

KENT COUNTY COUNCIL

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 September 2015.

PRESENT: Mr C P Smith (Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mr D L Brazier (Substitute for Mr G Lymer), Mrs P Brivio, Mr R E Brookbank, Mrs P T Cole, Mr P J Homewood, Mr S J G Koowaree, Mr T A Maddison, Mrs C J Waters and Mrs J Whittle (Substitute for Mrs V J Dagger)

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mr A Scott-Clark (Director of Public Health), Dr F Khan (Interim Deputy Director of Public Health), Mr M Lobban (Director of Commissioning), Ms P Southern (Director, Learning Disability & Mental Health) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

32. Apologies and Substitutes (Item A2)

1. Apologies for absence had been received from Mrs V J Dagger and Mr G Lymer.
2. Mr J Whittle was present as a substitute for Mrs Dagger and Mr D L Brazier was present as a substitute for Mr Lymer.

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

Mr T Maddison declared an interest as a Trustee of Invicta Advocacy.

34. Minutes of the meeting held on 10 July 2015 (Item A4)

1. RESOLVED that the minutes of the meeting held on 10 July 2015 are correctly recorded and they be signed by the Chairman.
2. Under Minute 16, Mr Maddison asked about Members being sent a copy of the letter written to the Minister in response to the publication of the ADASS report 'Distinctive, Valued, Personal – Why Social Care Matters: The Next Five Years'. Mr Ireland undertook to look into this.

35. Meeting dates for 2016/17 (Item A5)

RESOLVED that the dates reserved for meetings of this committee in 2016 and early 2017 be noted, as follows, all meetings to commence at 10.00 am at County Hall:-

Thursday 14 January 2016
Thursday 10 March 2016
Tuesday 10 May 2016
Tuesday 12 July 2016
Tuesday 11 October 2016
Tuesday 6 December 2016

Thursday 26 January 2017
Tuesday 14 March 2017

36. Verbal updates
(Item A6)

Adult Social Care

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

14 July – Visited Swaleside Prison – he had met the Governor to discuss how best to meet the care and support needs of prisoners, which the County Council was now obliged to do under the Care Act.

9 September – interview on Radio Kent about funding for adult social care. He had also written to the Minister asking for adult social care to have special consideration in the comprehensive spending review in November. Mr Ireland added that decisions about social care funding would be critical in the shaping the County Council's ability to meet growing demand, and any major reduction in funding would have many implications.

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

Future Arrangements for Supporting Vulnerable Adults Board – this multi-agency board had recently agree to appoint an independent chairman, and the position would shortly be advertised.

Winter pressures – preparation for winter 2015/16 would start shortly, with liaison with NHS colleagues.

Adult Public Health

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

23 July - Attended and spoke at the Kent Healthy Business Awards at Oakwood House, Maidstone – these awards had attracted a good level of interest from Kent businesses.

11 September – Health Visitors welcome event at Sessions House, Maidstone. All Members were invited to attend this event.

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

Dr Faiza Khan appointed as Interim Deputy Director of Public Health – Dr Khan received the committee's congratulations.

Update on Kent Drug and Alcohol Services 'Turning Point'- current contracts would expire in March 2016, and new tendering activity would commence soon.

Update on Department of Health in-year savings from the Public Health allocation 2015/16 - this had been a major consultation in the summer, for which the outcome was currently awaited. It had been assumed that the same percentage saving would be applied to all local authorities in the UK, and Kent's savings targets was expected to be around £4million.

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

- a) the County Council had taken on drug and alcohol services quite recently and had inherited some historic shortfall against performance targets; and
- b) Kent expected to have a reduction to its public health budget but the actual amount may be less than expected. It was known that the Department of Health's preferred option was a straight percentage cut across all authorities.

6. The verbal updates were noted, with thanks.

37. Care Act - Power to Delegate Adult Care and Support Functions
(Item B1)

Ms C Grosskopf, Policy Advisor, Strategy Policy and Assurance, and Mr M Thomas-Sam, Strategic Business Advisor, were in attendance for this item.

1. Ms Grosskopf introduced the report and explained that, since the issue had last been reported to the Committee in January 2015, the detail of those functions which could be delegated had changed as the implementation date for some reforms in the Care Act had been delayed until 2020. Ms Grosskopf and Mr Thomas-Sam responded to comments and questions from Members, as follows:-

- a) Kent had the largest number of prisons and hence one of the largest prison populations of any county in the UK. Its prison population was mostly male, with only one prison accommodating women; and
- b) it would take a while for the impact of the changes to be felt and the likely number of social care and support assessments required each year under the Care Act in prisons to become clear. The number of cases identified so far was very low, perhaps around 10 - 12, out of a potential annual caseload of 200 – 250.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and support and undertook to take account of them when taking the decision. He emphasised the importance of meeting the social care and support needs of the prison population, a fact which had been reinforced by his recent visit to Swaleside prison on the Isle of Sheppey.

3. RESOLVED that:-

a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, that, under Section 79 of The Care Act, the following adult social care and support functions can be delegated:

- 1) assessment and care provision for prisoners,
- 2) carers' assessments and support for carers,
- 3) specialist assessments and support for blind people, and
- 4) specialist assessments and support for deaf people,

be endorsed; and

b) detailed decisions of how these delegations will work in practice will be taken by the Corporate Director for Social Care, Health and Wellbeing, after full discussion in each case with the Cabinet Member and the Adult Transformation Board.

38. Older People's Residential and Nursing contract
(Item B2)

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

1. Ms Holden introduced the report and explained the changes which were being proposed to the contract, and the context for those changes. She responded to comments and questions from Members, as follows:-

- a) the decision would be taken in two stages; the guide price would be determined in November and the contract awarded in February. Demand and price would need to be balanced, and this would take much analysis; and
- b) a forecast of the impact of the changes would be that fewer people would require a residential or nursing placement but those who did would have a greater dependency.

2. The Cabinet Member, Mr G K Gibbens, assured Members that, although he would be taking the first decision (about guide price) before the committee next met in early December, all Members would have an opportunity to see and comment on the proposed decision, as part of the County Council's usual decision-making process. He urged all Members to take the opportunity to read the proposed decision paperwork when it was published and sent to them.

3. RESOLVED that the work on this issue to date be endorsed and continue to the decision stage, as set out in the report.

39. Update on Live it Well - The Kent and Medway Mental Health Strategy, 2014 - 2015
(Item C1)

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

1. Ms Mookherjee introduced the report and responded to comments and questions from Members, as follows:-

- a) the proposed split of responsibility between the Health and Wellbeing Board (for governance issues) and this committee (for specific decisions) found general support from the committee. the Health and Wellbeing Board was the natural home of the service while this committee needed to have an overview of commissioning;
- b) much work had gone into modelling demand and capacity as these were complex. *Ms Mookherjee undertook to send more detail of this work to one speaker outside the meeting.* Ms Southern added that this work was multi-agency and linked to prevention and timely discharge to make a whole-system approach;
- c) it was suggested that the Health and Wellbeing Board establish a sub-group to look at the detail of how the service would work; and
- d) Ms Southern confirmed that, although the Health and Wellbeing Board would take on the issue, and joint working was key to the success of the strategy, the County Council would retain its statutory responsibility to deliver mental health services.

2. RESOLVED that:-

- a) the approach to develop a new and updated set of guiding principles for mental health commissioning, based on the previous Live it Well Strategy commitments, and the timescales for the development of the principles across the Kent health economy, be noted;
- b) the move of the governance of mental health 'whole system' commissioning to the Health and Wellbeing Board, as per the timescales set out the report, be endorsed; and
- c) specific decisions on the mental health service remain the business of this committee.

40. Future Direction for "Mind the Gap": Reducing Health Inequalities in Kent (Item C2)

1. Dr Khan introduced the report, which sought the committee's comments on the work being undertaken. She and Mr Scott-Clark responded to comments and questions from Members, as follows:-

- a) targets against which health inequalities would be measured would change on 30 September 2015. The new targets would look similar to the previous targets but would focus more on specific issues and areas of Kent in which inequalities were particularly hard to address;
- b) Mr Scott-Clark supported a view expressed that work on health inequalities should cover people's whole lifespan, from birth to death. To help achieve this, all services – such as the health visiting and early years services, as

well as housing, employment and education services – would need to be engaged and work together. To reflect this, the public health transformation programme had three sections – Starting Well, Living Well and Ageing Well. Work would focus on areas of Kent which had the poorest record of life expectancy;

- c) Dr Khan explained that work was ongoing to seek to understand why some areas of the population disregarded health messages. One speaker suggested that shock tactics might be needed to convey a message, eg that smoking during pregnancy could result in low birth weight and increased risk of developing a range of illnesses, as many women continued to smoke during pregnancy;
- d) the lifestyle changes necessary to reduce health inequalities would require culture change and much financial and practical investment. County Council Members could be involved in campaigns in their electoral divisions, be aware of the patterns of inequality in their areas and be advised of what they could do to help. Although life expectancy could be increased by addressing health issues, it was important that quality of life should also be improved;
- e) a view was expressed that health improvement campaigns did have some effect in some areas of the county, which had shown improved life expectancy. Dr Khan pointed out that life expectancy had increased generally across the whole of the UK. This was due to improvements in medical science, housing and sanitation;
- f) public messages about health had been very different in the past, eg cigarettes and alcohol had previously been seen as useful aids to relaxation, and cigarettes had previously been thought to improve lung health. Soldiers in the trenches in the first world war were supplied with cigarettes to boost their morale. To achieve the culture change necessary to alter some people's perceptions and ingrained habits could take generations. Past research into changing habits had shown that people had to be told something ten times before they would take sufficient notice to take action;
- g) there was a section of the population which would resist health improvement messages and choose to continue to drink, smoke, use drugs and eat fatty foods, even once they knew the negative effects of these behaviours. The County Council could better direct its efforts to those who wanted to change;
- h) the work currently ongoing to address health inequalities would go a long way to reach the people that it needed to reach; and
- i) it was suggested that the Child Poverty Strategy be reviewed alongside the Mind the Gap plan as the two were closely linked.

2. The Cabinet Member, Mr Gibbens, pointed out that the 'Mind the Gap' plan had been prepared, and work had been ongoing to raise Members' awareness of health inequalities across Kent, long before the County Council had taken over the

public health function in April 2013. However, the gap in Kent was currently widening; Kent's highest and lowest life expectancy rates were both in his electoral division. He suggested the best way forward would be for the County Council to identify and target areas of greatest deprivation. He undertook to ensure that a further report on progress was brought to this committee, but to avoid duplication it would not be repeated at the Children's Social Care and Health Cabinet Committee. Members of that committee could perhaps be invited to attend the meeting of this committee. The Mind the Gap plan had previously been discussed by the full Council and he hoped that this could be repeated.

3. RESOLVED that the proposed direction of travel and timescales for developing a new health inequalities plan for Kent be endorsed.

41. Kent Sheds Update
(Item C3)

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

1. Ms Mookherjee introduced the report and reminded Members that Kent had the largest Sheds programme of all authorities in the UK, having 20% of the UK total number of Sheds.
2. Members referred to Sheds in their divisions and spoke of the good community support given to them locally. The inclusion of both men and women in Sheds worked well and was supported. Members who did not have a Shed in their area were encouraged to help establish one. The initiative was generally welcomed as excellent.
3. RESOLVED that the information set out in the report be noted, and the Sheds programme in Kent be welcomed and supported across Kent by Members.

42. Care Act Phase 2 - Delay of Introduction of Funding Reform until April 2020: Presentation
(Item C4)

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

1. Mr Thomas-Sam presented a series of slides (included in the published agenda pack) which set out the Government's announcement in July to delay the implementation of some areas of the Care Act, and explained the context of them. 90% of the Care Act had so far been implemented and the new practices and training that these required had been put into place. Staff had received training to ensure that they understood the new law and could help the public to understand it, and had the skills to support the necessary changes in their work practice. He also addressed the likely impact should the planned changes in phase 2 of implementation not go ahead. There was a substantial funding gap between the Government's funding allocation and the forecast of costs of the ongoing increase in demand, new legal responsibilities and the added cost of the national living wage. He responded to comments and questions from Members, as follows:-

- a) the delay in introducing various elements was based on the Secretary of State's advice, but the County Council had been part of the research group which had influenced the decision; and
- b) although 90% of the Act had so far been implemented, the outstanding areas were substantial and would have an impact on a large number of people. Concern was expressed that their introduction may ultimately be delayed further, beyond 2020.

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

43. An Active Travel Strategy for Kent
(Item C5)

Mr D Joyner, Transport and Safety Policy Manager, was in attendance for this item.

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

- a) cycling routes were provided round the county for leisure use but not necessarily for home-to-school or home-to-work use. Projects such as Cyclopark encouraged sport cycling, but people wishing to use that facility had to drive there. In some areas in Kent, cycling was simply not possible due to the density of traffic;
- b) in Holland, France and other European countries, cycling was accepted as a mainstream form of transport, but the UK had never given priority to cycling, seemingly to avoid the work and costs of providing infrastructure and facilities. Until this need was accepted, nothing could be achieved. Mr Joyner advised Members that government funding was available to support initiatives to encourage walking and cycling. The Active Travel Strategy should help Kent to access some of this funding;
- c) the joint working between Directorates to develop the strategy was welcomed;
- d) the 'walking bus' initiative, in which school children would assemble at an agreed point and walk to school together, accompanied by an adult supervisor, no longer seemed to be in place. For some children, walking to school presented a number of practical challenges, and being unable to walk to school was linked to health inequalities;
- e) one initiative to encourage primary school children to walk to school was to present an inexpensive trophy to the class in which the greatest proportion of children had walked to school in a week or a month. Members could encourage such projects in their local schools by contributing some money from their individual grants. Some schools had constructed scooter shelters to encourage pupils to travel by scooter; and
- f) sites such as Ebbsfleet garden city were an example of changing culture, away from reliance on private vehicles and towards cycling and walking. These facilities could be extended further to include the nearby Ebbsfleet

station. Mr Scott-Clark added that Healthy Towns sought to ensure that healthy transport options were incorporated in town planning when any new development or regeneration was planned.

2. RESOLVED that the Active Travel Strategy for Kent be endorsed, and Members' comments on the issues set out in the report be noted by the Cabinet Member in taking the decision.

44. Kent County Council's Local Account for Adult Social Care 2014 - 2015
(Item D1)

Ms S Smith, Head of Performance and Information Management, was in attendance for this item.

1. Ms Smith introduced the report and explained that the intention was that a cross-party group of Members meet in October to consider a final draft of the Local Account document before the Cabinet Member signed off the final version for publication during November.

2. The Chairman said that he was disappointed by the suggestion that the document would be signed off and published without having been considered at a meeting of the Cabinet Committee. He said he did not support decisions being taken outside the Cabinet Committee process where this could be avoided, and did not want to encourage the establishment of Sub-Committees. The Committee then discussed the possible options for considering the Local Account document. Mr Lobban pointed out that, due to the need to publish the finished document by the end of the year, the Cabinet Committee would have limited time to discuss it. Mr Ireland added that the cross-party Member group model had worked well in the past.

- a) speakers supported the Chairman's view but sympathised with the aims of the officers in proposing that course of action;
- b) the possibility of using social media to publicise and consult on the document was raised. It was important that the document reached the people who were most concerned with its content;
- c) having a retrospective report on the document in December would not be much help to the committee; it needed to see the draft before it was signed off, so all Members could have input into it;
- d) the possibility and usefulness of the committee having an additional special meeting in October was then discussed, with the 3 December meeting then receiving the final document in December; and
- e) publishing in January would simply be too late and would look bad, so the Committee was limited to accepting the offer of a cross-party sub-group this year and improving the process and timing in time for next year.

3. The Cabinet Member agreed that, ideally, the whole Cabinet Committee should have the opportunity to consider the document, but December would be very late for the document to be published. He explained that he had supported the planned cross-party meeting in October and undertook that he and Ms Smith would

provide feedback on that meeting to any Member who was unable to attend. He emphasised the importance of the document as an annual record of the County Council's work in adult social care and stated his commitment that next year's document would be prepared early enough to be considered at a meeting of the whole Cabinet Committee before being signed off and published.

4. The Chairman supported this and asked Members if they were happy to proceed on the basis of what the Cabinet Member had suggested; a cross-party Member group meeting in October to consider the final draft, the Cabinet Member signing off the decision in November and the sign-off being reported to the Cabinet Committee in December.

5. RESOLVED that a cross-party group of Cabinet Committee Members meet during October to review a final draft version of the Local Account document, which could lead to a recommendation to the Cabinet Member for Adult Social Care and Public Health to publish the Local Account.

45. Kent and Medway Safeguarding Adults Annual Report, April 2014 - March 2015
(Item D2)

Ms K Stephens, Interim Kent and Medway Safeguarding Adults Board Manager, was in attendance for this item.

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

- a) alerts about cases of neglect highlighted that this was an ongoing area of risk, eg in terms of avoiding bed sores;
- b) the report presented data for the number of incidents, by area, in 2014/15, with the total compared to the total for 2013/14, but the latter was not broken down by area so the figures could not be compared effectively;
- c) the report did not mention that community wardens had won an award, but could include this sort of positive information. The Community Safety Unit was part of the Supporting Vulnerable Adults Board (SVAB);
- d) it would be useful to be able to compare figures quoted for alerts, broken down by ethnic group, to the proportions of the care populations which fell into those groups, to see if any one group appeared to be more at risk than any other. *Ms Stephens undertook to supply more detailed information to the questioner outside the meeting;* and
- e) as many alerts arose at care homes, so the figures for the geographical spread of cases were skewed by the location of care homes. It was suggested that, as 38% of alerts originated in homes, Members could perhaps look into getting permission to visit homes to look into the potential issues for themselves.

2. The Cabinet Member, Mr Gibbens, assured Members that the safeguarding of vulnerable adults was a top priority for the County Council. He thanked Mr Ireland

and the officer team for the responsibility they took on and the work they undertook across the county in this challenging area of work.

3. RESOLVED that the information set out in the report, and Members' comments on it, be noted

46. Annual Equality and Diversity Report 2014 - 2015

(Item D3)

Ms M Harrison, Transformation and Pioneer Integration Programme Manager, OPPD, was in attendance for this item.

1. Ms Harrison introduced the report and responded to comments and questions from Members, as follows:-

- a) the increase in access hours for Older People's and Physical Disability services were welcomed;
- b) the importance of easy-read documentation, eg for those with learning disabilities and for those whose first language was not English, was emphasised; and
- c) it was important to be aware that adults with learning disabilities did not always enjoy the same opportunities as their peers, eg they could not stay out late at social events if staff were not available to accompany them after that time.

2. RESOLVED that:-

- a) the proposed changes to equality objectives be agreed; and
- b) the committee receive revised objectives in 2016, and an annual report, in order to comply with Public Sector Equality Duty (PSED) and ensure progress against County Council objectives.

47. Work Programme

(Item D4)

RESOLVED that the committee's work programme for 2015/16 be agreed.

48. Motion to exclude the Press and Public for Exempt Business

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 paragraphs 3 and 4 of Part 1 of Schedule 12A of the Act.

EXEMPT ITEM (Open Access to Minutes)

49. Accommodation Strategy Review - next steps

(Item F1)

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

1. Ms Holden introduced the report and explained that the committee was being given the opportunity to comment on the proposals before the start of the formal public consultation. She responded to comments and questions from Members, as follows:-

- a) the next step for each of the options listed would be to meet with the staff and service users concerned to talk through the impacts upon them;
 - b) one of the homes which was part of the consultation had only one permanent resident who had lived there for a very long time and had been happy to stay on as the home was familiar; and
 - c) some areas of the county, eg the Isle of Sheppey, had no nursing care or extra care housing provision, so the aim was to incentivise the market to establish alternative provision in those areas. Mr Ireland added that the issues arising in the current consultation were the same as those arising in similar previous consultations. However, there was more scope now to address them.
2. The Cabinet Member, Mr Gibbens, assured Members that no-one who needed a service would be left without one, but that service would be updated.
3. RESOLVED that the proposals for consultation set out in the report be endorsed.