

## 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, 1 May 2015.

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, Mrs V J Dagger, Mr S J G Koowaree and Mr T A Maddison

ALSO PRESENT: Mr G K Gibbens and Ms C J Cribbon

IN ATTENDANCE: Mr M Lobban (Director of Commissioning), Mr A Scott-Clark (Director of Public Health), Ms K Sharp (Head of Public Health Commissioning) and Miss T A Grayell (Democratic Services Officer)

#### UNRESTRICTED ITEMS

**1. Apologies and Substitutes**  
(Item A2)

There were no apologies for absence and no substitutes.

**2. Declarations of Interest by Members in items on the Agenda**  
(Item A3)

Mr S J G Koowaree made a declaration of interest as a young relative was in the care of the County Council.

**3. Minutes of the meeting held on 3 March 2015**  
(Item A4)

RESOLVED that the minutes of the meeting held on 3 March 2015 are correctly recorded and they be signed by the Chairman. There were no matters arising.

**4. Verbal updates**  
(Item A5)

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

**12 March - Spoke at the Transforming Adult Social Care Forum in London** – this was linked to the Active Lives initiative, an excellent programme which Kent should seek to expand. Briefings by Penny Southern's team could be arranged for any Members who wished it.

**18 March - Attended launch event for the Take Off Charity in Canterbury** – the Take Off charity ran networking events for people with mental health problems, based on preparing and enjoying food. The simple concept of cooking and eating together could give much needed enjoyment, company and moral support.

**15 April - Attended Governors visit to South East Coast Ambulance Service 111 Centre in Ashford** – this visit had been enlightening and he had been very impressed to see how the 111 system worked, at one of the two South East centres.

**New Division - Disabled Children, Adults with a Learning Disability and Mental Health** - Disabled Children's Services, Adults Learning Disability and Adult Mental Health Services had come together in a new division on 1 April 2015. Penny Southern would be the Director responsible for the new division, called 'Disabled Children, Adults with a Learning Disability and Mental Health'. Mr Gibbens said he was very pleased that this closer alignment would further improve the support for disabled young people becoming adults, and said that it also had the full support of the Cabinet Member for Adult Social Care and Public Health. The problems experienced by this group were a nationwide challenge which should be helped in Kent by the creation of the new Division.

2. Members welcomed the creation of the new division, as the problems faced by young people, particularly those in care and leaving care, in the transition period from children's to adult services had long been a concern of the committee.

3. In place of the Director of Social Care, Health and Wellbeing, Mr M Lobban, Director of Commissioning, then gave a verbal update on the following issues:-

**Introduction of the Care Act on 1 April 2015** – most elements of this had now been introduced, with the remainder being required to be introduced in April 2016. Good communications were essential to help those affected by the changes to eligibility criteria, extended carers' rights and advocacy services to understand the new arrangements.

Public information had been particularly effective in relating the changes. A leaflet had been issued to 15,000 service users to reassure them that the services they received would not be affected by the changes, and subsequent queries had been fewer than had been expected.

The level of resource required to introduce and run advocacy services was expected to present a challenge. The 'Advocacy for All' group had written to the County Council say how pleased they had been with the way in which the County Council had introduced and explained the changes.

The County Council had asked the Local Government Association to undertake a 'deep dive' study of its processes and had received very good feedback as a result.

**The excellent work done by staff and partners in making this happen smoothly was particularly to be welcomed.**

**Transformation** – the design phase had now ended, and an update on transformation work would be made to the Commissioning Advisory Board on 15 May. Mr Lobban suggested that all Members of this committee be invited to attend and an invitation was subsequently issued.

4. He responded to comments and questions, as follows:-

- a) one speaker said that attendees at a local Senior Citizens' Board had reported that they found the publicity available to be very helpful and they felt they had a good understanding of the Act and its changes; and

- b) asked if the Local Government Association (LGA) deep dive had produced any recommendations, Mr Thomas-Sam explained that the study had looked in particular at the information the County Council issued and the extent to which the Council worked with its providers, as the Act affected NHS services as well as those delivered by the County Council. One area in which, the LGA had suggested, other local authorities could learn from Kent's best practice was the extent to which the information used for self-assessment could be accessed online, making the process much faster.

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

**9 March - the Local Government Declaration on Tobacco Control** had been signed by the County Council Leader, the Head of Paid Service and the Director of Public Health. The World Health Organisation had endorsed the declaration.

**11 March - Attended the No Smoking Day - Charlton Athletic 'Kick the Habit' Roadshow in Canterbury** – smoking remained a major public health issue to be addressed. Canterbury had recorded a wide disparity in life expectancies and the main cause of this was smoking. Mr Gibbens had used some of his individual Member grant money to support anti-smoking campaigns, and he reminded Members that they too could use their grant money to support community initiatives to address this and other public health work.

**25 March - Spoke at the 'Tackling HIV Stereotypes' Impress Conference in Canterbury**

6. Members made the following comments:-

- a) one speaker said he had been involved in 2014 in a campaign with the Darent Valley Hospital to encourage expectant mothers to stop smoking;
- b) another speaker added that parents needed to be aware of the risk of smoking in terms of fire risk at home, and suggested that the Kent and Medway Fire and Rescue Service be approached to become involved; and
- c) asked what action the signatories to the declaration on tobacco control would take to follow it up, as Kent had a particular issue with cheap, illegal imports of cigarettes from Europe, Mr Gibbens said he hoped to be able to work with Trading Standards colleagues to address this as it had a particularly heavy impact on young people. He suggested that an update report on work to address tobacco control be made to a future meeting of this committee *and this was added to the work programme*. Mr Scott-Clark added that joint work was ongoing between the public health team and the Growth, Economic Development and Transport Directorate to address illegal imports.

7. Mr Scott-Clark then gave a verbal update on the following issues:-

**Broadstairs Town Shed** – this mental health support network project was now available to both men and women. Committee Members were encouraged to visit and view the work of local Shed projects in their divisions.

**Porchlight** – a recent meeting between the public health team and the Porchlight homelessness charity had strengthened links and joint working. Porchlight had good

support from GPs and an impressive record of helping the homeless. 1,500 people accessed their services last year and 89% of these had reported positive outcomes in terms of being better able to manage their mental health problems and having increased self-esteem.

8. He responded to comments and questions, as follows:-

- a) a recent community engagement day at a Shed project in Dover had shown what excellent support work the projects did, and the extension of the original men's project to include both men and women was welcomed;
- b) Porchlight's work was also excellent in helping the increasing number of people sleeping rough. The charity made weekly reports on its work to the housing service at Dover District Council; and
- c) asked how the services of Porchlight were viewed by GPs around the county, Mr Scott-Clark explained that GPs were very keen to support it.

9. RESOLVED that the verbal updates be noted, with thanks.

**5. Kent and Medway Prison-based Substance Misuse service - contract extension (Item B1)**

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

1. Ms Sharp introduced the report and explained that the proposal to extend the contract arrangements for a further two years was covered by an option clause built in to the current contract. She responded to comments and questions, including the following:-

- a) as the County Council commissioned the service on behalf of NHS England, it benefitted from a reciprocal arrangement of having two full-time posts in the public health team fully funded by NHS England;
- b) the commissioner had contact with women's prisons in Kent, Surrey and West Sussex, giving an opportunity to make and strengthen connections between services delivered in prisons and services delivered in the community;
- c) when the contract came to be re-let in the future it was likely that other providers might bid, as the current provider had not been the only bidder on the previous occasion;
- d) the proposed decision, on which the committee was being asked to comment, was to take up the option of extending the existing contract for a further two years, making five years in total. The contract would then be re-tendered in time to re-let the services at the end of the five-year period; and
- e) a view was expressed that the proposed extension seemed to be the most sensible option as the reported performance of the current provider had been good.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to invoke the contract extension option within the Kent and Medway Prison-based Substance Misuse Service contract, until 30 September 2017, taking account of comments made by the committee, be endorsed.

**6. Update on addressing Health Inequalities in Kent**  
*(Item C1)*

*Members of the Children's Social Care and Health Cabinet Committee had been invited to attend for this item.*

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

1. Ms Varshney introduced the report, which set out progress on addressing health inequalities. Measures to address health inequalities, eg health checks, were increasing, and further alignment of commissioning intentions of public health and other service commissioners would add to the ongoing work. Ms Varshney and Mr Scott-Clark responded to comments and questions from Members, as follows:-
  - a) the message about the need for healthy eating and exercise to address obesity needed to be reinforced, as many people seemed not to have taken note of it. Ms Varshney supported the point and explained that clear objectives needed to be set which included both diet and exercise. She reassured Members that this issue would indeed be included in key targets;
  - b) asked about the recommendation that the County Council support work to influence spatial planning, Ms Varshney explained that a national policy framework included guidelines on spatial planning and how planners should take account of public health issues, eg the need for green and open space and good walking and cycling paths, when considering planning permissions. This national guidance was a useful tool which professionals could use to address public health issues;
  - c) it was emphasised that public health considerations should be taken into account in this way, but the Chairman advised that public health professionals did not appear among the statutory consultees. Mr Scott-Clark added that public health issues could be planned into development, in the same way in which crime could be planned out. As well as the need for external provisions, listed above, the internal structure of new homes could include features to help older and less mobile people to continue to live independently in their homes for longer without the need for future adaptations;
  - d) it had been difficult to make any progress on green space issues at district level. Trees removed had not been replaced, and there should be a policy not only to replace trees lost but to plan them in to road schemes and developments, to improve air quality. One speaker suggested that Members could use their individual Member grants to support local tree-planting schemes;

- e) to play an active local role, Members needed to be able to understand the health inequalities issues in their areas, so would need to be given information about local issues and what was being monitored. Mr Scott-Clark undertook to include information in the regular Member Information Bulletin to tell Members how to access the local profiles which were prepared by Public Health England;
- f) as each area had different health inequality issues, a pilot scheme could be run in each area to tackle local issues. Ms Varshney explained that some themes, eg smoking and take-up of health checks, were common to many areas. Information collated from local reports could be circulated to committee Members, with progress reports. The County Council could then liaise with district councils to address issues identified; and
- g) one Member of the committee made a personal pledge to lose one stone in weight by September 2015.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and added that health inequalities across Kent were widening. Although most people were now living longer, there was a growing disparity across areas of the county in the quality of life they enjoyed. The County Council's 'Mind the Gap' Strategy, issued in 2012, would be rewritten in 2015, and a series of briefings was planned to coincide with the launch of this. He suggested that data about health inequalities, life expectancy, etc, could be shared with Members at area briefings.

3. RESOLVED that the progress made to date in addressing health inequalities across Kent be noted, and support be given to:

- a) work by the Public Health team and partnership groups (including Local Health and Wellbeing Boards) at local level in designing commissioning models for future provision of public health services at a local level;
- b) collaborative working between agencies such as district councils, police and health in promoting policy initiatives to reduce harm from issues such as alcohol and smoking; and
- c) work at policy level, such as in influencing spatial planning, licensing, housing etc, to address health inequalities and promote health and wellbeing in all local policies.

**7. Update on developing the Public Health Strategy Delivery Plan and Commissioning Strategy**  
(Item C2)

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

1. Ms Sharp introduced the report, which gave the committee an early opportunity to comment on the strategies. As the public health function had now been within the County Council for two years, and a new Director of Public Health, Mr Scott-Clark, had recently been appointed, the time was right to take a strategic view of services and the investment of the public health grant. Ms Sharp and Mr Scott-Clark responded to comments and questions from Members, including the following:-

- a) the chart of target outcomes appended to the report included areas of work, eg reducing levels of excess weight in children, in which the County Council was aiming to exceed national performance targets. It was important to look deeper into issues, beyond the headline performance data, to see what was being done and how well it was being done;
- b) concern was expressed that some GPs' surgeries were not convinced of the value of health checks. Mr Scott-Clark assured Members that the health checks programme was based on population, so if a local GP surgery was not willing to deliver checks, local arrangements could be made for alternative ways of delivering the programme, using patient records kept by the Family Health Service to identify eligible people. He assured Members that the rate of uptake of health checks had increased in the last year, and that the outcomes of checks would be reported back to a patient's GP for any necessary follow-up investigation or treatment needed; and
- c) schools were in charge of their own budgets, including the pupil premium, which they could use at their discretion, and many used it to fund physical activity initiatives. Some public health grant was paid into Early Help and Preventative Services to be used for physical activity and healthy weight programmes for children from Reception to year 6. A big advantage of public health funds being within the County Council was that the Council had scope to use them more effectively.

2. RESOLVED that progress made in Public Health in 2014/15, and the proposed vision, strategy and commissioning intentions outlined in the report, be noted.

## **8. Public Health Campaigns and Press** (Item C3)

*Mr W Gough, Business Planning and Strategy Manager, was in attendance for this item.*

1. Mr Gough introduced the report and explained that campaigns were an important part of the public health strategy. Campaigns took three forms – service promotion (eg breastfeeding), education and awareness raising (eg HIV and flu vaccination), and social marketing to change behaviour (eg smoking in pregnancy). He responded to comments and questions from Members, including the following:-

- a) it was vital that the rate of recorded suicides, particularly among men over 40, was addressed as soon as possible, and the emergence of the new suicide prevention strategy later in 2015 would be instrumental to this. GPs' surgeries could be used to promote a campaign. Mr Gough agreed that GPs' surgeries could be useful in steering a campaign but would need to be encouraged to promote it actively, as the public health team could not control how its campaigns were delivered via local surgeries. Social media could also be an effective medium by which to promote a campaign.

2. RESOLVED that the progress and impact of Public Health campaigns in 2014/15, and the campaigns planned for 2015/16, set out in the report, be noted.

**9. Review of Commissioning of Drug and Alcohol Services**  
(Item C4)

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

1. Ms Sharp introduced the report and reminded the committee that drug and alcohol addiction services had transferred to Public Health in October 2014, before which there had been a thorough audit. This audit identified a number of issues which needed urgent action in relation to the governance of the contracts, which had been addressed. Ms Sharp and Mr Scott-Clark responded to comments and questions from Members, including the following:-

- a) asked about the governance arrangements of the service, Ms Sharp reminded Members that the Cabinet Member for Adult Social Care and Public Health had taken an urgent decision in December 2014 to ensure that contracting arrangements were appropriately formalised. That decision had been reported to this committee in January 2015, and all future decision-making relating to the service would be brought to this committee so Members would have a chance to comment on it;
- b) asked about powers to sequester funds from drug crime to contribute towards drug treatments, Ms Sharp explained that the County Council had no power to do this. She undertook to check the position nationally and advise the speaker of the arrangements in place; and
- c) Mr Scott-Clark added that the public health team had done much work on developing needs assessments and that arrangements were being put in place to re-commission drug and alcohol addiction services in April 2015.

2. The Cabinet Member, Mr Gibbens, thanked Ms Sharp, Mr Scott-Clark and the Public Health team for their leadership and work in addressing the issues which had existed within the service as it transferred into local authority control, putting it on a much better footing for future work.

3. RESOLVED that progress made against the audit of Kent Drug and Alcohol Team (KDAAT) commissioning arrangements be noted, and the future direction for drug and alcohol services, set out in the report, be endorsed.

**10. Work Programme 2015/16**  
(Item D1)

RESOLVED that the committee work programme for 2015/26 be agreed.

**11. INFORMATION ITEM - Transition update**  
(Item E1)

1. The report included the recommendation which had been made to, and agreed by, the Children's Social Care and Health Cabinet Committee on 21 April 2015, including support for ongoing work on transition. This included the conduct of a



questionnaire of young people going through transition, and Mr Lobban responded to a request that a copy of this questionnaire be sent to Members of the committee.

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

**12. INFORMATION ITEM - Distinctive, Valued, Personal - why Social Care matters: the next five years**

*(Item E2)*

1. The committee was asked to note the content of the report, which was presented for information. A comment was made about the importance of the document and its conclusions and that the five priorities listed therein would need to continue to be supported by the next Government, following the 7 May general election.

2. It was suggested that the committee send a letter to the appropriate new Minister, applauding and supporting the document's recommendations and making the point above, and the Chairman undertook to look into this.

3. RESOLVED that the information set out in the report be noted, with thanks.