

## KENT COUNTY COUNCIL

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### 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, 16 January 2014.

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

ALSO PRESENT: Mr G K Gibbens and Mrs J Whittle

IN ATTENDANCE: Mr M Lobban (Director of Strategic Commissioning), Ms M Peachey (Kent Director Of Public Health), 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) and Miss T A Grayell (Democratic Services Officer)

#### UNRESTRICTED ITEMS

**63. Minutes of the Meeting of this Committee held on 5 December 2013**  
(Item A4)

RESOLVED that the minutes of the meeting held on 5 December 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

**64. Minutes of the Meeting of the Corporate Parenting Panel held on 25 October 2013, for information**  
(Item A5)

RESOLVED that these be noted.

**65. Oral Updates by Cabinet Member and Director**  
(Item B1)

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

***Record of thanks to all Adult Social Care staff their help to vulnerable people during the recent floods, despite being flooded themselves*** – Mr Lobban would write to staff on behalf of Mr Gibbens and the Committee to express their thanks.

***Attended All Our Futures - Delivering Integrated Health and Care South East Councils Workshop on 11 December*** - this addressed vital work which needed to be done to prepare for an ageing population.

***Families and Social Care Briefing for Members taking place on 28 January at 2pm in Swale Rooms, Sessions House*** – invitations would be sent to all Members of this Committee.

***Robert Brookbank is the new KCC Mental Health Champion***

***Attending 'Time to Change' Event on 6 February at Live it Well Centre, Tonbridge*** – the aim of 'Time to Change' campaign was to reduce stigma related to mental health conditions.

***Update on Adult Social Care Transformation paper at Cabinet on 22 January 2014*** – a regular six-monthly report on Transformation would be presented to the May meeting of this Committee.

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

***Health Pioneer bid update/Better Care Fund*** (previously called the Integration Transformation Fund) – a pooled budget of £100million from existing funding sources had been set aside for this. Some would come direct to Adult Social Care and some via clinical commissioning groups. Rules had been set at a national level to govern how the money was spent. Expected outcomes were a move to 7-day services, better data sharing and care planning by an identified, accountable care professional, and shifting funding from the acute sector to the community. Reports on this issue would go to the Kent Health and Wellbeing Board in February and March and would include a 2-year plan. The Better Care plan would be required to be submitted to NHS England on 4 April for approval.

3. Mr Lobban responded to comments and questions from Members, as follows:-

- a) plans for the spending of Better Care funding would need to be agreed countywide and at a federated level in each area. The main areas of focus would be on preventing hospital admissions and reducing delayed discharge;
- b) better data sharing was a challenging long-term goal, due to the diverse and complex nature of the NHS and issues around the governance of information. The Kent Health and Wellbeing Board would lead on this issue; and
- c) the accommodation solutions team in the Families and Social Care directorate makes all possible efforts to offer practical support to any care home experiencing problems such as a loss of power during the recent floods or severe weather, whether or not the home was run by the County Council.

4. The oral updates were noted.

**66. 13/00074 - Outcome of the formal consultation on the closure of Doubleday Lodge registered care home, Sittingbourne**  
*(Item B2)*

*Ms C Holden, Head of Strategic Commissioning (Accommodation), was in attendance for this item.*

1. Mr Lobban and Ms Holden introduced the report and set out the rationale for the proposed closure (persistently low occupancy rate leading to a high unit cost, and the fact that better value for public money could be achieved by purchasing equivalent services from the independent sector) and the consultation process which had led to the current proposal. Most people who had responded to the consultation had expressed concern about the reduced availability of respite care in the area, if the closure of Doubleday Lodge were to go ahead. Ms Holden explained that there would be some respite care provision at a new extra care sheltered housing scheme in Milton Regis, due to open in September 2014, and that there were two other County Council care homes in the area potentially able to offer respite care places. Occupancy of Doubleday Lodge had fallen recently, which, in part could be because of the proposal and local belief that it had closed. She reassured Members that the staff affected by the closure, and their unions, had been fully briefed. If the closure were agreed, the closure process would start from February 2014 and the home would close finally in September 2014.

2. Mr Lobban and Ms Holden responded to comments and questions from Members and the following points were highlighted:-

- a) each member of staff affected by the closure would have their future employment options individually assessed, so a decision could be made about where best to redeploy them, if possible, to make optimum use of their skills and minimise the number of posts lost; and
- b) concern was expressed that County Council respite care places could be difficult to find, if a client's needs were not sufficiently acute for them to be admitted to hospital, and the loss of more places would surely only exacerbate this. Mr Lobban explained that Kent's short-term bed care provision was in the region of 700, above the national average, although the location and accessibility of these beds would need to be assessed so that optimal benefit can be gained from them. There were two types of respite care provision; 'emergency', for people being discharged from hospital, and 'planned', for example to allow a carer to take a holiday. The aim of the County Council's accommodation strategy was to look at new ways of commissioning all types of service, including respite and other short-term care.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to close Doubleday Lodge care home in Sittingbourne, after taking into account the views expressed by the Cabinet Committee, be endorsed.

## **67. Oral Updates by Cabinet Member and Director** *(Item C1)*

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

***The DfE's announcement of out of area placements for children in care*** – regulations would now prohibit any placement at a distance from a child's home where there was not a good reason for the distance (for example, a need for specialised care not available anywhere nearer), and would make the placing authority more accountable for where they place children. This announcement was

welcomed as the County Council had campaigned for some time to reduce distant placements. The new rules would take a little time to take effect as they would not alter existing placements, but would affect independent fostering agencies in Kent, which took many children from London Boroughs.

The new regulations also required more information to be made available to the public on the quality of homes in which children were placed. However, this raised safeguarding concerns about the locations of children's homes becoming more widely known, and by whom. The location of homes should be known only to those professionals who need the information, such as the Police.

**Funding for Staying Put** - £400million had been made available to support young people in care who wished to stay with their foster families beyond the age of 18. There would be changes in benefits eligibility and arrangements for the payment of these benefits would change.

**The DfE's announcement of a further £50million investment in adopter recruitment** – this was very welcome and supported the County Council's drive to increase its adopter recruitment and address adopters' skills, for example, to increase the number of adopters able to support children with special needs. Prospective adopters would be able to see a map indicating the adoption record of local authorities before they committed to become adopters. Mrs Whittle referred to the increase in successful adoptions since 2010 (from a total of 60 in 2010 to an expected 130 in the first three months of 2014). She placed on record her thanks to Coram and the Adoption Support Team for all their work in improving the County Council's Adoption service.

2. Mrs Whittle responded to comments and questions from Members, as follows:-

- a) although the restriction on unnecessarily distant placements was welcomed, some young people needed to be placed away from their home area for their own safety or to escape disruptive and negative influences. A risk assessment would need to be undertaken by the placing authority before making a placement;
- b) concern was expressed about the location of children's homes in relation to rehabilitation centres housing ex-prisoners, and the difficulties of having no overview of the location of each. Mrs Whittle responded that no children's home would be opened near such a known a facility, but it was possible that a bail hostel might since have opened in the area. What would help was to specify that one facility would not be allowed to open within a specified distance of the other type of facility.

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

***The Improvement Notice had been lifted on 12 December.***

4. The oral updates were noted.

**68. Transition from Children's to Adult Social Care Services**  
(Item C2)

*Mr P Segurola, Assistant Area Director, Specialist Children's Services, and Mr A Mort, Quality/Policy Manager, Families and Social Care, were in attendance for this item, with Ms Southern.*

1. Ms Southern introduced the report and a series of slides which featured the views of young people on transition issues. The aim of the slides was to illustrate the content of the written report. She explained that transition from children's to adults' services involved complex issues and many linked professionals. Good communication and forward planning were vital to ensure that young people with complex issues had as smooth a transition as possible. Mr Mort referred to changes in legislation which would be coming soon and for which the County Council would need to be prepared. These included the Children and Families Bill (2013), which would replace statements of special education needs with education, health and care assessments, and the Care Bill (2013/2014) which also had transition elements. Ms Southern added that the multi-disciplinary Transition Forum would provide a good platform from which to address the legislative changes. Issues around transition in mental health services would be covered in a separate report to a later meeting of this Committee. Ms Southern, Mr Segurola and Mr Mort responded to comments and questions from Members and the following points were highlighted:-

- a) for young people with special educational needs, transition was often a last minute thought;
- b) Connexions were involved in developing Transition protocols for young people with disabilities although their link in to this was via the Education, Learning and Skills rather than the Families and Social Care directorate. Young people wishing to access this service are signposted to it via their school. Mr Segurola added that Members would be most welcome to become involved in workshops looking at this issue; and
- c) the arrangements for transition, which were developed from the viewpoint of the child, and would take young people up to the age of 25, were welcomed, but concern was expressed that some young people might not realise that they might not necessarily meet the criteria for adult services. Mr Segurola explained that Education, Learning and Skills directorate was developing a pathway to help and support young people who were not eligible and/or who were unsure of their eligibility.

2. Mr Gibbens said that the need to improve transition had been a concern for him since he had taken over the portfolio, and had also been regularly highlighted by South East Councils for Adult Social Care and at care conferences as an issue needing attention. More disabled young people were now living to adulthood and needed to take up adult services, which was welcomed but brought a challenge, and too many young people still fell through the net. He reminded Members that he co-chaired the Community Partnership Board for young people with learning disabilities, at which professionals and representatives from local authorities came together to address key issues. The message about young people's needs which came via this Group was that three key things were most important – young people with learning disabilities wanted to have a job and a home and to spend time with their friends, and sought to have the same opportunities as any other young people. He undertook to

ensure that the Cabinet and the Cabinet Committee would receive a report on the transition needs of vulnerable young people.

3. Mrs Whittle supported the points made by Mr Gibbens and added that, at meetings with young people and their parents which she had attended, she had experienced first-hand the fear and worry they faced about their future and the struggle they had to access services. The Children and Families Bill would provide the opportunity to ensure that the local offer would meet a child's needs, and to raise families' awareness of their entitlement to benefits and support. She placed on record her thanks to Sue Dunn in the Education, Learning and Skills directorate for her work in supporting a young man into an apprenticeship.

4. RESOLVED that:-

- a) the content of the report be noted;
- b) the planned action plan for the Transition Steering Group be agreed, in particular:-
  - i) research and analysis to explore the strengths and weaknesses of different configurations of transition services;
  - ii) further work regarding adult social care services providing the care leaver support to disabled care leavers who met eligibility criteria for adult social care services;
  - iii) monitoring and review of the progress of a pilot project to streamline Direct Payments for young people going through transition; and
  - iv) preparation for the expected changes in the Children and Families Bill (2013), and their implications for transition arrangements in Kent;
- c) planned workshops relating to mental health services for young people, to address pathway plans and the commissioning of services, including transition arrangements, be noted; and
- d) a further report be made to this Committee in 12 months' time to update progress on transition work.

#### **69. Oral Updates by Cabinet Member and Director**

*(Item D1)*

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

***Annual Public Health Conference 2014 taking place on 4 February*** – this would be run by the Local Government Association and would take place in Birmingham. Any Member who wished to attend would be welcome.

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

**Visit to School Nursing Service, Isle of Sheppey** – this service was run by an excellent team from Medway Hospital. Height and weight checks were handled sensitively, with each child's details being recorded confidentially. Ms Peachey asked Members of the Committee to let her know of their experiences of the school nursing service in their local areas.

**New policy guidance on pandemic flu planning** – local authorities now have a new responsibility for this area and had new guidance from NHS England, a strategic plan and a detailed plan, which had been built on lessons learnt from previous pandemics. Public Health will work with Emergency Planning and other partners and the County Council would need to consider how the guidance could be applied in Kent.

**Visit to Canterbury Academy to discuss physical activity** – a productive discussion had taken place about how schools could help pupils maintain a healthy weight. The Early Years centre at the Academy offered parents support and advice, and multi-agency work would make the best of all partners' skills.

**Release of child obesity statistics** – the number of obese children in Kent had plateaued while the number in the UK had fallen, so work was needed to reduce the Kent figure.

3. The oral updates were noted.

## **70. Findings of the Review of School Nursing in Kent** (Item D2)

*Ms J Tonkin, Public Health Specialist – Child Health, was in attendance for this item.*

1. Ms Tonkin introduced the report and summarised the findings of the review. Key points were:-

- there were currently 56 school nursing staff in Kent, of which 27 were qualified school nurses
- the school nurse service offer was not consistent across Kent, due in part to historic differences in commissioning arrangements
- there was a link between the health visitor service and the school nursing service in primary schools but no such link between primary and secondary schools
- Head Teachers were often not aware of the school nursing service and what it could offer
- Many parents and pupils were not aware of the school nursing service and what it could offer

Ms Peachey added that the report set out initial findings only and there was much discussion still to be had about how to tackle the issues arising. The most urgent need was to establish a long-term plan of how the commissioning of the service could be improved in the future.

2. Ms Tonkin and Ms Peachey responded to comments and questions from Members and the following points were highlighted:-

- a) parents needed help to identify their school nurse. In the USA, parents tended to know their school nurse and be happy to take advice from

them. There were so few school nurses that people did not know them, but once numbers increased, this awareness should improve. Ms Peachey explained that the number of school nurses in West Kent was being increased to bring it into line with East Kent. The suggestion was that each cluster of schools could have a school nurse, but it was difficult to attract recruits to the school nursing service;

- b) school nursing was part of the preventative medicine agenda and had a vital role in identifying issues such as obesity, anorexia and domestic abuse; and
- c) some schools had funded their own school nurse post as they did not realise that a central school nursing resource was available. Independently-employed school nurses were not part of the network via which they could access centrally-organised standard training and benefit from links with organisations such as the Kent Integrated Adolescent Support Service. The proportion of pupil grant money currently directed towards employing a school nurse could be used for something else.

3. The Cabinet Member, Mrs Whittle, added that she had visited special schools and witnessed that staff were sometimes expected to administer medication to children with life-limiting conditions. It was important to be clear about what staff were expected to deliver and what should properly be the role of a school nurse. Liability for administering medication should not be with staff, and the County Council should be proactive in influencing the change necessary to address this.

4. Mrs A D Allen proposed and Mr G Lymer seconded that the wording of paragraph 4.8 of the report, which set out the future actions which the Committee was being asked to endorse, be amended to read 'Work be undertaken with commissioners and Special School Head Teachers regarding the role of Community and Paediatric Nurses in the delivery of Public Health functions in Special Schools'. This met with general support and was

*Agreed without a vote*

5. RESOLVED that the findings of the review of school nursing in Kent and the short-term recommendations, namely:-
- a School Nurse resource be immediately identified to support the health of young offenders;
  - work be undertaken with commissioners and special school Head Teachers regarding the role of Community and Paediatric Nurses in the delivery of Public Health functions in Special Schools; and
  - a new model for School Health, incorporating the School Nursing function and integrated with other children and young people's services, which would be universal but also provide more targeted delivery, be developed and consulted upon with a view to full implementation in 2014-2015
- be endorsed

## **71. Update on addressing Health Inequalities in Kent** *(Item D3)*

*Mrs M Varshney, Consultant in Public Health, was in attendance for this item.*



1. Mrs Varshney introduced the report and reminded Members that the action plan for addressing health inequalities followed on from a report to the Committee on 'Mind the Gap' in March 2013. Mrs Varshney, Mr Scott-Clark and Ms Peachey responded to comments and questions from Members and the following points were highlighted:-

- a) the action plan's focus on outcomes was welcomed by Members;
- b) the percentage reduction in the number of smokers would need to be increased and the rate of cessation speeded up, as only 9,000 out of a total of more than 246,000 smokers gave up last year. Mr Scott-Clark explained that there were two ways of measuring smoking cessation: the number of smokers and the prevalence of smoking. The 9,000 total quoted in the report referred to those who had given up as part of the County Council's smoking cessation campaign, but to this should be added the many people who stopped on their own. Measuring the prevalence of smoking would cover all those who had stopped smoking. The Public Health campaign was moving towards harm reduction and tobacco control through a long-term programme which encouraged smokers onto Nicotine Replacement Therapy as a step-down measure;
- c) in response to a question, Mr Scott-Clark explained that, as e.cigarettes were unregulated, there was no reliable information on their safety and effectiveness. The e.cigarette market was growing rapidly, and the European Union and the Medicines Regulation Authority in the UK was currently seeking to licence them. The County Council could only support the use of licensed, recognised products as part of its smoking cessation campaign, so did not currently recognise e.cigarettes as a valid option;
- d) the 'emerging themes' for most Kent districts included reducing obesity, but many families, especially those on low incomes, would experience problems in finding and affording healthy foods. What would help was more lobbying of supermarkets to persuade them to promote foods lower in sugar and fat. Ms Peachey explained that the National Institute of Clinical Excellence had produced good public guidance about identifying and choosing healthy foods and supplementing dietary changes with physical exercise. However, factors such as the loss of many school playing fields in recent years did not support increased physical exercise. Some London Boroughs had restricted takeaway outlets near school premises. Under the new national Public Health Responsibility Deal, Public Health authorities had scope to work with the food industry, as they had in the past with off-licences to address under-age sales of alcohol and cigarettes. Mrs Varshney added that the national Responsibility Deal was supplemented by local programmes with businesses wishing to encourage healthy weight among their staff. The Public Health directorate was also working with spatial planners to address aspects of town planning relating to the physical environment, such as the provision of open spaces, to encourage walking and physical activity;

- e) in response to a question about trends around young people starting to smoke, and the contribution of recent immigrants to the number of smokers in Kent, Mr Scott-Clark said that the number of young men starting to smoke was falling while the number of young women starting to smoke was rising. The Public Health directorate was working with schools to dissuade young people from starting. Ms Peachey added that a survey of 45,000 school children by the National Foundation for Education Research, undertaken 3 years ago, had measured young people's attitudes to, and patterns of, smoking. It would be useful to repeat the survey to see if either of these had since changed;
- f) resurrecting the teaching of domestic science in school would teach children about nutrition and how to budget for and prepare healthy meals. Mr Scott-Clark agreed that this would be useful and said this would be included, with the school nursing review, as part of improving the overall school care environment.

2. The Cabinet Member, Mr Gibbens, added that addressing health inequalities was the largest single area of activity for the Public Health directorate and something on which he, as Cabinet Member, would expect to be held to account by the Cabinet Committee. He said that health inequalities were widening as many people lived longer, and varied across Kent. Smoking cessation was particularly important as it affected other areas of health inequality. He proposed adding childhood obesity to the list of indicators in paragraph 7.2 of the report and this found general support from the Committee.

3. RESOLVED that:-

- a) the delivery of the health inequalities (Mind the Gap) action plan across Kent, particularly in the areas of high mortality rates, be supported;
- b) the principle of an increased pace when working with local schools to promote physical activity, promoting programmes to reduce harm from smoking and encouraging uptake of NHS Health Checks, be endorsed; and
- c) a progress report be presented to this Committee in 12 months' time on the indicators mentioned under section 7.2 of the report, including the addition of a new indicator of childhood obesity, as agreed above.

## **72. Kent and Medway Safeguarding Vulnerable Adults Annual Report, April 2012 - March 2013**

*(Item E1)*

*Ms K Stephens, Senior Safeguarding Planning Officer, was in attendance for this item.*

1. Mr Lobban introduced the report and reminded Members that the safeguarding of vulnerable people was everyone's business. He pointed out that an increase in safeguarding alerts nationally was an indicator of increased awareness and willingness to report concerns, and that media coverage of the issue had contributed to greater public awareness.

2. RESOLVED that the information set out in the report be noted.

### **73. Kent County Council's Local Account for Adult Social Care for 2013 - 14** *(Item E2)*

*Mrs S Abbott, Head of Performance and Information Management, was in attendance for this item.*

1. Mrs Abbott introduced the report and set out the public consultation process which would guide the development of the Local Account document. A number of engagement events would be held and this Committee would have a chance to comment on the final draft before its publication in July.
2. RESOLVED that the progress in the development of the 2013/14 Local Account be noted and welcomed.

### **74. Budget Consultation and Provisional Local Government Finance Settlement** *(Item F1)*

1. Mr Shipton introduced the report. He said the Draft Budget had been published on 14 January and reminded the Committee that it was being asked to consider the consultation feedback and provisional Local Government finance settlement.
2. He said the consultation had been successful, with over 3,000 responses to the online '2 minutes, 2 questions' exercise and 487 responses to the online budget tool. He said this was the best ever response to a consultation on the budget. The responses to the three elements of the market research were consistent and were also consistent with the views of staff.
3. Most respondents had expressed a view that the County Council should look to savings that had to be made through efficiencies and transformation rather than cutting back on existing service provision. Over 70% of respondents also supported a small increase in Council Tax in order to offer some protection from savings on front-line services. The more detailed budget modelling tool identified that those services for the most vulnerable and those in which people had no choice other than to receive support from Council services were the most highly valued and should be protected.
4. He explained that the 2014/15 settlement had been broadly as expected, with technical changes which meant some funds which had previously been allocated during the year had been rolled into the Revenue Support Grant - for example, the amount top-sliced for the New Homes Bonus had been reduced, which increased the Revenue Support Grant but reduced the amount paid as an in-year adjustment.
5. It had been feared that the New Homes Bonus would be removed entirely and transferred into the single Local Growth Fund in 2015/16. However, this would not now be the case and New Homes Bonus would roll out as originally planned. The provisional settlement had also confirmed that the separate grants previously allocated to support Council Tax freezes would be rolled into the Revenue Support

Grant settlement and thus would be safeguarded from being removed in future settlements. The conclusion was that indicative settlements for 2015/16 and 2016/17 looked better than anticipated during the consultation.

6. In addition, the level of funding moving from the NHS to support social care in 2014/15 would be increased and may be in the region of £6 million, but the exact amount had yet to be confirmed.

7. RESOLVED that the provisional settlement and the feedback from consultation be noted.