

## KENT COUNTY COUNCIL

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### ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 2 May 2014.

PRESENT: Mrs A D Allen, Mr H Birkby, Mr A H T Bowles, Mrs P Brivio, Mr R E Brookbank, Mrs P T Cole, Mr A D Crowther, Mr S J G Koowaree, Mr G Lymer, Mr T A Maddison, Mr P J Oakford and Mr C P Smith

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr A Ireland (Corporate Director, Social Care, Health & Wellbeing), Mr A Scott-Clark (Acting Director of Public Health), Mr M Lobban (Director, Commissioning), Ms P Southern (Director, Learning Disability & Mental Health), Mrs A Tidmarsh (Director, Older People & Physical Disability) and Miss T A Grayell (Democratic Services Officer)

#### UNRESTRICTED ITEMS

**1. Apologies and Substitutes**  
(Item 2)

1. Apologies had been received from Mrs V J Dagger for absence and Mr H Birkby, Mrs P Brivio and Mr G Lymer for expected lateness due to the closure of the M20.

2. Mr S C Manion was to be present as a substitute for Mrs V J Dagger but did not attend.

**2. Election of Chairman**  
(Item 3)

Mr P Oakford proposed and Mr A H T Bowles seconded that Mr C P Smith be elected Chairman of the Committee. There were no other nominations and it was AGREED that Mr Smith be elected.

*Mr Smith thereupon took the Chair*

**3. Election of Vice-Chairman**  
(Item 4)

Mr C P Smith proposed and Mr A H T Bowles seconded that Mr G Lymer be elected Vice-Chairman of the Committee. There were no other nominations and it was AGREED that Mr Lymer be elected.

**4. Declarations of Interest by Members in items on the Agenda**  
(Item 5)

No declarations of interest were made at this time.

**5. Minutes of the final meeting of the former Social Care and Public Health Cabinet Committee, held on 16 January 2014**  
(Item 6)

RESOLVED that these be noted.

**6. Meeting dates for the remainder of 2014**  
(Item 7)

1. RESOLVED that the meeting dates reserved for this Committee for the remainder of 2014 be noted, as follows:-

Friday 11 July – 9.30 am  
Friday 26 September  
Thursday 4 December

*All meetings would normally commence at 10.00 am at County Hall, Maidstone, but it was subsequently agreed that the July meeting commence at 9.30 am.*

**7. Verbal Updates by the Cabinet Member and Directors**  
(Item 8)

**Adult Social Care**

1. Mr Gibbens gave a verbal update on the following issues:-

A number of key decisions had been taken since the final meeting of the former Social Care and Public Health Cabinet Committee in January 2014, which were listed in a report for Members' information at the end of the agenda pack. He highlighted the following three issues:-

**Home Care Contract Award** – this was a significant area of work for the County Council. The number of providers had been much reduced, which would give the County Council more scope for control and supervision.

**Proposed revision of rates payable and charges levied for adult services in 2014/15**

**Swanley Learning Disability Day Service** – this was a good news story, and service users were happy with the new services.

**6 February attended 'Time to Change' event at the Angel Centre in Tonbridge ('Time to Change' pledge)** – this campaign aimed to reduce stigma around mental health issues. It was known that one in four adults in the UK would experience some kind of mental illness at some point in their lifetime.

**17 February Kent Older People's Senior Forum at Sessions House**

**11 March attended LGA Health & Social Care Integration in the South East Conference in London**

2. Mr Gibbens, Mr Lobban and Mr Ireland responded to comments and questions from Members, as follows:-

- a. the effect upon care workers of the home care contract award would be beneficial as it would allow visits to clients to be organised on a more

sensible, geographical basis, thus reducing care workers' travel time and allowing them more time to spend with each client;

- b. engaging with a smaller number of providers would allow better monitoring and make it easier to forecast and deal with any issues before they became problems;
- c. all providers with whom the County Council contracted for home care services had an office in Kent and employed local people, although some were larger national organisations with a branch in Kent;
- d. the tendering and selection process was rigorous and was run by the County Council's procurement team. An external organisation called Neuen was engaged to undertake an audit of all potential providers at the stage at which they expressed an interest;
- e. previously, the County Council had not been allowed to take past contractual performance into account when assessing the suitability of potential contractors. However, procurement legislation had since changed to allow local authorities to take into account past performance;
- f. the County Council could not have taken account of the most recent Care Quality Commission (CQC) reports when assessing contractors, as some contractors had not been inspected by CQC since 2012, making it impossible to compare potential providers on a like-for-like basis. The benefit of the audits by Neuen was that all were undertaken recently within the same, short timescale, and each bidder was assessed against the same data set; and
- g. Mr Gibbens emphasised that he would always prefer that issues such as those listed above should come to the Committee for discussion. He pointed out that it was only the larger than usual gap between meetings and the need for arrangements to be made by the end of the financial year that had necessitated the decisions listed being taken between meetings.

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

**Better Care Fund** – this was £120million of Department of Health funding, delivered via clinical commissioning groups and targeted at specific areas of transformed services.

**Association of Directors of Social Services (ADASS) Spring Seminar** – this useful network had debated the provisions of the Care Bill and other current issues.

**Independent Living Fund** - the administrative set-up of this had changed and was currently uncertain. *It was agreed that a report on this issue be made to the July meeting of this Committee.*

**Integration Pioneer** – this was linked to the Better Care Fund. Kent had been chosen as a pioneer due to the quality of its bid and its size and diversity. Mr Ireland had recently met with Department of Health sponsors.

## Adult Public Health

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

Two of the key decisions taken since the final meeting of the former Cabinet Committee were to extend contracts, with ***Kent Community Health Trust and Maidstone and Tunbridge Wells NHS Trust***, to deliver sexual health services.

***4 February attended Annual Public Health Conference in Birmingham***

***7 February attended a 'HOUSE on the move' celebration event at***

***Lenham Community Centre***. HOUSE was a service which offered young people advice and support on issues such as drugs and alcohol use and sexual health issues. Permanent HOUSE facilities were located in Ashford, Dover, Canterbury and Sevenoaks and a mobile service moved around other areas of the county.

5. Mr Scott-Clark then gave an oral update on the following issues:-

***Award for Margate Taskforce***. The GP and JobCentre Plus staff of Margate Taskforce had won an award which celebrated joint working between the GP and JobCentre Plus team. This was awarded by the Public Health Minister, Jane Ellison.

***Anti-virals for Influenza***. Anti-virals were not as ineffective as recent media had suggested, so the County Council's pandemic flu plan would continue to recommend their use to treat flu and flu-like illnesses, as they were nationally.

6. The oral updates were noted, with thanks.

## 8. Outcome of formal consultation on the closure/variation of service of Dover Learning Disability Service (14/00010) (Item 1)

*Ms P Watson, Commissioning Manager, Accommodation Solutions, was in attendance for this item.*

1. Ms Southern and Ms Watson introduced the report and explained that the changes proposed for Dover were part of the countywide programme of improvements to day services for people with learning disabilities, similar improvements having already been made in several other districts. The services to be updated were run by the County Council and were used by a total of 78 people, with an average daily attendance of 54 on the two days on which they operated. Feedback from service users and their families had been good. In response to comments and questions from Members, the following points were highlighted:-

- a) it was planned that two community hubs would be established – in Dover and Deal – and three potential sites were currently being investigated to accommodate them; Dover Leisure Centre, Deal Library and the Landmark Centre. Informal negotiations to use these sites were currently underway, and the use of any site was not guaranteed until negotiations had been satisfactorily concluded. Use of the Well Resource Centre and others, such as the YMCA, would be occasional only, when they hosted an activity which was suitable for users of day services; and

- b) Members were assured that, although the number of questionnaires returned seemed to be a very small percentage of the number of people consulted, most of the 78 current service users were asked their views via interviews and group sessions, so had not been asked to complete questionnaires.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and confirmed that he would take account of them when taking the final decision. He emphasised that, as had been the case when modernising day services in other areas, no current services would be closed until new hubs were open and operational.

3. RESOLVED that, following a 14-week period of public consultation, the Cabinet Member for Adult Social Care and Public Health give approval to proceed with moving the Dover Learning Disability Day Service from its existing base and to continue the service as a more inclusive, accessible, community-based service, operating from community hubs.

## **9. 13/00094 - Alcohol Strategy for Kent, 2014 - 2016**

*(Item 2)*

1. Mr Scott-Clark introduced the report and responded to comments from Members, as follows:-

- a) the increase in alcohol misuse seemed to have caused the greatest deterioration in quality of life in Kent and the UK over the last 40 years;
- b) measures which sought to address the issue seemed to treat the symptoms of alcohol misuse rather than its causes;
- c) patterns of alcohol consumption had changed. The decline of community pubs, in which friends and neighbours could see and discourage excessive consumption, meant that alcohol was now purchased mainly in supermarkets and consumed at home, in the street or in other public places;
- d) the 'future actions' listed in Pledge 3 of the Strategy included ensuring that amendments to the Licensing Act were understood. However, what was needed was more than understanding; the County Council needed to commit to having a positive input;
- e) it was suggested that those presenting at hospital accident and emergency departments with alcohol-related injuries should be required to pay for the costs of the ambulance and their hospital treatment;
- f) the report of the County Council Select Committee on Alcohol Misuse, published in March 2008, could helpfully be reviewed to see what had happened in implementing its recommendations since progress was last reviewed in March 2009;
- g) there needed to be a balance between licensing and legislation and the County Council's public health responsibility; and

- h) in Europe, where many children would be introduced to wine-drinking at an early age, there did not seem to be as visible an alcohol problem in later years as there was in the UK.

2. Mr Scott-Clark agreed with the concerns expressed about the patterns and impact of alcohol misuse and the need to address these nationally, for example by price control. He undertook to respond to a speaker outside the meeting about future trends. Although experimenting with alcohol was part of youth culture, educating young people about alcohol and the dangers of its misuse was part of the Healthy Schools Programme, and had a dedicated service, the KCA. It was known, however, that the majority of young people acquired alcohol from adults. Enforcement had improved over the years, to stop off-licences from selling alcohol to children. The suggestion in Pledge 6 of the Strategy that children should be at least 15 years of age before being allowed to drink alcohol was based on the professional view of the Chief Medical Officer, with the aim of minimising damage while their livers were still forming. Addiction to alcohol was present in Europe, but was not as visible in public areas as it was in the UK.

3. The Cabinet Member, Mr Gibbens, thanked Members for their comments and supported the suggestion that the Select Committee report be revisited. He said that the way in which the County Council approached the issue of alcohol use and misuse would be a good test of its public health role, via which he hoped it would take the opportunity to increase its impact. He undertook to monitor progress on the implementation of the Strategy and make regular reports back to the Cabinet Committee.

4. RESOLVED that the proposed decision by the Cabinet Member for Adult Social Care and Public Health, to approve the Alcohol Strategy, be endorsed.

## 10. **Adult Healthy Weight Review (14/00011)**

*(Item 3)*

*Ms M Gibbon, Consultant in Public Health, was in attendance for this item.*

1. Ms Gibbon introduced the report and she and Mr Scott-Clark responded to comments and questions from Members, as follows:-

- a) historic differences in service delivery in east and west Kent had led to east Kent having a better record of service. The aim was to achieve more consistency across tier 1 and tier 2 services; and
- b) diabetes, in both adults and children, was a large and increasing problem. Mr Scott-Clark said that a review of children's public health issues would be undertaken shortly and *a report on childhood obesity submitted to the Children's Social Care and Health Cabinet Committee.*

2. RESOLVED that:-

- a) the commissioning of a universal (tier 1 and tier 2) adult healthy weight service for Kent be agreed; and

- b) a report on childhood obesity be submitted to the Children's Social Care and Health Cabinet Committee.

## **11. 14/00048 - Tendering for Community Sexual Health Services**

*(Item 4)*

1. The Chairman asked Members of the Committee if, in discussing the report, they wished to make reference to the information set out in the exempt appendix to it, which was included at the end of the agenda, at item F1. Some Members confirmed that they wished to ask questions about some of the information in the appendix.

2. Accordingly, it was RESOLVED that discussion of this item take place in closed session. It is recorded below, in Minute 18.

## **12. New Legal Framework for Adult Social Care**

*(Item 1)*

*Mr M Thomas-Sam, Strategic Business Adviser, Policy and Strategic Relationships, Ms C Grosskopf, Policy Manager, and Ms M Stirrup, Change Implementation Manager, were in attendance for this item.*

1. Ms Grosskopf presented a series of slides which set out key aspects of the new legislation and the effects of the changes upon delivery of, and charging for, social care services. *Copies of the slides were tabled.* There would be two phases of change - in April 2015 and April 2016 – and the main elements of each phase were summarised in the slides. Some detail of changes coming in April 2015 was not yet available but would become clear later in May 2014. Not all changes would be new to Kent but would formalise some best practice which Kent already followed. Mr Thomas-Sam and Mr Ireland responded to comments and questions from Members, as follows:-

- a) the importance of a client having an initial assessment of their care needs and eligibility was emphasised, so that suitable care, if required, could be planned and funded, either by the client or by the County Council. This would help avoid a client entering care of their own volition as a self-funder, perhaps earlier than was necessary, and then finding that this compromised their eligibility for County Council support at a later date. The County Council would not be responsible for refunding the costs of care already incurred if that care was purchased without the client first having had a care assessment;
- b) the new system would commence in April 2015, and clients entering care at that time would be assessed under the system described above. The care package and funding arrangements for those already in care at that time would not change;
- c) there was no threshold, for example, of age or financial resources, to a client requesting a care assessment, as any client was entitled to ask for such an assessment. There would be a national system to resolve any dispute by a client wishing to challenge their assessment;

- d) the provisions of the new Care Act would be supported by government funding. Although the costs of this had not yet been fully quantified, the estimated cost in the first few years would be approximately £2.5 billion, nationally. Both the Local Government Association and the Association of Directors of Social Services (ADASS) had expressed concern that, should government funding fall short, particularly with an ageing population, local authorities would have to make up the shortfall; and
- e) the costs to Kent were expected to be confirmed during the summer. Kent was known to spend more per head on adult care than many other local authorities, and had a large number of self-funders. Members expressed concern that Kent may not be able to retain its 'moderate' eligibility criteria, which it had protected for years, if it were forced to supplement government funding.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and said he shared the concerns expressed. He had always believed that it was important and correct for Kent to keep its eligibility criteria at 'moderate' and to support people to live independently in their own homes for as long as possible, giving them better quality of life and avoiding larger care costs later in their life. He reminded Members that the Care Act represented the largest and most fundamental change to social care provision since 1948. Today's social care was delivered in a very different environment to that of 1948, with many more of the population living for much longer than, and thus developing care needs not experienced by, previous generations.

3. RESOLVED that the main provisions of the Care Bill be noted and Members' comments on it and the outline implementation plan be noted.

### **13. Adult Social Care Transformation and Efficiency Partner update** *(Item 2)*

*Mr S J G Koowaree declared an interest in this item as he had a relative who was receiving a direct payment from the County Council.*

1. Mr Lobban introduced the report, which set out progress since the County Council's efficiency partner, Newton Europe, started working with the Council in early May 2013. He reported that good progress had been made and that the Council was on target to achieve the target of £30million annualised savings. Mr Ireland added that the County Council's 'efficiency' programme was focussed on enhancing and developing independence for clients and delivering better outcomes with less work.

2. Mr Lobban and Mrs Tidmarsh responded to comments and questions from Members, as follows:-

- a) Mr Lobban explained to Members who had joined the County Council since the appointment of Newton Europe that, following a competitive tendering exercise, Newton Europe, a company of independent consultants, had been appointed as an efficiency partner to work alongside the County Council on its transformation programme. He emphasised that neither party could have achieved the savings without the support of the other;



- b) although many clients applied to have a direct payment and wished to use this method to purchase their care, every applicant for a direct payment would be assessed to check that they were indeed able to take on the responsibility of managing and budgeting their own funds;
  - c) Members expressed concern that, when a service provider's contract was cancelled to reduce the number of providers, clients would miss out on the continuity of care provided by care staff with whom they had become familiar. They asked if staff could continue to work for the County Council by transferring to a provider whose contract was being renewed, and if such a transfer would be subject to TUPE rules. Mr Lobban confirmed that TUPE rules would apply in this situation but emphasised that the County Council was not the only purchaser of care in the county; and
  - d) telecare had previously been part of the whole system demonstrator, for which Kent had been a pilot. It could be delivered as part of a care package, after an assessment, in which case its cost to the client would depend on means testing, but if a client required telecare only, many chose to purchase the service themselves by subscribing to one of several 'lifeline' services available.
3. RESOLVED that the information set out in the report be noted and that further reports be made on a six-monthly cycle, the next one being to the September meeting of this Committee.

**14. Draft 2014-15 Social Care, Health and Wellbeing Directorate Business Plan (Strategic Priority Statement)**  
*(Item 1)*

*Mr M Thomas-Sam, Strategic Business Adviser, Policy and Strategic Relationships, was in attendance for this item.*

1. Mr Thomas-Sam introduced the report and highlighted key areas of the new Business Plan. Members made the following comments and the content and style of the Plan:-
- a) Members asked that more detail of the Better Care Fund be included;
  - b) the typeface in some sections of the plan was very small and could be difficult for some users to read comfortably; and
  - c) the lighter-coloured type in which some of the text was presented could be difficult for some users to see clearly.
2. RESOLVED that the draft 2014-15 Directorate Business Plan (Strategic Priority Statement) for the Social Care, Health and Wellbeing directorate be noted, in advance of the final version being approved by the relevant Cabinet Members and the Corporate Director.

**15. Adult Social Care Performance Dashboard for February 2014**

*(Item 2)*

*Ms K Webb, Performance Manager, was in attendance for this item.*

1. Ms Webb introduced the report and Mrs Tidmarsh and Mr Ireland responded to a question about the use of direct payments. The percentage of clients taking up a personal budget and/or a direct payment was currently rated red against its target. Due to the changes in practice which would arise from the transformation agenda and the Care Bill, the target would need to be adjusted to retain its relevance to the new, transformed services.

2. RESOLVED that the performance reported in the dashboard be noted.

**16. Public Health Performance - Adults**

*(Item 3)*

*Mr M Gilbert, Commissioning and Performance Manager, and Ms K Sharp, Head of Commissioning, were in attendance for this item.*

1. Ms Sharp introduced the report and said the County Council was seeking to establish a broader range of performance indicators to reflect a fuller picture of activity and outcomes across its transformed services. Mr Gilbert set out the background to, and context of, the current set of performance indicators. Mr Scott-Clark responded to comments and questions from Members, as follows:-

- a) the set of indicators used to measure performance was a standardised set which was applied and used nationally, so that patterns across the country could be compared. The age of 75 was used in national indicators as it was believed by health professionals that most deaths under that age were preventable;
- b) there was currently no national indicator to measure substance misuse, but it would be good to add one to Kent's dashboard. Work was in hand to add such an indicator for the next report, for this Committee's July meeting;
- c) similarly, there was currently no national indicator in the Public Health Outcomes Framework related to clinical depression, but clinical commissioning groups (CCGs) collected local prevalence data and this could be included as a measure in future reports; and
- d) the current set of performance indicators had been established while the public health function was part of the NHS, and the County Council would potentially identify new sets of indicators as its reviewed the 23 public health programmes which it had inherited from the NHS.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take forward their concerns. Performance on some areas of public health work – for example, smoking cessation - was not as good in Kent as he would like it to be, and the Healthchecks programme was the subject of concern and attention from the Secretary of State.

3. RESOLVED that:-

- a) the performance reported in the dashboard be noted;
- b) the additional public health indicators, set out in paragraph 2.10 of the report, be agreed, with the addition of an indicator for substance misuse; and
- c) an additional indicator for the weight management service be also added, once the new service had been commissioned.

**17. Reports of Decisions taken outside the Cabinet Committee meeting cycle, for Members' information:**

*(Item E1)*

Details of the decisions listed below, which had been taken since the final meeting of the former Social Care and Public Health Cabinet Committee on 16 January 2014, were noted.

- 14/0009 – Home Care contract award
- 14/00025 – Contract Extension for Maidstone and Tunbridge Wells NHS Trust
- 14/00026 - Contract Extension for Kent Community Health Trust
- 14/00030 – Review of Rates Payable and Charges Levied for Adult Services
- 14/00031 – Thomas Place nomination agreement
- 14/00032 – Wylie Court nomination agreement
- 14/00033 – Swanley Learning Disability Day Service

**EXEMPT ITEMS**

(OPEN ACCESS TO MINUTES)

*The Committee RESOLVED that, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.*

**18. Tendering for Community Sexual Health Services (Appendix to item B4 - 14/00048)**

*(Item F1)*

*Mr M Gilbert, Commissioning and Performance Manager, and Ms K Sharp, Head of Commissioning, were in attendance for this item.*

1. Ms Sharp introduced the report and explained that the purpose of reviewing sexual health services in Kent was to address the consistency and accessibility of services. The unrestricted report set out the process for procurement and the award of contract, including the division of the service into seven lots on which interested parties would bid, and the exempt appendix to it listed those bidders who had submitted satisfactory pre-qualification questionnaires and had thus been invited to tender. Some slippage of the intended timescale of the review had been caused by the need to first prepare a report in response to concerns about service provision

expressed by the British Association for Sexual Health and HIV Services. Ms Sharp responded to comments and questions from Members, as follows:-

- a) as part of the pre-qualification questionnaire process, bidders were asked to supply case studies to demonstrate their ability to deliver services similar to those for which they intended to bid in Kent. Those who were unable to supply satisfactory case studies would be recorded as having 'failed' against one or more of the lots and would not be invited to tender;
- b) of the seven lots, lots 1 and 2 were by far the largest and, due to their size and complexity, may be ultimately delivered by a lead provider supported by a number of smaller providers. This model would allow the involvement of a combination of providers of a range of sizes and from a range of sectors; and
- c) the contract length, an initial two years with an optional two-year extension, had been chosen to be long enough to engage the interest and commitment of good-quality providers while also allowing the opportunity to review performance. This contract length would allow the County Council optimum flexibility.

2. RESOLVED that:-

- a) the identities of the providers invited to tender for community sexual health services be noted; and
- b) the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to identify the preferred bidder/s from amongst those listed, and to agree the award of the contract/s to those bidder/s, to deliver Community Sexual Health services, be endorsed.