

## 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, 11 July 2014.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mrs P Brivio, Mr R E Brookbank, Mrs P T Cole, Mr A D Crowther, Mrs V J Dagger, Mr S J G Koowaree and Mr T A Maddison

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr A Ireland (Corporate Director, Social Care, Health & Wellbeing), Mr A Scott-Clark (Interim Director of Public Health), 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

**25. Membership**

*(Item A2)*

The Democratic Services Officer reported that Mr P J Oakford had left the Committee and there was currently a vacancy.

**26. Apologies and Substitutes**

*(Item A3)*

The Democratic Services Officer reported that apologies had been received from Mr A H T Bowles.

**27. Declarations of Interest by Members in items on the Agenda**

*(Item A4)*

There were no declarations of interest.

**28. Minutes of the meetings held on 2 May 2014 and 12 June 2014**

*(Item A5)*

RESOLVED that the minutes of the meetings held on 2 May and 12 June 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

**29. Verbal updates**

*(Item A6)*

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

Adult Social Care:

Since the last meeting of the Committee, Mr Gibbens had taken two key decisions and attended four events:-

***Gravesend Social Education Centre Modernisation – 12 June***

***Dover Learning Disability Day Services – 16 May***

***09 May attended South East Mental Health Commissioning Network in Guildford***

***24 June attended South East Care Bill consultation event in London***

***27 June attended Voluntary Sector Conference in Lenham***

***02 July attended Accommodation Strategy Launch in Hollingbourne***

In response to a question about the Care Act, Mr Gibbens said there would be much work involved in preparing the County Council's response to the consultation. For example, there would be a transition workshop to look at issues facing young people aged 18+. Mr Ireland added that the Act brought a huge change to the legislative base of the County Council's social care work.

Public Health:

Mr Gibbens explained that he would report public health updates to both the Children's and Adult Social Care and Health Cabinet Committees unless any item was specifically related only to one or the other. He asked Members to advise him if they wished him to take any other approach.

***Kent Alcohol Strategy 2014-16 – 16 May***

***Contract Award for Medway Adult Substance Misuse Treatment Services – 13 June***

***04 June attended Public Health Champions celebration event in Maidstone – the County Council had been a Public Health Champion for the last 3/4 years***

***17 June attended West Kent Healthy Business Launch in Brands Hatch***

***17 June attended Healthy Living Programme event in Wrotham***

***9 July will attend Children and Young People's Emotional Wellbeing summit in Gravesend***

***Public Health England conference, September 2014*** – the County Council had a place at this conference and Mr Gibbens would be speaking there.

2. Mr A Ireland gave a verbal update on the following issues:-

***Health Integration Update including national recognition of the work in Kent and Health Minister Norman Lamb's visit on 10 July*** – Kent was one of 14 local authorities with health pioneer status and was working to overcome obstacles to integration, eg with the voluntary sector, to address social isolation and loneliness.

***Launch of the Accommodation Strategy – 2 July***

***Engagement with the third sector on Community Services***

In responding to a question about NHS funding to accompany the services which had transferred from it to the County Council, Mr Ireland explained that the key funding was in the form of the Better Care Fund. There was anxiety among local authorities about funding being sufficient to meet needs, and what could be put in place in terms of contingency. *A presentation on the Better Care Fund would be made to the Committee's September meeting.*

3. Mr A Scott-Clark gave a verbal update on the following issues:-

**Public Health Champions** - a 'What is Public Health?' seminar with Medway Council had been well attended and would help to spread understanding among partner orgs about public health issues.

**Migrant Health Charity in Dover** – this charity worked with vulnerable members of the community, especially those who had been trafficked. There were three areas of future work in this field:- increasing links to CCGs and GPs, making best use of the '6 ways to wellbeing' initiative and addressing workplace health.

**Role lead for Health Protection** – the health protection role sought to raise awareness of issues relating to ongoing global outbreaks, such as of the ebola virus, using regular updates from Public Health England and by liaising with GPs.

**Joint working with Local Authorities in South East** – this would seek to address major issues, eg tobacco control, in partnership with Public Health England.

30. **NHS Health Checks Programme - Contract Extension for Kent Community Health NHS Trust (KCHT)**  
(Item B1)

*Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.*

1. Ms Sharp introduced the report and said that, when public health services had transferred from the NHS to the County Council, the Council had inherited some services which were underperforming. The Health Checks programme was one such service. Although both the rate of invitation and the take-up rate were now improving, the aim was to seek much more improvement in the future. Ms Sharp and Mr Scott-Clark responded to comments and questions from Members and the following points were highlighted:-

- a) the health checks programme was aimed at people aged 40 and over who were not already receiving treatment from a GP for an existing condition. If they were diagnosed with a condition and started treatment with a GP they would automatically be deleted from the health checks programme. Concern was expressed about people who might 'slip through the net';
- b) although Public Health England had raised the targets for the number of health checks undertaken, Mr Scott-Clark said he was confident that the health checks programme could reach 95% of the population. There was a need to increase public understanding about the role of the health checks programme, and it was important that all possible efforts be made to reduce the death rate from cardiovascular diseases;
- c) when asked, very few Members of the Committee said they had yet been invited to a health check, but Mr Scott-Clark assured them that the programme was still in its early stages and that each person would receive an invitation every five years, when their age reached 60, 65, 70, 75, etc.;
- d) concern was expressed that the programme was unrealistic and difficult to administer. Ms Sharp pointed out that the County Council was not satisfied with the current performance and was seeking substantial improvement; this was why the service was currently being reviewed;

- e) the County Council currently contracted the management of the programme in West Kent to KCHT and would work with them to improve take-up of the service, using the levers it had in its contract. KCHT also had a responsibility to deliver the programme where GPs' surgeries were unable to do so. Every option to improve take-up would be explored; and
- f) the Chairman highlighted the importance of having such a programme of checks and said he had been impressed with the thoroughness of checks. He said that a check for dementia was also offered to everyone over the age of 50.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and said he was very concerned that the health checks target had shown up as being rated red. The Secretary of State for Health, Jeremy Hunt, had expressed a wish that local authorities should promote take-up of the programme. He undertook to continue to monitor the performance closely.

3. RESOLVED that the current position of the programme be noted, and a further update report be considered at the Committee's September meeting.

### **31. Tendering for Postural Stability Classes** *(Item B2)*

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

1. Ms Varshney introduced the report and pointed that the rate of falls among older people was higher in Kent than in neighbouring authority areas. The County Council was hence seeking to reduce the number of falls by introducing home improvements and increasing the support given to older people following their first fall, as statistically they were more likely to then have subsequent falls. The Kent Falls Prevention Management Framework had sought to identify the section of the population most at risk of falling, and the public health response to this had been to commission classes to improve older people's postural stability. The Cabinet Committee was being asked to support and endorse the approach being taken. Ms Varshney and Mr Scott-Clark responded to comments and questions from Members and the following points were highlighted:-

- a) there was some evidence that increasing the level of calcium and vitamin D in the diet, as part of a healthy lifestyle, would help reduce the likelihood of falling and fractures. Evidence had shown that, although winter was a time of higher risk of falls, many falls happened in people's own homes. Mrs Tidmarsh added that telecare equipment in a person's home could be part of the preventative measures;
- b) older people who could benefit from postural stability classes could be referred direct to a class by any professional working with them. This could include staff of the Kent Fire and Rescue Service and housing providers. One speaker undertook to take up the idea and discuss the initiative in her division in places such as sheltered housing schemes;

- c) the aim was to make every contact count, and public health would work with social care colleagues to identify and reach those who were 'at risk', to seek to prevent long-term loss of stability and confidence; and
  - d) twelve-week courses of postural stability classes had shown positive effects in starting to improve strength and stability, and a block of three sets of twelve weeks had been shown to make a positive difference. These 36-week blocks were offered at local facilities. Attendance at postural stability classes brought with it an opportunity for attendees to be offered other classes which might be of benefit to them, and the health check programme could help identify people who would benefit from various classes.
2. RESOLVED that the proposed commissioning approach and service model outlined in the report be endorsed.

**32. Updating the Kent and Medway Suicide Prevention Strategy**  
*(Item B3)*

*Ms J Mookherjee, Public Health Consultant, was in attendance for this item.*

1. Ms Mookherjee introduced the report and explained that the Committee was being given an opportunity to contribute views on the timetable for the review of the strategy and the new areas of focus to be included in it. Ms Mookherjee, Mr Ireland and Mr Scott-Clark responded to comments and questions from Members and the following points were highlighted:-

- a) concern was expressed about the support available in schools for students who had problems with self-harming, and if this support was consistent or of a suitably-qualified level. Ms Mookherjee commented that funding for public health and schools services were not sufficiently integrated, which was an ongoing concern. Mr Ireland added that emotional health and wellbeing services for children and young people needed to include services available in schools. Although there were close links between mental health issues and self-harming, self-harming did not necessarily lead to suicide;
- b) part of the work attached to the strategy would include an assessment of seasonal patterns. Currently, February and March traditionally showed higher numbers of suicides;
- c) white males between the ages of 30 and 65 were known to be most at risk of suicide. Members also expressed concern about the pressures placed on young people at exam time and highlighted this as another possible high-risk group;
- d) the Brighton and Hove model set out in the report was useful as a template to try elsewhere, eg in Kent's 'hotspots' of Dover and Thanet;
- e) responsible media reporting of cases of self-harm and suicide was a key factor in how these issues were viewed, particularly by young people. Use

of social media had been responsible in the past for spreading a culture of 'copy-cat' suicides; and

f) support for families and friends bereaved through suicide was also important.

2. RESOLVED that the timescale for updating the Kent and Medway Suicide Prevention Strategy, and the direction of travel in relation to new areas of focus within the updated strategy, be endorsed.

### **33. Home Support Fund Policy**

*(Item B4)*

*Ms S Horseman, Assistant Director - Transformation, and Ms R Henn-Macrae, County Manager – Disabled Children, were in attendance for this item.*

1. Ms Horseman introduced the report and summarised the key changes. In response to a question, Ms Henn-Macrae explained that the aim of the changes was to make the fund more accessible to all. She reassured Members, however, that clients who were able to fund their own services would not be able to access local authority assistance without regard to their income. People with their own funds would be expected to explore for themselves all available independent funding options before resorting to the County Council for support.

2. The Cabinet Member, Mr Gibbens, thanked Members for their interest in the subject and said he would take account of the points raised when taking the decision.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to agree the revised Home Support Fund Policy, be endorsed.

### **34. Update on the Swale Learning Disability Day Service (Good Day Programme) Consultation.**

*(Item B5)*

1. Ms Southern introduced the report and explained that the process being followed for consultation on modernisation of the service was the same as that used for other modernisation programmes around the county.

2. RESOLVED that the update report be noted and a further report be made to the Cabinet Committee's September meeting, at which Members would have the opportunity to comment on and either endorse or make a recommendation to the Cabinet Member before a formal decision on the modernisation were to be taken.

### **35. Temporary Financial Assistance**

*(Item B6)*

*Ms C Grosskopf, Business Strategy, was in attendance for this item.*

1. Ms Grosskopf introduced the report and explained that the changes now being proposed would simply formalise the best practice that the County Council had

already followed for a number of years. The proposed changes were generally welcomed by the Committee.

2. The Cabinet Member, Mr Gibbens, thanked the Committee for its support and said he would take account of this when taking the decision.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to change the policy on Temporary Financial Assistance to state that a resident would, providing they meet the other criteria, be eligible for Temporary Financial Assistance once their liquid capital and income can only support their care costs for three months, be endorsed.

**36. KCC Accommodation Strategy - Better Homes: Greater Choice**  
(Item B7)

*Ms C Holden, Head of Commissioning, Social Care, Health and Wellbeing, was in attendance for this item.*

1. Ms Holden introduced the report and explained that the accommodation strategy had been launched on 2 July and was available on line. A major part of the strategy involved forecasting future demand, in terms of both the volume and type of accommodation required. The County Council was currently commissioning fewer residential care placements than previously and the forecast was that demand for such placements would reduce by about one-third between 2013 and 2021. Ms Holden and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

- a) concern was expressed that predicted changes in patterns of care placements were challenging, and that suitable places for people with dementia may not increase sufficiently to meet future need;
- b) extra care sheltered housing was an excellent option for those who needed something between residential and nursing care but was very expensive to develop and it may not be realistic to build sufficient units for all those who could benefit from them. An ideal would be to have one extra care sheltered housing scheme in every community. Mr Ireland explained that sufficient extra care sheltered housing development was planned to be able to make an impact on the need for places but the spread of provision was not consistent across the county and did not fully match needs in terms of the type and location of accommodation. To develop such provision and overcome these challenges was necessarily a long-term strategy;
- c) a mixture of rented and shared-ownership accommodation would be useful to meet a range of needs and budgets. Ms Holden pointed out that one site, previously run as residential care home for older people, now offered a range of rented and shared-ownership units;
- d) extra care sheltered housing schemes could also benefit those with learning disabilities; one or two people could share a unit and live independently with some support. Adults with learning disabilities would

also need to be prepared for retirement. However, some adults with learning disabilities currently lived with their aging parents, and it would be necessary to ensure that suitable accommodation and support was available for the parents as well as for their adult children. Ms Holden commented that the County Council now had a better picture than previously of the needs of adults with learning disabilities and was developing its range of services to meet and manage those needs; and

- e) in response to a question about the role played by the telecare service, Mrs Tidmarsh explained that telecare was part of the transformation programme, which was closely integrated with the accommodation strategy. The telecare strategy would be further developed, for instance to address the need for increased complexity in the service, and would be reported to the Cabinet Committee in the future. Mr Ireland added that performance reports showed 3,400 people using telecare services and the County Council's target was to increase this to 5,000 users.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments, and Ms Holden for the huge amount of work she and her team had put in to developing the accommodation strategy. He supported the comments made about the value of, and need to increase the provision of, extra care sheltered housing. Ms Holden said the current provision in development was 946 units and the target was to increase this to 2,500 units. Kent was also developing a number of rented and shared-ownership schemes.

- 3. RESOLVED that the launch of the accommodation strategy on 2 July be noted and the current position and future direction, set out in the appendix to the report, be endorsed.

**37. Older Persons' Residential & Older Persons' Nursing Contract re-let - award of contract**  
*(Item B8)*

*Ms C Holden, Head of Strategic Commissioning – Accommodation Solutions, and Ms C Maynard, Procurement Category Manager – Care, were in attendance for this item.*

1. The Cabinet Member, Mr Gibbens, explained that a revised covering report and exempt Appendix 1 had been issued to Committee Members. The reason for doing so was that, as explained in the original report, he had asked for external validation of the work which had been done 'in-house' to calculate the 'actual cost'. When the papers needed to be published in the evening of 3 July, the validation had not quite been complete. In the week preceding this Committee meeting, officers had been able to work with Grant Thornton, who had been engaged to undertake the validation, to refine the model, the assumptions and the data input, into what was a very complex model. The result of that work was that the 'actual cost' and the recommended 'guide price' had changed slightly. Therefore, the Committee now had in front of it the revised Appendix 1 which reflected the updated figures.

2. The Chairman then asked Members of the Committee if, in debate, they wished to refer to any of the information included in the exempt appendix to the report. Members confirmed that they did not wish to do so and the item was therefore considered without going into closed session.



3. Ms Holden then introduced the report and summarised the procurement process which had been followed. She explained that the purpose of reviewing the guide price was to provide greater clarity on the costs the Council could expect to pay and make it clear to service users any additional 'top up' they would be required to contribute should they choose a different home. There would be a change in how residential and nursing care was to be purchased in future, to achieve transparency and fairness and allow optimum choice. Mr Ireland added that the depth and extent of the data assessed as part of the current procurement exercise was due to the fact that the service had not been reviewed for some twelve years. Ms Holden responded to comments and questions from Members and the following points were highlighted:-

- a) concern was expressed that, now that use of geographical banding was to be discontinued, areas of Kent bordering London would be adversely affected by London pricing. Ms Holden explained that the new bands for types of care had been set to take account of the impact of London prices upon West Kent, and the intention was to address any gap between the actual cost and the guide price in the next three years;
- b) concern was expressed that, using data relating to homes with more than 60 beds, some independent providers could be lost to the system. Ms Holden assured the Committee that there would still be a useful role for smaller homes, focusing specifically on personalised dementia care; and
- c) drawing on his recent experience of the work of the Commissioning Select Committee, one speaker expressed concern that eighteen months was a short period for a contractual term. Ms Holden explained that this short period had been set to coincide with and take account of the impact of the 2016 provisions of the new Care Act. The first task for the new contractors would be to start to plan for the next renewal of the service in eighteen months' time.

4. Mr Gibbens thanked Members for their comments and assured them that he would take account of their views when taking the decisions about guide prices.

5. RESOLVED that the decisions proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to confirm the new guide prices for the older persons' residential and nursing care contract re-lets, after considering the views of the Cabinet Committee, be endorsed.

### **38. Healthy Living Pharmacy Programme** (Item C1)

1. Mr Scott-Clark introduced the report and explained that the Committee was being asked to endorse a proposed new programme of healthy living pharmacies. He advised that community pharmacies were the most visited health institutions on the high street and, when processing prescriptions for patients, there was an opportunity to review various aspects of their lifestyle. He responded to comments and questions from Members, as follows:-

- a) a good community pharmacy could contribute much to the health of a local area, for example by checking that patients were taking their prescribed medicines correctly, but the programme would need to address and overcome the resistance to it shown by some GPs;
  - b) to increase participation in the community pharmacy initiative, it would be necessary to increase public understanding of the initiative, its aims and benefits. There would shortly be three healthy living pharmacies events in Kent to raise awareness. The current registration rate of 53% pharmacies showed a good level of progress since the scheme had started, as there had always been some reticence to take part;
  - c) a list of pharmacies taking part in the healthy living pharmacies programme was available via NHS England; and
  - d) the inclusion of private consulting rooms within pharmacies was praised as a very helpful recent development.
2. RESOLVED that the healthy living pharmacies programme in Kent be endorsed.

**39. Kent Health and Wellbeing Strategy**  
*(Item C2)*

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

1. Ms Varshney introduced the report and explained that both the Children's and Adult Social Care and Health Cabinet Committees were being given the opportunity to comment on the revised strategy. Their comments would then be passed to the Health and Wellbeing Board at its meeting on 16 July. A list of the outcomes of the previous one-year strategy, launched one year ago, was included in the report. Good implementation was the key to the success of the strategy, and local health and wellbeing boards would use it to shape their work.
2. The revised strategy, in particular the updates made to it in terms of dementia, was generally welcomed by Members of the Committee.
3. RESOLVED that the revised Joint Health and Wellbeing Strategy for Kent be welcomed.

**40. Preparation for the Care Act 2014**  
*(Item C3)*

1. Mr Thomas-Sam and Ms Grosskopf presented a series of slides which set out the new legal framework, the key changes to social care policy and practice which were required as a result, and the policy choices facing the local authority in the way in which it responded to these. There would be two phases of change – in 2015 and 2016 – covering different aspects of policy. Regulations relating to some aspects of new guidance, eg care caps – had not yet been issued, although advance work on introducing new rules would be required to start in October 2015. The Government was currently consulting on the first stage (the 2015 changes) only, and the County Council would need to submit its response to the consultation by the closing date of

15 August. Hence the Cabinet Committee was being given the opportunity to contribute to the Council's response. Mr Thomas-Sam and Ms Grosskopf responded to comments and questions from Members, as follows:-

- a) the delegation of the assessment function to local authorities meant that authorities could choose the assessment model they wished to use. There was a range of models currently in use;
- b) changes to the rules around debt recovery (removal of s.22 of the Health and Social Services and Social Security Adjudications Act) would mean that, from April 2015, local authorities would no longer be able to place a charge on a client's property without the property owner's permission. Only a County Court would now have the power to place such a charge. Legal charges can be placed under Deferred Payments legislation (both now and under the Care Act) but the client's agreement would be needed for this;
- c) the changes in the new Act meant that more people than before would be covered by the formal care system;
- d) when a carer's support needs were assessed, the cost of that support would be identified and they would be able to take up a Personal Budget to pay for that support, if they wished to. Last year, the County Council spent approximately £6 - 7million (which included some NHS money) on support to carers to help them to maintain their vital role;
- e) concern was expressed that the proposed government funding allocated to each local authority to help them prepare for the necessary changes was insufficient, and that much of it was not new money but part of local authorities' existing grant. In addition to the funding for 2015-16 and beyond, the Government has allocated £125,000 in the current financial year to each local authority to help them prepare for the changes. Mr Thomas-Sam explained that all local authorities, regardless of their size, had been given the same financial allocation, and this would need to cover research work such as identifying the number of self-funders (which in Kent was very high). He assured Members that the Leader of the County Council was lobbying as part of the County Councils' network to influence the way in which funding for the 2015 and 2016 changes was to be allocated. There would be a separate consultation on the funding allocations for 2016/2017;
- f) the fairness of the blanket £125,000 allocation was challenged as it did not take any account of a local authority's size or the issues it had to address. Mr Ireland said he had been disappointed by the funding allocation. With regard to the funding generally, he highlighted the risks that this could lead to in 2016, eg the greater impact on Kent due to its large number of self-funders and the uncertainty which would always accompany any major change happening at the time of a general election;
- g) Ms Grosskopf explained that the Government had tried to set the new national minimum eligibility criteria (from April 2015) at a level, broadly equivalent to the current 'substantial' level. However, analysis of the draft

eligibility regulations so far suggested that the level would be in fact closer to Kent's current 'moderate' level (although a definitive view had not yet been reached by officers). The implications that this would have for the County Council were not yet clear, particularly as the final regulations (due to be released in October) may be different;

- h) concern was expressed about the projected increase in the number of assessments required – potentially a 100% increase – and the time-consuming nature of these assessments. The ability for clients to undertake self-assessments was a key part of the way forward in the new Care Act; and
- i) Mr Thomas-Sam explained that the component costs of residential care would be considered separately – care costs and 'hotel' costs – and only the care costs would count towards the cap. There would be ongoing liability for the 'hotel' costs but this would be means-tested. Ms Grosskopf undertook to send out to Members a set of example case studies to illustrate the effect of the changes.

2. Mr Ireland said the questions raised during the debate were indicative of the importance of the changes brought in by the Act, which was the largest change made to social care policy since 1940. He assured Members that the staff involved in the day-to-day delivery of the new arrangements would be given thorough training and support to understand the new legislative basis of their work.

3. The Cabinet Member, Mr Gibbens, thanked Members for their comments and agreed with Mr Ireland's points about the scale and significance of the changes made by the Act. He said he would shortly be attending a cross-party meeting to consider the County Council's response to the Government consultation and invited any Cabinet Committee Member who wished to attend to join that meeting. He said he was pleased to see the apparent agreement among the Committee about the importance of maintaining eligibility criteria at 'moderate' and focussing on the preventative agenda.

4. The Chairman summed up by thanking and congratulating Mr Thomas-Sam and Ms Grosskopf on the work that they and their team had put into analysing the complexities of the changes and setting these out clearly for the Committee.

5. RESOLVED that:-

- a) the content of the report and the presentations slides be noted and the comments raised in debate be taken into account when preparing the County Council's response to the Government consultation;
- b) a full implementation plan be presented to the Adults Transformation Board on 23 July, once the draft regulations and guidance had been analysed, and this plan be made available to all Cabinet Committee Members; and
- c) the Committee's thanks and congratulations to Mr Thomas-Sam, Ms Grosskopf and their team for the work put in to analysing the complexities of the changes be recorded.

**41. Adult Social Care Transformation - Building Community Capacity Programme**  
*(Item C4)*

*Ms E Hanson, Head of Strategic Commissioning, Community Support (Adults), was in attendance for this item.*

1. Ms Hanson presented a series of slides which set out the key issues, the scale of the required change and the options which faced local authorities. She responded to comments and questions from Members, as follows:-

- a) the maps showing the comparative spend per head for services across clinical commissioning group districts of Kent illustrated the disparity which existed between the highest and lowest areas. Members should have an active role in addressing this disparity and trying to bring funding levels close together;
- b) the voluntary sector had a very important role to play in service delivery but had to contend with cumbersome procurement requirements. Those encumbrances should be minimised or reduced wherever possible to make life easier for voluntary groups to participate in tender opportunities. A new market development service had recently been commissioned in order to support community/voluntary organisations and help them learn about procurement practices; and
- c) a helpful event was held for the voluntary sector in relation to Mental Health commissioning on 10 July and would be repeated shortly in East Kent. This would be useful for elected Members to be involved in future engagement events.

2. RESOLVED that the proposed approach and the planning and delivery of the Community Capacity Building Programme be endorsed.

**42. Kent Support and Assistance Service**  
*(Item C5)*

*Ms D Wright, Head of Commissioned Services, was in attendance for this item.*

1. Ms Wright introduced the report and explained that the new support scheme (to replace previous support grant schemes) had started in April 2013 as a one-year pilot and had proved its worth during the recent floods. In the first quarter of 2014, the service had received 6,239 requests for help. The Committee was being asked for its views on the future development of the service and was offered three different ways forward, including retaining the present arrangement, which were set out in section 8 of the report. Ms Wright and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

- a) Members discussed the options which were available to them, and some suggested combinations of more than one of the given options;

- b) one speaker said he had been impressed by the service offered by the County Council's 24-hour call centre and supported the development of the service via this centre. The County Council should seek to lead the field in providing a priority service. Mr Ireland explained that all local authorities would be looking at providing schemes of support services and considering which model of service they wished to try. As part of this service development, each local authority would need to consider how it wished to prioritise areas of activity, and the input of elected Members was an important part of this process. The County Council might be able to market its expertise at developing its service. Ms Wright confirmed that Kent had indeed received enquiries from other local authorities about its service model;
- c) option 8.3 suggested providing a service via a voluntary sector organisation, and housing associations were suggested as a possible partner via which crisis loans could be offered. Ms Wright explained that one housing association's charitable arm was already co-ordinating and delivering re-used furniture; and
- d) option 8.2 could also be useful in the shorter term and could be pursued as far as possible. Mr Ireland confirmed that it would be possible to combine more than one option to support the short- and long-term development of the service.

2. RESOLVED that:-

- a) the content of the report and the need for a future formal decision on the development of the service be noted; and
- b) a combination of the preferred option 8.3, to commission a new service focussing on information and signposting, possibly via voluntary sector organisations, and option 8.2, to continue the service for year 3 using existing funding as far as possible, be endorsed.

**43. Public Health Performance - Adults**  
(Item D1)

*Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.*

1. Ms Sharp introduced the report and pointed out that the additional indicators requested by the Committee had now been included, although the reporting of these would be less frequent than for other indicators. Ms Sharp and Mr Scott-Clark responded to comments and questions from Members and the following points were highlighted:-

- a) giving up smoking would help improve other areas of health, so this must remain a key area of work. Levels of smoking could be identified district by district using health and social care mapping. Research had shown that more deprived areas showed higher levels of nicotine addiction, and the NHS quit scheme of 8 to 12 weeks' duration was too short to be of use to some smokers;

- b) many people smoked to help themselves cope with difficult times in their lives and would find it very hard to give up, or would be unable to benefit from a smoking quit campaign if it were not presented at the right time for them. Mr Scott-Clark added that new professional health trainers had been commissioned to work within communities with the aim of engaging people who may be struggling with this sort of issue; and
- c) responding to a question about the feasibility of printing performance data in colour in future reports, the Chairman explained that colour printing would be expensive. He undertook to look into how red, amber and green ratings could be represented without using colour. In some entries, the words 'red', 'amber' and 'green' were printed in the grey-shaded boxes to indicate the ratings.

2. RESOLVED that the content of public health performance dashboard be noted.

**44. Adult Social Care Performance Dashboard for February 2014**  
(Item D2)

*Mr R Benjamin, Performance Monitoring Manager, was in attendance for this item.*

1. Mr Benjamin introduced the report and explained that the commentary given on the items rated 'red' set out the background to the issue. Areas in which performance was rated red were reviewed monthly by the departmental management team.

2. RESOLVED that the Adult Social Care performance dashboard be noted.

**45. Risk Management - Strategic Risk Register**  
(Item D3)

*Mr A Mort, Customer Care and Operations Manager, was in attendance for this item.*

1. Mr Mort introduced the report and explained that the risk registers for the new directorates were prepared as part of the County Council's assurance process and were being presented to all Cabinet Committees. As the appendices containing the details of the registers had unfortunately not been included with the published papers, and Members had thus not been able to read and consider the content, Mr Mort and the Cabinet Member, Mr Gibbens, offered to answer outside the meeting any question from Members on the detail of the registers. Mr Ireland responded in the meeting to the following questions:-

- a) 'management of demand' for services, especially in Specialist Children's Services, referred to the drive to reduce the number of unallocated and unassessed cases, an issue which was highlighted by the 2010 Ofsted inspection. This area of performance was being tracked by the Children's Social Care and Health Cabinet Committee, and further reductions in the number were being sought; and
- b) extensive staff training relating to safeguarding issues was very shortly to be launched. This had arisen from audit work of safeguarding issues and

would relate to issues arising from the new Care Act. It would cover, as a priority, the corporate parenting role shared by all elected Members, but would also cover the vital role of adult safeguarding.

2. RESOLVED that the strategic and corporate risks outlined in the registers be noted, and Members direct any question on the detail of the registers to Mr Mort or the Cabinet Member, Mr Gibbens, outside the meeting.

#### **46. Work Programme 2014/2015**

*(Item D4)*

1. The Democratic Services Officer introduced the report and explained that the informal work-planning schedule used for agenda settings was now being more formally presented to the Committee for comments and views on how it wished to tackle its workload. Members asked that items on the following subjects be added to future agendas:-

a) Telecare and telehealth – a briefing on these issues, to give Members an overview of how these technologies work and the outcomes they bring;

b) the Better Care Fund – a presentation.

2. The Chairman added that any Member of the Committee could propose something for inclusion on the agenda at any time by contacting himself, the Democratic Services Officer or any of the Directorate Officer team

3. The Democratic Services Officer undertook to add the requested items to the work programme from which future agendas were prepared.