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 Tuesday, 12 July 2016.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr R H Bird (Substitute for Mr S J G Koowaree), Mr H Birkby, Mrs P T Cole, Mr A D Crowther, Mrs V J Dagger, Ms A Harrison, Mr P J Homewood, Mrs S Howes (Substitute for Mrs P Brivio) and Mrs C J Waters

ALSO PRESENT: Mr P B Carter, CBE and Mr G K Gibbens

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

UNRESTRICTED ITEMS

10. Membership
(Item A2)

Members noted that Ms A Harrison had joined the committee in place of Mr T A Maddison.

11. Apologies and Substitutes
(Item A3)

Apologies for absence had been received from Mrs Brivio, Mr Brookbank and Mr Koowaree.

Mrs Howes was present as a substitute for Mrs Brivio and Mr Bird as a substitute for Mr Koowaree.

12. Declarations of Interest by Members in items on the Agenda
(Item A4)

There were no declarations of interest.

13. Minutes of the meeting held on 10 May 2016
(Item A5)

RESOLVED that the minutes of the meeting held on 10 May 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

14. Verbal updates by the Cabinet Member and Directors
(Item A6)

1. Mr G K Gibbens gave a verbal update on the following adult social care issues:

17 May Spoke at Live Well Kent Launch Event at Canterbury Christ Church University – this had provided an opportunity to meet with providers and service users. *A further report on Live Well Kent would be made to a future meeting of this committee*.
19 May Attended Kent Integrated Care Alliance Conference at Ashford International Hotel
25 May Attended South East England Councils and South East Strategic Leader joint Health and Social Care Integration Workshop at King's College, London – the Leader of the County Council has spoken at this event, which sought to advance the integration of health and social care services.
Short Breaks Consultation – this had started on 7 June and would run for 12 weeks, and was concerned with accommodation–based short breaks for people with disabilities, particularly at Osbourne Court in Faversham. One aim of the review was to improve the transition from children's to adult services. An information pack had been issued and presentations made to local focus groups, to seek to shape the services to suit those who relied on them. Ms Southern assured the committee that there was no plan to reduce services. There had been a good response so far to the consultation *and a further report would be made to this committee in October.*

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

Update on Adults Transformation and the start of Phase 3 – he had visited all NHS Trusts and clinical commissioning groups (CCGs) to identify issues which would need to be addressed as part of the transformation, to ensure integration of these issues in the NHS's 5 year plan and to identify opportunities for joint working.
Blackburn Lodge's recent "Good" CQC Inspection – the home had achieved a good rating, despite recent challenges, and staff were congratulated by Members on their hard work to maintain standards during this time.
Meeting with Helen Greatorex, new Chief Executive of Kent and Medway Partnership Trust – Ms Greatorex was committed to working with local authorities and the ongoing relationship between the County Council and NHS Trusts was good.
Update on CQC Strategy – the 'Shaping the Future' strategy document for 2016 to 2021 had set up a new, collaborative, responsive approach. *A full briefing on this would be given to the October meeting of this committee.*

3. Mr G K Gibbens gave a verbal update on the following adult public health issues:

Community Pharmacies – a letter from Mr Gibbens and the Cabinet Member for Education and Health Reform, Roger Gough, had been sent to the Minister to seek to secure adequate funding for pharmacies in rural and edge-of-town locations. It had been good to have the recent news that NHS funding would be made available to support the integration of primary care and community pharmacies. Mr Scott-Clark added that pharmacies facing hardship could bid to access this funding via pharmacy access schemes, based on location and local need. Local Pharmaceutical Committees had expressed concern about the viability of suburban and rural pharmacies.
29 June Spoke at Perinatal Mental Health Conference at Canterbury Christ Church University

29 June Visited Turning Point substance misuse services in Canterbury - it had been encouraging to see the increased confidence that the service was able to give people and to see former users who had benefited from support returning to mentor others.

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

Community Pharmacy funding – covered above
NHS Sustainability and Transformation Plans: Prevention – prevention had previously been a key issue in the NHS 5 year plan, and the County Council Public Health team would support enhanced intervention and seek to promote priorities such as addressing obesity, achieving parity of esteem for mental and physical health and encouraging employers to take workplace health and lifestyle choices such as drinking and smoking seriously.
Work with the Town and Country Planning Association – the County Council's Public Health team would work with Public Health England, district councils, local CCGs and Health and Wellbeing Boards to address the issue of planning health more systematically and effectively into the infrastructure of new developments, in terms of green space and walking and cycling routes.
Healthy New Towns/Ebbsfleet – related to the above, Ebbsfleet had been awarded Health New Towns status, and Public Health would work with Public Health England, the district council, local CCG and the Ebbsfleet Development Corporation to address issues such as building a healthy environment and linking health services to the local transport network.

Members made the following comments:

a) news of the Ebbsfleet Healthy New Towns initiative was welcomed, and the importance of supporting and developing existing communities emphasised; and

b) concern was expressed that the County Council might put resources into services such as those to support people to stop smoking that the public may not then use, for example, preferring familiar high street providers such as Boots. If such services were to be invested in, the public should be encouraged to use them. Mr Scott-Clark explained that NHS Sustainability and Transformation Plans (STPs) included a drive to encourage clinicians to treat smoking as a clinical illness instead of a social illness, as they had previously done. The 'stop smoking' service would be sub-contracted to pharmacies, and he undertook to give Members the details of local pharmacies offering the service outside the meeting.

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

15. Re-commissioning of Infrastructure Support to the Voluntary and Community Sector (16/00051)
(Item B1)

Mr P B Carter, Leader of the Council and Cabinet Member for Business Strategy, Audit and Transformation and Commercial and Traded Services, was present for this item, and Ms S Sheppard, Commissioning Manager, Community Support, was in attendance.

1. Ms Sheppard introduced the report and explained that the Commissioning Advisory Board (CAB) had considered the issue on 6 July, at which the following points had been raised:-

a) concern had been raised about the independence of infrastructure providers, and the fact that they were viewed as competitors by the organisations they supported because many were also service providers. Infrastructure providers would need to demonstrate that they could separate their infrastructure and service provider roles effectively; and

b) the value of the contract would diminish over its length, and services would need to be self-sustaining in providing support. Bidders would need to identify how they would achieve this sustainability.

2. Members who had attended the CAB meeting added that reservations had been expressed there, and the board had requested changes to the report. Ms Sheppard explained that the agenda and reports for this committee had been published before the board meeting and so it had not been possible to update the report to this committee.

3. In debate, Members made the following comments:-

a) the rationale for using the best available organisations working together as a team was understood, but an alliance was only as good as its weakest link and doubts were expressed about how well the arrangement would work. Ms Sheppard responded that peer support could be used to share expertise and spread best practice across the range of large and small organisations;

b) concern was expressed that, if services were to be delivered by volunteers, skill levels and the quality of training could be difficult to monitor and guarantee. Ms Sheppard explained that volunteer centres would take on a brokerage role, so neither they nor the County Council would be liable for problems arising from shortcomings in volunteers. The brokerage role was a traditional one within the sector, but an ongoing challenge to be addressed was a way to make volunteering more flexible so more people could be encouraged to volunteer in ways which fitted their time, capacity and skills;

c) the change in arrangement would save £500,000, and the value of making the extensive changes proposed to achieve this saving was questioned;

d) the proposed 3- or 5-year contract would bring future certainty to providers who currently had no such certainty around ongoing funding from year to year;

e) the overview of the voluntary and community sector which would be possible with the recommissioning would make it easier for best practice to be shared and spread, and for areas of particular hardship to be highlighted for further help; and

f) the voluntary sector and the services it provided were of enormous value to the County Council, but the true value could only be calculated if the number of hours donated by volunteers were identified and added together. Concern was expressed that, if the voluntary sector were not able to provide a service at any time, the County Council may be unable to plug the resulting gap.

4. In addition to Ms Sheppard's responses, Mr Lobban assured Members that the proposed recommissioning was in no way to be seen as a way of cutting funding or support to the voluntary sector. He emphasised the importance of the sector and said the purpose of the recommissioning was to protect service delivery and review the approach to ensure the most effective delivery. He assured Members that, if consultation had indicated that the recommissioning would be detrimental to the voluntary sector in any way, it would not have been pursued. Mr Ireland added that, in the new arrangement, the County Council would be able to direct the most support to the organisations delivering the most critical support services, while providing all with the stability of a longer-term contract and allowing them to plan ahead with more certainty than previously.

5. Mr Carter emphasised the importance of the proposed new contract in the County Council's relationship with the voluntary sector and the importance, therefore, of getting its content right. For that reason, it had been referred to the Commissioning Advisory Board for discussion, even though its value was below the usual threshold of £1m. The County Council sought to work more closely with the voluntary sector, which added great value but was a very complex part of the industry. Consultation had shown mixed views from the sector on the County Council's current support arrangements, and the new contract was a way of improving this support. He advised that the issue would be considered by the Strategic Commissioning Board before the contract was finally issued, to ensure that it gave existing organisations optimum support and encouraged new ones to grow. The County Council needed to harness the skills and creativity of the voluntary sector and he hoped that the Cabinet Committee would support the recommissioning as a constructive way forward. He reassured the committee that the selection of organisations to which contracts should be awarded would be carefully undertaken. He suggested strengthening the first recommendation in the report by adding a condition that the ending of the current grant funding arrangements be subject to there first being a good model of alternative delivery in place.

6. RESOLVED that the decision proposed to be taken by the Leader of the Council and Cabinet Member for Business Strategy, Audit and Transformation and Commercial and Traded Services, to:

a) confirm that the current grant funding arrangements to Local Infrastructure Organisations will end, subject to there first being a good model of alternative delivery in place;

b) procure and award a new contract which meets the outcomes identified in section 4.2 of the report and commences from January 2017; and

c) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision,

be endorsed.

Mr G K Gibbens, Cabinet Member for Adult Social Care and Public Health, joined the meeting at this point.

16. Chlamydia Testing Service Contract Extension (16/00062)
(Item B2)

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

1. Ms Sharp introduced the report and assured Members that the proposed extension was already covered in the Public Health budget. The contract was performance-based and payment for services would depend on required levels of performance having been met. A separate tendering exercise for future services would be undertaken in time for a new contract to be awarded.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the existing contract for the chlamydia testing service to 31 July 2017, be endorsed.

17. 'Mind the Gap' - Health Inequalities Action Plan for Kent, 2016
(Item C1)

1. Mr Scott-Clark introduced the report and set out progress since last reporting to this committee in September 2015. The County Council's Health Outcomes Framework (HOF) aimed not only to improve health but to reduce health inequalities across the county. He explained that, although the overall health of people in Kent had improved in recent years, the gap between those with good health and those with poor health had not improved. Section 2 of the report set out how health inequalities were measured across the county, and Mr Scott-Clark emphasised the importance of approaching the issue by using a very localised approach, by encouraging local Health and Wellbeing Boards to take ownership of the issue and making use of existing organisations and initiatives. The committee was asked to support this approach, with *further detailed plans being presented to the committee in January 2017.*

2. Mr Scott-Clark responded to the following comments and questions from Members:

a) the divisions of the county used to identify trends were small – typically between 1,000 and 1,500 people – so relatively small numbers of people could alter patterns;

b) a view was expressed that health professionals could do better than to 'practise what they preach' or to 'lead from the front', as NHS staff often had quite unhealthy behaviours, which set a bad example. Mr Scott-Clark referred back to his earlier comment about the NHS Sustainability and Transformation Plans needing to take workplace health seriously, and this was a good example of why it should do so;

c) factors such as air pollution also needed to be taken into account, and links with district councils could help Public Health to understand the importance of this to general health, especially when considered alongside rates of smoking; and

d) the report and the work which had preceded it were welcomed as a tool for Members to use in addressing health issues in their local areas. Local Members were better placed than a committee to understand the issues prevalent in any one area of the county and could make use of local links and knowledge.

3. The Cabinet Member, Mr Gibbens, acknowledged the value of local knowledge and added that the Health and Wellbeing Boards, which had also considered the report, could progress the action plan via local Health and Wellbeing Boards. He said he would also look into adding Public Health issues to the regular area Member briefings, and advised Members that each area had an allocated Public Health officer who could help Members to find out and interpret health information about health inequalities.

4. RESOLVED that the analysis and progress in developing the next 'Mind the Gap' Health Inequalities Action Plan for Kent be endorsed.

18. Update on Health Improvement Services Transformation Programme
(Item C2)

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

1. Ms Sharp introduced the report and explained that a separate tendering exercise for future services would be undertaken in autumn 2016. She set out ways in which the County Council was engaging key partners to explore how services could be linked within communities, for example, linking to the Growth and Economic Development directorate to encourage green tourism, and by making use of new technology such as apps and fit-bits. She responded to comments and questions from Members, as follows:

a) the report stated that 75% of respondents had agreed with the proposed model, and Ms Sharp confirmed that the number of respondents had been relatively small, around one hundred. She added that separate 'insight' pieces of work and work with focus groups within each district of the county would also be undertaken. These would allow observation of local patterns of behaviour and show how new services would need to be shaped;

b) the robust measures referred to, which would monitor activity and be used to track outcomes, would also allow links to be made between patterns of associated behaviours, for example drugs and alcohol use, and identify relationships between such behaviours – for example, people stopping smoking often tended to start eating more instead;

c) the action plan would seek to encourage people to use available technology as far as possible, as this had a lower unit cost than other methods of communication, and communication of Public Health

campaigns would need to follow their intended audience, for example at leisure facilities, in pubs, etc.; and

d) in response to a question about broadening the scope of the health trainer model, Ms Sharp explained that, as health trainers had credibility in the community, Public Health would indeed seek to extend the project, for example the health trainer model did not currently cover mental health issues. A pilot programme for health trainers was currently based in a GPs' surgery and utilised GPs' lists to identify patients who could most benefit from the service. However, it was important always to bear in mind that not everyone wanted to address general health issues with their GP and may prefer to receive support in other ways. Flexibility was needed to be able to measure service delivery, wherever and however it was delivered.

2. RESOLVED that the progress with partners on the re-commissioning of adult health improvement services be noted and the direction of travel be endorsed, and a competitive tendering of a new model, based on the key points identified in the report, be supported.

19. Proposed Kent Drug and Alcohol Strategy, 2017-2022
(Item C3)

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

1. Ms Mookherjee introduced the report and outlined the engagement and development work undertaken since last updating the committee on the previous drug and alcohol strategy, and set out the challenges presented by changing patterns of drug use, including increased use by older people and increasing mortality. Public consultation on the new strategy would run from August to October 2016. Ms Mookherjee responded to comments and questions from Members, as follows:

a) the report and the briefing it provided were welcomed in helping Members to understand current patterns of drug and alcohol use;

b) in addressing drug use, it was important to tackle the supply of drugs and to seek to use sequestration orders to channel the money made from selling drugs into projects to support and treat users. Ms Mookherjee explained that this would require very close working with the Police, who were already a key partner in developing the strategy;

c) the consumption of alcohol in public houses was not as much of a problem as consumption at home. In licensed premises, alcohol was more expensive, and a responsible publican would refuse to serve someone who was obviously already drunk; both of these would effectively limit the amount of alcohol which could be consumed. However, in supermarkets, alcohol was frequently discounted and could be consumed to excess at home, without the check of a watching publican; and

d) the report on cannabis use in Kent had responded to a request made at the previous meeting and was welcomed.

2. RESOLVED that the proposal for the Kent Drug and Alcohol Strategy (2017-2022), specifically the main themes of the strategy and the timeline, be noted, and the approach taken be endorsed.

20. Adult Social Care Performance Dashboard

(Item D1)

Mr J Hardman, Performance Manager, was in attendance for this item.

1. Mr Hardman introduced the report and explained that performance currently rated amber was making very good progress towards achieving the required targets.

2. In response to a question about a target having been increased, Mr Hardman explained that, at the start of the current financial year, some targets had been increased to present a new and more challenging level to aim for, to encourage continued improvement. He added that some patterns of service use would impact upon others, and while one increased, another would decrease. For example, an increase in the take-up of nursing care places would often show a corresponding decrease in the take-up of residential care places, and targets for the two would occasionally need to be re-aligned.

3. RESOLVED that the information set out in the Adult Social Care performance dashboard, and given in response to comments and questions, be noted, with thanks.

21. Public Health Performance - Adults

(Item D2)

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

1. Ms Sharp introduced the report and explained the rationale for the changes to measuring and reporting chlamydia detection and substance misuse, for which the committee's support was being sought. Mr Scott-Clark then responded to comments and questions from Members, as follows:-

a) the percentage of adults in Kent classified as overweight or obese was rated amber, although the actual figure – just over 65% - was surprisingly high. Mr Scott-Clark explained that this measure had only been applied nationally in 2012 and very little comparison data was yet available. In this situation, Kent compared favourably to the national average, and was hence rated amber. 'Overweight' referred to adults with a body mass index (BMI) of between 25 and 30, and 'obese' referred to those with a BMI of 30 or above. GPs collected data but there was known to be much under-reporting as only those visiting their GP could be measured and counted. By placing professionally-trained health trainers in GPs' surgeries, this pattern could start to be addressed; and

b) asked why some data used, for example, the obesity data mentioned above, was so old, Mr Scott-Clark explained that, because of the way in which Public Health data was collected and verified nationally, it was not unusual for there to be a delay in reliable data becoming available for use.

2. RESOLVED that:-

a) the performance outlined in this report be noted;

b) the chlamydia detection metric be temporarily removed whilst system-wide concerns on recording and reporting are resolved and Public Health calculate a robust alternative; and

c) the substance misuse measure be changed from 'opiate-only' re-presentation to 'all clients planned exits'.

22. Public Health Communications and Campaigns Update
(Item D3)

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

1. Mr Gough introduced the report and explained that the Public Health team had built on experience gained in past campaigns and was now able to make the most flexible use of traditional and social media and interactive downloads to reach the optimum audience.

2. Members praised the clarity and impact of the campaign materials, especially those for the 'Release the Pressure' campaign to reduce the suicide rate amongst men.

3. RESOLVED that the progress and impact of Public Health campaigns in 2015/16, and the key developments planned for 2016/17, be noted and welcomed.

23. Adult Social Care Annual Complaints Report (2015 - 2016)
(Item D4)

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

1. Mr Mort introduced the report and explained that, although local authorities were required to have in place a procedure for responding to complaints, and to publish an annual report on the number and type of complaints received and the measures taken to respond to and address them, the County Council always sought to exceed this minimum requirement and strive for best practice in complaint handling. It also sought to apply the lessons learnt from past complaints to improve future service delivery.

2. The number of complaints received in 2015-16 had increased, possibly due to increased pressure on services, and the key theme was communications. Compliments were also logged and they highlighted the positive and professional support given by staff and the benefits gained by service users from initiatives such as the enablement program.

3. In response to a question about how the Council responded to complaints, Mr Mort explained that the response and the method used would take account of the nature and complexity of the complaint. For a very complex complaint, an

independent investigation would be commissioned, but, in most cases, a face-to-face meeting would be arranged, wherever possible, or a manager would telephone the complainant to talk through issues.

4. RESOLVED that the information set out in the report, and given in response to a question, be noted, with thanks.

24. Business Plan/Contract Management - new regular item
(Item D5)

1. The Chairman introduced the item by explaining that all Cabinet Committees had been asked to adopt a new regular item of business under which they would have an opportunity to discuss and comment on current contracts relating to the services within their respective remits. Committees were being asked to consider how they wished to approach and organise this new activity.

2. In discussing the issue, Members contributed the following comments and views:

a) it would be impossible to look at all contracts; two or three could be selected at a time for detailed scrutiny;

b) there may not be a report to every meeting, only when a particular contract was of concern;

c) the basic need would be to establish if a contract were working properly, and if not, why not, and what could be done to address problems. It would be vital to seek officers' help in identifying this;

d) if a contract were identified for scrutiny at the next meeting, it would be difficult for the committee to read about it in sufficient depth in the week between publishing the agenda papers and attending the meeting to discuss it;

e) it was not desired that the committee would hold additional meetings to accommodate contract management activity, but to look at things properly it was likely that meetings would become longer, perhaps with committee business in the morning and contract management discussion in the afternoon;

f) it may be that discussion of contracts would need to take place in a closed session. The depth of detail covered and the nature of the discussion would determine this;

g) transparency was important but to discuss issues properly, such discussion would have to take place in a closed session;

h) the committee may not need to see actual contract documents; it would just need to have access to the regular monitoring activity undertaken to measure performance and outcomes, and would need to understand what the performance measures were for each contract;

i) if the committee wished to dig deeper than this, a working group could be established to look at contracts in depth. The work of this group would depend on the issues identified and would allow more scope than having a restricted report to a committee meeting;

j) a working group would comprise only three or four members. It would be better if the whole committee had an opportunity to discuss a contract and come to a view on it;

k) it was essential that a working group had officer support as officers would know the detail of service delivery. The working group could make site visits to see service delivery at first hand and would then report back to the committee. Previously, Select Committees had tried a 'rapporteur' approach to information gathering, in which one Member would visit a site alone and make a report back to the committee, but some Members had not been comfortable with this solo working and would prefer officer support;

l) a summary of each contract could be prepared, perhaps just one A4 sheet, setting out basic information, such as the contract holder and the requirements of the contract.

3. Mr Ireland pointed out the very large number of contracts currently relating to health and social care service delivery, with a wide range of values. The committee would need to identify which of these it wished to look at, by perhaps identifying a threshold value or minimum geographical spread for contracts to be examined. He suggested that a register of contracts, summarising their purpose and value, would help the committee to identify this, and offered to supply this to the committee's October meeting. Mr Lobban added that the County Council let a number of generic contracts to a wide number of different contractors across the county. Members would need to be clear of the extent to which they wanted to look at a contract and the extent to which they wanted to look at a contractor.

m) the Commissioning Advisory Board looked at proposed contracts above a £1m threshold, before procurement, whereas the committee's role would be to monitor the performance of contracts, after procurement. This could be done most effectively when a contract had been running for six or twelve months. However, officers would already be undertaking this monitoring using standard Kent Performance Indicators (KPIs), as part of their role as commissioners. The committee could then take an overall view of any persistent under-performance. It could also take advantage of local Members' local knowledge;

n) the committee did not have legal or specialist knowledge so would always need to have the most knowledgeable officers present during any discussion of contract detail;

o) Members trusted officers, who would monitor the performance of contracts and contractors, and it was expected that any problem would have been identified by officers and would be dealt with promptly. For any service delivery problems identified in media coverage, Members would need to

receive a very prompt briefing by officers so they would be well informed and able to comment locally, if required to;

p) some Members were nervous of labelling anything on any list of contract performance with a red RAG rating; perhaps a 'double-amber' could be used instead. Mr Scott-Clark advised that, in reporting the RAG ratings, it was important to be honest about performance and identify problems where these existed; and

q) the committee's contract monitoring work could result in it making a recommendation which would inform the next round of procurement.

4. RESOLVED that comments and views on the committee's emerging new role be noted, with thanks.

25. Work Programme 2016/17
(Item D6)

RESOLVED that the committee's work programme for 2016/17 be agreed.