to ignore, as one in four British workers would suffer from anxiety or depression at some time in their career, and many working days were lost to this every year, although it was known that many people calling in sick did not give this as the reason for their absence from work. She thanked the Cabinet Member, Mr Gibbens, for his efforts to protect the mental health budget from cuts in recent years;

d) a view was expressed that the current mental health campaigns did not go far enough and mental health issues needed a higher profile, comparable to media events such as Comic Relief;

e) a view was expressed that many men found it difficult to identify and admit that they had mental health problems;

f) another speaker said that mental health campaigns should highlight how good recovery could be and that mental ill health did not necessarily need to be 'a life sentence'; and

g) work to achieve parity of esteem for mental and physical health was welcomed. Mental ill health could be seen as a treatable illness in the same way as 'flu; something from which one could and would recover.

3. The Cabinet Member for Adult Social Care, Mr Gibbens, said had he fought hard to protect mental health budgets from cuts over the last ten years and hoped the Cabinet Committee would feel able to endorse the Time to Change Action Plan.

4. RESOLVED that the Time to Change Action Plan be endorsed and comments made by Members on strengthening the plan in subsequent years, in commitment to the Time to Change campaign, be noted.

40. End of Life Care Strategy.
(Item. 13)

Mrs A Tidmarsh, Director for Older People and Physical Disability, was in attendance for this item.

1. Mrs Tidmarsh introduced the report, which looked at the ambitions and development of palliative and end of life care and said that the local authority and health economies needed to work collectively to implement end of life care.

2. A Member asked a question about the level of interaction and support offered to close family and friends when someone was approaching the end of their life. Mrs Tidmarsh said work had been carried out with carers and provisions had been put in place to support them.

3. A Member asked a question about the national framework and how community was defined. Mrs Tidmarsh said that the majority of community support was provided by the voluntary sector, however, focus remained on what was important to the person receiving end of life care, protecting their dignity and looking at how the community offered support to them. This varied depending on individual need. Mrs Tidmarsh provided examples of community support in which people from a local village gathered to support someone with complex needs, all of which was organised via the local community, not via local authority intervention. A

Member commented on the support provided by the Church, with which Mrs Tidmarsh agreed. A Member commented on the excellent work done by hospices and how crucial community funding was in supporting them.

4. A Member asked a question about co-ordinated care and whether it was an intentional moving target, if this would be reflected in future reports and how often a review would be carried out. Mrs Tidmarsh said that the activity would be reviewed every year and there was an operational action plan that would be reviewed and updated on an ongoing basis. It was requested that action plans be brought to future meetings of the Cabinet Committee more often than once a year.

5. A Member asked a question about the support given to staff around end of life care as they were undervalued. Mrs Tidmarsh said that it was a valuable point and agreed to look at this again as the bereavement of staff was just as important as that experienced by carers, families and friends.

6. A Member asked a question about the training provided to GPs around end of life care. Mrs Tidmarsh said that this was instigated in East Kent and South Kent Coast Clinical Commissioning Group and a nurse provided training on end of life care for staff and GPs. Whilst the NHS held responsibility for this, the local authority supported rolling this out throughout Kent and Medway.

7. Mr Gibbens said that the End of Life Action Plan was an important piece of work and that, if endorsed by the Cabinet Committee, he would like to take a similar report to the Health and Wellbeing Board.

8. RESOLVED that the information set out in the report and comments made by Members be noted, and an annual progress report be presented to the committee.

41. Work Programme 2017/18.
(Item. 14)

RESOLVED that the committee's Work Programme for 2017/18 be noted.