

KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care Cabinet Committee held at Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 4th March, 2020.

PRESENT: Mrs P T Cole (Chairman), Mr M J Angell, Mr M A C Balfour, Mrs P M Beresford, Mr J Burden, Mr I S Chittenden (Substitute for Ida Linfield), Mr D S Daley (Substitute for Mr S J G Koowaree), Ms S Hamilton, Mrs L Hurst and Mr M J Northey

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Matt Chatfield (Operational Analytics and Systems Manager), Janice Duff (Head of Service Ashford & Shepway OPPD), Michelle Goldsmith (Finance Business Partner - Adult Social Care and Health), Wayne Gough (Business and Policy Manager, Public Health), Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Richard Smith (Interim Corporate Director of Adult Social Care and Health), Anne Tidmarsh (Director of Adult Social Care and Health Partnerships), Robert Underwood (Project Manager – Adult Social Care and Health) and Emma West (Democratic Services Officer)

UNRESTRICTED ITEMS

200. Apologies and Substitutes
(Item. 2)

Apologies for absence had been received from Ms D Marsh, Mr J Clinch, Mr G Koowaree, Ida Linfield and Penny Southern.

Mr D Daley attended as a substitute for Mr G Koowaree and Mr I Chittenden attended as a substitute for Ida Linfield respectively.

201. Declarations of Interest by Members in items on the agenda
(Item. 3)

No declarations of interest were received.

202. Minutes of the meeting held on 16 January 2020
(Item. 4)

RESOLVED that the minutes of the meeting of the Adult Social Care Cabinet Committee held on 16 January 2020 are correctly recorded and that they be signed by the Chairman.

203. Verbal Updates by Cabinet Member and Corporate Director
(Item. 5)

(1) Clair Bell (Cabinet Member for Adult Social Care and Public Health) gave a verbal update on the following issues:

- a) **Visit to Broadmeadow Care Centre, Folkestone**
On the 21st January 2020, Mrs Bell visited Broadmeadow's Registered Care Centre in Folkestone, which provided intermediate care, short term respite and dementia care for individuals. The centre had 43 en-suite bedrooms and five flats situated above the care centre itself which enabled individuals to retain their independence. The service was designed to prevent admissions to acute hospitals, to facilitate a prompt return home and to prevent admission to permanent residential care.
- b) **Visit to Tunbridge Wells Hospital, Pembury**
On the 23rd January, Mrs Bell visited Tunbridge Wells Hospital and met the Integrated Care team to discuss the discharge process for patients. The team worked hard to support patients back to their own home environment where possible, or alternatively, to an appropriate care home or non-acute hospital setting. Mrs Bell had also attended and observed a multidisciplinary team meeting to gain a better understanding of how complex some of the cases were, and the range of factors that needed to be considered in a person's home setting, as well as their care needs.
- c) **Visit to Blackburn Lodge Care Home, Isle of Sheppey**
Mrs Bell had recently visited Blackburn Lodge and referred to the 10-week consultation in relation to the future of the care home which would close on 31st March 2020. A further report on the matter would be submitted to the Cabinet Committee in due course.
- d) **The launch of the Ashford South Neighbourhood Care Team**
On the 6th February, Mrs Bell attended and spoke at the launch of the Ashford South Neighbourhood Care Team, which had been set up under the Transforming Integrated Care in the Community (TICC) project, Kent County Council were one of the partners working on the project. The four-year project aimed to bring the Buurtzorg model of home care to the partner countries. The key difference between the Buurtzorg model and the traditional model of delivering home care services was that the team was responsible for managing the care of their clients and for managing themselves as a team. The Ashford South Neighbourhood Care Team had worked closely with partners to address the care needs of individuals but also to engage with communities to reduce and prevent loneliness and social isolation. Mrs Bell thanked Anne Tidmarsh and her team for leading on the trial project and emphasised the importance of trialling new ways of working.

(2) RESOLVED that the verbal updates be noted.

204. 20/00014 - Adult Social Care and Health Non-Residential Charging Policy
(Item. 6)

Ms Goldsmith (Finance Business Partner - Social Care, Health & Wellbeing) and Mr Underwood (Project Manager) were in attendance for this item

- (1) Officers introduced the report which set out information relating to Kent County Council's Adult Social Care and Health Non-Residential Charging Policy which had been under review and referred to the several areas where Kent County Council was out of alignment when compared with other local authority's charging policies and Department of Health guidance which had been identified. Following the review, a decision was taken to proceed to formal consultation on amending one specific area of the charging policy – the Minimum Income Guarantee – to bring into alignment with the Department of Health's Statutory guidance. The report sets out the findings of the consultation.

Officers then responded to comments and questions from Members, including the following: -

- a) Ms Goldsmith referred to the proposed increase of £10 for the first year and confirmed that the amount would be reviewed after the first year. Mr Underwood added that individuals who were impacted by £20 or more would be contacted individually to minimise the impact of the increase. Ms Goldsmith added that individuals were written to prior to April and given the opportunity to advise Kent County Council if there were changes to their financial circumstances.
- b) Ms Goldsmith confirmed that when financial assessments were undertaken, they assessed individual's income levels and their capital based on government guidelines. She added that individuals who had no form of income or were below the minimum income guarantee would not be charged for services.
- c) Ms Tidmarsh said that officers undertaking financial assessments had discretion as to whether individuals did or did not pay the charge, based on the individual circumstance.
- d) Ms Goldsmith confirmed that the non-residential charging policy to review Kent's charging policy against Department of Health guidelines was completely separate from the annual inflationary uplift.
- e) Mr Underwood stated that during consultation, Adult Social Care and Health engaged with Kent's Commissioning Advisory Board (CAB) and provided an update in relation to the review. He added that engagement with CAB would continue. He referred to the 6% of client that had been identified to be impacted by more than £20 per week and confirmed that they would be engaged with to ensure that their benefits were correct and their income was maximised to help to reduce the increased costs.
- f) Ms Goldsmith referred to the reduction of the standard minimum income guarantee (MIG) rate from £91.40 to £72.40 per week for individuals aged 18 to 24 and confirmed that the amount was set by government legislation. She added that Kent County Council provided individuals with an additional amount of £17 per week, which was called a Disability-Related Expenditure Allowance (DREA).
- g) Ms Tidmarsh said that Kent were funding voluntary sector organisations to provide support and advice to individuals to maximise their benefits.

h) Ms Bell (Cabinet Member for Adult Social Care and Public Health) referred to the MIG, designed to cover daily essentials for individuals, and emphasised the importance of financial assessments, to ensure that individuals were fully supported.

(2) RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health to:

(i) amend the Adult Social Care and Health Non-Residential Charging Policy to align with the Department of Health's Minimum Income Guarantee Guidance; and

(ii) delegate authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to implement the decision,

be endorsed.

205. 20/00013 - Rates Payable and Charges Levied for Adult Social Care Services in 2020-21

(Item. 7)

Ms Goldsmith (Finance Business Partner - Social Care, Health & Wellbeing) was in attendance for this item

(1) Ms Goldsmith introduced the report which set out the proposed rates and charges for Adult Social Care Services for the forthcoming financial year, along with any potential changes to the Adult Social Care charging policy.

Ms Goldsmith then responded to comments and questions from Members, including the following: -

(a) Ms Goldsmith referred to Day Care Charging for In-House Services and confirmed that the figures within the report related to Kent County Council's day centres. She said that if an individual was in an independent residential home and had savings under £23,250, they would be classed as a self-funder, but if they were able to pay for the full cost of their care, then they would pay the actual cost that Kent County Council were paying to the provider.

(b) Ms Goldsmith referred to the standard rate for in-house day care increase by 3.6% and said that this increase affected individuals that were able to pay for the full cost of their care.

(c) Ms Tidmarsh referred to the NHS care and support that was available for individuals with dementia and said that individuals had to have a certain level of dementia to receive funded care. She said that many individuals with dementia were still able to live fairly independently and receive support at home. She emphasised the importance of raising the profile of people with dementia in Kent and referred to the help and support that Kent County Council had in place to support individuals and build dementia-friendly communities.

(2) RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health to:

- (i) approve the proposed changes to the rates payable and charges levied for adult services in 2020-21 as detailed in sections 2 and 3 of this report; and
- (ii) delegate authority to the Corporate Director for Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement this decision,

be endorsed.

206. Risk Management: Adult Social Care and Health
(Item. 8)

Mr Gough (Directorate Business Manager, Adult Social Care and Health) was in attendance for this item

- (1) Mr Gough introduced the report which set out the strategic risks relating to the Adult Social Care and Health Directorate, in addition to the risks featuring on the Corporate Risk Register for which the Corporate Director is the designated 'Risk Owner'.

Mr Gough then responded to comments and questions from Members, including the following: -

- (a) Mr Gough referred to the Business Disruption risk (ref AH0011) within Appendix 2 to the report and explained that the Adult Social Care and Health directorate would plan for potential business disruption relating to the Corona Virus and take its lead from the Director of Public Health, Andrew Scott-Clark. He confirmed that business continuity plans were in place and were tested and reviewed regularly. He referred to the Risk Management report which would be submitted to the Health Reform and Public Health Cabinet Committee on 6th March 2020 and said that Mr Scott-Clark would be present at the meeting to respond to questions which related to the Corona Virus. Officers emphasised the importance of ensuring that staff were kept up to date in relation to the potential impact that the Corona Virus could have, explained that contingency plans were in place to minimise business disruption and confirmed that it would be covered within the risk register.
- (b) Ms Tidmarsh emphasised the importance of continuing to deliver care and support to Kent residents and highlighted the potential risk to Adult Social Care and Health's workforce in relation to Corona Virus. She confirmed that workforce plans were in place and explained the measures which had been taken.
- (c) Ms Tidmarsh referred to business continuity plans in relation to Brexit and said that work had been undertaken with Kent's schools and colleges to promote careers within health and social care and to offer apprenticeships and training packages to ensure that Kent's care sector continued to grow.

- (d) Ms Maynard referred to Kent's commissioning intentions and the importance of considering the workforce, career progression, staff retention and the establishment of career paths. She referred specifically to the recruitment and retention of staff from other countries and said that Kent were working very closely with the care sector to better understand pressure points.
- (e) Ms Tidmarsh referred to change in need and demand in relation to the care sector and said that although some of Kent's care homes had closed, this meant that individuals were able to stay at home and remain independent for longer. Ms Maynard referred to Kent's Accommodation Strategy which focused on demand profile and individual's changing needs and said that Kent County Council continued to work closely with providers to diversify and ensure that accommodation was fit for purpose for Kent's residents.
- (f) Ms Tidmarsh further explained the strategies used to attract staff to work within the health and social care sector in Kent.
- (g) Mrs Bell (Cabinet Member for Adult Social Care and Public Health) emphasised the importance of working closely with health partners and said that she had met with the newly-appointed Accountable Officer for the Kent and Medway Clinical Commissioning Group, Wilf Williams, who was keen to tackle workforce issues within the NHS, in partnership with Kent County Council.

(2) RESOLVED that the report be noted.

207. Performance Dashboard

(Item. 9)

Mr Chatfield (Operational Analytics and Systems Manager) was in attendance for this item

- (1) Mr Chatfield introduced the report and performance dashboard which provided Committee Members with progress against targets set for key performance and activity indicators for December 2019 for Adult Social Care.

Officers then responded to comments and questions from Members, including the following: -

- (a) Ms Duff said that all of the acute hospitals across Kent had seen an increase in the severity of illness of individuals entering hospitals. As a result, the focus on simple discharges had increased. In relation to the Corona Virus, many hospitals had already prepared isolated areas/wards for patients. She referred to the managing delayed transfers of care and emphasised the importance of ensuring that individuals did not stay in acute hospital beds for longer than they needed to.

- (b) Ms Tidmarsh briefly referred to contract analysis within adult social care and the ongoing work which had taken place in relation to projected numbers and future growth and demand.
- (c) Ms Tidmarsh referred to Kent's robust Carers Strategy which provided information relating to respite care for carers and carers support for people at home and stated that support for carers would be reviewed regularly as part of Kent's Community Wellbeing Services. She added that she would liaise with Ms Maynard in relation to contract analytics and statistics and could share further information with Members of the Committee.
- (d) Ms Tidmarsh briefly referred to social care affordability as a national issue and commented on the Council's investment in enablement and supporting people to return home after being admitted to hospital. Ms Duff said that Kent's practitioners followed the relative legislative frameworks and focused heavily on working with individuals and their families to identify their eligible social care assessed needs, whilst taking best value for the Council into account.
- (e) Mr Chatfield provided further information in relation to the social care delays outlined within the Performance Dashboard.
- (f) Ms Tidmarsh and Ms Duff stated that rapid response pilots were already in place in West Kent and East Kent to prevent individuals being admitted into hospital or to support individuals returning home from hospital and the rapid response teams would visit the individual within two hours.

(2) RESOLVED that the report be noted.

208. Work Programme 2020-21
(Item. 10)

RESOLVED that the work programme for 2020/21 be noted.