KENT COUNTY COUNCIL

ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Public Health Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 6th May, 2026.

PRESENT: Mr L Evans, Mr M Fraser Moat, Mr A Kennedy, Mr A Kibble, Mr R Mayall, Mr T Mole (Vice-Chair), Ms C Nolan, Mr A Ricketts, Mrs S Roots, Mr T L Shonk, Mrs P Williams (Substitute for Mr S Dixon) and Mr R Yates (Substitute for Mr S Jeffery)

ALSO PRESENT: Mr J Henderson, Miss D Morton, Mr M Mulvihill and Mrs C Palmer

IN ATTENDANCE: Miss M Bundy (Democratic Services Officer), Ms L Clinton (Stakeholder Engagement Manager), Ms C Collins (Interim Strategic Safeguarding Lead), Dr A Ghosh (Director of Public Health), Ms H Gillivan (Interim Director Adults and Integrated Commissioning.), Dr M Gogarty (Strategic Lead Public Health Consultant), Ms H Groombridge (ASCH Performance Manager), Mrs S Hammond (Corporate Director Adult Social Care and Health), Ms S Hill (Director of Operations (Long Term Support)) and Mr M Thomas-Sam (Director of Operations (Short Term Support))

UNRESTRICTED ITEMS

67. Election of Chair

(Item. 1)

The Vice- Chair presided over this item.

1. Mr Luke Evans was nominated by the Leader to be the Chair of the Adult Social Care and Public Health Cabinet Committee.

2. The Committee agreed this nomination and Mr Evans was declared Chair of the Committee.

3. RESOLVED that Mr Luke Evans be elected as Chair of the Adult Social Care and Public Health Cabinet Committee.

68. Apologies and Substitutes

(Item. 2)

Apologies were received from Mr Jeffery for whom Mr Yates was substituting and Mr Dixon, for whom Mrs Williams was substituting.

69. Declarations of Interest by Members in items on the agenda

(Item. 3)

Mr Shonk declared that his daughter worked for the NHS.

70. Minutes of the meeting held on 11 March 2026

(Item. 4)

RESOLVED that the minutes of the meeting held on 11 March 2026 were a correct record and they be signed by the Chairman.

71. Verbal Updates by Cabinet Member, Director of Public Health and Corporate Director
(Item. 5)

1. Diane Morton, Cabinet Member for Adult Social Care, provided a verbal update on the following:

   a) Miss Morton thanked Directorate staff for their continued hard work over the past year, recognising their effective management of budget pressures, adaptability to new ways of working, and resilience in responding to ongoing market challenges. She also congratulated the new Cabinet Member for Public Health on his role and wished him success moving forward.

   b) The Adult Social Care budget had been set for the coming year, with a continued focus on delivery within financial constraints and the importance of prevention. Miss Morton stated that despite the challenges faced, the Directorate had performed well and current reports indicated a positive overall position.

   c) Miss Morton reported on the rollout of Technology Enabled Lives (TEL) sessions in libraries across Kent, confirming that approximately 30 sessions had been delivered and would continue alongside targeted communications. She advised that the initiative supported early intervention and community engagement and would be linked with Carers Week to raise awareness and support carers.

   d) Miss Morton outlined a programme of visits to local services, including a crisis recovery house, safe haven, Tenterden social hub, autism day service and extra care housing scheme, highlighting their role in delivering high-quality, person-centred support and strengthening prevention and neighbourhood health provision across Kent.

   e) Miss Morton highlighted upcoming activity for Dementia Awareness Week, including her attendance at the Dementia Friendly Awards. She also welcomed the newly appointed Deputy Cabinet Member for Adult Social Care who would be hosting a planned carers' event to support and recognise carers.

   f) Finally, Miss Morton advised that preparations for the refreshed Health and Wellbeing Board were complete, thanking officers for their support in its development.

2. Jamie Henderson, Cabinet Member for Environment, Coastal Regeneration and Public Health, provided a verbal update on the following:

   a) Mr Henderson began by highlighting the importance of his role in addressing health inequalities, particularly in coastal areas, and supporting improved outcomes through the application of Marmot principles and collaborative working.

b) Mr Henderson updated the Committee on the response to a meningitis B incident in Canterbury, commending the coordinated actions of partners which successfully contained the situation and protected residents, demonstrating effective multi-agency working.

c) Updates were also provided on Mental Health Awareness Week activity, promotion of local support services, and the Better Mental Health and Suicide Prevention Fund offering grants to local community organisations.

d) Mr Henderson highlighted National Walking Month, encouraging increased physical activity as a simple, accessible way to improve physical health, mental wellbeing and reduce anxiety across communities.

e) Finally, Mr Henderson welcomed the refresh of the Health and Wellbeing Board, emphasising prevention, early intervention, and partnership working.

3. Dr Anjan Ghosh, Director of Public Health, provided a verbal update on the following:

a) Dr Ghosh provided detail to the Committee on the meningitis outbreak, advising that there were 21 confirmed cases and 2 deaths, primarily affecting Canterbury and the University of Kent. He confirmed that an internal debrief had been completed and that a multi-agency review would follow, with opportunities for Member involvement to support learning from the incident.

b) Dr Ghosh reported on two significant visits, including from Midwest Ireland colleagues and engagement with Canterbury Christ Church University. These visits had helped strengthen links in research, innovation and development of a Public Health Centre of Excellence for Public Health in Kent.

c) Dr Ghosh outlined that the Best Start in Life programme had commenced as a successor to the Start for Life programme, with new guidance issued and a delivery plan currently being finalised. The programme focused on increased outreach and support in infant feeding, parent-infant relationships, and perinatal mental health. A conference was planned for 14 July 2026, and the new parent-infant mental health service was in mobilisation, with referrals expected to begin in June or July.

d) Dr Ghosh reported that the new school health service contract had commenced on 1 April, with work underway to support schools to become asthma-friendly and meet government expectations on allergies.

e) Dr Ghosh informed Members that the Public Health transformation programme (2023–2025) had now concluded with all milestones met, and nine key decisions driving service improvements. Newly transformed services went live in April 2026, and work was ongoing to embed new delivery models and approaches.

f) Dr Ghosh outlined mental health and prevention initiatives, highlighting the work of the Suicide Prevention and Better Mental Health Network, which brought together over 100 partners. He outlined innovative projects such as

green social prescribing and awareness-raising initiatives in public spaces and confirmed that additional funding had been secured to support delivery of a Kent Preventing Gambling Harm Strategy. Dr Ghosh also reported that a new sexual health service commenced on 1 April, delivered through a major public health contract with organisations such as the Community Health Services.

g) Finally, updates were given on the Joint Strategic Needs Assessments (JSNA), Kent Public Health Observatory website, and data tools. These included new dashboard indicators on population health, prevention and service use, such as Personal Independence Payment (PIP) uptake and winter mortality. Work was also nearing completion on a set of Marmot coastal indicators to support ongoing Marmot-related activity.

4. Sarah Hammond, Interim Corporate Director of Adult Social Care and Health, provided a verbal update on the following:

a) Ms Hammond reported a period of stability within the Directorate and a positive overall response to winter pressures, with further scrutiny planned on hospital discharge performance.

b) Ms Hammond outlined that final year-end financial figures were not yet confirmed, however the previously increasing deficit had been stabilised and reduced to a more manageable position.

c) Ms Hammond explained that work was underway with NHS England and system partners to address high levels of safeguarding referrals, acknowledging that around 70% did not meet the statutory threshold. Early indications showed a slight reduction in inappropriate referrals, representing positive progress.

d) Ms Hammond highlighted that positive and productive relationships continued to develop with statutory partners, including the Integrated Care Board (ICB), health organisations, and care providers, supported by improvement partners through the Care Quality Commission (CQC) to further strengthen collaboration, particularly in commissioning.

5. In response to questions and comments from Members, discussion covered the following:

a) Miss Morton advised that the final budget deficit figure was not yet available and would be shared once confirmed publicly. However, early indications suggested that the budget position had been managed well.

b) Mr Henderson reported that officers would consider what lessons could be learned from the Meningitis incident, including the review process, and that Member's requests to be involved in the review would be taken into consideration.

c) Mr Henderson welcomed Member's interest in the Marmot Coastal Region Project and confirmed that Councillor involvement was encouraged, offering to work closely together and supporting engagement in future discussions. Dr Ghosh further highlighted that the focus included access to good quality

jobs, with the Health and Wellbeing Board providing a key route for Member involvement, alongside additional opportunities being explored.

d) Helen Gillivan, Interim Director of Adults and Integrated Commissioning, outlined that work was ongoing with providers to ensure value for money for residents and that a significant proportion of care was arranged by self-funders. She also highlighted close working with health partners to support timely hospital discharge and prioritise enabling individuals to return to their own homes wherever possible. It was also emphasised that prevention was key in reducing demand for residential care, with a focus on working with NHS partners to prevent conditions that could lead to increased care needs.

6. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the verbal updates.

72. Adult Social Care Performance Dashboard
(Item. 6)

1. The item was introduced by Miss Morton, who highlighted that Quarter 4 performance was positive and stable, with no red- rated KPIs despite continued high demand. She emphasised improvements in independence, quality of care, and safeguarding demand, alongside reduced assessment backlogs. Miss Morton praised the service for their performance and progress made.

2. The report was introduced by Helen Groombridge, Adult Social Care and Health Performance Manager, who provided an overview of the Quarter 4 report, the overall 2025/26 financial position, including benchmarking against national measures, and the new suite of indicators for 2026/2027. She highlighted increased demand and activity compared to the previous year, along with strong performance in long-term support and residential care against national benchmarks. She also outlined pressures in areas such as safeguarding, and advised that statutory returns were being submitted, with further updates to follow later in the year.

3. In response to questions and comments from Members, discussion covered the following:

a) Ms Groombridge explained that indicator ASH13 reflected the average cost of new support packages for a specific period but was subject to updates due to backdated and late data entry. She advised that the measure represented only a small part of overall budgets and forecasting and may be removed in future to allow greater focus on more relevant financial indicators.

b) Ms Gillivan added in relation to ASH13, that the commissioned cost of a support package was set at the outset and typically only changed through annual fee uplifts, or if an individual's needs changed. She outlined that any reassessment of need may alter the cost, as pricing was based on individual circumstances. Ms Hammond also outlined work to address additional costs being added to placements beyond the base price, emphasising the need for clearer expectations and improved alignment with individual needs. She stated that future frameworks would include a banded approach to better reflect differing levels of need.

c) Ms Groombridge explained, in relation to indicator ASH2, that the move to using the median target aligned with the CQC and national measures, enabling better benchmarking against other authorities. She reassured the Committee that other measures, including averages and performance against 28 days, would continue to be monitored locally, alongside regular tracking of assessment times.

d) Ms Hammond advised that the direct payments figure reflected all service users, many of whom were older and may have found managing payments and employer responsibilities less suitable. She highlighted that while there was ambition to increase uptake due to the benefits of greater choice and control, the target reflected practical challenges and may not be achievable for all individuals. She also informed the Committee that officers could provide additional briefings on the performance dashboards and data available outside the Committee, for those that were interested.

e) Sydney Hill, Director of Operations (Long- Term Support), outlined work undertaken to improve uptake of direct payments, including simplifying processes, developing the personal assistant market, and supporting micro-providers. She emphasised that despite these efforts, uptake had remained largely static and that further work may be needed to address perceptions and promote the benefits of direct payments.

4. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the performance of Adult Social Care services in Quarter 4 2025/26 and note the new suite of indicators for 2026/27.

73. Adult Safeguarding Update
(Item. 7)

1. The item was introduced by Miss Morton, who highlighted the importance of safeguarding and the shared responsibility across the Council. She referenced the scale of the challenge, ongoing improvement work following CQC findings, and strengthening of safeguarding arrangements to deliver better outcomes for residents.

2. The report was introduced by Michael Thomas Sam, Director of Operations (Short- Term Support), who explained the safeguarding process, outlining its role in protecting individuals from abuse and neglect and the range of settings where concerns arose. He highlighted rising safeguarding demand, improvements in data recording and the importance of partnership working through the Safeguarding Adults Board. He also detailed ongoing actions to address findings from the CQC inspection and strengthen practice, performance and partner relationships.

3. In response to questions and comments from Members, discussion covered the following:

a) Catherine Collins, Interim Strategic Safeguarding Lead, advised that safeguarding referrals could be made through the Council's public website, where accessible information and dedicated public and professional referral forms were available, with submissions sent directly to safeguarding teams.

b) Mr Thomas-Sam indicated that detailed safeguarding data was available via internal dashboards at local team level and confirmed that he would explore sharing this information with Committee Members on a district or area basis.

4. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the report.

74. Health and Wellbeing Board
(Item. 8)

1. The item was presented by Dr Ghosh, who presented an overview of the background of the Health and Wellbeing Board, including its previously reduced role following the creation of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP). He detailed the need to re- establish the Board due increased demand for a Kent- focused approach and national changes, including the abolition of the ICP. Dr Ghosh also highlighted the Board's renewed role as a key strategic partnership for health and wellbeing across Kent.

2. Dr Gogarty continued by emphasising the importance of linking the Health and Wellbeing Board to neighbourhood health while maintaining a broader focus on key health challenges. He highlighted agreed priorities, including the use of the Better Care Fund, mental health, as well as the need to review Board membership and strengthen partnership working. He also outlined the intention to build on existing strategies while developing both local and system- wise approaches to delivery.

3. In response to questions and comments from Members, discussion covered the following:

   a) Dr Ghosh emphasised that the Health and Wellbeing Board was a statutory requirement and provided an important foundation for future local arrangements. He acknowledged ongoing uncertainty around future structures but stressed the need to strengthen the Board now to support future development, including making it more locally focused and effective in practice.

4. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the report.

75. Neighbourhood Health Plan
(Item. 9)

1. The item was introduced by Dr Ghosh, who outlined that despite carrying a number of tensions, including potential duplication and an overly clinical focus, the neighbourhood health plan presented a significant opportunity to strengthen local collaboration. He highlighted the important role of local authorities and partners, in delivering a more preventative and community-based approach. He also emphasised the central role of the Health and Wellbeing Board in providing strategic oversight and supporting effective local delivery.

2. Dr Gogarty further outlined the national neighbourhood health framework and its broader scope, including access to General Practitioner (GP) services, hospital waiting times and prevention. He highlighted the opportunity for Kent to shape local neighbourhood plans that aligned with NHS and local authority priorities, particularly in Adult Social Care and prevention. He also addressed emerging delivery structures and partnership working, while acknowledging that more detail was needed in relation to children and mental health.

3. In response to questions and comments from Members, discussion covered the following:

   a) Dr Gogarty indicated that GP waiting time data was not currently collected in a consistent or robust way at a national level, although this may be an area the NHS was beginning to address.

   b) A Member raised concerns regarding local stroke services and access to timely care for residents in Thanet.

   c) Dr Gogarty explained that proposals for neighbourhood health centres were still under development, with no firm plans yet for Kent, but opportunities may emerge for local authorities to work with NHS partners as plans evolved.

   d) Dr Gogarty outlined that neighbourhood health structures were being designed to different scales, with smaller local teams supported by larger multi- neighbourhood teams to deliver more complex services. He emphasised that the focus should be on service delivery rather than buildings, and that there was an opportunity to improve outcomes through better alignment with partners. He also highlighted the challenge of shifting resources from hospitals into community settings and indicated that funding was likely to be largely based on existing resources, with some potential use of repurposed estates or partnership models.

   e) Mr Henderson welcomed the increased role of pharmacies and supported plans to strengthen their prescribing capabilities. They also highlighted the potential for technology and Artificial Intelligence (AI) to improve access and efficiency in GP services.

   f) A Member reflected on population figures for neighbourhood health centres, suggesting they were likely to serve larger populations than individual neighbourhood teams.

4. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the report.

76. Blue Badge Update
(Item. 10)

1. Miss Morton introduced the item, reflecting on a recent visit to the Blue Badge team and praising the high-quality service they provide, while acknowledging the pressures the service is facing. Mr Thomas-Sam introduced the report, outlining the Blue Badge scheme as a statutory concession focused on functional mobility rather than disability. He explained the application and

assessment process, including eligibility, processing times, and appeals, and highlighted that most assessments were completed without the need for face-to-face contact.

2. In response to questions and comments from Member, discussion covered the following:

   a) Mr Thomas- Sam confirmed that the aim was to seek longer Blue Badge durations and that the Council was influencing discussions through its role in the local authority reference group, subject to regulatory change. He acknowledged the suggestion to consider a wider range of conditions and advised that existing criteria already include automatic eligibility in certain cases, such as end-of-life care.

   b) Ms Hammond explained that Blue Badge eligibility criteria was set nationally, limiting local flexibility to expand access. She highlighted the financial pressures of administering the scheme, advising that the current fee did not cover costs and emphasising the need to balance affordability, statutory requirements, and support for residents. She also added that any changes impacting affordability would be a matter for the administration, given the potential for increased applications and associated costs.

   c) A Member raised concerns that Blue Badge spaces were sometimes used by individuals with less severe mobility issues, which could limit access for those with greater needs.

3. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the contents of the report.

77. Update on Adult Social Care Campaigns
(Item. 11)

1. The item was introduced by Lisa Clinton, Strategic Involvement and Information Lead, who gave a short PowerPoint presentation, the slides of which can be found HERE.

2. In response to questions and comments from Members, discussion covered the following:

   a) Mr Thomas- Sam confirmed that data surrounding the Carer's Allowance was available and work was ongoing with the Department of Work and Pensions to promote awareness and uptake. He agreed to provide Kent specific figures outside of the Committee.

   b) A Member praised the online resources, highlighting its ease of use and value for quickly signposting residents to information.

3. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the contents of the presentation.

78. Work Programme
(Item. 12)

RESOLVED to note the Work Programme.