KENT COUNTY COUNCIL

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Social Care and Public Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Thursday, 12 July 2012.

PRESENT: Mrs A D Allen (Vice-Chairman, in the Chair), Mr R E Brookbank, Mr N J D Chard, Mr L Christie, Mr K A Ferrin, MBE, Mr M J Jarvis, Mr S J G Koowaree, Mr P W A Lake and Mr A T Willicombe

ALSO PRESENT: Mr P B Carter, Mr G K Gibbens and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Mrs M MacNeil (Director, Specialist Children's Services), Ms M Peachey (Kent Director Of Public Health), Mr A Scott-Clark (Deputy Director of Public Health, NHS E & C Kent), Ms P Southern (Director of Learning Disability and Mental Health), Mrs A Tidmarsh (Director of Older People and Physical Disability) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

11. Minutes of the Meeting held on 10 May 2012

(Item A4)

RESOLVED that the minutes of the meeting held on 10 May 2012 are correctly recorded and they be signed by the Vice-Chairman. There were no matters arising.

12. Dates of Meetings in 2013

(Item A5)

1. RESOLVED that the dates reserved for meetings of the Committee be noted, as follows:-

   Friday, 11 January 2013
   Wednesday, 24 April 2013
   Wednesday, 12 June 2013
   Friday, 13 September 2013
   Friday, 8 November 2013

2. Concern was raised over the date of the April meeting as it is very close to the May elections. The Democratic Services Officer undertook to look into the timing of this meeting and the possibility of moving it.

13. Announcements

(Item A6)

The Vice-Chairman welcomed Mrs Mairead MacNeil, the new Director of Specialist Children's Services, to her first meeting of the Cabinet Committee.

14. Oral Updates by Cabinet Member and Director - Adult Social Care
(Item B1)

1. Mr Gibbens gave an oral update on the following issues:-

- ***Launched Dementia Awareness Week Event – 'Remember the Person' on 21 May***
- ***Launched Central Referral Unit on 29 May with Jenny Whittle***
- ***Attended and Spoke at Kent MPs' Briefing - briefed them on Social Care issues from a local authority perspective on 19 June***
- ***Attended Maidstone Carers Project as Part of Carers Week on 20 June***
- ***Attended and Spoke at Kent Social Care Conference/Health & Social Care Expo on 21 June***
- ***Attended Hadlow College Full Time Presentation on 6 July –*** young people with learning disabilities were recognized for their achievements.
- ***Announcement of the White Paper on 11 July*** – the KCC's response to the White Paper will be drawn up and *an update report on this will be considered at this Committee's September meeting.*
- ***Social Care Funding reform*** - funding allocations for the South East are disappointing, and KCC will need to look carefully at the implications of the shortfall in funding.

2. Mr Ireland then gave an oral update on the following issues:-

- ***Update on Adult Social Care White Paper*** – there is much detail still to be worked through, and many issues for future reports to this Committee.
- ***Peer review by Essex County Council on Adult Safeguarding*** – *the full report from the Peer Review will be considered at this Committee's September meeting.*
- ***Feedback from the Kent Social Care Conference***
- ***Update on the Transformation Programme***

3. Mr Gibbens and Mr Ireland responded to comments and questions from Members, and the following points were highlighted:-

a) the White Paper proposals include common eligibility criteria, which means in effect that a client's assessment will be portable and can go with them if they move from one part of the country to another; and

b) large savings are anticipated as a result of the transformation programme, although the figure of £66million shown in the report is an aspiration at this stage.

4. The oral updates were noted, with thanks.

15. Oral Updates by Cabinet Member and Director - Specialist Children's Services
(Item C1)

1. Mrs Whittle gave an oral update on the following issues:-

- ***Central Referral Unit at Kroner House, Ashford*** – the benefits of co-locating partner agencies will include information sharing and better mutual understanding of thresholds. This clearer understanding is expected to lead to a 33% reduction in the number of referrals.
- ***Virtual School assessment*** – the Virtual School Kent team was congratulated on the good comments received in this informal inspection. The school experience of looked after children has improved much over the last 18 months.
- ***Launch of Kent adoption and fostering website at Kent Show on 13 July***
- ***First meeting of Adoption Sub-Group of the Improvement Board***
- ***Department of Education meeting on delivering the Improvement Notice targets*** – this meeting had been positive, with the Department of Education acknowledging the progress made. Future targets for further improvement are an ongoing increase in social worker recruitment, improved communications between leadership and front line staff and establishing better multi-agency links between GPs and Children's Centres.
- ***LAC placed in Kent by other local authorities*** - a very useful meeting on 12 June with the Children's Minister, Tim Laughton, was followed by a press release 13 June setting out Kent's demands:- legislation backed by Statute to enforce the 20 mile maximum limit for placements, aiming for a reduction to a 15 mile maximum after two years, to maintain links with friends and school and minimise the danger of absconding; all local authorities to make an annual statement to their Children's Safeguarding Boards to say how many LAC have been placed out of their area, and what safeguarding is in place for these LAC. The Minister will interview those local authorities who place out the most LAC, to call them to account, and the Mayor of London, Boris Johnson, will arrange a summit to address the issue with the 32 London Boroughs who place their LAC furthest away.

2. She responded to comments and questions from Members, and the following points were highlighted:-

a) the impact of placing LAC far from their home area should not be underestimated. Kent has been trying to address this problem for years, and it might be necessary to name and shame any authorities which do not improve their placing policy; and

b) it is good to hear that the Kent Freedom Pass is to be extended free to young carers up to the age of 18, but publicity and information around this is difficult to find online. *Mrs Whittle undertook to look into this. Following the meeting, she confirmed to the questioner that schools, Children's Centres and carers' organisations are aware of the issue, but the message can always benefit from repetition. KCC Contact Centre staff will be properly briefed to respond to queries, and the relevant section on the website will be given greater prominence.*

3. Mr Ireland then gave an oral update on the following issues:-

- ***Feedback on Ofsted's thematic inspection of Virtual Schools***

- ***Fostering inspection*** *– a further report on this will be considered at a future meeting of this Committee (Autumn 2012)*
- ***Review of the Improvement Notice***
- ***Update on the restructure of Specialist Children's Services*** *– a further report on this issue will be considered at this Committee's November meeting.*

4. The oral updates were noted, with thanks.

16. Oral Updates by Cabinet Member and Director - Public Health
(Item D1)

During this item, Mr S J G Koowaree declared an interest the grandparent of a child who is looked after by the County Council.

1. Mr Gibbens gave an oral update on the following issues:-

- ***Attended Healthwatch Event on 11 May with Roger Gough and met potential providers***
- ***SECASC Meeting on 25 May where discussed lobbying local MPs about Fairer Public Health Funding Allocations***
- ***Attended Shadow Health and Wellbeing Board on 30 May with new workshop and discussion format - Discussed Dementia and KCC Adult Social Care Transformation Plan***
- ***Held a Plain Packaging Press Call with Young People on 22 June*** – this is aimed at making cigarettes less attractive to young people, to dissuade them from starting to smoke.
- ***Attended 'Better Together - Achieving Integration of Adult Health and Social Care' on 27 June at University of Kent***
- ***Attended and Spoke at Sevenoaks HOUSE Opening on 4 July*** – this project is run by young people for young people, to share information and ideas. Projects in Dover and Ashford are running successfully and it is hoped to spread the idea further.
- ***Attended Member briefing on Public Health on 11 July*** – this set out the implications for the KCC becoming a Public Health Authority in April 2013, and what is involved in preparing for the change. A further briefing will be held on November 2012. *Copies of the papers used at the July briefing have been sent to Members.*

2. Ms Peachey then gave an oral update on the following issues:-

- ***Informal consultation with Public Health staff on restructure***
- ***PCT Revised finance return on Public Health spend*** – some detail of this appears in the report for item F4 on this agenda.
- ***Attended Department of Health Advisory Forum on Public Health*** – this discussed progress on immunisation and screening. KCC has a leadership and monitoring role to ensure that plans for these issues are in place and progress is measured. KCC has been given no resources for the transition to a Public Health authority but is lobbying to address this.
- ***New Young People phone APP (which includes information on sexually transmitted infections, sexual health advice access details and an option***

to give confidential feedback on services) has been shortlisted for an award

- ***Plain Packaging campaign launch***

3. Mr Gibbens and Ms Peachey responded to comments and questions from Members, and the following points were highlighted:-

a) when the KCC and Clinical Commissioning Groups take over the role of the current PCTs, a patient wishing to make a complaint about their GP would first need to raise it with the GP. If this fails to resolve the issue, it can then be referred to the National Commissioning Board. This process is currently overseen by a team from Kent and Medway PCT, and from April 2013 this role will pass to Local Area Teams, but not the KCC. HealthWatch does not manage complaints but has an advocacy role and supports individuals through the complaints process; and

b) the Choose and Book system still exists, but the affect upon this of the TACTICS company of GPs is unclear. *Ms Peachey undertook to look into this and advise the questioner.*

4. The oral updates were noted, with thanks.

17. 12/01917 - NHS Health Checks (Decision to be taken by the Cabinet Member for Adult Social Care and Public Health)
(Item D2)

1. Mr Scott-Clark introduced the report and explained the background to and purpose of the Health Checks programme as a future area of KCC commissioning. He highlighted the following:-

- Health Checks is a five-year rolling programme which will invite people for a health check as they reach 40, 45, 50, etc, up to 70 years of age, so everyone is invited every five years.
- to cover the whole Kent population in every five year cycle, it will be necessary to undertake approximately 90,000 checks per year, and KCC will need to commission sufficient providers to cover this.
- there are currently two different ways in which services can be contracted, so this will need to be rationalised.
- to make the programme work, it is essential that GPs are on board.
- there are three delivery options, set out in the report, and Option 2 is preferred and recommended by officers.

2. Mr Scott-Clark and Ms Peachey then responded to comments and questions from Members, and the following points were highlighted:-

a) regular health checks are not a new idea; some GPs have run similar programmes for years. *Good GPs will do this anyway, but coverage is patchy. The new programme seeks to formalise the system and standardise checks;*

b) could KCC contract direct with Clinical Commissioning Groups (CCGs)? Could this be a new delivery Option 4? *Ms Peachey explained that there is not currently a mechanism which would allow this to work as*

CCGs would be commissioning themselves, or the KCC would hold 200 contracts;

c) how many GPs are on board? *In East Kent there is almost 100% uptake, but in West Kent the level is lower. KCC will work with local GPs' consortia (CCGs) to ensure that as many GPs as possible take it up. The Government funding which KCC will pass on via commissioning will pay for someone in each surgery to run the Health Checks programme;*

d) what if some GPs start the programme but find that they can't manage the extra workload? Are community resources available to take up the slack? *Where GPs do not run the programme, Community Health Trusts could do it; there is more than one way to deliver it;*

e) people will be invited to attend, but can attendance be made compulsory? People who are the least motivated to take up an invitation are the ones who most need testing! *Compulsion would be difficult to enforce; it has to be a choice. However, evidence shows that the most deprived communities are often the least likely to take advantage of preventative health checking. How to stimulate take-up is a challenge, and the hard-to-reach are the biggest area of risk;*

f) in my local area, I know that local health checking can be very effective. Anyone who fails a test for hardening of the arteries is referred promptly to hospital for surgery. As a result, there have been no deaths from this cause since the current scheme started; and

g) each Member who spoke in debate expressed support for Option 2 – 'Unify Commissioning across Kent'.

3. The Cabinet Member, Mr Gibbens, thanked Members for their comments, which he had noted, and said he was pleased to hear the apparent support for and endorsement of Option 2.

4. RESOLVED that the comments made be noted, and the decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to select Option 2 for procuring a Kent NHS Health Check programme in 2013, be endorsed.

18. Families and Social Care Directorate Financial Monitoring 2012 - 13
(Item E1)

Ms C Head, Head of Financial Management, was in attendance for this item.

1. Ms Head introduced the report and, with Mr Ireland and Mrs Tidmarsh, responded to comments and questions from Members. The following points were highlighted:-

a) concern was expressed that the overspend shown for one service matched exactly the underspend shown for another, and the two figures

cancelled each other out, leaving a break-even situation. The reliability of the figures could be questioned;

b) some areas of spend are surprising; it is very unusual for learning disability services, for example, to show an underspend. Officers explained that the figures shown are estimates, made very early in the year. Spend patterns must always be dictated by demand;

c) areas of service use traditionally associated with older people are showing underspends. Reduced demand in these areas is unexpected, considering the generally ageing population, and no explanation is offered of why this should be;

d) preventative services are included in the costs of Older People's services, and an increase in their use leads to a decrease in the take-up of others, such as residential services;

e) the Children's Services budget has a number of headings variously showing small under and overspends. For example, an underspend on short breaks for children with disabilities is balancing an overspend on the Multi-Agency Specialist Hub (MASH); and

f) concern was expressed that services showing underspends this year might have their funding reduced next year.

2. Mr Gibbens explained that the figures shown represent only a one-month period, and he questioned the value of presenting figures for such a short period of time.

3. The Vice-Chairman advised Members that, in common with other Cabinet Committees, this Committee would need to establish an Informal Member Group to discuss the draft budget, as has been customary in previous years. The Democratic Services Officer will contact Members to identify membership and canvass dates for the first meeting, which is expected to be in September.

4. Mrs Whittle responded to a question about the costs to the KCC of supporting unaccompanied asylum seeking young people who have exhausted their rights to stay in the UK and are awaiting deportation. KCC has been lobbying for change for some time, and has tried to persuade the UK Border Agency to send these young people back more promptly so the costs to the county will be lighter. There are several pieces of legislation which impact upon the issue, and a debate over which of these should take precedence. Meetings on this issue are continuing.

5. RESOLVED that:-

a) the information set out in the report and given in response to comments and questions be noted, with thanks; and

b) an Informal Member Group be convened to allow Cabinet Committee Members to look at and comment on the draft budget in detail, as in previous years, commencing in September.

19. Public Health Performance
(Item E2)

1. Mr Scott-Clark introduced the report and responded to comments and questions from Members. The following points were highlighted:-

a) the target for breastfeeding is very low, and the number of mothers who are able to breastfeed for any length of time is limited by many having to return to work earlier due to the economic climate;

b) the performance indicator measures the number of invitations to attend a health check which are issued, not the number of checks actually completed; and

c) a view was expressed that having a performance target for the number of people encouraged to give up smoking conflicts with the fact that some KCC staff pension funds are invested in tobacco companies.

2. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

20. Families and Social Care Performance Dashboards 2012/13 (draft) and Business Plan Outturn Report 2011/12
(Item E3)

Mrs S Abbott, Head of Performance and Information Management, Mrs M Robinson, Management Information Service Manager, and Mr A Mort, Policy Manager, were in attendance for this item.

1. Mrs Abbott introduced the summary outturn and the new dashboard design, which is a new model for reporting a wider range of performance information than previously. Future dashboards will include results from users' surveys, and the monitoring of adult services will reflect the transformation process.

2. Mrs Abbott, Mrs Robinson, Mrs Tidmarsh and Mr Ireland responded to comments and questions from Members, and the following points were highlighted:-

a) the target for the number of people being provided with an enablement service has been increased, and as a result the number of cases will appear as a lower percentage of the new target. The demand for enablement has actually dropped in the last year as more people take up short-term beds in residential homes and increase their use of step-down services. The change in enablement patterns reflects changing patterns in other service areas and will be affected by the way in which other services are commissioned;

b) the 'current position' shown in Appendix B of the report is early in the financial year, and the number of people taking up a personal budget and/or a direct payment is on track to meet the target for the end of the current financial year. Personal budgets were introduced for new clients first, and focus will then move to transferring existing clients to

personal budgets, so a large rise is expected before the end of the current financial year;

c) Members reiterated a concern, expressed before when talking about personal budgets and direct payments, that clients should never be pressured into taking up something against their will;

d) the percentage of child safeguarding referrals going on to initial assessment is high but expected not to increase further, as more will be resolved at an earlier stage, and some proceed directly to a child protection investigation;

e) the percentage of child safeguarding case file audits judged adequate or better is lower than desired but will improve as the measures put in place in the Improvement Plan become embedded;

f) the percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time, or being the subject of a Plan for 2 years or more, will be more accurate when the picture for a whole year is available. The figures shown are for a two-month period only;

g) the three indicators referred to in d), e) and f) above are key areas of concern, which will be closely monitored. The new Central Referral Unit will contribute to improving performance in these areas. The number of children subject to a Child Protection Plan one year ago was very high, and as the Improvement Plan measures are worked through and become embedded, progress will be shown in an improvement of these figures;

h) take-up of short breaks for older people and their carers has been good since the award of the new contract and is expected to increase as the range of options for arranging them broadens; and

(i) Members commented on the presentation of the figures and asked for future dashboard pages to be presented in colour to make the Red/Amber/Green columns clearer and easier to use. It would also be useful to know more than just the last 'previously reported results' so a longer-term pattern can be seen. *It was agreed after the meeting that the Democratic Services Officer would contact Members to seek views on points of presentation for future reports.*

3. Mrs Whittle responded to a question about the recruitment of agency staff and the drive to reduce the number of LAC by giving an assurance that the £2.7m of funding allocated will have a significant impact, both on the number of LAC and the length of time they stay in care. She reassured Members that Kent's LAC population, although a concern, and still larger than desired, is now close to the national average. *A report on various aspects of Children's Services, including this issue and early intervention and prevention, will be considered at this Committee's September meeting.*

4. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and a report on this and other

aspects of Children's Services be considered at this Committee's September meeting.

21. Update on the Kent Health Commission
(Item F1)

Mr P Carter, Leader of the County Council, was present for this item, and Ms C Davis, Policy and Strategic Relationships Policy Manager, was in attendance.

1. Mr Carter introduced the report and explained that the pilot Kent Health Commission (KHC), launched in Dover in June, offers an opportunity to see what practical changes will flow from the Government's health reforms. He outlined the aims and key features of the KHC and highlighted the following points:-

- He gave an example of the Whitstable Medical Centre, which operates in a polyclinic model. This model demonstrates a better way to deliver preventative primary health care and make optimum use of budgets by minimising A&E attendances, for which GPs are charged. Examples such as a polyclinic scheme currently running in Merseyside have shown good outcomes.
- the KHC is in line with Adult Social Care transformation, in trying to reduce residential care admissions and get best value from available finance. It should be possible shortly to calculate what future savings might come from KHC.
- the Dover pilot of KHC can be used to inspire GPs and Clinical Commissioning Groups in other areas.

2. In debate, Members made the following comments:-

a) relatively small changes, for example, extending GP surgeries' opening hours, can make them more accessible to working parents and others who might otherwise struggle to attend;

b) the changes described in the report are very welcome and have been desired for many years. With the NHS Health Check programme (described in item D2 on this agenda), KHC will have a big impact on GPs, and they must be confident of having the resources to deliver them;

c) being able to access treatments at a local GP's surgery is good news, and makes such treatments accessible for those who would have trouble travelling to attend an appointment at a hospital. However, this must not lead to the closure of hospitals in the county, leaving fewer centres which will require patients and their families to travel long distances to access them. Another implication is to the quality of care available, as GPs are not specialists. A patient will want to be able to access the most specialist services available;

d) it is important to establish correct and good links between services, so patients are not directed to and fro between centres to access the services they need. The Choose and Book system no longer exists in all areas, and the TACTIC private company of GPs does not offer a patient any choice of which GP they see;

e) concern was expressed that the KHC had been developed as far as a pilot launch without being reported to and considered by this Committee. The report does not make clear who has overseen its development and what involvement KCC has had in it, and where and how decisions have been made; and

f) concern was expressed that, although the individual proposals are very sensible, their cumulative effect may be damaging, for example, in narrowing the range of services available in hospitals. If services are taken away from hospitals, they will lose the associated budget. The realities of health funding mean that hospitals use the budget associated with a particularly lucrative area of work to subsidise other areas.

3. Mr Carter responded by adding that, as Kent gets a lower allocation of government funding than other areas, he had been championing the issue of health funding allocations for some time. KHC is a way of optimising the use of available resources. Some 75% of health spending is in hospitals, and too many people spend too much time in hospital for things which could be dealt with in community health services. GPs are charged for the costs of these hospital stays. KCC has a role to play in influencing change in the health service, re-shaping spend and improving patient care and outcomes.

4. The Cabinet Member, Mr Gibbens, commented that the KHC, along with the Shadow Health and Wellbeing Board, relates to Roger Gough's portfolio. Work is ongoing and a future report to this Committee will give more detail. He said he personally welcomed the development of the KHC and was aware that the Secretary of State also welcomed it.

5. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and an update report be made to this Committee's September meeting.

22. Kent County Council/Kent and Medway NHS and Social Care Partnership Trust (KMPT) Partnership for Delivery of Social Care to Adults of Working Age with Mental Health Needs
(Item F2)

Mrs A McNab, Chief Executive of the Kent and Medway NHS and Social Care Partnership Trust (KMPT), was in attendance for this item at the invitation of the Committee.

Mr S J G Koowaree declared an interest as a former employee and occasional casual employee of the Kent and Medway NHS and Social Care Partnership Trust.

1. Ms Southern introduced the report and updated the Committee on developments since last reporting to the former Adult Social Care and Public Health POSC in February 2011, as well as planned activity for the next year. Although there is much work still to be done, the KCC/KMPT partnership is in a good position to meet future changes.

2. Mrs McNab added that the Trust had been strengthened by its partnership with KCC. The integration of Health and Social Care is high on its agenda and will meet its statutory requirement to work towards integration. The Trust's progress towards achieving Foundation Trust status is on track within the original timescale. Performance targets develop constantly, and meeting them is a constant challenge, but focus on quality of service to patients is always of paramount importance. The Trust is ahead in developing the payment by results system, which is in shadow form this year.

3. Ms Southern and Mrs McNab responded to comments and questions from Members, and the following points were highlighted:-

a) disappointment was expressed that the report did not give more information about the quality of services delivered to patients. A meeting of the Kent and Medway Joint Overview and Scrutiny Committee on 3 July had emphasised the importance of focussing on the patient and had been sceptical of the KCC/KMPT partnership's proposals. Seeking change is good, but it should always be for the better, and in the best interests of the patient. Ms Southern responded that the quality of the patient experience is essential and is the main aim of the partnership working. *A report on the patient experience will be made to this Committee's November meeting;*

b) an audit of children's mental health care services had been due in June and was completed on time. A draft report and findings were published on 11 July and will be closely studied. Any further work required will then be identified;

c) there is still some social stigma around mental illness, and few people are in properly-planned care pathways. More work is needed to address this. Mrs McNab explained that stigma had been reduced via a campaign, but there is more work to do and stigma is still attached to mental health issues. It can be difficult to recognise mental health issues and move people into care pathways, although the picture is improving. Training is improving the awareness of mental health issues among A&E staff, and the establishment of the Psychiatric Liaison Service will help this; and

d) it is good to see the progress which has been made in mental health services, as it was previously very difficult to get a social worker to attend a case meeting with mental health colleagues. More GPs are now trained to identify mental health issues, which gives a good first point of contact. Community Psychiatric Nurses being co-located in GPs' surgeries also helps, but they must be properly trained and retained in this role for this to continue working.

4. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and a further update report on the quality of the patient experience be considered at this Committee's November meeting.

23. Update on the Re-Commissioning of Emotional Wellbeing and Child and Adolescent Mental Health Services (CAMHS)
(Item F3)

Ms H Jones, Head of Commissioning, Mr I Darbyshire, Senior Commissioner, CAMHS, NHS Kent and Medway, and Ms A Merritt, Commissioning Officer, were in attendance for this item.

1. Ms Jones introduced the report and explained that new arrangements for CAMHS and Emotional Wellbeing services had been put in place following an Ofsted inspection. The main aim was to improve early delivery of services closer to where they are needed, including in settings such as schools. Since writing the report, the successful bidder for Community CAMHS services has been confirmed as the Sussex NHS Foundation Trust. The Emotional Wellbeing service will be delivered by a consortium led by Kent Children's Fund Network. Both contracts will commence on 1 September 2012.

2. Ms Jones, Mr Darbyshire and Ms Merritt responded to comments and questions from Members, and the following points were highlighted:-

a) waiting times for the CAMHS service have, historically, been persistently too long, but the successful contractor has a good performance record and will be set a challenging target of ensuring that all young people referred to the service are assessed within four weeks of referral and start treatment in four to six weeks of referral. The contract contains clear monitoring mechanisms and levers to ensure that this requirement is complied with;

b) monitoring will take the form of monthly reports of assessment rates and service delivery, and if performance falls short, remedial action will be prompt. In the past, KCC and NHS Kent & Medway have not been as effective as they could have been at using the contract levers at their disposal. Better service delivery has already reduced the number of young people whose problems escalate to the point where they need higher-level services;

c) previously, schools were involved in CAMHS and Emotional Wellbeing services in a number of ways, and have always been a key link into services, but now their involvement has been formalised. School staff will receive training to make sure they are equipped to identify early indications of mental health problems, and there will be a consultation and advice line for schools and complementary support to back up Emotional Wellbeing services;

d) the new contractor will deliver all tiers of CAMHS services, but when young people come to transition into adult services, they might find that they are not eligible for equivalent adult mental health services. KCC will act as an interface to help the providers to link into adult services; and

e) the new contracts will start on 1 September 2012, but there will be a transition period as the new contractors deal with some backlog

remaining from the previous system. The new and previous providers will be required to liaise to arrange a handover of work. This handover period will be closely monitored to ensure that transition is as smooth as possible, with no loss of service.

3. Mrs Whittle thanked Ms Jones, Mr Darbyshire and Ms Lorraine Goodsell for all their work in preparing the specification for the service and arranging the tendering process. She added that good monitoring of the new contracts will be vital, as the new contractors will inevitably inherit a backlog of cases. A further report can be made to this Committee in January, at which time it will be possible to see the first indications of the new contractors' performance.

4. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and a further update report be considered at this Committee's January meeting.

24. Public Health Transition
(Item F4)

Mr D Oxlade, Programme Transition Manager, was in attendance for this item.

1. Mr Oxlade introduced the report and explained that the Committee was being asked to consider and endorse an outline response to be made by the Cabinet Member, Mr Gibbens, to the Department of Health's consultation paper 'Healthy Lives, Healthy People: Update on Public Health Funding'.

2. The report sets out the points which are proposed to be covered in the response. One of these was 'the belief that 2011 Census population details, when available, should be used, and not the Office of National Statistics 2011 estimates'. The point was made that the accuracy of census data had been called into doubt in the past. It is vital that those using any data to shape future health funding ensure that they are confident of its accuracy first.

3. RESOLVED that the Cabinet Member's intention to formally respond to the consultation by Government on the future of Public Health Funding be endorsed.