

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 Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 5 December 2013.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, Mr A H T Bowles, Mr R E Brookbank, Mrs P T Cole, Mrs V J Dagger, Mrs M Elenor, Ms A Harrison (Substitute for Ms C J Cribbon), Mrs S Howes, Mr S J G Koowaree and Mr P J Oakford

ALSO PRESENT: Mrs T Dean, Mr G K Gibbens, Mr B J Sweetland, Mr M J Vye and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Ms M Peachey (Kent Director Of Public Health), Mr M Lobban (Director of Strategic Commissioning), Ms M MacNeil (Director, Specialist Children's Services), Mr A Scott-Clark (Director of Public Health Improvement), 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

46. Declarations of Members' Interest in items on today's Agenda
(Item A3)

Mr S J G Koowaree made a general declaration of interest as his grandson is in the care of the County Council.

47. Minutes of the Meeting of this Committee held on 4 October 2013
(Item A4)

RESOLVED that the minutes of the meeting held on 4 October 2013 are correctly recorded and they be signed by the Chairman. There were no matters arising.

48. Minutes of the Meeting of the Corporate Parenting Panel held on 25 September 2013, for information
(Item A5)

RESOLVED that these be noted.

49. Meeting Dates for 2014
(Item A6)

RESOLVED that the dates reserved for meetings of this Committee in 2014 be noted, as follows:-

Thursday 16 January, 10.00 am
Friday 2 May, 10.00 am

Friday 11 July, 10.00 am
Friday 26 September, 10.00 am
Thursday 4 December, 10.00 am

50. Chairman's Announcements (Item A7)

The Chairman advised Members that this Cabinet Committee was the first to have a petition debate since the County Council's petition scheme was introduced in September 2012.

51. Oral Updates by Cabinet Member and Director (Item C1)

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

10 October – World Mental Health Day, visited 'Live It' Library in Gravesend and also 'Making Our Community', a place where you can 'Live Well' with dementia at Northgate Ward Community Centre. These projects will have far-reaching effects over the next 20 years.

16 to 18 October – Attended the National Children & Adult Services Conference in Harrogate. This included an in-depth session on the impact of the Care Bill.

29 November - Launch of Dover Good Day Programme.

13 December - The consultation on the future of Doubleday Lodge ends. A report on the outcome of the consultation will be presented to the January meeting of this Committee.

Temporary Financial Assistance for Residential Care.

Mr Gibbens explained that he would shortly be taking a decision to formalise the County Council's current approach to supporting people in residential care who, despite having over the capital threshold, cannot access it immediately (usually because their capital is tied up in a property), and who have insufficient income and liquid capital to fund their stay in a care home. Some such people will be eligible for the formal Deferred Payments scheme but those who do not qualify for this can currently only request temporary financial support from KCC once their liquid capital has reduced to £3,000. This has been the figure for many years but at today's prices will not pay for many weeks in a care home. The County Council's current practice is to encourage people to approach it for assistance when their income and liquid capital is only sufficient for about 3 months of residential care funding. The decision will formalise this approach, which will only be to the benefit of Kent residents.

2. In response to a comment, Mr Gibbens endorsed the benefits to be gained from people with dementia being able to stay in their own homes for as long as possible, and emphasised the importance of their carers being well supported. The County Council has put more funding into supporting carers this year than in previous years, to show that their challenging and demanding role is highly valued.

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

Pioneer Integration. Kent is one of only 14 local authorities to be selected as a pilot health pioneer, and a working group has been formed to take forward the scheme. Mrs Tidmarsh added that Kent had been selected from over 100 applicants as the

best leader of integrated care. The launch of the scheme had included a speech from MP Norman Lamb urging pioneers to be bold and challenging in their approach. **Integration Transformation Fund.** Much ground has been covered on this and a report will go to the Health and Wellbeing Board at the end of January.

4. The oral updates were noted.

52. "Live It Well" - The Kent and Medway Mental Health Strategy for 2010 to 2015 - update
(Item B2)

Ms L Kavanagh, Partner, Integrated Commissioning and Strategic Change, Kent and Medway Commissioning Support, and Mr I Rudd, Public Health Specialist, were in attendance for this item, with Ms Southern.

1. Ms Southern introduced the report and urged members to look at the Live It Well website. Ms Kavanagh referred to an increase in the number of people who were expected to complete therapy per year. The Live It Well team were working with Canterbury Christ Church University to evaluate quality and practice. Ms Southern and Ms Kavanagh responded to comments and questions from Members, as follows:-

- a) the police tend to be called out to, and become involved in dealing with, people who need emergency mental health assessments, but this is not appropriate as mental health is not a criminal issue. *Ms Kavanagh explained that more work is currently being done with Clinical Commissioning Groups and the Police on how crisis services work, and the aim is to establish one point of access to mental health services. Mental health professionals accompany Police officers on the beat to offer 'street triage' and to identify any mental health issues in anyone who has been brought into Police custody;*
- b) Members asked how services for people with learning disabilities and mental health issues linked together and how accessible both were for clients and carers. Members asked that *a report on this issue be presented to a future meeting of this Committee, and officers committed to preparing this;* and
- c) Members asked if the Police would be trained to be able to identify people with mental health issues or learning disabilities when called out to incidents, as such can present as challenging or anti-social behaviour. *Ms Southern replied that some training is provided, and mental health professionals work closely with the Police to raise their awareness.*

2. RESOLVED that:-

- a) the continuing progress of the Live It Well strategy and the associated website, and the development of local resources to support it, be noted; and

- b) a report on how services for people with learning disabilities and mental health issues link together and how both are accessed by clients and carers be presented to a future meeting of this Committee.

53. Oral Updates by Cabinet Member and Director

(Item B1)

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

The Kent Adoption Summit. This included an excellent contribution by past adopters talking about their experiences. A range of issues was raised, including the judicial process and skills of adopters.

Ofsted Single Inspection Framework is to be welcomed as a joint inspection of related services works better and makes more sense.

The DfE Select Committee Inquiry on Children's Homes. Kent County Council is calling on the Select Committee to make a recommendation to the Minister that no child be placed further than 20 miles from their home and that a good reason be demonstrated for any placement at a distance from their home.

Meetings with Children Leads from the Clinical Commissioning Groups regarding joint commissioning. This issue is related to the re-shaping of children's centres provision and could aid access to services such as speech and language therapy.

2. A speaker praised the 'Shadow a Social Worker' scheme and said that his recent experience of it had been very educational in highlighting the problems that social workers face daily, especially when dealing with children. Other Members were urged to take the opportunity to take part in this scheme.

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

Staying Put Legislation would allow young people to stay with their Foster Carers, if they wished to, beyond the age at which they would normally leave care and move out of their foster home. This positive step has been welcomed, including by the Corporate Parenting Panel, as many young people wish to take advantage of the option to stay on. *Mr Ireland offered to report to a future meeting of this Committee on the implications of this legislation.*

4. The oral updates were noted.

54. Petition Scheme Debate

(Item C2)

The lead petitioners, Ms Frances Rehal and Ms Lucia Dello Ioio, were present for this item.

Mr T Wilson, Head of Strategic Commissioning – Children's, was in attendance for this and the following item.

1. Ms Rehal addressed the Committee and referred to her revised written submission, which had been circulated to Members. She emphasised the importance of investing in children's centres to benefit children's future development. Ms Dello Ioio explained that she was a parent and volunteer at a children's centre.

She emphasised the importance of parents being able to access good service provision near to their homes, and said parents need to be encouraged to take responsibility for setting up and running some of their own local children's services. Children's centres are a success, and when something works well it should be retained.

2. In a timed debate, Members made the following comments on the consultation and on children's centres generally:-

- a) it has been very enlightening to visit local children's centres and see how they work locally, eg by linking to local schools. The professionalism of the staff which run them was commended;
- b) concern was expressed that, as some centres close and staff are transferred to other centres, it may be difficult to maintain current standards of provision. Parents in rural areas may have to travel to the nearest urban area to access the services they want;
- c) one speaker criticised the Government cuts which led to the proposed closure of some centres;
- d) many children's centres are excellent at reaching hard-to-reach families, but some of the satellite arrangements being proposed may need adjustment. The proposed re-organisation of services will bring together communities in a new way and was thus commended;
- e) areas currently without a children's centre will still be affected by changes made in neighbouring areas, as parents rely on being able to access a centre by travelling a reasonable distance. The consultation is about providing support to parents; politics should be kept out of it;
- f) Mrs Whittle was thanked by several speakers for the work she had put into the consultation and in coming to a good compromise in the proposed changes. The revised proposals were commended by several speakers;
- g) a comment made by a previous speaker, and in some media, about rural parents needing to travel to an urban area to access services, is misleading; outreach services can be delivered via village halls and other community centres, and via mobile provision to reach remote villages and travellers' sites – these parts of the service are not proposed to change. The proposals were about maintaining services; they were not being made for political mileage;
- h) the lead petitioners were thanked for bringing the petition to the Council and for addressing the Committee. The Cabinet Member was also thanked for having listened to the consultation response and the petitioners and for the resulting changes to the proposals. The proposals represent positive change;

- i) increased use of community resources, such as Parish Council premises, would be welcomed, to locate services near the families which need them;
- j) the current debate about children's centres elicits much sympathy, and one can agree with the points made by the petitioners, and feel that the Cabinet Member also agrees. However, in some areas it is clear to see that children's centre services are not integrated in the way in which they should be, and do not aspire to deliver the standard of service expected. To meet standards, and to benefit these areas, some adjustment of service is needed; and
- k) the point which Ms Rehal had made in her written submission, about the investment in a child's early years bringing rewards in later years, was supported. To tie up money in a building which is used solely for one purpose does not seem economical. The way forward would seem to be to look at existing community premises and make the best use of them to achieve the services local people need, perhaps even using parents' own homes to run a parent support group.

4. The Cabinet Member, Mrs Whittle, responded to the points raised. She emphasised the breadth and depth of the consultation exercise and the challenge of undertaking this, having visited all except one of the 23 centres being proposed for closure. She now sought to achieve a consistent model for centres, using St Mary's in Faversham as a template. She emphasised that the services currently delivered by all the centres due to be closed would be re-located elsewhere. She agreed with Ms Rehal's point about the importance of investment in early years but also emphasised that continuing to maintain under-used buildings is uneconomical. She thanked the Committee for not making the issue a political one. She cited the Howard de Walden centre in Maidstone as an example of one which is very active at raising its own funding locally and works very hard to achieve maximum community use of the building by hiring it out to local clubs and groups, to the benefit of all. She suggested using this as an example to be followed, to achieve innovative service provision, coupled with expanding the health visitor service as an outreach service via children's centres. She summed up by re-iterating her personal commitment to protect children's centres services across the County. Mr Wilson responded to a question about the working of the 'hub and spoke' model.

5. RESOLVED that the comments made by the Committee in debate, set out above, be noted.

55. 13/00067 - Shaping the Future of Children's Centres in Kent

(Item C3)

Mr S J G Koowaree declared an interest in this item as his daughter is employed at a children's centre.

1. Mr Wilson introduced the report and summarised the number and nature of responses received to the consultation. Approximately 80% of respondents had objected to the original proposals, with key issues highlighted including transport and staffing. The revised changes now being recommended (set out in paragraph 6 (1) of the report) showed that the County Council had listened to and taken on board the

views expressed by respondents. Children's centre managers were being encouraged to raise funds for their own centre and to develop relationships with others in their local community. Mr Wilson explained that the next steps in shaping the future of children's centres in Kent, once the Cabinet Member had formally taken the final decision on the changes, would be a staff restructure and a market review in 2014.

2. In debate, Members made the following comments about children's centres in their local areas and about the service generally:-

- a) several Members commended the consultation exercise and welcomed the opportunities it had brought to re-shape and improve the service. They supported the proposed changes and looked forward to seeing a more effective, integrated service once the changes had been made;
- b) Mrs Whittle was commended by several Members for her outstanding work in driving the consultation and the time and effort she had spent in visiting as many of the children's centres in Kent as possible;
- c) the system of children's centre provision has become disjointed and needs reorganising. The service lacks a brand, and public understanding of the services available at children's centres needs to be increased;
- d) the data gathered during the consultation about the pattern of use of centres will be useful for the future and needs to be kept up to date;
- e) elected Members need to be fully engaged in future plans for centres as they are well placed to support and help shape the future of centres in their areas. To do this they will need to have an active role in monitoring the service following the changes;
- f) although the need for savings is acknowledged, it seems counter-intuitive to try to make savings in children's centres. Centres need to be part of the re-shaping of service delivery, to incorporate Troubled Families and Health partners and promote health issues. The support and advice that mothers gain from visiting a children's centre are invaluable. The speaker would be urging his local district advisory board to ensure that services meet the requirements of communities, especially those in areas of higher deprivation;
- g) the next speaker contested the previous speaker's comments about savings and reducing services as 'misleading'; the current issue is clearly a case of needing to do more with less and being more productive. The consultation undertaken is a good example of the County Council seeking public views and then taking them on board. Mrs Whittle had clearly spent much time in revising the proposals in response to points arising from the consultation. The innovative work already being done by some centres shows what can be done when local parents and communities take responsibility for shaping and running their own services;

- h) the consultation exercise on the proposed changes to the provision of children's centre services can be likened to the programme of modernisation of day services for people with learning disabilities; people were fearful of change but the re-shaped services work well, meet needs and are now popular with users. It is hoped that changes to the children's centres service will prove to be similarly successful;
- i) the recent consultation had not been a comfortable exercise to undergo but had been useful in showing up the current availability of services and which services do and don't work. Although children's centres are a valuable resource for parents, it is physically and financially impossible to have one in every community; and
- j) one Member said this consultation was the most genuine she had seen, out of many consultations over the years. This set a very high standard, which future consultations would need to match. However, it is sad that such extensive research into a service seems only to take place when savings are being sought. The innovative changes proposed could have been made two years ago.

3. The Cabinet Member, Mrs Whittle, acknowledged Members' comments. She said it had been fascinating, during her visits, to see the range of children's centre provision around the county and the need to establish a consistent brand. Some centres linked to and related well to local schools, while others needed to improve their links to schools to ensure that children are better prepared to start school. The quality and suitability of accommodation currently used for children's centres also varied, and some locations offered alternative nearby venues which would be much more suitable. She spoke of her personal experience of accessing postnatal services in her local village hall when her daughter was small and saw at first-hand new parents' need to be able to access advice and moral support from other parents. She emphasised her commitment to maintaining support for parents by using outreach services and linking to the health visitor service.

4. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to make the changes to children's centre provision set out in paragraph 6 (1) of the report, after taking into account the views expressed by the Cabinet Committee, be endorsed.

56. Oral Updates by Cabinet Member and Director

(Item D1)

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

8 November – Launched Annual Public Health Report. This had gone well and the report had been well received.

19 November – Attended the Inaugural South East Mental Health Commissioning Network

26 November - Public Health Members Briefing took place. This had been well attended. The next briefing will take place on **Thursday 6 March 2014 at 10.30 am, and all Members will be sent an invitation.**

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

HIV testing awareness week had promoted the fact that early diagnosis means the condition can be treated.

Domestic Abuse services celebrating expanded services, which are run by the Domestic Abuse Strategy Group. The aim is to establish a one-stop-shop for advice and support in each of the twelve districts of Kent. Some Health Visitors are trained in dealing with domestic abuse, and this will hopefully help more people to access support services.

Healthy Living Pharmacies accredited, with awards being given for pharmacies offering good quality sexual health advice, among other services.

3. The oral updates were noted.

57. 13/00075 - Provision of Opportunistic BCG vaccination programme for 10 - 16 year olds by school nurses

(Item D2)

1. Ms Peachey introduced the report and explained the rationale behind the proposed changes to the vaccination programme. Resources freed up by cutting back the vaccination programme for 10 – 16 year olds, not all of whom need a vaccination, could be directed towards vaccinating other vulnerable groups, such as immigrant families arriving in the UK from countries in which neonatal TB vaccination is not routinely given. These can be identified via ports of entry and/or when they register with a GP.

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

- a) some people do not register with a GP, and some GPs do not recognise tuberculosis as the disease has not been prevalent for many years, so this way of identifying potential subjects for vaccination has flaws;
- b) it is sometimes a struggle to encourage people to attend their local GP's surgery to have an annual 'flu jab, so achieving their attendance for a BCG vaccination will surely also be a challenge. GPs will need to be proactive in promoting a vaccination programme; and
- c) the effective use of limited public health resources was supported in principal but the practicalities of reaching the target groups leaves unresolved concerns.

3. Ms Peachey explained that she would be writing to all GPs in Kent to emphasise the importance of BCG vaccination and the need to be able to identify early and respond effectively to tuberculosis. School nurses will also be urged to screen 10 year olds to identify any who are unvaccinated. She undertook to pass onto the Kent Immunisation and Vaccination Board the concerns raised by this Committee.

4. RESOLVED that:-

- a) Members' comments on the proposed decision to end opportunistic BCG vaccination of at-risk 14 year olds by the school nursing service

be noted and passed onto the Kent Immunisation and Vaccination Board; and

- b) the agreement of an alternative pathway for at-risk adolescents in Kent, through the Kent Immunisation and Vaccination Board, be endorsed.

58. Adult Social Care and Public Health Portfolio and Specialist Children's Services Portfolio Financial Monitoring - 2013/14
(Item E1)

Miss M Goldsmith, Finance Business Partner (Specialist Children's Services and Adult Social Care), was in attendance for this item.

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

- a) it is not yet possible to say definitively whether or not the budget will balance by the end of the financial year, but every effort is being made to achieve this. More detail will be included in a report to the January meeting of this Committee on areas of activity and the management action being taken which aims to balance the budget;
- b) there has been no reduction in demand for children's services, and, although the County Council is seeking to recruit more in-house foster carers to reduce expenditure on independent fostering agencies, there have also many more care cases going through the judicial process, which is always a costly undertaking;
- c) the County Council is owed money by the Home Office to cover the costs of providing care and services for unaccompanied asylum seeking children (UASC), but there has been no definitive answer from the Home Office about when this bill will be paid; and
- d) the Directorate has not yet achieved its aim of having a full complement of qualified, permanent social workers, but is drawing very close to achieving this in the near future. When this target is achieved, agency staff will no longer need to be employed.

2. RESOLVED that the revenue and capital forecast variances from budget for 2013/14 for the Adult Social Care and Public Health Portfolio and Specialist Children's Services Portfolio, based on the first quarter's full monitoring to Cabinet, be noted.

59. Children's Services Improvement Programme update
(Item E2)

1. Ms MacNeil introduced the report and highlighted key areas of progress, including the successful recruitment of a good number of permanent, qualified social workers, which are building a highly effective workforce for the future. She explained that a new data capture system, 'Liberi', would be launched on 9 December, which will allow more timely and accurate monitoring of cases, workloads, etc. She thanked

Members and staff for their support through the journey of improvement. Ms MacNeil undertook to answer a question of detail to a speaker outside the meeting.

2. RESOLVED that the very significant progress that has been made since the previous report to this Committee be noted, and staff be thanked for their work and support through the improvement process.

60. Families and Social Care Performance and Mid-Year Business Plan Monitoring *(Item E3)*

Mrs S Abbott, Head of Performance for Adult Social Care, and Mrs M Robinson, Management Information Service Manager for Children's Services, were in attendance for this item.

1. Mrs Abbott introduced the report and she and Ms MacNeil responded to comments and questions from Members, as follows:-

- a) many items currently rated as amber are very near achieving a green rating;
- b) no caseload is held by any social worker who is not qualified. The aim is to recruit a complete complement of permanent, qualified social workers and be able to dispense with temporary agency workers. However, no qualified social workers currently employed are due to be made redundant; and
- c) more detail of the benefits of using Telecare technology was requested, and *officers undertook to present a report to a future meeting of this Committee on its outcomes and benefits.*

2. RESOLVED that the information set out in the report be noted, and a report on the outcomes and benefits of using Telecare technology be presented to a future meeting of this Committee.

61. Public Health Performance *(Item E4)*

RESOLVED that the performance report be noted.

62. Budget 2014/15 and Medium Term Financial Plan 2014/17 Consultation *(Item F1)*

Mr D Shipton, Head of Financial Strategy, and Mr M Burrows, Director of Communications and Engagement, were in attendance for this item.

1. Mr Burrows and Mr Shipton gave a presentation on the consultation on the Budget 2014/15 and the Medium Term Financial Plan 2014/17. Mr Shipton gave an update on key matters of interest from the Chancellor's Autumn Statement. He also said that it was likely that local government would be compensated for changes proposed to the business rates, although detailed information would not be available until the provisional settlement was received later in December.

2. Mr Shipton introduced the report and said the aim of the consultation was to engage with and better inform Kent residents and businesses of the financial challenges for the authority as a result of reductions in funding from central government and additional demands on spending and restrictions on the ability to raise council tax.

3. Members were generally supportive of the approach.

4. RESOLVED that the consultation process be endorsed.