

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 4th March, 2020

2.00 pm

**Darent Room, Sessions House, County Hall,
Maidstone**



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 4 March 2020 at 2.00 pm
Darent Room, Sessions House, County Hall,
Maidstone

Ask for: **Emma West**
Telephone: **03000 412421**

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (11)

Conservative (2): Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman),
Mr M J Angell, Mr M A C Balfour, Mrs P M Beresford,
Mrs S Chandler, Miss E Dawson, Ms S Hamilton, Mrs L Hurst,
Mr M J Northey and Vacancy

Liberal Democrat (2): Mr S J G Koowaree and Ida Linfield

Labour (1) Mr J Burden

Webcasting Notice

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By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

- 1 Introduction/Webcasting Announcement
- 2 Apologies and Substitutes
- 3 Declarations of Interest by Members in items on the agenda
- 4 Minutes of the meeting held on 16 January 2020 (Pages 1 - 6)
- 5 Verbal Updates by Cabinet Member and Corporate Director (Pages 7 - 8)
- 6 20/00014 - Adult Social Care and Health Non-Residential Charging Policy (Pages 9 - 48)
- 7 20/00013 - Rates Payable and Charges Levied for Adult Social Care Services in 2020-21 (Pages 49 - 62)

- 8 Risk Management: Adult Social Care and Health (Pages 63 - 90)
- 9 Performance Dashboard (Pages 91 - 114)
- 10 Work Programme 2020-21 (Pages 115 - 118)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Benjamin Watts
General Counsel
03000 416814

Tuesday, 25 February 2020

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 16th January, 2020.

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

ALSO PRESENT: Clair Bell

IN ATTENDANCE: Michelle Goldsmith (Finance Business Partner - Adult Social Care and Health), Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Sue McGibbon (Project Manager - West Kent), Simon Mitchell (Interim Commissioner), Richard Smith (Interim Portfolio Manager), Anne Tidmarsh (Director of Adult Social Care and Health Partnerships) and Emma West (Democratic Services Officer)

UNRESTRICTED ITEMS

191. Apologies and Substitutes
(Item. 2)

Apologies had been received from Mr M Balfour, Mr J Clinch, Miss E Dawson, Mr G Koowaree and Ida Linfield.

Mr D Brazier attended as a substitute for Mr M Balfour, Mr D Daley attended as a substitute for Mr G Koowaree and Mrs T Dean attended as a substitute for Ida Linfield respectively.

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

Mr J Burden declared an interest in relation to item 9 on the agenda, as he was the Director of Age UK North West Kent.

193. Minutes of the meeting held on 27 November 2019
(Item. 4)

RESOLVED that the minutes of the meeting of the Adult Social Care Cabinet Committee held on 27 November 2019 are correctly recorded and that they be signed by the Chairman.

194. Adult Social Care Cabinet Committee Meeting Dates for 2020/21 - For Information Only
(Item. 5)

RESOLVED that the 2020/2021 meeting dates for the Adult Social Care Cabinet Committee be noted.

195. Verbal Updates by Cabinet Member and Corporate Director
(Item. 6)

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

a) Kent Adult Safeguarding Board – Annual Report to Full Council

At the Full Council meeting which had taken place on 17th December 2019, Mrs Bell and Deborah Stuart-Angus (Chair of the Kent and Medway Adult Safeguarding Board) presented the Board's annual report for 2018/19. The report set out the responsibilities and structure of the Board, detailed how the multi-agency partnership delivered against its priorities for the year and provided information in relation to service user feedback. At the meeting, Ms Stuart-Angus had announced that national comparator data was available on the NHS Digital website and that Kent compared favourably across a number of indicators against the national average.

b) The official launch of the Kent Deaf Interpreting Service (KDIS)

On 3rd December 2019, Mrs Bell attended and spoke at the official launch of the KDIS at Sessions House, the KDIS provided interpreting and communication services for individuals in Kent who were d/Deaf, deafblind or hard of hearing. A small team of in-house British Sign Language interpreters, supported by a network of professionally trained and registered local interpreters and agencies attended the event and the KDIS could be accessed by a range of organisations. The event was successful, inspiring and very well attended and there were many speakers, including Kent Police, deaf community workers and members of the deaf community.

c) Visit to KCC's West Kent team – Adult Social Care for Older People (Worrall House, Kings Hill) and Sevenoaks Leisure Centre (Sevenoaks)

In December 2019, Mrs Bell accompanied Mrs Allen on her Chairman's tour to Worrall House in Kings Hill to visit staff in the West Kent team of Adult Social Care for older people, covering the area referral management service, clients' support service, KIER, teams who undertook frontline assessments, social workers, and assessment and review teams. They had also visited Sevenoaks leisure centre where they were made to feel very welcome by the staff and a small group of service users of the Learning Disability Day Service and learnt about the preparations that were in place for Christmas and the vast range of activities that they were engaged in, both within the centre and out in the community.

d) Update on the Adult Social Care Case Management System (MOSAIC)

Mrs Bell referred to the series of slides presented at the Adult Social Care Cabinet Committee meeting on 27th November 2019 which related to the Adult Social Care and Health Being Digital Strategy 2019-2021. She referred specifically to MOSAIC, the new modernised computer system (which had replaced SWIFT) which operated across Adult Social Care in Kent and mentioned the extensive amount of work that had been carried out in relation to the new system.

e) Visit to the Social Care Short Term Pathways Team at The William Harvey Hospital, Ashford

In January 2020, Mrs Bell visited the Social Care Short Term Pathways team at the William Harvey Hospital in Ashford to understand more about how staff work in the hospitals in relation to arranging discharge for patients. She was particularly impressed by the calm atmosphere and organisation within the team's office and was taken through the various discharge pathways and visited the Accident & Emergency (A&E) department. She expressed a particular interest in the Frailty team who operated at the front door of the hospital. The Frailty team consisted of clinical staff specialising in the treatment of elderly and frail people in A&E to allow them to return home or move onto another care facility. She added that a programme was in place which would provide her with the opportunity to visit teams in other hospitals around the county to better understand how systems operated.

(2) RESOLVED that the verbal updates be noted.

196. Draft Capital Programme 2020/2023 and Revenue Budget 2020/2021
(Item. 7)

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

(3) Ms Goldsmith briefly introduced the report which provided Members with the opportunity to comment on the Draft Budget proposals for 2020-21 and make recommendations to Cabinet Member prior to presentation at Cabinet on 27 January 2020 and full Council on 13 February 2020.

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

- a) In response to a question, Ms Goldsmith confirmed that she would liaise with Finance officers and provide further information to Committee Members outside of the meeting in relation to the following:
- The timescales and potential bids in relation to the multi-year Spending Review.
 - Potential plans to allocate a lump of the £3.5m to Children, Young People and Education related projects.
 - Whether there had been any indication on national funding over the next five years, apart from the one-year settlement.
 - Further details which related to the elements of the transformation savings.
 - A list of figures in relation to the whole programme system change savings.

- b) In response to a question, Ms Goldsmith confirmed that the winter pressures grant would be funded through the Improved Better Care Fund and said that the amount would remain the same as the previous year.
- c) Ms Tidmarsh referred to a briefing session which had been held by Ms Goldsmith and Mrs Penny Southern which related to transformation savings and the Whole System Programme for Change.

(4) RESOLVED that the report be noted.

197. Outcome of the formal consultation on Minnis Community Hub
(Item. 8)

Ms McGibbon (Senior Project Officer) was in attendance for this item

- (1) Ms Tidmarsh introduced the report which set out information relating to the formal consultation on Minnis Community Hub, Birchington.

Officers responded to a number of comments and questions from Members, including the following: -

- a) Ms Tidmarsh referred to the variety of services and activities offered at the hub and said that the hub would often be used as a respite facility for carers. Ms McGibbon added that the scheduled activities depended on the individuals that were in attendance and were personalised to suit the users.
- b) Ms Tidmarsh emphasised the importance of adapting services within Adult Social Care to meet the change in service need and demand.
- c) Ms Tidmarsh referred to the accommodation standards within Westbrook House and said that there were central spaces for individuals to meet and mix with other groups, private areas and a garden which was open to all service users.
- d) Ms Tidmarsh referred to the series of slides presented at the last meeting of the Adult Social Care Cabinet Committee in November 2019 which related to the Adult Social Care and Health Being Digital Strategy 2019-2021 and emphasised the importance of digital developments and ensuring that individuals were able to connect to the internet if they wished to outside of their home. She referred to an upcoming project within Adult Social Care and Health which would focus on working in partnership with the voluntary care sector to encourage the use of technology and confirmed that face-to-face contact would not be replaced. She said that a further report would be brought to a future meeting of the Committee in relation to the enhancement of digital services and technology.
- e) Ms Tidmarsh said that the Minnis Community Hub building would not be left empty and confirmed that KCC's Adult Learning Disability service also used the building and wished to increase its use.

- f) Ms Tidmarsh said that Kent County Council was the lead for the Public Finance Initiative (PFI) contract for the integrated care centres and that they were operated in partnership with the NHS. Kent County Council had a joint contract with the NHS for care navigation and social prescribing.
- g) Ms Tidmarsh referred to a programme within the STP and the NHS in relation to urgent treatment and emergency care centres and confirmed that GP Primary Care Networks (PCNs) were working towards grouping services together to provide hubs for people in the community.

(2) RESOLVED that the report be noted.

198. Community Based Wellbeing Services (Grants to Contracts) - Procurement Programme and Grant Extension Approvals
(Item. 9)

Mr Mitchell (Interim Commissioner) was in attendance for this item

- (1) The Chairman reminded Members that a supplementary appendix had been distributed which was an updated version of the appendix within the agenda packs.
- (2) Mr Mitchell briefly introduced the report and presented a series of slides which set out information relating to the progress that had been made on the Community Based Wellbeing Services project and the procurement programme and grant extensions required to ensure continuity of service for providers through the phased procurement programme.

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

- (a) Mr Mitchell stated that organisations that were funded by Kent County Council had taken part in a variety of workshops and events and were being encouraged to work together in relation to leading future contracts. He added that advertisements would be released on Kent County Council's Business Portal which shared information about forthcoming tendering opportunities.
- (b) Mr Mitchell referred to the list of organisations and values within the report and explained the current grants that were in place, the length of the grants and the value of the extension in order to cover the entirety of the procurement period.
- (c) Mr Mitchell briefly referred to the engagement work that had taken place between Kent County Council and two of Kent's borough councils (Sevenoaks and Folkestone) in relation to the project. Ms Tidmarsh added that meetings had taken place between Kent County Council and Kent Association of Local Councils (KALC) which related to partnership working.

- (d) Mr Mitchell referred to the closure of Age Concern Malling and the five organisations that received the redistributed monies to cover the Malling area as a result of the closure.
- (e) Mr Mitchell stated that he would provide further information to Members of the Committee in relation to the contracts that were in place, after the procurement stage was completed.
- (f) Ms Maynard stated that the contract specifically related to the older population as opposed to young people, although Kent County Council's Adult Social Care Lifespan team worked closely with the Children's, Young People and Education directorate to ensure that young people had a smooth transition into adulthood.

(2) RESOLVED that the report be noted.

199. Work Programme 2020/21
(Item. 10)

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

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Penny Southern, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 4 March 2020

Subject: Verbal update by the Cabinet Member and Corporate Director

Classification: Unrestricted

Electoral Divisions: All

Update/s from the Cabinet Member:

- Visits to Broadmeadow Care Centre Folkestone, the Integrated Care Team at Tunbridge Wells Hospital and Blackburn Lodge Care Home, Sheerness
- Launch of Ashford South Neighbourhood Care Team
- ASC Director appointments

Update/s from the Corporate Director:

- Adult Social Care and Health Redesign Update

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Penny Southern, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 4 March 2020

Decision No: 20/00014

Subject: **ADULT SOCIAL CARE AND HEALTH NON-RESIDENTIAL CHARGING POLICY**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team Meeting – 19 January 2020

Future Pathway of Paper: Cabinet Member Decision

Electoral Division: All

Summary: The Adult Social Care and Health Non-Residential Charging Policy has been under review and several areas where Kent County Council is out of alignment with other local authority’s charging policies and Department of Health guidance, have been identified.

Following this 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. This report sets out the findings of this consultation.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:

- a) **AMEND** the Adult Social Care and Health Non-Residential Charging Policy to align with the Department of Health’s Minimum Income Guarantee Guidance; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to implement the decision.

1. Introduction

1.1 Kent County Council (KCC) has the ability to charge for some services, permitted through the Care Act 2014 and Care and Support Statutory Guidance.

- 1.2 Over a number of years, the council has provided subsidies, which are over and above the Department of Health's guidance on charging for certain aspects, including Non-Residential Charging of social care. A number of local authorities have reduced their subsidies to align with the national guidance.
- 1.3 A decision was taken to review the subsidies provided to ensure consistency, fairness and the best use of resources to support all our social care clients.
- 1.4 Adult Social Care and Health (ASCH) has made, and continues to make, substantial improvements and efficiencies to the way social care is delivered in Kent and this has already achieved savings alongside trying to limit the impact on clients. Whilst we continue to strive to provide the best service we can for our clients, we continue to have growing pressures:
- The rising numbers of vulnerable adults with increasingly complex needs.
 - The increasing cost of providing care to support people to live in their own home.
 - Uncertainty over the longer-term funding of social care
 - Introduction of a new adult social care case management system – Mosaic.

2. Strategic Statement and Policy Framework

- 2.1 The proposal to amend the Non-Residential Charging Policy will bring the policy in line with the Care Act 2014 and the Care and Support Statutory Guidance and the Department of Health National Guidance.

3. Background

- 3.1 The review of the Adult Social Care and Health Non-Residential Charging Policy began in February 2019 and identified several areas where Kent is not aligned with national guidance.
- 3.2 The three main areas identified were:
- 1) Higher Minimum Income Guarantee (MIG) - the Minimum Income Guarantee (MIG) is an amount of money stated by the Department of Health to be left with clients in order to meet daily living costs.
 - 2) Disregarding certain elements of higher-level disability benefits from income.
 - 3) Providing a Disability Related Expenditure (DRE) to those who do not receive disability benefits.
- 3.3 Options 2 and 3 were considered but not agreed by Cabinet Members for the following reasons
- Option 2 - Disregarding certain elements of higher-level disability benefits from income. Whilst this option does reduce the subsidies the council provides, the impact on the clients affected (approximately 3,800 clients) would have been too great. This may need to be reviewed in the future.

Option 3 - Providing a Disability Related Expenditure (DRE) to those who do not receive disability benefits - there are costs that arise from a disability or long-term health condition. It was decided that this could be reviewed in the future as it is presumed that each client who is receiving care and support through ASCH would require this disregard and further investigation was recommended. This effects approximately 100 people.

3.4 After engaging Invicta Law for guidance, the Higher MIG (Option 1) was deemed to be something that ASCH could review and consult on to gain the views of those impacted by the proposed change. The reasons for this were:

- It would have a smaller impact than options 2 and 3
- It would be short term, as 350 of the 373 clients would revert to the MIG they currently receive if the proposed changes were agreed
- It aligns ASCH's new case management system – Mosaic - to the national guidance and other councils charging policies.

3.5 The MIG element of the Non-Residential Charging Policy was compared to that offered by other local authorities and this comparison highlighted that 80% of the councils who responded to the question, confirmed their charging policies aligned with Department of Health Guidance and they had implemented the national MIG level.

3.6 The analysis of aligning the MIG to the Department of Health's Guidance found that:

- Clients who are of Pension credit age will not be affected
- Clients who are aged 25 to Pension Credit Age and have higher/enhanced rates of disability benefits will not be affected by these changes.

3.7 From our analysis 94% of the clients would be impacted by less than £20 per week. A suggested mitigating factor to the proposed change was to spread the increase over two financial years with a maximum increase of £10 per week in year 1 and then up to £20 per week in year 2. A question was added in the consultation to see if this would help with any potential transition.

3.8 Replacement of the adult social care case management system also provided an opportunity to review the current charging policy.

4. The Consultation

4.1 Formal consultation on proposals to amend the Adult Social Care and Health Non-Residential Charging Policy was launched on 25 October 2019 and closed on 8 December 2019. A link to the consultation is included in the background documents to this report.

4.2 The table below breaks down the percentage of clients by service area that have are identified as being impacted by the proposed change:

Service	%
Learning Disability Younger people	57%
Sensory and Autism	18%
Learning Disability 25+	15%
Older Persons and Physical Disability	9%
Mental Heath	1%
Total	100%

4.3 The consultation was aimed at reaching all the potentially impacted social care clients or their financial agents and other interested parties to inform them of the proposed change to the policy. As a result of the engagement we hoped to raise awareness of the consultation and encourage people to respond with their views.

4.4 All clients who were potentially impacted by the proposed change (approximately 550) or were likely to be impacted due to increases in benefits (approximately 170) were sent consultation packs to seek their views on the proposed changes.

4.5 An email briefing was also sent to 150 identified groups that would support the relevant clients or have an interest in the proposal.

4.6 Staff in the Disabled Children and Young People Team were briefed before the consultation went live to ensure they all understood the proposal. They were asked to support their clients and families to respond to the consultation. They were sent a further communication during the consultation to continue to do this.

4.7 Anyone who called the consultation project team asking for documentation to be printed was sent the printed version straight away.

4.8 Anyone who called the consultation project team asking for further help or understanding was assisted, bringing together the experts needed

4.9 Over the last two and a half weeks of the consultation a targeted approach was taken to boost the response rate. Direct phone calls were made to many of the people who had received consultation packs in the post. This targeted approach helped to increase the number of responses received from 29 to 94.

4.10 Over 220 calls were made at the end of the consultation. Responses from the calls varied from:

- Do not remember receiving the consultation pack
- Meant to respond but forgotten
- Had thrown away the pack
- Felt that it was a 'done deal' so no point responding
- Didn't want to respond
- Was grateful for the help and didn't need to respond

4.11 Some people who were called said they didn't receive or had misplaced their consultation pack. As a follow-up to this, we confirmed with the mailing company that all 721 consultations packs were sent out. Those people who needed more documents were either emailed them, given the weblink or had the pack hand delivered to them depending on the most appropriate way to get the consultation pack to them.

5. Key points from the consultation

5.1 The analysis of the data has been separated into two sections, a quantitative and qualitative approach. The quantitative analysis is analysing the numbers and the qualitative analysis is analysing the themes of the open-ended free text box responses. The two are also compared to see if there's any correlation and to update the Equalities Impact Assessment.

5.2 94 responses were received in total, which is a return rate of 13%. 87 of these responses were received via the online form and 7 handwritten.

5.3 Two responses were received from organisations, one anonymised through the questionnaire and one through a formal response from KCC's Aspire group. The Aspire response isn't included in the 94 as it was an open response, but the comments have been included in the analysis.

5.4 All KCC districts were represented in the responses.

5.5 60 of the 94 respondents tended to disagree or strongly disagreed with the proposal that KCC should align their Minimum Income Guarantee to the same as the Department of Health's.

5.6 42 of the 94 respondents felt it would not help those affected by the proposal to limit any increase to charges to a maximum of £10 per week per year for the first two years.

5.7 The table below shows some of the alternative suggestions received to the proposals as detailed in the consultation documentation and our response to these alternatives.

Proposal as set out in consultation documentation	Suggested Alternative	KCC response
Suggested maximum increase of £10	There should be a more gradual increase in charges	Other options were considered, however the Discretionary Disregard process is available to any client left in hardship by this proposal.
KCC look at what a person can contribute to their care.	Don't charge for social care	Clients receive benefits to enable them to get the care and support they need. This means that Kent along with all other authorities complete a means tested financial assessment to see what contributions clients can make.
The proposal of aligning KCC with the Department of Health's MIG rate.	Don't do the proposal	Anyone that is significantly impacted and left in hardship will be able to go through the Discretionary Disregard process to seek support with the increases.
The proposal of aligning KCC with the Department of Health's MIG rate.	KCC should cut management costs to save money	ACSH are looking at a number of ways to become as efficient as possible and has and will continue to restructure to reduce overheads
The proposal of aligning KCC with the Department of Health's MIG rate.	Find savings somewhere else	ASCH continue to look at ways to save or generate additional income.
The proposal of aligning KCC with the Department of Health's MIG rate.	Invest more in social care so that clients can then be enabled to contribute to society by working	Investments have been made to a number of supported employment opportunities
The proposal of aligning KCC with the	Give more money/support to people with disabilities	This is outside of KCC's control, the amounts are

Department of Health's MIG rate.		set by the Department of Work and Pensions. These benefits are given to people to enable them to buy support with their disability.
This will not impact those who are of pension credit age or from 25 to pension age and on ESA or relevant disability benefits.	Spread the cost more evenly through age groups	This is outside of KCC's control, these are set by the Department of Health's statutory Guidance.
People contributing to the cost of their care.	Don't penalise people who have savings	This is outside of KCC's control, these are set by the Department of Health's statutory Guidance.
The statutory guidance from the Department of Health that states the Minimum income guarantee levels.	Make sure MIG rate is sufficient to live off	This is outside of KCC's control, these are set by the Department of Health's statutory Guidance.

Table 2: Alternative Options

6. Financial Implications

- 6.1 Every client has an individual means tested financial assessment based on their specific situation to identify how much they can contribute to their care package costs.
- 6.2 If the policy is changed to align the MIG to the Department of Health Guidance, the potential financial impacts on the clients are set out below:
- 1) Reduce the standard MIG rate from £91.40 to £72.40 per week for those aged 18 to 24, a decrease of £19.
 - 2) Only apply a Disability Premium MIG of £40.35 per week to the standard MIG for those on Lower, standard, middle, enhanced and higher rates of disability benefits; Employment and Support Allowance (ESA) Support Group or Universal Credit Limited capability for work and work related activity.
 - 3) Only apply an Enhanced Disability premium MIG of £19.70 per week to the standard MIG for those on enhanced and higher rates of disability benefits.; Employment Support Allowance Support Group or Universal Credit Limited capability for work and work related activity.

- 6.3 The amounts for the two disability premiums, detailed above, will not change.
- 6.4 If the policy is changed to align the MIG to the Department of Health Guidance this will mean an estimated additional income of £500k.

7. Legal Implications

- 7.1 KCC engaged Invicta Law in May 2019 to seek advice on the process required if the policy was to be amended with any of the three main areas of consideration.
- 7.2 Invicta Law confirmed that all three were lawful and that any change to the policy would need to be applied to everyone and it could not be applied to just new clients.

8. Equality Implications

- 8.1 An Equalities Impact Assessment (EqIA) was created at the start of the project and updated throughout the consultation process. The EqIA identified a potential negative impact on the following protected characteristics:

- Age (high impact)
- Disability (high impact)
- Gender identify (medium impact)
- Carer's responsibilities (medium impact)

Throughout the consultation, groups that support these protected characteristics were engaged and the feedback has been included in the EqIA. The latest EqIA is attached as Appendix 1.

- 8.2 The response from Invicta law was that any change would need to be applied to all the clients equally at the same time to ensure equalities as per line 7.2.

9. Data Protection Impact Assessment Implications

- 9.1 A Data Protection Impact Assessment (DPIA) was initially screened at the start of the project and it was found that a full DPIA was required as a number of questions were answered yes. The document was passed through the process to the Data Protection Officer, however no data protection implications were noted or highlighted.

10. Conclusions

- 10.1 The analysis before the consultation identified the areas in which Kent was not aligned with the Department of Health Guidance and paused the areas of highest impact.
- 10.2 Consultation on the proposal to amend the Adult Social Care and Health Non-Residential Charging Policy, to bring it in line with Department of Health Minimum Income Guarantee Guidance, took place between 25 October and 8 December 2019. All clients who were potentially impacted by the proposed change were sent a consultation pack.
- 10.3 Clients who are of Pension Credit Age will not be affected.
- 10.4 Clients who are aged 25 to Pension Credit Age and have higher/enhanced rates of disability benefits will not be affected by these changes.
- 10.5 Whilst any change to a charging policy is not well received, the council has been providing higher subsidies to some of its client groups compared to others. The proposal equalises the charging over all these client groups, aligning the charging to the Department of Health's Guidance.
- 10.6 Of the 721 consultation packs sent out only 4% of clients responded before the further engagement which resulted in a total of 13% of the clients impacted by the proposal responding to the consultation.
- 10.7 The mitigating factors which assist with this recommendation are:
- 1) Every client has an individual means tested financial assessment based on their specific situation to identify how much they can contribute to their care package costs.
 - 2) It was proposed to limit the increase to a maximum of £10 per week in the first year and a further £10 in the second year. This could help reduce the financial impact on KCC clients.
 - 3) If after a financial assessment it is felt that the clients are not able to support themselves with the amount they are left with, Adult Social Care and Health have a Discretionary Disregard process to ensure that someone is not left in hardship. This process can allow Adult Social Care and Health to waive some or all of the charges.
 - 4) The 6% of clients who are identified to be impacted by more than £20 per week will be engaged through financial year 2020/21 to ensure that their benefits are correct their income is maximised to help reduce the increased costs.
 - 5) In order to mitigate any adverse impact on the remaining 87% of clients who didn't respond, their cases can be reviewed as part of the annual review of their care and support plan. Points 1,2 and 3 as set out above will also come into play for these clients.
- 10.8 After full consideration of the findings of the consultation the recommendation is to proceed with the amending the Adult Social Care Non-Residential Charging

Policy to align with Department of Health's Minimum Income Guarantee Guidance for all new and existing clients.

11. Recommendation(s)

11.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:

- a) **AMEND** the Adult Social Care and Health Non-Residential Charging Policy to align with the Department of Health's Minimum Income Guarantee Guidance; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to implement the decision.

12. Background Documents

Consultation on Charging for adult social care in a person's own home or in the community

<https://www.kent.gov.uk/adultsocialcarecharging>

13. Report Author

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Relevant Director

Penny Southern

Corporate Director – Adult Social Care and Health

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care and Public Health

DECISION NO:

20/00014

For publication**Key decision**

Affects more than 2 Electoral Divisions

Subject: ADULT SOCIAL CARE AND HEALTH NON-RESIDENTIAL CHARGING POLICY

Decision: As Cabinet Member for Adult Social Care and Public Health (ASCH), I propose to:
a) **AMEND** the Adult Social Care and Health Non-Residential Charging Policy to align with the Department of Health's Minimum Income Guarantee Guidance: and
b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

Reason(s) for decision: Kent County Council (KCC) has the ability to charge for some services, permitted through the Care Act 2014 and Care and Support Statutory Guidance. Over a number of years, the council has provided subsidies, which are over and above the Department of Health's guidance on charging for certain aspects, including Non-Residential Charging of social care. A number of local authorities have reduced their subsidies to align with the national guidance. A decision was taken to review the subsidies provided to ensure consistency, fairness and the best use of resources to support all our social care clients.

The review of the Adult Social Care and Health Non-Residential Charging Policy began in February 2019 and identified several areas where Kent is not aligned with national guidance.

The three main areas identified were:

- 1) Higher Minimum Income Guarantee (MIG) - the Minimum Income Guarantee (MIG) is an amount of money stated by the Department of Health to be left with clients in order to meet daily living costs.
- 2) Disregarding certain elements of higher-level disability benefits from income.
- 3) Providing a Disability Related Expenditure (DRE) to those who do not receive disability benefits.

After engaging Invicta Law for guidance, the Higher MIG (Option 1) was deemed to be something that ASCH could review and consult on to gain the views of those impacted by the proposed change. The reasons for this were:

- It would have a smaller impact than options 2 and 3
- It would be short term, as 350 of the 373 clients would revert to the MIG they currently receive if the proposed changes were agreed
- It aligns ASCH's new case management system – Mosaic - to the national guidance and other councils charging policies.

Financial Implications: If the policy is changed to align the MIG to the Department of Health Guidance, the potential financial impacts on the clients are set out below:

- 1) Reduce the standard MIG rate from £91.40 to £72.40 per week for those aged 18 to 24, a decrease of £19.
- 2) Only apply a Disability Premium MIG of £40.35 per week to the standard MIG for those

on Lower, standard, middle, enhanced and higher rates of disability benefits; Employment and Support Allowance (ESA) Support Group or Universal Credit Limited capability for work and work related activity.

- 3) Only apply an Enhanced Disability premium MIG of £19.70 per week to the standard MIG for those on enhanced and higher rates of disability benefits.; Employment Support Allowance Support Group or Universal Credit Limited capability for work and work related activity.

The amounts for the two disability premiums, detailed above, will not change.

If the policy is changed to align the MIG to the Department of Health Guidance this will mean an estimated additional income of £500k.

Legal Implications: KCC engaged Invicta Law in May 2019 to seek advice on the process required if the policy was to be amended with any of the three main areas of consideration. Invicta Law confirmed that all three were lawful and that any change to the policy would need to be applied to everyone and it could not be applied to just new clients.

Equality Implications: An Equalities Impact Assessment (EqIA) was created at the start of the project and updated throughout the consultation process. The EqIA identified a potential negative impact on the following protected characteristics:

- Age (high impact)
- Disability (high impact)
- Gender identify (medium impact)
- Carer's responsibilities (medium impact)

Throughout the consultation, groups that support these protected characteristics were engaged and the feedback has been included in the EqIA.

The response from Invicta Law was that any change would need to be applied to all the clients equally at the same time to ensure equalities.

Data Protection Impact Assessment Implications: A Data Protection Impact Assessment (DPIA) was initially screened at the start of the project and it was found that a full DPIA was required as a number of questions were answered yes. The document was passed through the process to the Data Protection Officer, however no data protection implications were noted or highlighted.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 4 March 2020 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Formal consultation on proposals to amend the Adult Social Care and Health Non-Residential Charging Policy was launched on 25 October 2019 and closed on 8 December 2019.

Cross party member briefings on the proposed changes have taken place.

Any alternatives considered: As set out above three main areas were identified where Kent is not aligned with national guidance. Options 2 and 3 were considered but not agreed by Cabinet Members for the following reasons

Option 2 - Disregarding certain elements of higher-level disability benefits from income. Whilst this option does reduce the subsidies the council provides, the impact on the clients affected (approximately 3,800 clients) would have been too great. This may need to be reviewed in the

future.

Option 3 - Providing a Disability Related Expenditure (DRE) to those who do not receive disability benefits - there are costs that arise from a disability or long-term health condition. It was decided that this could be reviewed in the future as it is presumed that each client who is receiving care and support through ASCH would require this disregard and further investigation was recommended. This effects approximately 100 people.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

.....
Signed

.....
date

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**Kent County Council
Equality Analysis/ Impact Assessment (EqIA)**

Directorate/ Service: Adult Social Care and Health

Name of decision, policy, procedure, project or service: Charging for adult social care in a person's own home or in the community

Responsible Owner/ Senior Officer: Penny Southern

Version	Author	Date	Comment
0.1 Draft Equality Analysis	Rob Underwood and Jean Wells	05/04/2019	Draft
0.2	Lucy Alesbrook	18/09/2019	Draft updated to only include MIG changes and update to new EqIA format
0.3	Lucy Alesbrook	25/09/2019	Updated for new MIG figures
0.4	Akua Agyepong	08/10/2019	Updated with comments
0.5	Lucy Alesbrook	17/10/2019	Updated
1.0	Lucy Alesbrook	23/10/2019	Final version
1.1	Lucy Alesbrook	24/01/2020	Updated with consultation feedback

Author: Rob Underwood

Pathway of Equality Analysis: Directorate Management Team (DMT)

Summary and recommendations of equality analysis/impact assessment.

Context

Under the Care Act 2014, Local Authorities have the discretion to charge for care and support or not. However, if a decision is to charge, this must be done in accordance with the regulations and statutory guidance.

One of the requirements is that certain allowances must be deducted from a person's income before their "disposable income" for charging purposes is identified.

The Minimum Income Guarantee (MIG) is an amount of money stated by the Department of Health to be left with clients in order to meet daily living costs such as food and utilities. This is set out in The Care and Support (Charging and Assessment of Resources) Regulations 2014. It is made up of three premiums, a standard amount, a disability premium and an enhanced disability premium.

Every person who is subject to a financial assessment is allowed an allowance (i.e. a disregard from his or her income) depending on their age and whether they are a part of a couple. This applies regardless of whether the person is in receipt of any benefits.

When the person provides the data about their age and whether they are part of a couple, the three premiums are added together to provide the minimum income guarantee.

Aims and Objectives

It was decided in 2014 when the Care Act Guidance was brought in to leave KCC's charging policy as more generous towards its working age clients. A number of local authorities have reduced their subsidies and made this move to align with the guidance sooner. KCC have been fortunate to be able to delay any potential move for as long as possible.

However KCC continue to have a number of growing pressures, including reduced government funding and rising numbers of vulnerable adults.

This proposal would reduce the subsidies provided by adult social care by approximately £0.5m or an extra 0.03% of the total care package costs split over two financial years. The proposed policy changes are fully in line with the Care Act 2014 statutory framework, introduced in April 2015.

Under the current policy, KCC provide differing amounts depending on the person's age and relationship status.

- Any person over the pension credit age is currently allowed £189 and this will not change.
- Those aged 18 to pension credit age are currently allowed up to £151.45 and this is being proposed to be aligned to the Department of Health's guidance.

The proposal in this consultation is to align to the Department of Health's guidance by:

- Reducing the standard MIG rate from £91.40 to £72.40 per week for those aged 18 to less than 25.
- Only applying a Disability Premium MIG of £40.35 per week to the standard MIG for those with lower, standard, middle, enhanced and higher rates of disability benefits. The amount provided will not change.
- Only applying an Enhanced Disability premium MIG of £19.70 per week to the standard MIG for those on the enhanced and higher rates of disability benefits or the relevant working benefits. The amount provided will not change.

Please note:

- Those who are aged 25 to Pension Credit Age and have higher/enhanced rates of disability benefits will not be affected by these changes as they would maintain the same MIG rate as they do currently. This is because those people in receipt of higher rates of disability benefits are entitled to a higher MIG rate.
- Those who are in receipt of Universal Credit limited capability for work and work related activity, or Employment Support Allowance (ESA) in the support group and are over the age of 25 will not be affected by these changes.

Overall, approximately 551 people will be financially affected by this proposal, with approximately 94% of these being charged an additional £20 or less per week.

Summary of equality impact

Adverse Equality Impact Rating **High**

This has been rated high because there is a high impact on age and disability, as well as a medium impact on gender identity and carer's responsibilities. The reason for this is that in order to align with the Department of Health guidelines, there will be a different impact on the basis of age, and the client group within adult social care consists largely of people with disabilities.

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning charging for adult social care in a person's own home or in the community. I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service

Signed:

Name: Richard Smith

Job Title: Interim Portfolio Manager for Adult social Care and Health

Date:

DMT Member

Signed:

Name: Penny Southern

Job Title: Corporate Director of Adult Social Care and Health

Date:

Part 1 Screening

Could this policy, procedure, project or service, or any proposed changes to it, affect any Protected Group (listed below) less favourably (negatively) than others in Kent?

Could this policy, procedure, project or service promote equal opportunities for this group?

Protecte d Group	Please provide a brief commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/ Low Positive Impact Evidence
Age	<p>Of the clients affected, approximately 73% are aged 18 to 24 and 21% are aged 25 to pension credit age. People over pension credit age will not be affected.</p> <p>Of those affected who are aged 18 to 24, approximately 94% will be impacted by less than £20 a week. The remaining 6% will be impacted on average by £43.31 per week.</p> <p>Of those affected who are aged 25 to pension credit age, approximately 94% will be affected by less than £20 a week. The remaining 6% will be impacted on average by an average of £53.83.</p> <p>If the proposal is agreed, each client would have a financial assessment to determine their increase in charges based on their</p>			

	<p>financial circumstances. In addition there are processes and procedures in place to support people who might be financially impacted by this proposal called Exceptional Discretionary Disregards. People can access this support by contacting their practitioner. This will be available to all impacted clients, and will be assessed on a case by case basis.</p> <p>Finally, it is also proposed that KCC would support clients to maximise their benefits in order to reduce the impact of this proposal.</p> <p>The consultation has further developed the understanding of the impact on this group, and confirmed that there is a high adverse impact on 18-24 year olds. A full breakdown of this impact can be found in the Consultation Report.</p>			
Disability	<p>This proposal would adversely impact people claiming a higher rate of disability benefit less than those claiming no disability benefit.</p>			

	<p>However, people with disabilities/chronic health conditions are disproportionately represented in the adult social care client group.</p> <p>In addition, people with learning disabilities may find the proposed policy hard to understand due to the complexities around financial assessments are complicated. To mitigate this, the consultation documents were available in easy-read formats, and the project team were available to speak to by phone or email to answer questions throughout the consultation. Staff were also briefed a week before the consultation to ensure they were able to support clients in understanding the proposal.</p> <p>If the proposal is agreed, it is proposed that each client would have a financial assessment to determine the increase in charges based on their financial circumstances. In addition there</p>			
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	<p>are processes and procedures in place to support people who might be financially impacted by this proposal called Exceptional Discretionary Disregards. People can access this support by contacting their practitioner. This will be available to all impacted clients and will be assessed on a case by case basis.</p> <p>Finally, it is also proposed that KCC would support clients to maximise their benefits in order to reduce the impact of this proposal.</p> <p>The consultation has further developed the understanding of the impact on this group, and confirmed that there is a high adverse impact on vulnerable people. A full breakdown of this impact can be found in the Consultation Report.</p>			
Sex			Of those clients impacted by this proposal, approximately 35% are women and 59% are men. The remaining 6% are unknown.	

			<p>As more women are likely to be carers there is an intersectionality between the protected characteristics of sex and carers responsibilities. Further information about how this will be addressed is covered under Carers Responsibilities.</p> <p>There may also be an impact on women because some people who are part of a couple would be impacted by this proposal.</p> <p>The consultation has further developed the understanding of the impact on this protected characteristic and found that women responded with a wider range of views than men, and that men thought the staggered increase would not assist people more than women did. A full breakdown of this</p>	
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			impact can be found in the Consultation Report.	
Gender identity/ Transgender		<p>This is currently unknown; no data on gender identity/transgender is collected at present. The council will ensure that any actions are taken in compliance with the February 2019 Adult Social Care and Health and Children and Young People Education policy 'Supporting transgender users of our services'. This policy is designed to help staff in Adult and Children Social Care to offer the best service they can to trans users of Social Care services.</p> <p>The consultation contacted LGBT Groups for feedback but did not receive any responses, and there was no impact on this protected</p>		

		characteristic identified through the consultation responses.		
Race			<p>Approximately 86% of the service users who would be affected by the proposal are White British/Irish/Other. This group would be impacted on average by £19.59 per person per week.</p> <p>Approximately 5% of the service users affected are split over BME groups and would be impacted on average by £20.13 per person per week. The remaining 9% is unknown.</p> <p>The consultation contacted BME Groups for feedback but did not receive any responses, and there was no impact on this protected characteristic identified through the consultation responses. A full breakdown of this impact can be found in the Consultation Report.</p>	
Religion and			Approximately 37% of clients	

Belief			<p>impacted list their religion as none, 42% are unknown, 16% are Christian or of Christian denomination, and 5% are from other religions.</p> <p>The consultation has further developed the understanding of the impact on this protected characteristic and not found any further impact. A full breakdown of this analysis can be found in the Consultation Report.</p>	
Sexual Orientation			<p>Approximately 77% of clients potentially impacted by this do not have this characteristic recorded and 21% are heterosexual.</p> <p>There was no impact on this protected characteristic identified through the consultation responses.</p>	
Pregnancy and Maternity			<p>We have not identified any specific negatives around this protected characteristic.</p> <p>When a child has been born,</p>	

			<p>the family are entitled to a further MIG of £83.65 per child to help support the family.</p> <p>It has been identified that while someone is in receipt of Statutory Maternity Pay, their incomes might be affected. There are processes and procedures in place to support people in this position who might be financially impacted by this proposal called Exceptional Discretionary Disregards. People can access this support by contacting their practitioner. This will be available to all impacted clients and will be assessed on a case by case basis.</p> <p>There was no impact on this protected characteristic identified through the consultation responses.</p>	
Marriage and Civil Partner-	N/A	N/A	N/A	N/A

ships				
Carer's Responsibilities		<p>If the change was implemented it would result in increased charges to individuals because less income will be disregarded, so may result in the person stopping, reducing or not to begin receiving care from KCC because of increased charges.</p> <p>This might result in needs being unmet and could have an impact on their safety. As a result, any carer may be required to provide more care, thereby affecting their economic, social and emotional wellbeing.</p> <p>In addition, there is potential intersectionality between carers responsibilities and sex, belief and cultural and racial background.</p>		

		<p>KCC does have an existing policy to provide a framework for staff working with carers called Supporting Carers Policy and Practice Guidance.</p> <p>The consultation contacted Carers Groups for feedback but did not receive any responses and the questionnaire responses confirmed that there is an adverse impact on carers. A full breakdown of this impact can be found in the Consultation Report, and quotes from consultation responses can be found in Part 2.</p>		
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Part 2

Equality Analysis /Impact Assessment

Protected groups

Analysis has suggested that the majority of protected groups will be negatively impacted by the current proposal. The public consultation exercise will enable the council to further test the impact on protected characteristic groups.

Any decision on the future of charging will need to ensure KCC is mindful of the needs of residents within the following protected groups:

- Age
- Disability
- Sex
- Gender identify/Transgender
- Race
- Marital status
- Religion/Belief
- Sexual orientation
- Carer's responsibilities

Information and Data used to carry out your assessment

- Performance data held on the clients
- Financial data held on the clients

Who have you involved consulted and engaged?

- Paul Carter, Leader of Kent County Council
- Clair Bell, Cabinet Member for Adult Social Care and Health
- Richard Smith, Portfolio Manager
- Penny Southern, Corporate Director
- Michelle Goldsmith, Finance Business Partner
- Jean Wells, Policy
- Tracy Issacs, Client Financial Affairs
- Tristan Booth, Finance
- Charlotte Jones, Consultation and Engagement Officer
- Kerry Short, Head of Community Care
- Clients who may be directly impacted by the proposals
- Groups representing client interests (LGBT, BME and Carers)

Analysis

Adverse Impact,

January 2020

The evidence gathered as part of the assessment indicates that there is a potential negative impact on age, disability and carer's responsibilities. The proposal could potentially increase the costs of care paid by clients from age 18 to pension age. Of the clients affected, approximately 73% are aged 18 to 24 and 21% are aged 25 to pension credit age.

For those aged 18 to 24, approximately 94% will be impacted by less than £20 a week. The remaining 6% will be impacted on average by approximately £43.31 per week.

For those affected who are aged 25 to pension credit age, approximately 94% will be affected by less than £20 a week. The remaining 6% will be impacted on average by an average of approximately £53.83.

The large majority of clients impacted have a disability, although those receiving a higher rate of disability benefit are not impacted.

As a result of any changes, there is a potential for informal carers to have to provide more care if individuals reduce, stop or decline services, thereby adversely affecting their economy, social and emotional health and wellbeing.

The impact on protected groups was further tested through a public consultation. The results of this consultation reflected the assumptions made that there would be an impact on age, disability and carer's responsibilities. In the open-ended questions from the questionnaire, there was a recurring theme that people felt there would be a disproportionate impact on 18-24 year olds and vulnerable people.

The consultation also indicated that there would be an adverse impact on carer's responsibilities, with a recurring theme that people felt they would have to reduce the number of activities for the client, thereby having an impact on carers.

The following are some quotes from the consultation that summarise the potential impact on carers:

"...having done some quick sums we may have to stop having carers and my wife will have to struggle on her own."

"It is difficult to manage already on the income that I receive and it is only with family support that I can maintain a basic lifestyle."

"I wouldn't be able to have carers anymore. They help me with personal care and my social needs. I wouldn't be able to have a wash everyday or even wash my hair as much as it needs to be washed. My mum is unable to do all of this the amount of times I need these things."

Please see Appendix 1 for details of the approximate client numbers affected.

Positive Impact:

There are currently no positive impacts identified in relation to protected groups.

JUDGEMENT

- **Adjust and continue** - adjust to remove barriers or better promote equality
 - The proposal has been adjusted to include a staggered financial increase by £10 per week per person for the first two years. In addition, plans have been put in place to contact advocacy groups for those protected characteristics who could be most impacted. The consultation will also seek to gather the views of different groups which can then be used to inform a decision on the proposal.

Internal Action Required YES

There is potential for adverse impact on particular groups and we have found scope to improve the proposal by completing a consultation to fully understand the impact on different groups.

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age Disability Sex Sexual orientation Race Religion/Belief Carer's responsibilities	Potential low to high negative impact for these protected characteristic groups because of a potential increase to their contribution to their social care costs.	Public consultation to be run in order to gain a better understanding of the impact of the proposal, including engaging with people who will not be directly impacted now, but may be in the future. This action has been completed as at the end of the consultation period.	Ensure decisions will be informed by an analysis of the impact on protected groups.	Robert Underwood	October 2019	TBC
Gender Identity/ Transgender	There is no equalities data currently gathered, so unable to fully understand the impact on this protected characteristic groups.	Public consultation to be run in order to gain a better understanding of the impact of the proposal. LGBT groups will be contacted to seek their views on the proposal. This action has been completed as at the end of the consultation period.	Ensure decisions will be informed by an analysis of the impact on protected groups.	Robert Underwood	October 2019	TBC

Age Disability Sex Sexual orientation Race Religion/Belief Carer's Responsibilities	These protected characteristic groups have a potential high negative impact.	Each client has a financial assessment to determine the cost of their care based on their individual circumstances. In addition there are processes and procedures in place to support people who might be financially impacted by this proposal called Exceptional Discretionary Disregards. People can access this support by contacting their practitioner. This will be available to all impacted clients, and will be assessed on a case by case basis.	Ensure the service user is supported through any changes, and any increases are affordable to those service users.	Robert Underwood	April 2020	TBC
Age Disability Sex Sexual orientation Race Religion/Belief Carer's Responsibilities	These protected characteristic groups have a potential high negative impact.	Part of this proposal is to cap the increase to affected service users to a maximum of £10 per week for the first two years. After the first two years clients will pay the full increased amount. However, KCC would work with affected clients to maximise their	Ensure the service user is supported through any changes, and any increases are affordable to those service users.	Robert Underwood	April 2020	TBC

		benefits during this two years.				
Age Disability Sex Sexual orientation Race Religion/Belief Carer's Responsibilities	These protected characteristic groups have a potential high negative impact.	Make the questionnaire available to people in a paper version on request, and put the full suite of documents available as easy-read. This action has been completed as at the end of the consultation period.	Ensure that the consultation is as accessible to people as possible to enable them to respond and give their views.	Robert Underwood	October 2019	TBC
Age Disability Sex Sexual orientation Race Religion/Belief Carer's Responsibilities	These protected characteristic groups have a potential high negative impact, and the consultation could be challenging to understand.	The Project Team will be contactable during the consultation to answer any questions via a telephone line and email address. These will be available from 9am-5pm Monday to Friday throughout the consultation. This action has been completed as at the end of the consultation period.	Ensure that the consultation is as accessible to people as possible to enable them to respond and give their views.	Robert Underwood	October 2019	TBC

Have the actions been included in your business/ service plan?

No – actions will be monitored through the Discretionary Charging Project Board.

Appendix 1:

Age:

Of the clients affected, 73% are aged 18 to 24 and 21% are aged 25 to pension credit age.

For those aged 18 to 24, 94% will be impacted by less than £20 a week. The remaining 6% will be impacted on average by £43.31 per week.

For those affected who are aged 25 to pension credit age, 94% will be affected by less than £20 a week. The remaining 6% will be impacted on average by an average of £53.83.

Age bracket:	Percentage of Clients:
18-24	73%
25-64	21%
Unknown	6%
Total:	100%

Sex:

Sex:	Percentage of Clients:
Female	35%
Male	59%
Unknown	6%
Total:	100%

Race:

86% of the service users who would be affected by the proposal are White British/Irish/Other. This group would be impacted on average by £19.59 per person per week.

5% of the service users affected are split over BME groups and would be impacted on average by £20.13 per person per week.

Race:	Percentage of Clients:
Bangladeshi	≤1%
Black African	1%
Black Caribbean	≤1%
Indian	1%
White British/Irish/Other	86%
Any other Asian background	≤1%
Any other ethnic group	≤1%
Any other mixed background	1%
Unknown	9%
Total:	100%

Religion and Belief:

Religion and Belief:	Percentage of Clients:
Atheist	≤1%
Buddhist	≤1%

Christian*	16%
Hindu	≤1%
Jehovah's Witness	≤1%
Jewish	≤1%
Muslim	≤1%
Sikh	≤1%
None	37%
Other	4%
Unknown	42%
Total:	100%

*including Church of England, Catholic and Protestant and all other Christian denominations.

Sexual Orientation:

Sexual Orientation:	Percentage of Clients:
Bisexual	≤1%
Gay Man	≤1%
Gay Woman/Lesbian	≤1%
Heterosexual	21%
Other	2%
Unknown	77%
Total:	100%

Please forward a final signed electronic copy and Word version to the Equality Team by emailing diversityinfo@kent.gov.uk

If the activity will be subject to a Cabinet decision, the EqIA must be submitted to committee services along with the relevant Cabinet report. Your EqIA should also be published .

The original signed hard copy and electronic copy should be kept with your team for audit purposes.

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Penny Southern, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 4 March 2020

Decision No: 20/00013

Subject: **RATES PAYABLE AND CHARGES LEVIED FOR ADULT SOCIAL CARE SERVICES IN 2020-21**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team – 19 February 2020

Future Pathway of Paper: Cabinet Member decision

Summary: This paper sets 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 and sets out officer recommendations to the Cabinet Member for decision.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE** recommendation to the Cabinet Member on the proposed decision (attached as Appendix A) to:

- a) **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
- b) **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.

1. Introduction

- 1.1 This report is produced annually and seeks approval of the Directorate's proposed rates and charges levied for the forthcoming financial year against KCC services provided in-house, along with any potential changes to the Directorates charging policy. It is proposed, however, that the rates may be reviewed during the year.
- 1.2 Rates and charges for *commissioned* services, or those which are laid down by Parliament are outside of the remit of this report.
- 1.3 All proposed rates and charges levied for 2020-21 are listed primarily to service users in one of the attached appendices and represent those published on the Kent.gov.uk website.

- Appendix 1 lists the proposed rates for Adults Social Care Services
- Appendix 2 lists the proposed charges general to the Directorate

- 1.4 The pay award for 2020-21 was confirmed at County Council on 13 February 2020 as 3.6%. This report recommends increasing the rates payable and charges levied for adult social care services in line with the KCC pay award or in line with CPI as at September 2019 which is 1.7%.
- 1.5 The effective date, unless otherwise stated, for all proposed changes to adult social care services will be the week beginning 6 April 2020, which coincides with the date of inflationary increases to client related benefits.
- 1.6 Rates charged to Other Local Authorities for the use of Kent County Council (KCC) Homes and Day Centres are not published within the Rates Payable and Charges Levied for Adult Social Care Services. The service will agree with finance what the full cost of each unit is, and this will be used as a basis to charge the full cost to Other Local Authorities.

2. Rates Payable and Charges Levied for Adult Social Care Services

- 2.1 All rates payable and charges levied proposed for 2020-21 in respect of Adult Social Care Services are shown in Appendix 1. For ease of reference, the basis of their proposed increase is shown throughout Section 2.

2.1.1 Client Contributions for Residential Care

For those clients with the ability to meet the full cost of a placement in the council's own provision, the recommendations for the maximum contribution are as follows:

a) Older People

It is recommended that this rate be increased in line with the KCC Pay Award figure as at April 2020 which will be 3.6%.

The rate will be £512.05 for 2020-21.

b) People with Learning Difficulties

It is recommended that this rate be increased in line with the KCC Pay Award figure as at April 2020 which will be 3.6%.

The rate will be £698.03 for 2020-21.

2.1.2 Deferred Payments

Information regarding the Deferred Payment scheme can be found on the Kent.gov.uk site: Deferred Payments for Care and Support. It is proposed that charges linked to Deferred Payments should be dealt with as follows:

a) Interest to be applied

Interest will be calculated and compounded daily. For information the estimated rate to be applied is for 2020-21 is 1.55% (gilt rate 1.4% plus 0.15%).

b) Administrative charge

Under section 35 of the Care Act and Regulation 10 of The Care and Support (Deferred Payment) Regulations, an amount for administration costs can be charged to people entering a Deferred Payment agreement. This amount can be added to the amount deferred or paid separately.

At the time of the introduction of the Care Act in 2014, a cost analysis was conducted to ascertain the appropriate fee to charge clients for the set-up of deferred payments and the yearly administration fee. Over the past three years the fee has either been kept the same, increased by the Consumer Index Price or by the cost of KCC's annual pay award amount.

An exercise has been carried out to review and recalculate the various elements of the costs.

It is recommended that the recalculated rate is charged for all *new* deferred payments clients from 2020-21

The new rates will be:

Initial Fee	£369.53
Annual Fee	£217.75*

* equates to £4.18 per week and is charged from the second year onward.

It is recommended that clients with *existing* deferred payment agreements should be transitioned to the new annual fee at £10.00 per year. This will reduce the value of KCC subsidies for self-funding clients.

The transitional annual fee for existing clients will be:

Transitional Annual Fee £79.54*

*equates to £1.53 per week and is charged from the second year onward.

2.1.3 Administration fee for self-funders – Non-Residential Care

The charge includes the following, cost of raising an invoice, cost of paying a provider invoice and the cost of negotiating and arranging a care package.

It is recommended that the annual arrangement fee be increased in line with the KCC Pay Award figure as at April 2020 which will be 3.6%. The new charge will be £113.75 which equates to £2.18 per week.

2.1.4 Better Homes Active Lives (PFI) Schemes

Non-residential charging rules will also apply to these schemes. However, when working out the cost of the care and support, an additional cost will be added to the cost of any hours of care and support

a) Extra-care schemes for older people

This is the cost of the 24-hour emergency cover available (for example if a person falls).

It is recommended that this rate be is uplifted in line with CPI as at September 2019 which is 1.7%.

The rate will be £16.20 for 2020-21.

b) Schemes for people with learning difficulties

This is the cost of the sleeping night support service.

It is recommended that this rate be is uplifted in line with CPI as at September 2019 which is 1.7%.

The rate will be £48.57 for 2020-21.

2.1.5 Blue Badges

With effect from 1 April 1983, this charge was introduced to cover the administration of the application. The regulations governing the Blue Badge scheme give local authorities the discretion to charge a fee on the issue of a badge.

This fee currently cannot exceed £10. As from 1 January 2012, KCC has charged £10 and it is recommended that this rate continues.

2.1.6 Day Care Charging for In-House Services

A standard rate applies to in-house day care charges. People who have savings under £23,250 will be assessed to see if they are able to contribute to the cost of their day care.

It is recommended that the standard rate for in-house day care be increased in line with the KCC Pay Award figure as at April 2020 which will be 3.6%. The rates will be as shown in the table below for 2020-21.

Care Item	Unit	Proposed Unit Charge
Learning Disability Standard - Day	Day	£40.49
Learning Disability Standard - Half Day	Session	£20.24
Learning Disability Enhanced - Day	Day	£91.17
Learning Disability Enhanced - Half Day	Session	£45.58
Learning Disability Specialist - Day	Day	£136.75
Learning Disability Specialist - Half Day	Session	£68.38
Older People - Day	Day	£33.16
Older People - Half Day	Session	£16.60
Physical Disability - Day	Day	£39.59
Physical Disability - Half Day	Session	£19.80
Older People with Mental Health Needs - Day	Day	£39.20

2.1.7 In House Homecare Rates

These are the charges applied to services provided by Kent Enablement at Home (KEaH) after the initial period of enablement ends, in instances where external provision of homecare has not been obtained.

It is recommended that this rate be increased in line with the KCC Pay Award figure as at April 2020 which will be 3.6%. The rates for 2020-21 are as follows:

Care Item	Proposed Unit Charge
Social (1/2 hour)	£8.46
Social (3/4 hour)	£11.29
Social (1 hour)	£14.65
Unsocial (1/2 hour)	£9.59
Unsocial (3/4 hour)	£12.69
Unsocial (1 hour)	£16.24

2.1.8 Meals Charges/Other Snacks - Local Authority (LA) Day Centres

There are two meal charges: (i) meals (ii) meals and other snacks.

It is recommended that this rate be is uplifted in line with CPI as at September 2019 which is 1.7%. The rates for 2020-21 are as follows:

Meal Charge	£4.23
Meals and other Snacks	£5.23

For refreshments a flat rate charge of £1 is to be applied.

2.1.9 Voluntary Drivers/Escort Mileage Rates

The current rate is usually reviewed in line with the Chancellor of the Exchequer's annual budget announcement. This rate is currently set at 45p per mile.

2.1.10 Other Local Authority Charges for Review and Assessment of Adult Services

Historically there was an Inter Authority Protocol in place in relation to Inter Authority charges. This hourly charge only applied to those local authorities who are signatories to the protocol.

It is recommended that this rate be increased in line with the KCC Pay Award figure as at April 2020 which will be 3.6%.

The hourly rate will be £76.93

These rates are also applicable to Children Services.

3. General Charges and Rates

3.1 Consultancy

KCC finance dictates the rates to be levied for:

- i) Middle Management (£88.84 per hour);
- ii) Senior Management (£164.68 per hour);
- iii) Director, when undertaking consultancy work (£266.50 per hour).

These rates are uplifted in line with CPI as at September 2019 which is 1.7%.

3.2 Publications

In 2019-20 the charge for key publications was uplifted in line with CPI. The charge for 2019-20 was £13.61.

It is recommended that this rate be is uplifted in line with CPI as at September 2019 which is 1.7%.

The rate for 2020-21 will be £13.84.

3.3 Home Support Fund

In some instances (where extreme hardship can be evidenced) extra financial help is available from KCC to top-up the help provided via Disabled Facilities Grants (DFG), which is administered by the District Councils. The DFG is

currently subject to a means test. The loan from KCC is interest free but liable to be repaid in full, over a five-year period.

There is no proposal put forward to change these arrangements for 2020-21.

4. Legal Implications

- 4.1 The report distinguishes between those rates and charges over which the County Council can exercise their discretion and those which are laid down by Parliament.

5. Equality Implications

None.

6. Recommendation

6.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE** a recommendation to the Cabinet Member on the proposed decision (attached as Appendix A) to:

a) 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

b) 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.

7. Background Documents

None.

8. Contact details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care and Public Health

DECISION NO:

20/00013

For publication
Key decision

Affects more than 2 Electoral Divisions

Subject: PROPOSED REVISION OF RATES PAYABLE AND CHARGES LIEVIED FOR ADULT SOCIAL CARE SERVICES IN 2020-21

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:

- a) **APPROVE** the proposed changes to the rates payable and charges levied for adult social care services in 2020/21 as set out in sections 2 and 3 of the recommendation report
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

Reason(s) for decision: The proposed rates payable and charges levied are considered annually, with any revisions normally introduced at the start of each financial year. The report is focused on Adult Social Care Services and the rates payable and charges levied that are currently in place. The rates and charges payable for 2020/21 will be introduced the week commencing 6 April 2020.

Financial Implications: The increase in income and the increase in payments that these changes will bring have been included in the 13 February 2020 County Council agreed budgets for the services affected.

Legal Implications:

The report distinguishes between those rates and charges over which Members can exercise their discretion, and those which are laid down by Parliament.

Equality Implications:

None

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 4 March 2020 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

 signed

 date

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Proposed Rates and Charges 2020-21

			2019-20 Published Rates & Charges £	2020-21 Proposed Rates & Charges £	Basis of Increase
<u>Client Contributions for Residential Care (ref 2.1.1)</u>					
	<u>Older People - Maximum</u>	per week	494.26	512.05	Based on 2019-20 KCC pay award of 3.6%
	<u>People with Learning Difficulties - Maximum</u>	per week	673.77	698.03	Based on 2019-20 KCC pay award of 3.6%
<u>Deferred Payments (ref 2.1.2)</u>					
	<u>Administration Charge</u>	Set up Fee	511.87	369.53	For all new deferred payments clients
		Annual Fee	69.54	217.75	For all new deferred payments clients
<u>Administration Fee for Self-Funders - Non Residential Care (ref 2.1.3)</u>					
		Annual Fee	109.80	113.75	Based on 2019-20 KCC pay award of 3.6%
<u>Better Homes Active Lives (PFI) Schemes (ref 2.1.4)</u>					
	<u>Older People</u>	per week	15.94	16.20	Figure must be divisible by 2. Uplifted at CPI rate of 1.7%
	<u>People with Learning Difficulties</u>	per week	47.76	48.57	Figure must be divisible by 2. Uplifted at CPI rate of 1.7%
<u>Blue Badges (2.1.5)</u>					
		per application	10.00	10.00	No change to Rate for 18-19
<u>Day Care Charging for In-House Services (2.1.6)</u>					
	Learning Disability Standard - Day	per day	39.08	40.49	Based on 2019-20 KCC pay award of 3.6%
	Learning Disability Standard - Half Day	per session	19.54	20.24	Based on 2019-20 KCC pay award of 3.6%
	Learning Disability Enhanced - Day	per day	88.00	91.17	Based on 2019-20 KCC pay award of 3.6%
	Learning Disability Enhanced - Half Day	per session	44.00	45.58	Based on 2019-20 KCC pay award of 3.6%
	Learning Disability Specialist - Day	per day	132.00	136.75	Based on 2019-20 KCC pay award of 3.6%
	Learning Disability Specialist - Half Day	per session	66.00	68.38	Based on 2019-20 KCC pay award of 3.6%
	Older people - Day centre	per day	32.01	33.16	Based on 2019-20 KCC pay award of 3.6%
	Older people - Day centre half day	per session	16.02	16.60	Based on 2019-20 KCC pay award of 3.6%
	Physical disability - day centre	per day	38.21	39.59	Based on 2019-20 KCC pay award of 3.6%
	Physical disability - day centre half day	per session	19.11	19.80	Based on 2019-20 KCC pay award of 3.6%
	Older people with mental health needs - day centre	per day	37.84	39.20	Based on 2019-20 KCC pay award of 3.6%
<u>In House Homecare Rates (ref 2.1.7)</u>					
	Social	1/2 hour	8.17	8.46	Based on 2019-20 KCC pay award of 3.6%
	Social	3/4 hour	10.90	11.29	Based on 2019-20 KCC pay award of 3.6%
	Social	1 hour	14.14	14.65	Based on 2019-20 KCC pay award of 3.6%
	Unsocial	1/2 hour	9.26	9.59	Based on 2019-20 KCC pay award of 3.6%
	Unsocial	3/4 hour	12.25	12.69	Based on 2019-20 KCC pay award of 3.6%
	Unsocial	1 hour	15.68	16.24	Based on 2019-20 KCC pay award of 3.6%
<u>Meals Charges/Other Snacks - Local Authority Day Centres (ref 2.1.8)</u>					
	Meal Charge	per meal	4.15	4.23	Based on CPI rate as at Sept. 2019 of 1.7%
	Meals and Other Snacks	per meal	5.15	5.23	Same as hot meal + £1 for snacks
	Refreshment	flat rate	1.00	1.00	No Change
<u>Voluntary Drivers/Escorts Mileage Rate (ref 2.1.9)</u>					
		per mile	0.45	0.45	Based on the Chancellor of Exchequer budget strategy
<u>OLA Charges for Review and Assessment of Adult Services (ref 2.1.10)</u>					
		Hourly Rate	74.26	76.93	Based on 2019-20 KCC pay award of 3.6%
<u>Consultancy (ref 3.1)</u>					
	Middle Management	per hour	87.35	88.84	Based on CPI rate as at Sept. 2019 of 1.7%
	Senior Management	per hour	161.93	164.68	Based on CPI rate as at Sept. 2019 of 1.7%
	Director	per hour	262.05	266.50	Based on CPI rate as at Sept. 2019 of 1.7%
<u>Publications (ref 3.2)</u>					
		per publication	13.61	13.84	Based on CPI rate as at Sept. 2019 of 1.7%

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Proposed Rates and Charges 2020-21

			2018-19 Published Rates & Charges	2019 - 20 Proposed Rates & Charges	Basis of Increase	
			£	£		
<u>Consultancy (ref 3.1)</u>						
Middle Management	per hour		85.30	87.35	Based on CPI rate as at Sept. 2019 of 1.7%	
Senior Management	per hour		158.13	161.93	Based on CPI rate as at Sept. 2019 of 1.7%	
Director	per hour		255.91	262.05	Based on CPI rate as at Sept. 2019 of 1.7%	
<u>Publications (ref 3.2)</u>						
		0	0.00	0.00		0

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Penny Southern, Corporate Director for Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 4 March 2020

Subject: **RISK MANAGEMENT: ADULT SOCIAL CARE AND HEALTH**

Classification: **Unrestricted**

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team Meeting – 29 January and 19 February 2020

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper presents 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'.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented.

1. Introduction

- 1.1 Risk management is a key element of the Council's Internal Control Framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled. The process of developing the registers is therefore important in underpinning service delivery planning, performance management and operating standards. Risks outlined in risk registers are taken into account in the development of the Internal Audit programme for the year.
- 1.2 Directorate Risk Registers are reported to Cabinet Committees annually and contain strategic or cross-cutting risks that potentially affect several functions across the Strategic and Corporate Services Directorate, and often have wider potential interdependencies with other services across the council and external parties.
- 1.3 Adult Social Care and Health (ASCH) directors also lead or coordinate mitigating actions in conjunction with other directors across the organisation to manage risks featuring on the Corporate Risk Register. The directors in the ASCH Directorate are designated 'Risk Owners' (along with the rest of the Corporate Management Team) for several corporate risks.

1.4 The majority of these risks, or at least aspects of them, will have been discussed in depth at relevant Cabinet Committee(s) throughout the year, demonstrating that risk considerations are embedded within core business.

2. Adult Social Care and Health Directorate Led Corporate Risks

2.1 The ASCH Directorate currently lead on four of the Corporate Risks.

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since July 2019
CRR0002	Safeguarding – protecting vulnerable adults	15	15	↓
CRR0005	Development of Integrated Care System (ICS) / Integrated Care Programmes (ICPs) in Kent and Medway NHS system	12	8	Revised Risk
CRR0006	Resourcing implications arising from increasing complex adult social care demand	20	15	↔
CRR0015	Managing and working with the social care market	20	15	↔

2.2 During the year these risks have developed in the following ways:

- CRR0002 – The risk rating has reduced from 20, to 15 (with the change being that the likelihood of occurrence was changed from Likely to Possible) to reflect the controls that are now in place.
- CRR0005 – This risk has been revised to take account of the developments in the health system, and our evolving relationship with them

2.3 The Corporate Risk Manager, along with Internal Audit, has been conducting an assurance mapping exercise into the adult safeguarding corporate risk and has suggested some changes to this risk which are included in the detailed list in Appendix 1.

3. Adult Social Care and Health Directorate Risk Profile

3.1 In October 2019, the Directorate Level Risk Register was reviewed, and the decision was taken to refocus the Directorate Level Risk Register by eliminating duplication with risks that appeared on the Corporate Risk Register. This resulted in the following action being taken:

- **AH0004 Protecting Adults at Risk of Abuse or Neglect** was withdrawn as **CRR0002 Safeguarding – Protecting Vulnerable Adults** deals with same area
- **AH0008 Managing and Working with the Social Care Market** was withdrawn as **CRR0015 Managing and Working with the Social Care Market** deals with the same area.
- **AH0007 Increasing Demand for Social Care Services** was withdrawn as **CRR0006 Resourcing Implications Arising from Increasing Complex Adult Social Care Demand** covered the same controls.

3.2 These risks, whilst on the corporate register, will also be monitored on a quarterly basis at ASCH Directorate Management Team meetings, with changes recommended to the Corporate Risk Manager where appropriate.

3.3 Other risks that were on the ASCH Directorate Risk Register have been integrated into more high-level risks, these are:

- **AH0001 – New Operating Model for Adult Social Care** – many of the areas are now in place, and the residual is covered by **AH0005 Continued Pressure on Public Sector Funding**
- **AH0034 Lack of practising Approved Mental Health Professionals (AMHP)** was moved to the Divisional level register as the Directorate risk **AH0033 Workforce** covers this area at the Directorate level
- **AH0012 KCC Kent and Medway Partnership Trust (KMPT) Partnership Working** is covered at Directorate level by **AH0006 working with Health, Integration, Sustainability Transformation Programme (STP) and Better Care Fund (BCF)**

3.4 The risk level for the AH0009 was reduced in January from a score of 16 - Likely (4), Serious (4) to a score of 12 - Probable (3), Serious (4) to reflect the progress of Mosaic implementation.

3.5 These changes have resulted in a risk register as outlined below (the detailed register can be seen in Appendix 2)

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since July 2019
AH0005	Continued pressures on public sector funding impacting on revenue and capital budgets.	20	16	↔
AH0033	Workforce- Recruitment and retention of staff	16	2	↔
AH0017	Facilities Management	16	4	↔
AH0006	Working with Health	16	9	↔

AH0011	Business Disruption	15	9	↔
AH0009	ICT and Systems Replacement	12	6	↓

4. Recommendation

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented.

5. Background Documents

KCC Risk Management Policy and associated risk management toolkit
<http://knet/ourcouncil/Management-guides/Pages/MG2-managing-risk.aspx>

6. Report Authors

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Appendix 1



ASC led Corporate Risks

Corporate Risk Register - Summary Risk Profile

Low = 1-6
Medium = 8-15
High =16-25

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since July 2019
CRR0002	Safeguarding – protecting vulnerable adults	15	15	↓
CRR0005	Development of Integrated Care System (ICS) / Integrated Care Programmes (ICPs) in Kent and Medway NHS system	12	8	Revised Risk
CRR0006	Resourcing implications arising from increasing complex adult social care demand	20	15	↔
CRR0015	Managing and working with the social care market	20	15	↔

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NB: Current & Target risk ratings: The ‘current’ risk rating refers to the current level of risk taking into account any mitigating controls already in place. The ‘target residual’ rating represents what is deemed to be a realistic level of risk to be achieved once any additional actions have been put in place. On some occasions the aim will be to contain risk at current level.

Likelihood & Impact Scales					
Likelihood	Very Unlikely (1)	Unlikely (2)	Possible (3)	Likely (4)	Very Likely (5)
Impact	Minor (1)	Moderate (2)	Significant (3)	Serious (4)	Major (5)

Risk ID	CRR0002	Risk Title	Safeguarding – protecting vulnerable adults			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
The Council must fulfil its statutory obligations to effectively safeguard vulnerable adults, in a complex and challenging environment e.g. challenges relating to demand for services and consistent quality of care in the provider market.	Failure to fulfil statutory obligations. Failure to meet the requirements of the “Prevent Duty” placed on Local Authorities.	Incident of serious harm or death of a vulnerable adult. Serious impact on vulnerable people. Serious impact on ability to recruit the quality of staff critical to service delivery.	Penny Southern, Corporate Director Adult Social Care and Health (ASCH)	Possible (3)	Major (5)	
The change from ‘safeguarding alerts’ to ‘safeguarding enquiries’ has led to a significant increase in the number of safeguarding concerns received. There has also been an increase in domestic abuse referrals.		Serious operational and financial consequences.	Responsible Cabinet Member(s):	Target Residual Likelihood	Target Residual Impact	
In addition, the Government’s “Prevent Duty” requires the Local Authority to act to prevent people from being drawn into terrorism.		Attract possible intervention from a national regulator for failure to discharge corporate and executive responsibilities.	Clair Bell, Adult Social Care and Public Health Mike Hill (Lead Member for PREVENT)	Possible (3)	Major (5)	
This risk links to the demand risk (CRR0006)						
Control Title				Control Owner		
KCC is a partner in multi-agency public protection arrangements (MAPPA) for managing sexual and violent offenders, a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a coordinated manner.				Richard Smith, Interim Portfolio Manager		
KCC is a member of the Kent & Medway Safeguarding Adults Board – a statutory service which exists to make sure that all member agencies are working together to help Kent and Medway’s adults safe from harm and protect their rights. The Board has an independent Chair and its work carried out by a number of working groups.				Penny Southern, Corporate Director ASCH		

Quarterly safeguarding report brings together key information to enable scrutiny and performance monitoring for management teams and the Cabinet Member.	Divisional Directors / Julie Davidson, Head of Adult Safeguarding	
Prevent Duty Delivery Board (chaired by KCC) oversees the activity of the Kent Channel Panel, co-ordinating Prevent activity across the County and reporting to other relevant strategic bodies in the county	Penny Southern, Corporate Director ASCH	
Multi agency risks, threats and vulnerabilities group focuses on PREVENT, gangs, modern slavery, human trafficking and online safeguarding matters	Nick Wilkinson, Prevent and Channel Strategic Manager	
Kent Channel Panel (early intervention mechanism providing tailored support to people who have been identified as at risk of being drawn into terrorism) in place	Nick Wilkinson, Prevent and Channel Strategic Manager	
Three year PREVENT training strategy approved by the Corporate Management Team	Nick Wilkinson, Prevent and Channel Strategic Manager	
Capability framework for safeguarding and the mental capacity act introduced	Julie Davidson, Head of Adult Safeguarding	
KCC contributes to the Multi-agency risk assessment conference (MARAC) process, which allows for the best possible safety planning for victims of domestic abuse who are considered to be at high risk of experiencing further significant harm/injury.	Julie Davidson, Head of Adult Safeguarding	
Regular KCC meetings with Care Quality Commission to share intelligence	Penny Southern, Corporate Director Adult Social Care and Health	
KCC County Adult Safeguarding Group share latest intelligence	Julie Davidson, Head of Adult Safeguarding	
Strategic Safeguarding and Quality Assurance team in adult social care and health leads on a strategic framework for policy, service development, strategic safeguarding and quality assurance	Janice Grant, Strategic Safeguarding and Policy Assurance Manager	
Action Title	Action Owner	Planned Completion Date
Revised Quality Assurance system being embedded to ensure a clear and holistic view of practice, consisting of quantitative data, safeguarding audit activity focussing on quality of practice and the service user voice	Julie Davidson, Head of Adult Safeguarding	June 2020 (review)

Preparation for introduction of new Liberty Protection Safeguards system under the Mental Capacity (Amendment) Act 2019 due to come into force on 1st October 2020.

Maureen Stirrup, Head of Deprivation of Liberty Safeguards

June 2020 (review)

Risk ID	CRR0005	Risk Title	Development of ICS/ICP in Kent and Medway NHS system			
Source / Cause of Risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
The Kent & Medway NHS system is under significant pressure with increasing levels of demand driving across financial deficits across commissioner and provider budgets, placing pressure on the Kent & Medway NHS system control total.	Failure to develop more partnership and aligned health & social care services and commissioning at both ICS and ICP level places pressure on system finances and hinders highest possible quality of care	Further deterioration in the financial and service sustainability of health and social care services in Kent and Medway.	Penny Southern, Corporate Director Adult Social Care & Health (ASCH)	Possible (3)	Serious (4)	
In response the NHS in Kent and Medway forming an Integrated Care System (ICS) with 8 CCGs merging to form the basis of the System Commissioner, above four ICPs (Integrated Care Partnerships) and 42 PCN's (Primary Care Networks).	Development of four ICP generates additional demand/work on strategic leadership of KCC, particularly in ASCH and Public Health which has significant opportunity costs, including impact on business as usual activity.	Additional budget pressures transferred to social care as system monies are used to close acute and primary care service gaps.	Vincent Godfrey, Strategic Commissioner	Target Residual Likelihood	Target Residual Impact	
The policy intent of structural reform is to deliver better strategic planning and delivery of health and social care services at place-based community level and shift from acute to primary and community level services.	Multiple ICP's leads to differences in form, function and relationships between ICPs and the ICS and/or KCC which increases system complexity and leads to variation which increase costs/risks.	Legal challenge/judicial review of decisions and decision-making framework for joint decisions.	Andrew Scott-Clark, Director Public Health	Unlikely (2)	Serious (4)	
The relative roles and responsibilities between the proposed ICS and the emerging ICPs in Kent is still under development. The final legal structure and functional responsibilities of ICPs is still under development and may	System complexity leads to failure to meet statutory duties around the sufficiency of the care market, care quality and safeguarding.	Social care and public health priorities not sufficiently factored into/shaping emerging ICS/ICP plans and priorities, weakening integrated approach.	Responsible Cabinet Member(s): Roger Gough, Leader of the Council			
		Focus on structural changes workstreams prevents more agile improvements/joint	Clair Bell, Adult Social Care and Public Health			

require primary legislative change. Regulators (CQC / Ofsted) increasing review health and care services and the commissioning/performance of those services and 'system' level.	Lack of understanding within KCC of NHS policy and regulatory environment; and vice versa, lack of understanding of local authority legislative, policy and democratic environment in NHS.	working being undertaken. Reputational damage to either KCC or NHS or both in Kent. Adverse outcome from CQC local system review.
Control Title		Control Owner
Health Reform and Public Health Cabinet Committee provides non-executive member oversight and input of KCC involvement in the STP		Ben Watts, General Counsel
Senior KCC political and officer representation on the System Transformation Executive Board and System Commissioner Steering Group		Penny Southern, Corporate Director ASCH Andrew Scott-Clark, Director Public Health Vincent Godfrey, Strategic Commissioner
Senior KCC level officer representation on the East Kent, West, North and Medway & Swale ICP Development Boards		Penny Southern, Corporate Director ASCH
County Council agreed framework for KCC engagement within the STP		Penny Southern, Corporate Director ASCH
A joint KCC and Medway Health and Wellbeing Board for STP related matters/issues has been established		David Whittle, Director SPRCA
Public Health Leadership for the STP Prevention workstream		Andrew Scott-Clark, Director Public Health
Working through KCC Public Health partnership with the Kent Community Healthcare Foundation Trust (KCHFT) to ensure Public Health improvement programmes are linked and delivered alongside Local Care through Primary Care Networks and other primary care providers (e.g. community pharmacy)		Andrew Scott-Clark, Director Public Health

Action Title	Action Owner	Planned Completion Date
Review appropriate level of KCC representation at subject specific ICP boards once the governance has been finalised in each ICP.	Penny Southern, Corporate Director ASCH	April 2020 (review)
Implementation of Adult Social Care and Health whole system Programme of change to deliver social care outcomes in a more efficient and sustainable way.	Penny Southern, Corporate Director ASCH	May 2020 (review)

Risk ID	CRR0006	Risk Title	Resourcing implications arising from increasing complex adult social care demand			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
Adult social care services across the country are facing growing pressures. The cost of adult social care services in Kent continues to increase due to the complexity of presenting need, including increasing numbers of young adults with long-term complex care needs.	Council is unable to manage and resource to future demand and its services consequently do not meet future statutory obligations and/or customer expectations.	Customer dissatisfaction with service provision. Increased and unplanned pressure on resources. Decline in performance. Legal challenge resulting in adverse reputational damage to the Council. Financial pressures on other council services.	Penny Southern, Corporate Director Adult Social Care and Health (ASCH)	Likely (4)	Major (5)	
This is all to be managed against a backdrop of public sector funding restraint, implications arising from the implementation of the Care Act, increases in Deprivation of Liberty Assessments, impacts associated with reducing budgets of partner agencies and longer-term demographic pressures.			Responsible Cabinet Member(s):	Target Residual Likelihood	Target Residual Impact	
Adult social care services are part of a complex system to meet needs, which requires the whole system to work cohesively.			Clair Bell, Adult Social Care and Public Health	Possible (3)	Major (5)	
Control Title				Control Owner		
Regular analysis and refreshing of forecasts to maintain the level of understanding of volatility of demand, which feeds into the relevant areas of the MTFP and the business planning process				Penny Southern, Corporate Director ASCH		
Continued support for investment in preventative services through voluntary sector partners				Penny Southern, Corporate Director ASCH / Vincent Godfrey, Strategic		

		Commissioner
Public Health & Social Care ensures effective provision of information, advice and guidance to all potential and existing service users, promoting self-management to reduce dependency		Andrew Scott-Clark, Director Public Health/ ASCH Divisional Directors
Best Interest Assessments (BIA) training package delivered as part of a rolling programme twice yearly		Julie Davidson, Interim Head of Adult Safeguarding
Continual review and monitoring of demand in relation to Deprivation of Liberty assessments (DoLs) with external resources brought in as necessary. Increased data cleansing has led to an improved overview of backlog cases		Julie Davidson, Interim Head of Adult Safeguarding
Targeted use of additional social care monies received from Government, investing in services which evidence suggests will have the greatest impact. Set out in Kent Integration and Better Care Fund plan.		Penny Southern, Corporate Director ASCH
New operating model for Adult Social Care and Health, including Promoting Wellbeing approach to help manage demand		Penny Southern, Corporate Director ASCH
Action Title	Action Owner	Planned Completion Date
Development of a Whole System Programme of Change - conduct a whole system assessment across Adult Social Care & Health (ASCH) to future-proof the services facing these challenges.	Helen Gillivan, Head of Business Delivery Unit, ASCH	April 2020 (review)

Risk ID	CRR0015	Risk Title	Managing and working with the social care market				
Source / Cause of Risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	Target Residual Likelihood	Target Residual Impact
A significant proportion of adult social care is commissioned out to the private and voluntary sectors. This offers value for money but also means that KCC is dependent on a buoyant market to achieve best value and give service users optimal choice and control.	Care home and domiciliary care markets are not sustainable.	Gaps in the care market for certain types of care or in geographical areas meaning difficulty in placing some service users.	Penny Southern, Corporate Director ASCH, in collaboration with Vincent Godfrey, Strategic Commissioner	Likely (4)	Major (5)	Possible (3)	Major (5)
Factors such as the introduction of the National Living Wage, potential inflationary pressures and uncertainty over care market workforce in light of new settled status arrangements mean that the care market is under pressure.	Inability to obtain the right kind of provider supply at affordable prices.	Significant numbers of care home closures or service failures.	Responsible Cabinet Member(s): Clair Bell, Adult Social Care and Public Health Roger Gough, Leader of the Council				
	Providers choose not to tender for services at Local Authority funding levels or accept service users with complex needs.						
Control Title				Control Owner			
Opportunities for joint commissioning and procurement in partnership with key agencies (i.e. Health) being regularly explored, including joint work regarding the provision of dementia nursing beds				Vincent Godfrey, Strategic Commissioner			
As part of the Commissioning Success model, Analytics function to ensure good quality data to inform decision making before moving commissioning activity forward				Rachel Kennard, Chief Analyst			
Regular engagement with provider and trade organisations				Vincent Godfrey, Strategic Commissioner			
Ongoing contract monitoring, working in partnership with the Access to Resources team				Clare Maynard, Head of			

		Commissioning Portfolio – Outcome 2 and 3
Ongoing monitoring of Home Care market and market coverage. Commissioners and operational managers review the capacity of the Home Care market with a view to developing a strategy to ensure market coverage		Clare Maynard, Head of Commissioning Portfolio – Outcome 2 and 3
Ensuring contracts have indexation clauses built-in, managed through contract monitoring		Kieran Hannan, Strategic Commissioning
KCC is part of local and regional Quality Surveillance Groups that systematically bring together the different parts of the health and care system to share information, identify and mitigate risks to quality, including those relating to care providers		Penny Southern, Corporate Director ASCH (KCC lead)
Design and Learning Centre – bespoke programme for development of Care Home Managers in order to improve quality.		Gina Walton, Design and Learning Centre Manager
Older Person's accommodation strategy refreshed, which analyses demand and need and sets the future vision and direction for accommodation to support vulnerable Kent residents alongside the Adult Social Care Strategy – Your Life, Your Wellbeing.		Penny Southern, Corporate Director ASCH
Phase 1 of Care and Support in the Home Services contract live, combining homecare and community based supporting independence services. This has reduced the number of care packages being placed off contract		Tracey Schneider, Commissioning Manager
Ongoing work to improve maturity of the market		Vincent Godfrey, Strategic Commissioner
Action Title	Action Owner	Planned Completion Date
Community Support Market Position Statement being refreshed, to inform market shaping, oversight and sustainability	Simon Mitchell, Interim Commissioner	March 2021
Implementation of phase 2 of the Care in the Home Services refresh, bringing the various Discharge services and Supported Living Services under the Care in the Home Umbrella.	Tracey Schneider, Commissioning Manager	April 2020
Commissioning of Disability and Mental Health Residential Care services, including consideration of changes to current sleep-in arrangements. Procurement stages align with phase 2 of the Care in the Home Services contracts	Paula Watson, Senior Commissioner	April 2020

Analytical work is being conducted on assessments and reviews in adult social care to help inform key commissioning activity

Rachel Kennard, Chief Analyst March 2020 (review)

Full Risk Register

Risk Register - Adult Social Care and Health

Current Risk Level Summary

Green	0	Amber	2	Red	4	Total	6
		1	-4	↓		1	-4

Current Risk Level Changes

0	0	0	1	0
0	0	0	3	0
0	0	0	1	1
0	0	0	0	0
0	0	0	0	0

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review
AH0005	Continued pressures on public sector funding impacting on revenue and capital budgets. The Government identified additional funding for adult social care but there continues to be a need to achieve significant efficiencies for the foreseeable future. KCC has had to find major savings and there has been considerable pressure on budgets with the Directorate expected to contribute £18 million towards the Council savings in 2018-19. In 2019-20 there is a savings and additional income target of £15.9m The workforce has depleted in recent years and there is less capacity to deliver services. Partner agencies have also experienced funding challenges potentially putting joint working at risk. Financial pressures in the health sector having repercussions for social care.	ASCH Directorate Management Team	11/02/2020	11/05/2020

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Page 81	Major funding pressures impacting on the delivery of social care services. The capital strategy putting specific projects at risk. Business viability of independent providers could be impacted with providers going out of business and a very fragile care market. Vulnerable people could be without support if there is insufficient resource in the system including sufficient staffing across the care sector to deliver services.	High		<ul style="list-style-type: none"> A Resource Management Accountability (RMA) Unit established in Older People Physical Disability (OPPD). A comprehensive programme of projects is set out in the ASCH Portfolio Management Office (PMO) which identifies savings targets and how they will be delivered and monitored through the year. Service/Operational Plans produced for 2019/2020 Robust financial and activity monitoring regularly reported to DMT and the Divisional Management Teams. Continued drive to deliver efficient and effective services through the development of new operating models and the modernisation agenda. Programme and project management approach to change. Continue to work innovatively with partners, including health services, to identify any efficiencies across the wider sector. 	Control		High
		20			Control		16
		Serious (4)			Control		Serious (4)
		Very Likely (5)			Control		Likely (4)
					Control	30/04/2020	
					Control	30/04/2020	

Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none">• Robust debt monitoring arrangements in place.• More efficient use of assistive technology and equipment to help people to live independent lives and reduce dependence on service.	Michelle Goldsmith ASCH Directorate Management Team	Control Control		
Review Comments	Reviewed by DMT on 29th January and agreed at current level 11/02/2020						

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0033	Risk Title and Event	Owner	Last Review da	Next Review		
Workforce- Recruitment and retention of staff			Penny Southern	11/02/2020	11/05/2020		
<p>The recruitment and retention of staff continues to be a challenge for Adult Social Care and the wider care sector. There is a need to ensure that a suitably qualified and experienced workforce is in place to deliver services. This includes making sure critical roles are filled with staff who have the right skill set. There are some concerns regarding the impact of Brexit on the ability to recruit staff in the care sector.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Page 83	Without the right workforce in place there is a risk that statutory services will not be delivered and there will be gaps in care provision.	High		<ul style="list-style-type: none"> An ASCH Organisational Development (OD) Group has been established to have oversight of all workforce issues affecting the Directorate and wider social care market. Opportunities to make use of the apprenticeship levy and graduate scheme have been developed and are underway An ASCH workforce plan with related activities to support recruitment, retention and succession planning is in development. The aim is to ensure we have responsive staff equipped with the right skill sets and tools to work in the changing environment for social care and health. The strategy includes - scope; priorities; budget; principles; retention and staff development; and monitoring and review. Recruitment campaigns to fill vacancies. Promotion of KCC as an employer at recruitment events. Actively involved in publicising Department of Health and Social Care (DHSC) national Adult Social Care Recruitment Campaign for the Local Authority and the wider social care sector. 	Anne Tidmarsh	Control	Low
		16			Penny Southern	Control	2
		Serious (4)					Unlikely (2)
		Likely (4)			ASCH Directorate Management Team	Control	
Review Comments	This was reviewed as part of DMT review on 29th January and workforce plan to be included in business planning						
	11/02/2020						

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0017	Risk Title and Event	Owner	Last Review da	Next Review		
Facilities Management			ASCH	11/02/2020	11/05/2020		
The implications of this are Health and Safety risks to residents and service users and the possibility of a KCC provider unit failing an inspection by Care Quality Commission (CQC) or OFSTED.			Directorate Management Team				
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Delays by the contracted service provider to complete maintenance work required within the in house care provision service. This includes works to the building and the maintenance of facilities and equipment within the buildings such as lifts and hoists.	The consequences are Health and Safety risks for service users and staff. It is also a reputational risk for the Council if a registered unit should fail an inspection by CQC or OFSTED. A further risk is if parts of buildings are not accessible while essential safety work is awaited.	High		<ul style="list-style-type: none"> Facilities Management (FM) updates to be shared with ASCH service representatives and communicated further within the Directorate as required FM dashboards to be discussed at infrastructure Stakeholder Group - ASCH representatives to be consulted on relevant dashboards. A Fire Safety Plan workshop was held in November for all managers of KCC Adult Social Care residential units. Engagement sessions have been arranged with GEN2 (FM Managing Agent) and relevant Assistant Directors in order to establish outstanding items, clarification of the FM specification for each site and explanation of the call log and escalation process. Escalation of cases to Directors where urgent works are required and the completion of risk assessments where required. 	Helen Bond	Control	Low
		16			Helen Bond	Control	4
		Serious (4)			Helen Bond	Control	Moderate (2)
		Likely (4)			Helen Bond	Control	Unlikely (2)
					ASCH Divisional Directors	Control	
Review Comments	Reviewed by DMT on 29th January 11/02/2020						

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Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0006	Risk Title and Event	Owner	Last Review da	Next Review		
Working with Health, Integration, Sustainability Transformation Programme (STP) and Better Care Fund (BCF) There is a need to develop integrated health and social care services, there is a risk if services do not become fully integrated. Local Authorities are required to put a plan in place and to be ready for integration by 2020. There are risks associated with joint working including ensuring commitments to Section 75 agreements. The NHS landscape is emerging around the Integrated Care System (ICS), and Integrated Care Partnerships (ICP), and Primary Care Networks (PCN)- the authority needs to be able to shape the support that feeds into these new structures. There is no information about what funding will be available after 2020.			ASCH Directorate Management Team	27/01/2020	27/04/2020		
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Page 85	Increased health and social care integration will impact on ways of working and the delivery of services. If services are not integrated there is a risk of gaps between services or in some instances duplication of services or inefficient use of the available joint resources. If health services are not meeting needs there can be increased pressures on social care services and budgets.	High		<ul style="list-style-type: none"> Developing integrated performance measures and monitoring Closer working with health to align commissioning plans for social care and Clinical Commissioning Groups (CCG). KCC is part of the STP and has input at various levels. Working with CCGs on Local Care and Hospital models as part of the STP. Programme management arrangements in place for integration with a Programme Plan and local action plans based on the Programme Plan. Co-ordination by a programme manager. Integrated steering groups to oversee priorities and delivery of action plan. This also includes the development of the Design and Learning Centre to support the integration of health, social care and the voluntary sector. Reporting and inputting to Transformation Board regarding integration but also to Health and Well Being Boards, and Locality boards and Clinical Commissioning Groups and Vanguard Groups. 	A	30/04/2020	Medium
		16			-Accepted	30/04/2020	9
		Serious (4)			-Accepted		Significant (3)
		Likely (4)			Control	30/04/2020	Possible (3)
				Control			

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Page 86			<ul style="list-style-type: none"> • A new Operating Model for mental health and social care partnership working has been fully implemented whereby KCC secures full accountability for all social care whilst continuing to work with Kent and Medway Partnership Trust (KMPT) to provide an integrated response in secondary care.. 	Cheryl Fenton	Control		
			<ul style="list-style-type: none"> • Joint Strategic Needs Assessment (JSNA) to support health and social care commissioning. 	Penny Southern	Control		
			<ul style="list-style-type: none"> • Already integrated working and commissioning in place for Learning Disability and Mental Health. 	Penny Southern	Control		
			<ul style="list-style-type: none"> • Joint working with health on Section 75 agreements including the Section 75 agreement for the provision of the Community Equipment Service. Need to continue to monitor services delivered under Section 75 agreements. 	ASCH Directorate Management Team	Control		
			<ul style="list-style-type: none"> • Ensure adherence to the revised national Continuing Health Care (CHC) Framework and monitor joint working arrangements to prevent cost shunting. Data now being collated to provide baseline measures and performance dashboard to monitor 	ASCH Directorate Management Team	Control		
			<ul style="list-style-type: none"> • Close working at a leadership level through Health and Well Being Boards and meetings with CCG Accountable Officers. 	ASCH Directorate Management Team	Control		

Review Comments

This risk will be reviewed at DMT on 29th Jan 27/01/2020

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0011	Risk Title and Event	Owner	Last Review da	Next Review		
Business disruption			ASCH	11/02/2020	11/05/2020		
Impact of emergency or major business disruption on the ability of the Directorate to provide essential services to meet its statutory obligations.			Directorate Management Team				
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Possible disruption to services	Such an event would impact on service users and the wider public. Potentially people could be put at risk and the reputation of the service could suffer.	Medium 15 Major (5) Possible (3)		<ul style="list-style-type: none"> Terms of Reference and membership of Directorate Resilience Group revised in light of current threats (including Brexit). Group now meets monthly with established arrangements to meet daily if required. Training/exercise package available to all teams and services to test services Business Continuity Plans against Brexit planning assumptions . Identify gaps and areas for improvement. Management action plan developed. Management system in place to quality assure contingency arrangements including review and identification of lessons arising from the way incidents/exercises are managed. Advanced Business Impact Analysis and Risk Assessment to be undertaken for all services, reviewed annually or when substantive changes in policy, process or procedure occur. To review Service Level Business Continuity Plans as part of service Realignment. Develop new Service Level Business Continuity Plans as apart of Mental Health Transformation, reflecting outcome of Business Impact Analysis and Risk Assessments. Service Managers to review Plans annually or in light of significant changes or events. 	Helen Gillivan Helen Gillivan Helen Gillivan Helen Gillivan	Control Control Control Control	Medium 9 Significant (3) Possible (3)

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Page 88			<ul style="list-style-type: none"> • Business Management Systems Team to work with Commissioning to ensure that business continuity arrangements are in place for contracted services to meet requirements. If necessary make recommendations for improvement as part of contract monitoring process. 	Helen Gillivan	Control		
			<ul style="list-style-type: none"> • A range of in-house and multi agency training available to ensure all staff are aware of their roles and responsibilities in responding to business disruption, increased needs and/or service demands. 	Penny Southern	Control		
			<ul style="list-style-type: none"> • System resilience plan in place setting out how the Directorate is prepared to respond to the increased needs and/or service demands as a result of seasonal pressures and other periods of escalations across the Kent and Medway Health and Social Care System. 	Penny Southern	Control		
			<ul style="list-style-type: none"> • Service Level Business Continuity plans in place for all services reflecting outcome of Business Impact Analysis and Risk Assessment. Service Managers to review Plans annually or in light of significant changes or events. 	Penny Southern	Control		
			<ul style="list-style-type: none"> • Good partnership working across KCC departments and multi-agency partners including joint planning with NHS organisations. 	ASCH Directorate Management Team	Control		

Review Comments Reviewed by DMT 29th January and BIA approved by DMT in December 11/02/2020

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0009	Risk Title and Event	Owner	Last Review da	Next Review		
		ICT and Systems Replacement.	ASCH Directorate Management Team	11/02/2020	11/05/2020		
<p>There is a risk that failure of critical systems or networks will impact significantly on the delivery of services. There is also a risk if systems do not have disaster recovery plan arrangements in place. Cygnum (system used by KEaH) does not have disaster recovery - has been looked into but cannot be implemented.</p> <p>Replacing the SWIFT/AIS system and implementation of a new system is also a risk for the Directorate . Several associated risks : organisational change may affect the new system configuration causing rework, delay and data migration issues.</p> <p>Secondly, the ability to resource the implementation project due to other/competing priorities in the Directorate could impact on project deadlines. A third Risk that the business does not fully adopt the change so that the business benefits are not fully realised. A fourth risk is that suppliers (Servelec, BSC ICT) cannot provide resources to meet project deadlines. A fifth risk is the implementation of the financial modules of MOSAIC including FinetraB2B to replace TDM- this will require significant input from Finance.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Need to ensure that information and Communication systems are fit for purpose and support business requirements. The implementation of a new MOSAIC system is a major change programme.	Information Systems need to be fit for purpose to assist service delivery and performance management - if systems are not fit for purpose this could have a significant impact on the service. For example a problem with systems could impact on client billing. If there is a lot of down time or if systems are slow it can impede staff from accessing key information about service users and carers.	Medium	16	<ul style="list-style-type: none"> Clear and appropriate communication to be provided ahead of any planned ICT system change/maintenance that may impact ASCH Information Systems. Helen Bond to oversee communication from Business Services Centre (BSC) to ASCH. Liaison with the Technology Commissioning Team regarding Disaster Recovery Testing to be coordinated. Working with the service provider to address any issues that arise when implementing the new system. There are a number of critical factors required which will impact on MOSAIC - for example Client Billing. Continued testing and configuration of the new system and the Implementation Plan. Directorate becomes an active member of the Strategic Technology Board, and the ASCH Portfolio Board has oversight of proposed developments within ASCH 	Control		Low
		12 Serious (4) Possible (3)	4 ↓				6 Moderate (2) Possible (3)
	The Adult Social Care client database is an essential requirement and needs to be fit for purpose.				Control		
					Control		

Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none"> • Additional resource has been provided through secondments to the project and support from operational teams. Some resource from commissioning is required and discussions are taking place about this. • MOSAIC Implementation Steering Group is in place to oversee the replacement of SWIFT/AIS 	<p>ASCH Directorate Management Team</p> <p>ASCH Directorate Management Team</p>	<p>Control</p> <p>Control</p>		
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Review Comments Reviewed by DMT on January 2020 and agreed that risk should be reduced, to possible 11/02/2020

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Penny Southern, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 4 March 2020

Subject: **ADULT SOCIAL CARE PERFORMANCE DASHBOARD**

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Directorate Management Team – 19 February 2020

Future Pathway of Paper: None

Electoral Division: All

Summary: The performance dashboard provides Members with progress against targets set for key performance and activity indicators for December 2019 for Adult Social Care.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Adult Social Care Performance Dashboard.

1. Introduction

1.1 Appendix 2 Part 4 of the Kent County Council Constitution states that:

“Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience.”

1.2 To this end, each Cabinet Committee is receiving a performance dashboard.

2. Performance Report

2.1 The main element of the Performance Report can be found at **Appendix A**, which is the Adult Social Care Performance Dashboard which includes a description of the indicator and the latest available results for the key performance and activity indicators

2.2 The Adult Social Care Performance Dashboard is a subset of the detailed monthly performance report that is used at team, Senior Management Team (SMT) and Directorate Management Team (DMT) level. The indicators included are based on key priorities for the Directorate and include operational data that is regularly used within the Directorate. The Performance Dashboard will evolve to support robust decision making within the Adult Social Care and Health Directorate as the new operating models are embedded.

- 2.3 The monthly performance monitoring is based on data that is derived from the client system – this was SWIFT/AIS until 5 October 2019 and the new system Mosaic from 16 October onwards. This system captures the assessment, needs, services, costs and review data from every service user that we support.
- 2.4 The operational teams have the responsibility for updating the system and have a wide range of reports available to them to be able to manage their own performance, including supervision with staff.
- 2.5 Indicators 1 - 7 on the dashboard have targets which demonstrate progress towards a desired level of performance. Indicators 8 and onwards are activity indicators for information purposes and may have forecasts to help demonstrate predicted trends and any subsequent increase or decrease in demand or activity.
- 2.6 Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes, and this will be a key element for reviewing the Dashboard.
- 2.7 A subset of these indicators is also used within the quarterly performance report, which is submitted to Cabinet.
- 2.8 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.
- 2.9 Performance results are assigned an alert on the following basis:
 - Green:** Current target achieved or exceeded, or activity levels are better than forecasted.
 - Amber:** Performance is below current target or activity is worse than forecasted but above minimum standard.
 - Red:** Performance is below a pre-defined minimum standard or activity is significantly worse than forecasted.

3. Summary of Performance

- 3.1 There are currently 20 measures within the Adult Social Care Performance Dashboard and where appropriate a RAG (Red, Amber and Green) rating has been applied for 15 of these.
- 3.2 For December 2019, five performance indicators are rated as Green, six as Amber and five are Red. Explanations for the red indicators are as follows:
 - 3.2.1 **Indicator 2: Percentage of contacts resolved at source.** In October 2019, Adult Social Care and Health changed their client system from SWIFT/AIS to Mosaic. The change to a workflow system facilitates a more detailed analysis and a greater understanding of a client's experience and will result in better outcomes. As a result, how we calculate several indicators has changed including the percentage of contacts resolved at source. Mosaic removes the ability to have more than one contact open for a client (subsequent contacts from a client are still recorded but no longer recorded as a separate contact). This has reduced the number of contacts being recorded and those that have been resolved.

3.2.2 Indicator 6: Total delayed transfers of care per 100,000. The Better Care Fund (BCF) requires Social Care and Health to work together to reduce delayed transfers of care and deliver better outcomes for people. In December, the rate of delays was 14.5 per 100,000 against the challenging BCF target of 8.7. Social Care delays contributed 3.6 of these delays. Last years national average for social care delays was 3.1 per 100,000. However, it should be noted that during this winter all the Acute Trusts have at one time or another reported being in Operational Escalation Pressure Level 4 (a measurement that indicates that pressures have escalated to a point where comprehensive care cannot be provided). This is the first time all four Trusts have reported such significant pressures and demonstrates the increasing demand on Health and Social Care.

3.2.3 Indicator 7: Admissions to permanent residential or nursing care for people aged 65+ and Indicator 8: Number of people aged 65+ in residential and nursing care. The Directorate's priority is to support people within their own community, ensuring that a client is helped to live at home as long as possible. As a result, it is anticipated that there should be a reduction in both admissions and clients receiving residential or nursing care.

Admissions vary from month to month and rose to a high of 173 in December compared with November's low number of 111 admissions. This increase will have been directly related to the winter pressures at hospitals throughout Kent.

The number of clients in residential or nursing care continues to reduce although at a slower rate than seen in the previous year.

3.2.4 Indicator 17: Number of Deprivation of Liberty Safeguards (DOLS) applications. The number of DOLS applications received continues to be higher than previously forecasted (which was based on previous years trend analysis). The rise is as a result of increased awareness brought about by the upcoming change in legislation.

4. Recommendations

<p>4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to CONSIDER and COMMENT on the Adult Social Care Performance Dashboard.</p>

5. Background Documents

None

6. Report Author

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Adult Social Care Dashboard

December 2019



Key to RAG (Red/ Amber/ Green) ratings applied to KPIs	
GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum *

* In future, when annual business plan targets are set, we will also publish the minimum acceptable level of performance for each indicator which will cause the KPI to be assessed as red when performance falls below this threshold

Adult Social Care Indicators

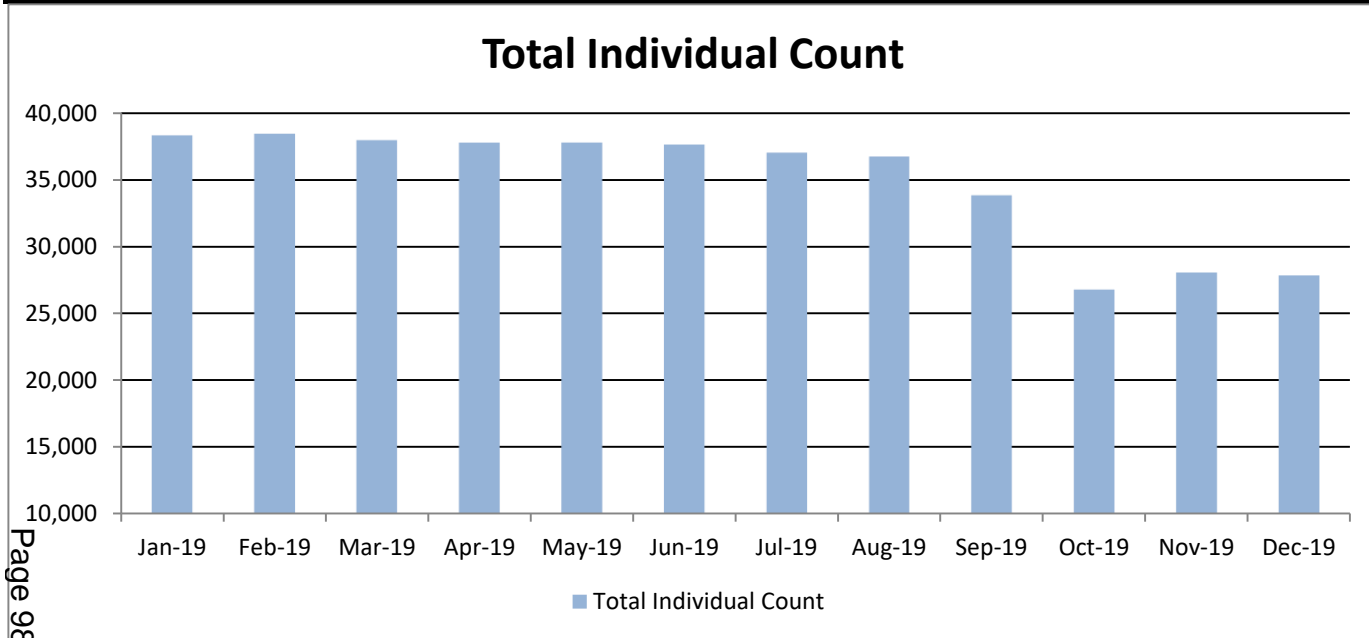
The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet. This is clearly labelled on the summary and in the detail.

Some indicators are monthly indicators, some are annual, and this is clearly stated.

All information is as at the latest month wherever possible.

Indicator Description		DivMT Report	QPR	2018-19 Outturn	Current 2019-20 Target	Current Position	Data Period	RAG
1	Total number of people supported, by presenting need			37,958	N/A	27,827	Snapshot	N/A
2	Percentage of contacts resolved at source	Y	Y	76%	70%	42%	Month	RED
3	Referrals to Enablement	Y	Y	1,337	961	1,153	Month	GREEN
4	Clients still independent after enablement		Y	73%	60%	72%	Snapshot	GREEN
5	Delayed Transfers of Care - proportion that are social care		Y	25.8%	30%	24.8%	12M	GREEN
6	Total Delays per 100,000 population		Y	13.48	8.7	14.5	Month	RED
7	Admissions to permanent residential or nursing care for people	Y	Y	154	150	173	Month	RED
8	Number of people aged 65+ in permanent residential care	Y	Y	2,140	1,924	2,141	Snapshot	RED
9	Number of people aged 65+ in permanent nursing care	Y	Y	1,098	1,056	1,088	Snapshot	AMBER
10	Number of people receiving care and support in the home	Y	Y	4,162	4,360	4,420	Snapshot	AMBER
11	Number of people receiving direct payments	Y	Y	3,036	2,849	2,914	Snapshot	AMBER
12	Number of people with a learning disability in residential/nursing care	Y	Y	1,077	998	1,080	Snapshot	AMBER
13	Number of people with a learning disability receiving a community service	Y	Y	3,101	N/A	3,182	Snapshot	GREEN
14	Number of people with Mental health needs in residential care	Y	Y	307	314	321	Snapshot	AMBER
15	Number of people with Mental health needs receiving a	Y	Y	518	N/A	542	Snapshot	AMBER
16.1	Number of Safeguarding concerns		Y	959	N/A	837	Month	N/A
16.2	Number of Safeguarding enquiries		Y	483	N/A	569		
16.3	Number of safeguarding consultations		Y	282	N/A	378		
16.4	Number of safeguarding closures		Y	629	N/A	614		
17	Number of DOLS applications		Y	469	480	613	Month	RED

1) Total Number of Supported People			N/A
Cabinet Member	Clair Bell	Director	Penny Southern
Portfolio	Adult Social Care	Division	OPPD & DCALDMH



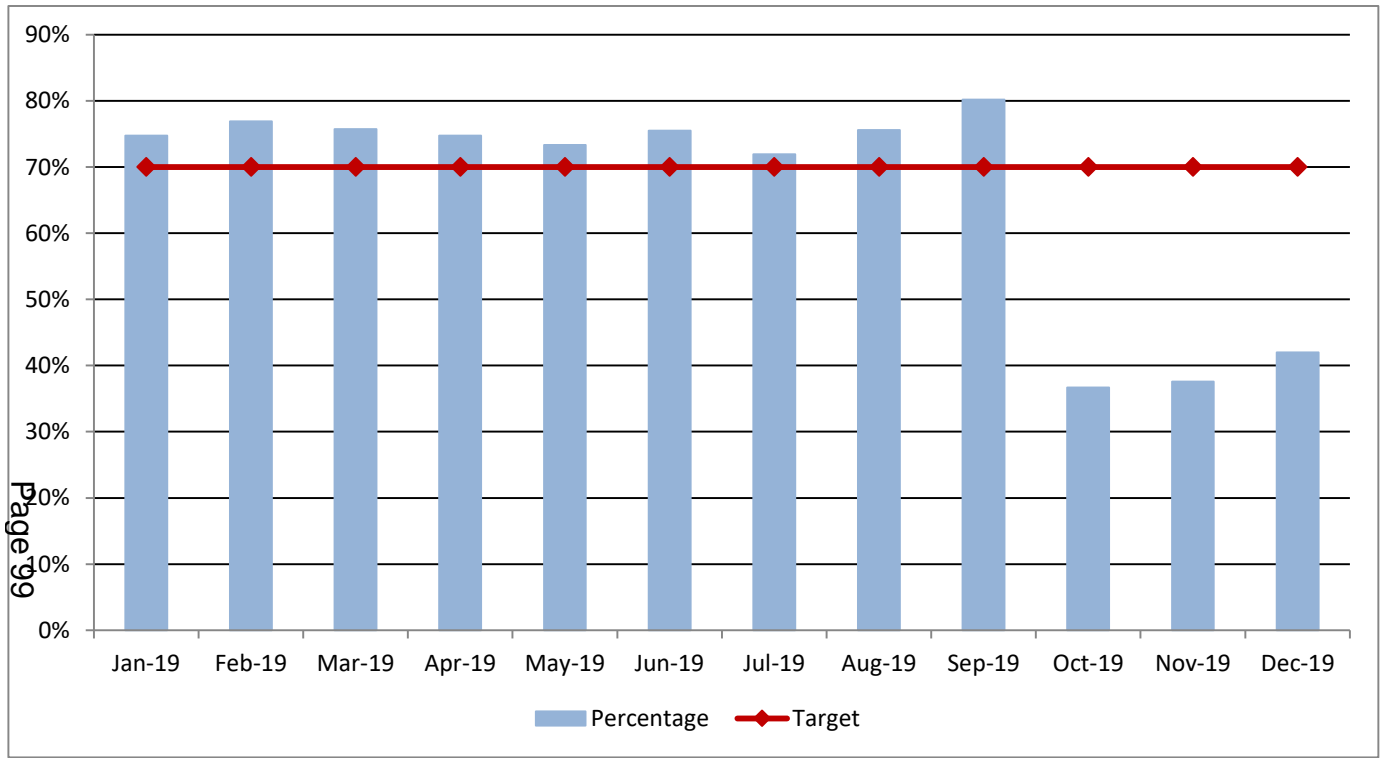
Data Notes
 Data Source: Power BI Caseload Report
 As of October 2019 the count is inclusive of all clients with an open workstep in Mosaic.

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Individual Count	38,309	38,440	37,958	37,749	37,757	37,595	37,009	36,723	33,838	26,769	28,043	27,827

Commentary
 As reported last quarter, the reduction in numbers in October arose from an extensive data cleansing exercise in preparation for the implementation of Mosaic where a number of clients records were reviewed and closed if appropriate.

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2) Percentage of Contacts resolved at source				RED
Cabinet Member	Clair Bell	Director	Janice Duff	
Portfolio	Adult Social Care	Division	Older People and Physical Disability	



Data Notes
 Data Source: MOSAIC/Power BI Contacts Report

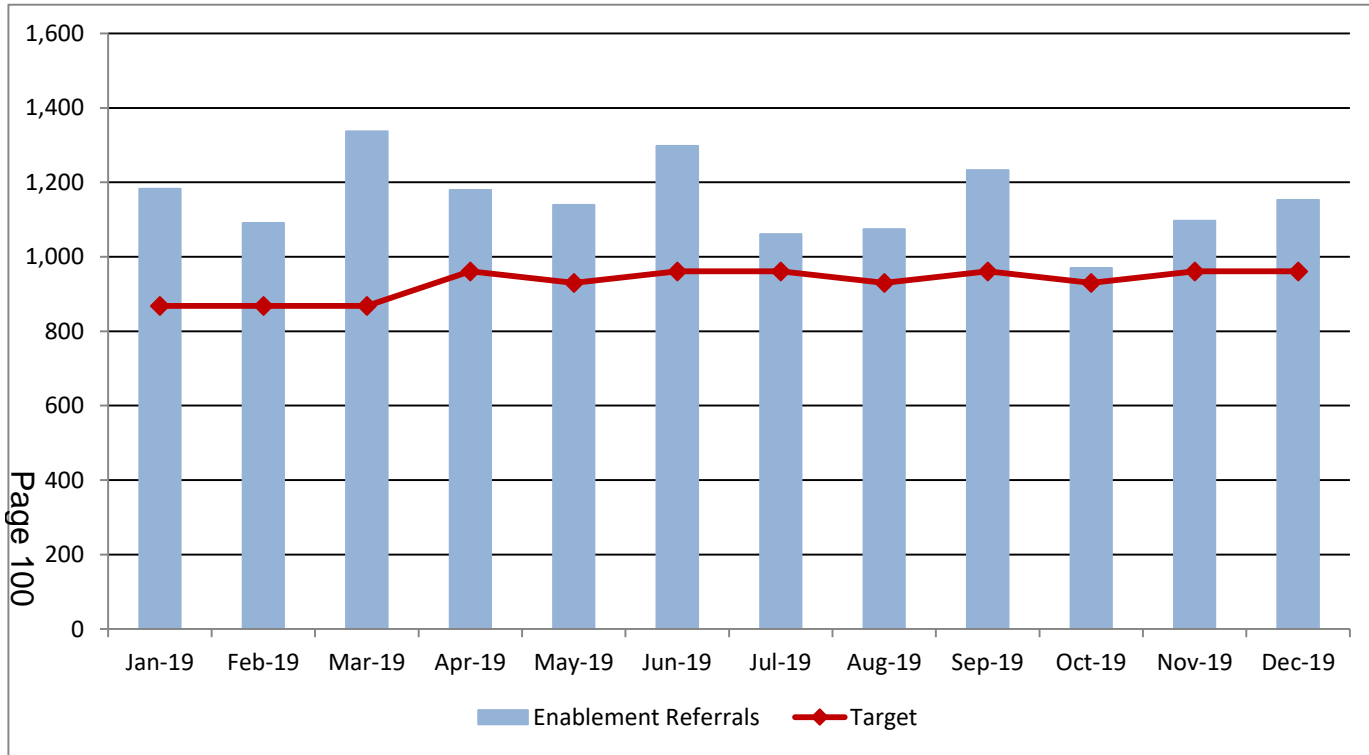
Quarterly Performance Report Indicator

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Percentage	75%	77%	76%	75%	73%	76%	72%	76%	80%	37%	38%	42%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	RED	RED	RED

Commentary

The workflow process introduced by Mosaic allows us to better analyse clients experience of social care. A client can now only have one contact open at any time which has resulted in a significant reduction in the number of contacts being recorded and a reduction in the percentage of those being resolved at first point of contact.

3) Referrals to Enablement			GREEN
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



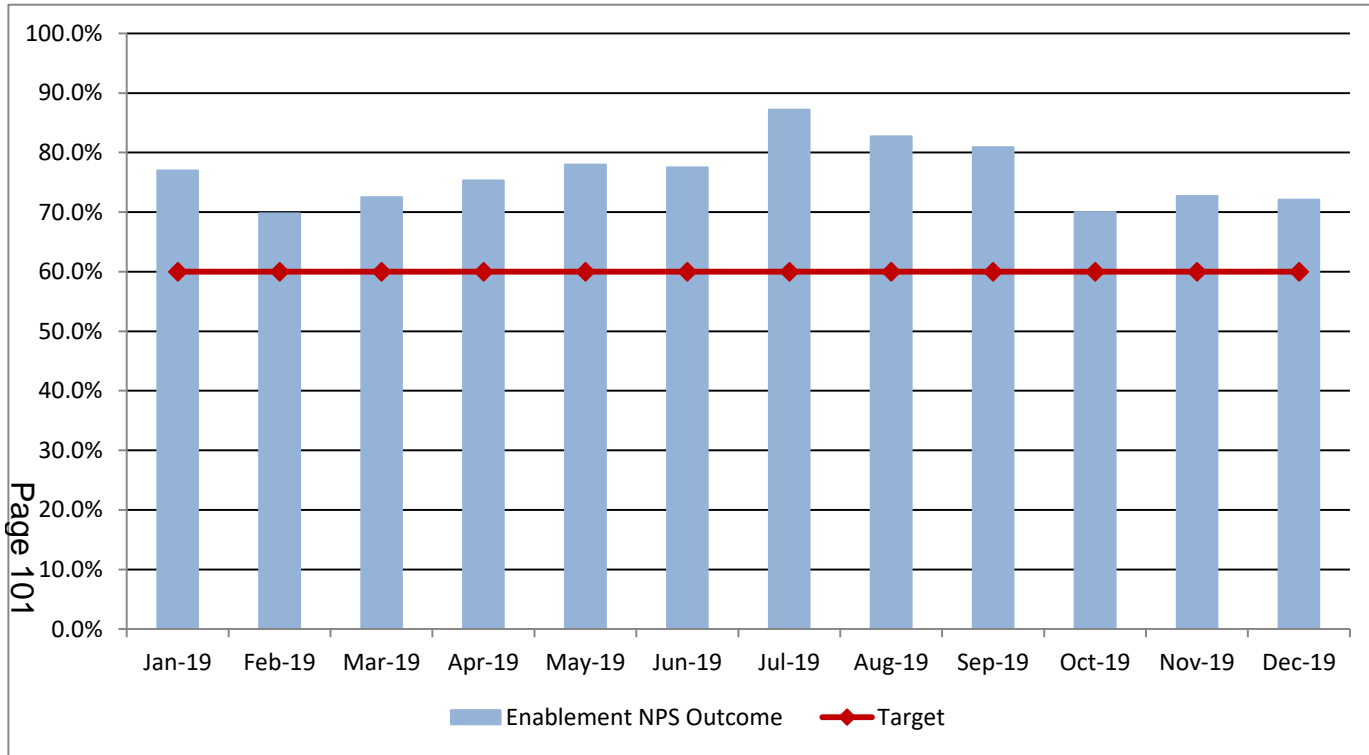
Data Notes
Unit of Measure: Number of people who had a referral that led to an Enablement service
Data Source: Enablement Dashboard + Hilton

Quarterly Performance Report Indicator

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Target	868	868	868	961	930	961	961	930	961	930	961	961
Enablement Referrals	1,183	1,091	1,337	1,179	1,139	1,298	1,061	1,074	1,233	970	1,097	1,153
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
This the number of referrals to our enablement service which is a specialist service to enable people to live independently and undertake daily tasks without support. KCC’s inhouse Kent Enablement at Home Service (KEaH) is supplemented by an external provider which provides additional capacity. For quarter 3, 42.3% of all referrals during the quarter were made to this external provider.

4) Clients still independent after Enablement			GREEN
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes
Unit of Measure: Percentage of people who received an Enablement service who were able to continue to live at the end of their enablement service.

Data Source: Enablement Dashboard

Quarterly Performance Report Indicator

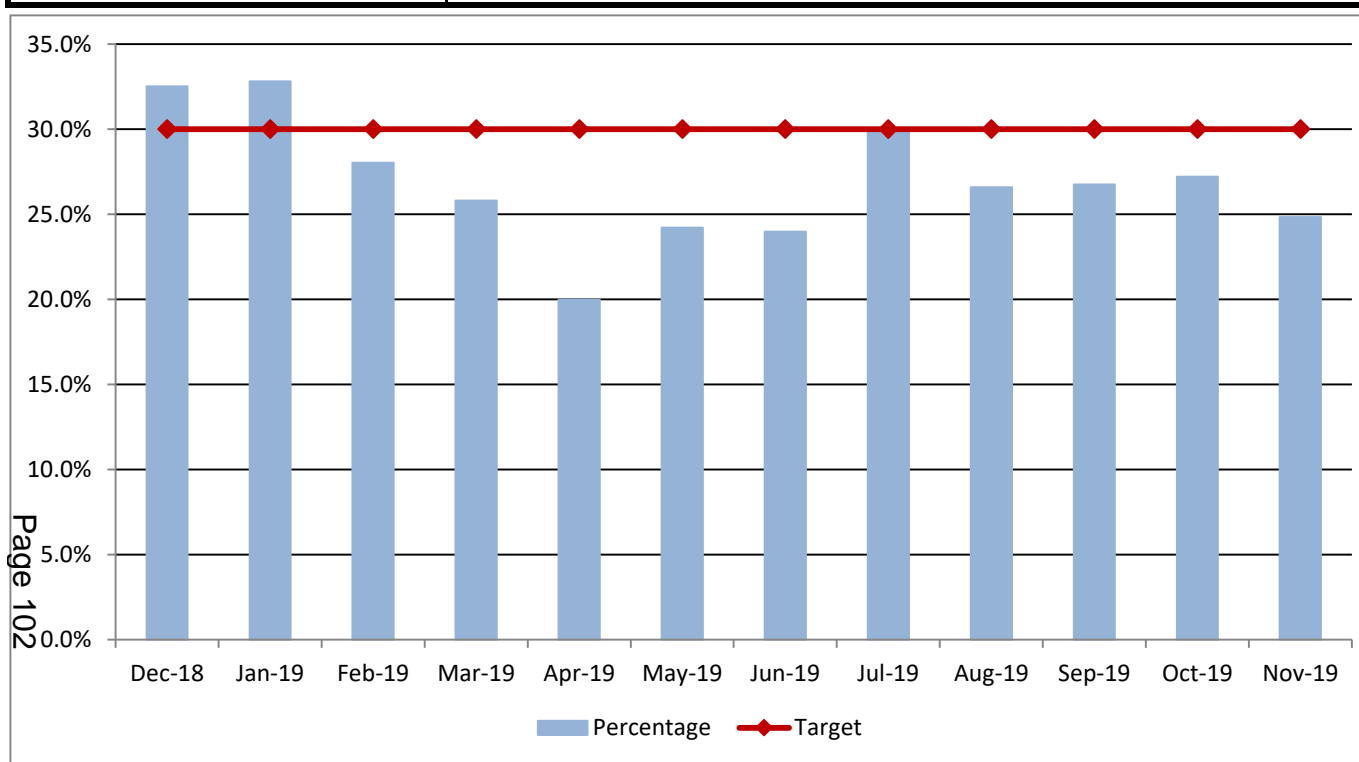
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Enablement NPS Outcome	77.0%	69.8%	72.5%	75.3%	78.0%	77.5%	87.2%	82.7%	80.9%	70.0%	72.7%	72.1%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
The percentage of clients still independent after enablement remains ahead of target at 72.1%. The KEaH enablement service has been enhanced by the addition of Occupational Therapists resulting in more people either requiring a smaller package of care or no care after enablement.

5) Delayed Transfers of Care - Social Care Responsibility

GREEN

Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes

This indicator represents the percentage of all delays attributable to Adult Social Care or Jointly with the NHS.

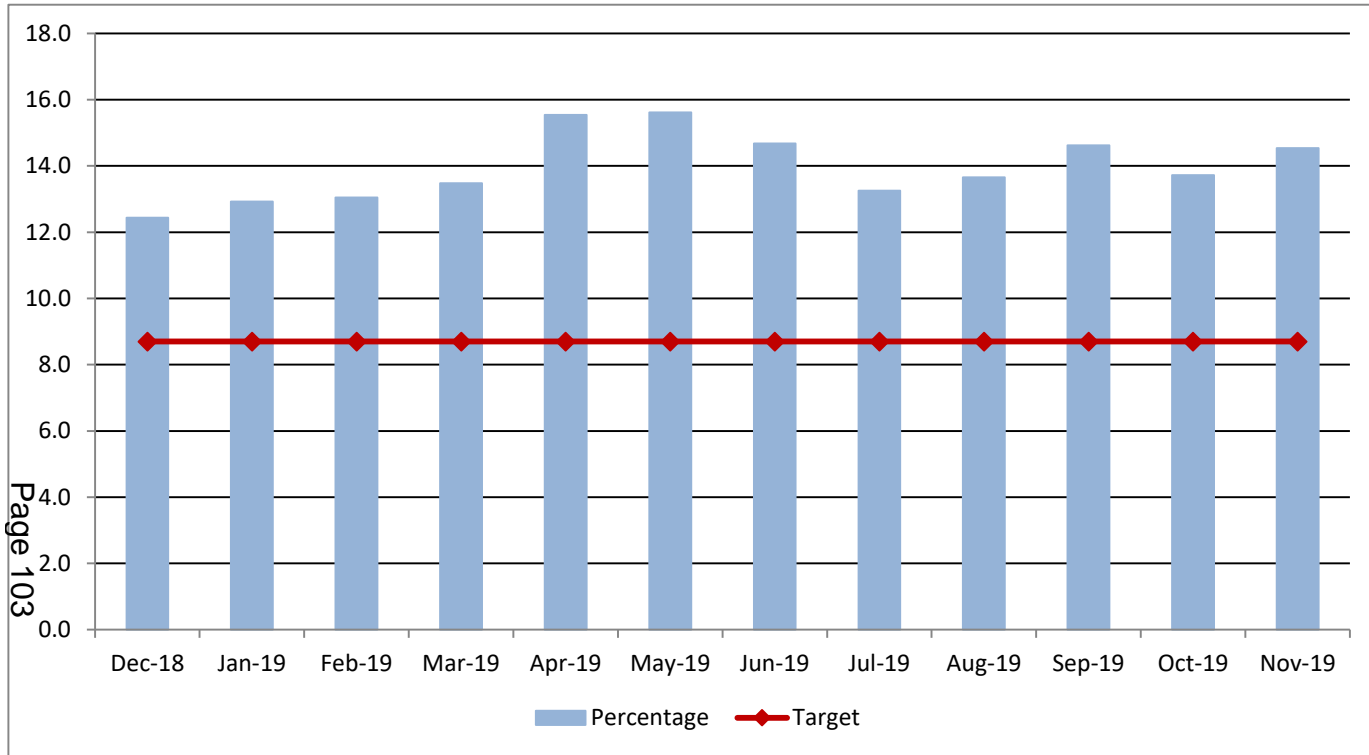
	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Target	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Percentage	32.5%	32.8%	28.0%	25.8%	20.0%	24.2%	24.0%	29.8%	26.6%	26.7%	27.2%	24.8%
RAG Rating	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This is an internal KCC indicator and measures the proportion of delays which are attributable to Social Care. There is a delay in NHS Digital publishing figures relating to transfers of care and for November 24.8% of delays across Kent were attributable to Social Care. For Social Care delayed discharges, the three main reasons were: Awaiting Residential Home (161 bed days), Awaiting Domiciliary Care Package (134 bed days), and Awaiting Nursing Home (112 bed days). It should be noted that there is a national indicator relating to delayed transfers attributable to Social Care and for the same month the rate of delays was 3.6 per 100,000. It is proposed this national measure replaces this local indicator for 2020/21 which will allow for both national and regional comparisons.

6) Delayed Transfers of Care - Total Delays per 100,000 Population RED

Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



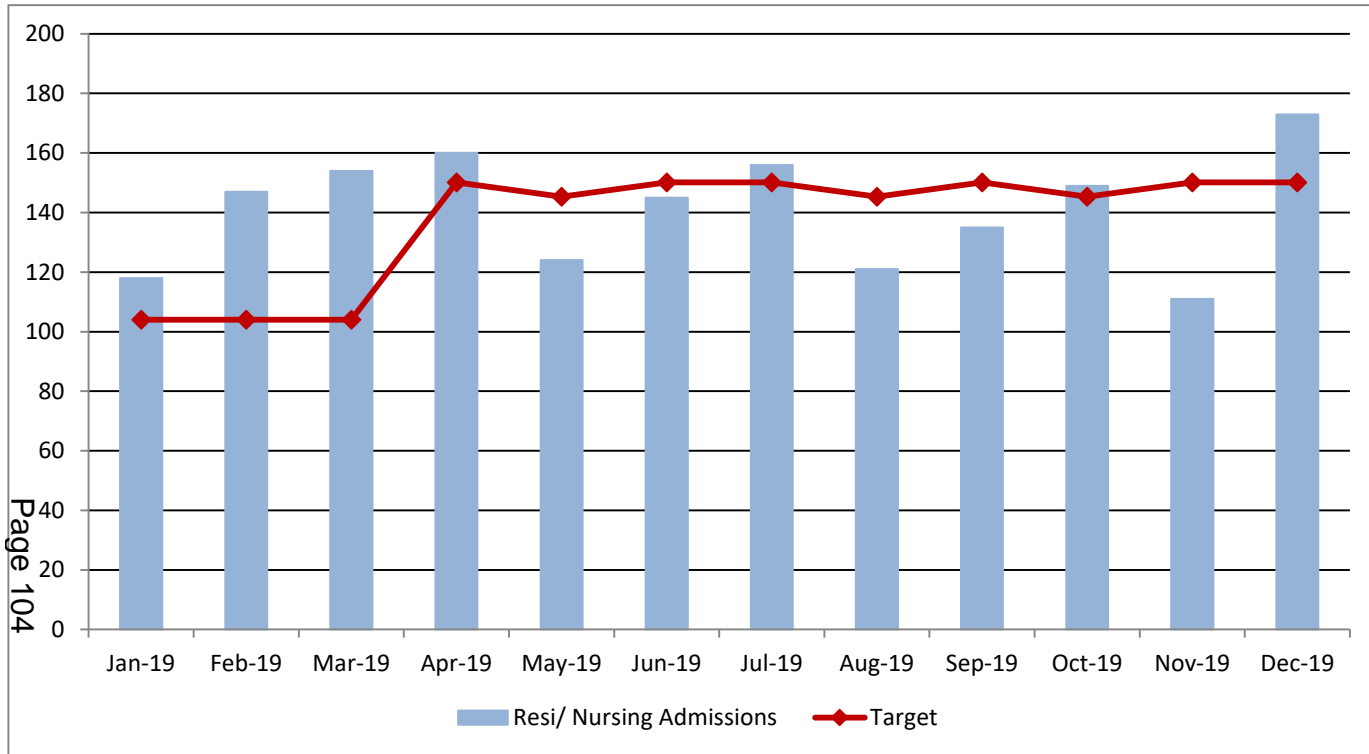
Data Notes
Based on nationally published NHS data which is available a month in arrears.

	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Target	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7
Percentage	12.4	12.9	13.0	13.5	15.5	15.6	14.7	13.3	13.7	14.6	13.7	14.5
RAG Rating	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED

Commentary
The ratio of patients with a delayed discharge (including all responsibilities for the delay) has been consistently above the target of 8.7 delayed discharges per 100,000 of population. It should be noted that during this winter, all the Acute Trusts have at one time or another reported being in Operational Escalation Pressure Level 4 (a measurement that indicates that pressures have escalated to a point where comprehensive care cannot be provided). This is the first time all four Trusts have reported such significant pressures and demonstrates the increasing demand on Health and Social Care.

7) Admissions to permanent residential or nursing care for people aged 65+ **RED**

Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes
 Unit of Measure: Older people placed into Permanent Residential and Nursing Care per month, provided a month in arrears to allow for late input.

Data Source: MOSAIC B13 Report

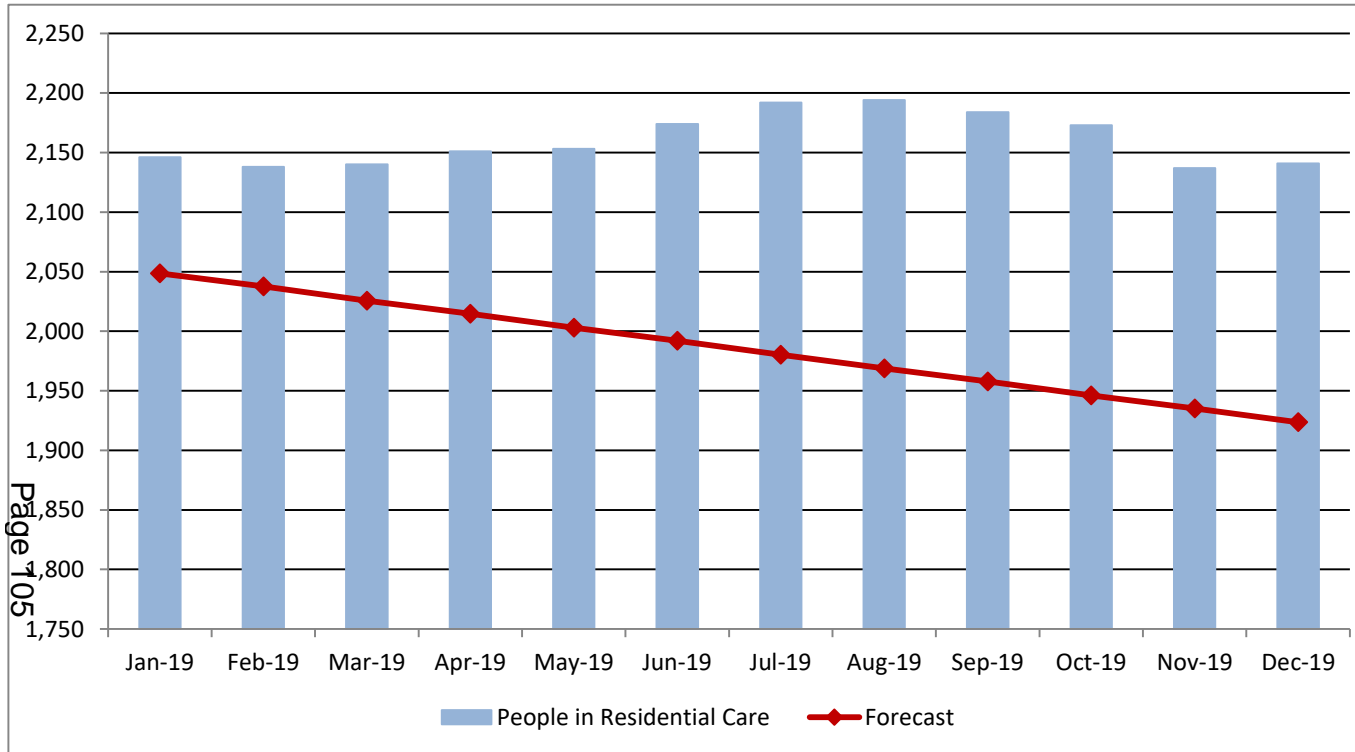
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Target	104	104	104	150	145	150	150	145	150	145	150	150
Resi/ Nursing Admissions	118	147	154	160	124	145	156	121	135	149	111	173
RAG Rating	RED	RED	RED	AMBER	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER	GREEN	RED

Commentary
 This is the number of older people newly placed in a permanent residential/ nursing care home. Please note that figures for the most recent months include provisional placements agreed at panel that have started in the month but not yet been recorded on MOSAIC. Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate, as demonstrated by the increasing proportion of people supported in their own homes.

8) Number of people aged 65+ in permanent residential care (AS01)

RED

Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes

Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent residential care

Data Source: MOSAIC B13 Report

Quarterly Performance Report Indicator

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Forecast	2,049	2,038	2,026	2,015	2,003	1,992	1,980	1,969	1,958	1,946	1,935	1,924
People in Residential Care	2,146	2,138	2,140	2,151	2,153	2,174	2,192	2,194	2,184	2,173	2,137	2,141
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	RED	RED	RED	RED	RED	RED

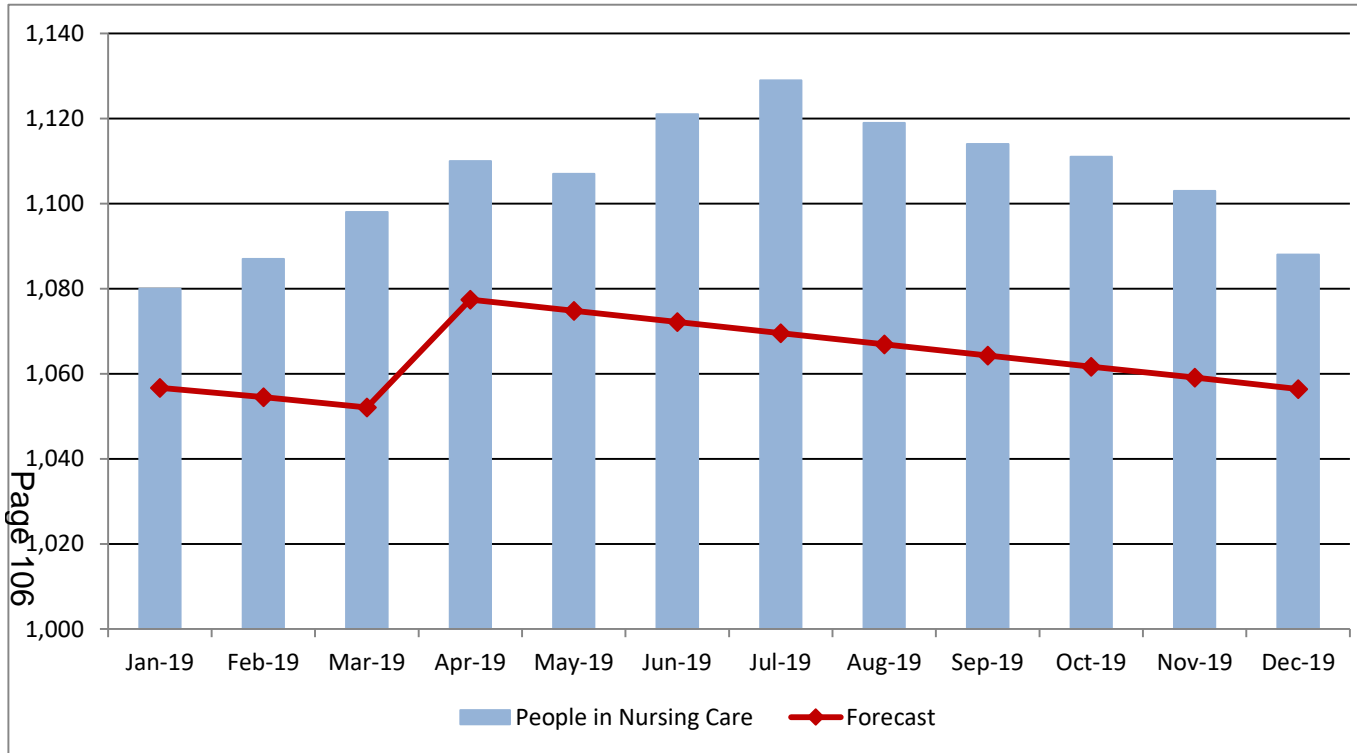
Commentary

This is the number of people in permanent residential care at the end of the month. The number of people aged 65+ in permanent residential care has decreased by 5 people in the past 12 months (0.2%). There is an end of year forecast that there would be 1,890 people in permanent residential care by 31st March 2020 which was based on previous years trend analysis. However this rate of reduction has not been observed during this financial year and currently there are 217 more clients than the 2019 December forecast.

9) Number of people aged 65+ in permanent nursing care (AS02)

AMBER

Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes

Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent nursing care

Data Source: MOSAIC B13 Report

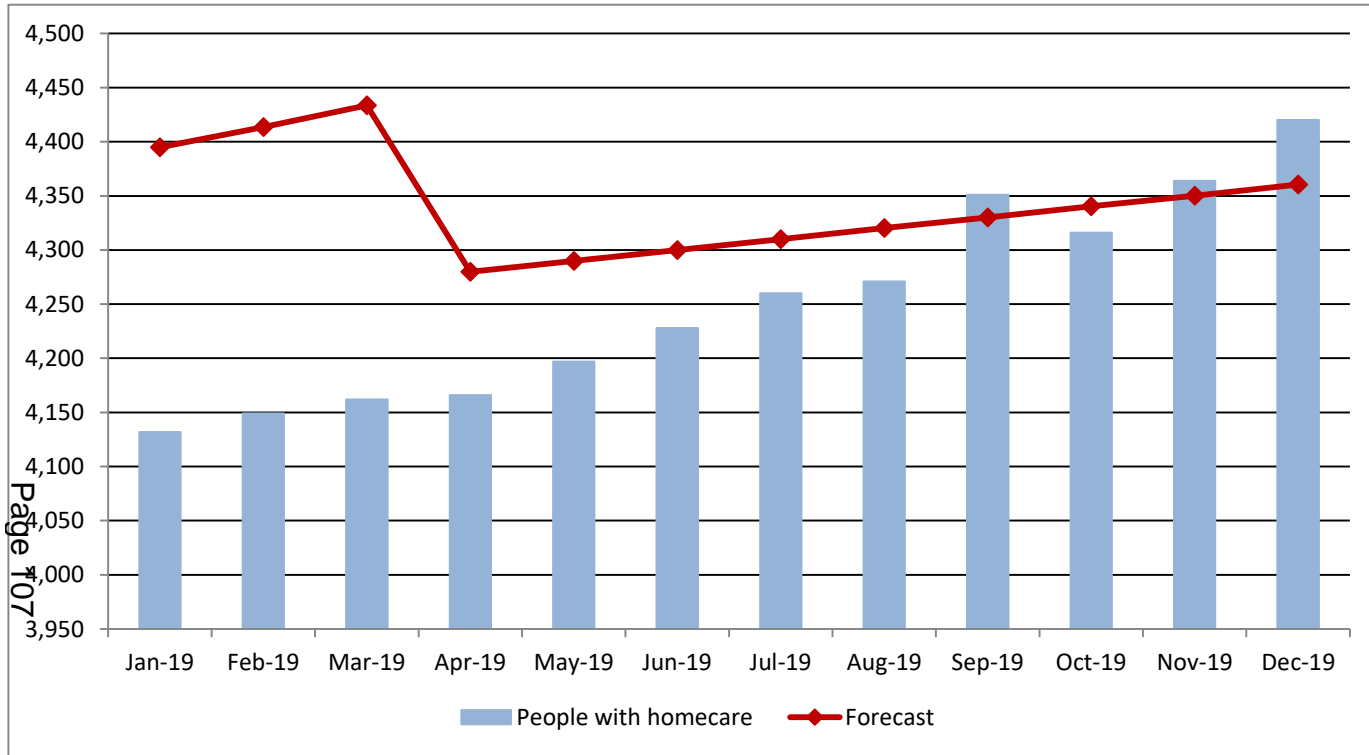
Quarterly Performance Report Indicator

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Forecast	1,057	1,055	1,052	1,077	1,075	1,072	1,070	1,067	1,064	1,062	1,059	1,056
People in Nursing Care	1,080	1,087	1,098	1,110	1,107	1,121	1,129	1,119	1,114	1,111	1,103	1,088
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

This is the number of people in permanent nursing care at the end of the month. The number of people aged 65+ in permanent Nursing Care has increased by 8 people in the past 12 months (0.7% increase). Using previous years trend analysis, a forecast of 1049 people in Nursing Care was profiled for March 2020. However, the expected rate of decrease has not occurred this year and at present there are 32 more clients than the 2019 December forecast.

10) Number of people receiving care and support in the home (AS03)			AMBER
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes
Unit of Measure: End of month snapshot of the number of people receiving care and support in the home
Data Source: MOSAIC B13 Report
Quarterly Performance Report Indicator

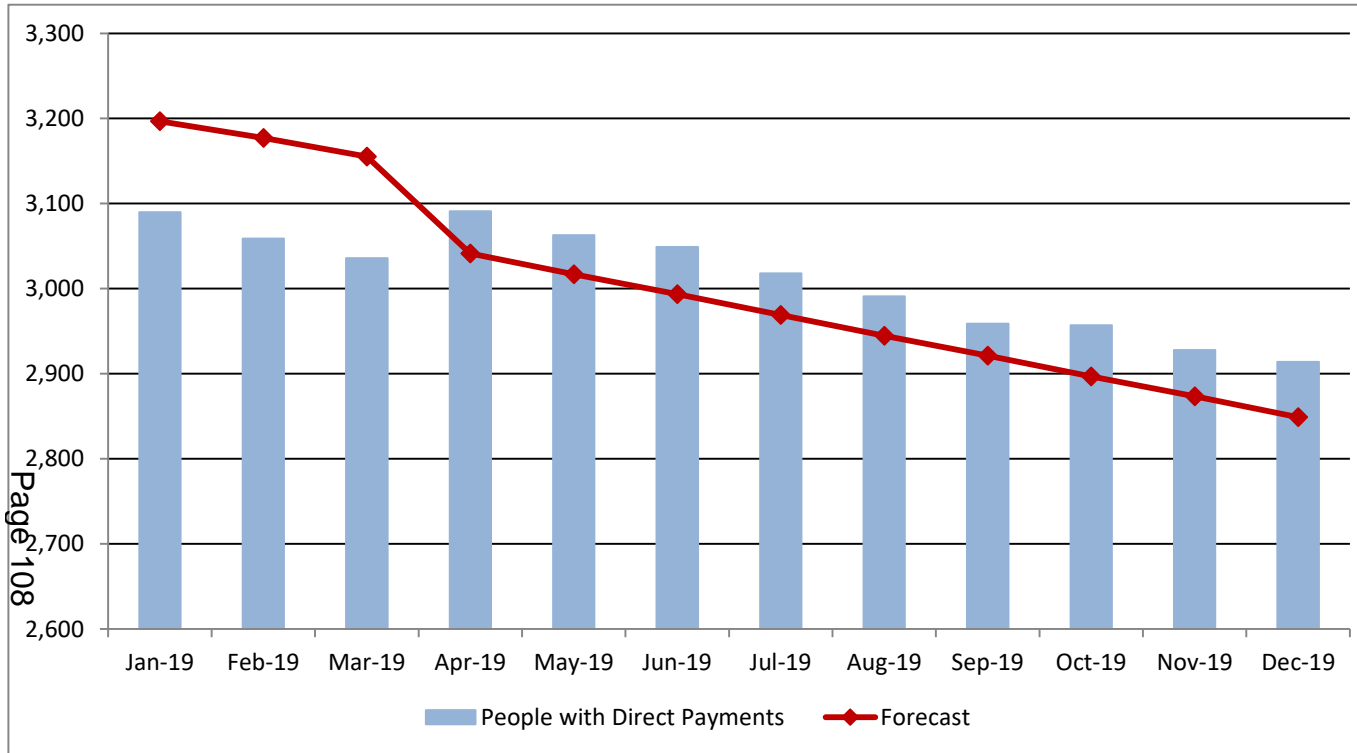
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Forecast	4,395	4,413	4,434	4,280	4,290	4,300	4,310	4,320	4,330	4,340	4,350	4,360
People with homecare	4,132	4,149	4,162	4,166	4,197	4,228	4,260	4,271	4,351	4,316	4,364	4,420
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	AMBER	AMBER

Commentary
This is the total number of people receiving care and support in the home which has been increasing steadily over the last 12 months (7% increase), with an additional 288 people in receipt of this service. Care and Support in the home is largely delivered to people over the age of 65, with 3,713 people aged 65+ receiving services at the end of December and 707 people aged 18-64 in receipt of this service.

11) Number of people receiving direct payments

AMBER

Cabinet Member	Clair Bell	Director	Janice Duff/ Richard Smith
Portfolio	Adult Social Care	Division	OPPD / DCLDMH



Data Notes

Unit of Measure: End of month snapshot of the number of people receiving direct payments

Data Source: MOSAIC B13 Report

Quarterly Performance Report Indicator

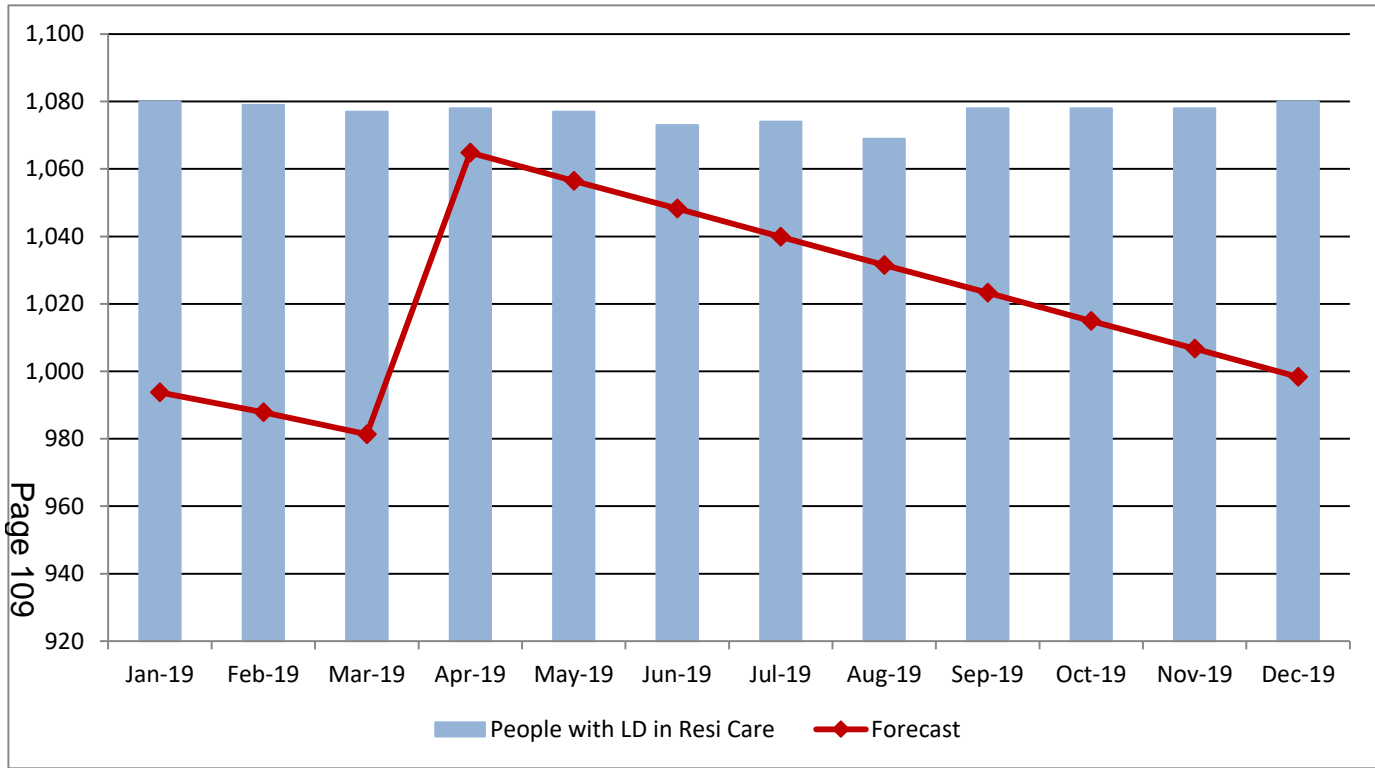
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Forecast	3,197	3,177	3,155	3,041	3,017	2,994	2,969	2,945	2,921	2,897	2,873	2,849
People with Direct Payments	3,090	3,059	3,036	3,091	3,063	3,049	3,018	2,991	2,959	2,957	2,928	2,914
RAG Rating	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

This the total number of people who have a direct payment and purchase their own care.

Direct payments has been declining across all function throughout 2018-20, with an overall drop of 6.4% in the past 12 months (equivalent to 198 fewer recipients). Analysis has identified that the most significant drop is with Older people and Mental Health clients. The rise in clients being supported in their own home suggests that clients may be choosing direct provision of services in order to circumvent the additional work required to directly employ a carer (e.g. arrange and pay pensions).

12) Number of people with a learning disability in residential/nursing care (AS04)			AMBER
Cabinet Member	Clair Bell	Director	Richard Smith
Portfolio	Adult Social Care	Division	Learning Disability

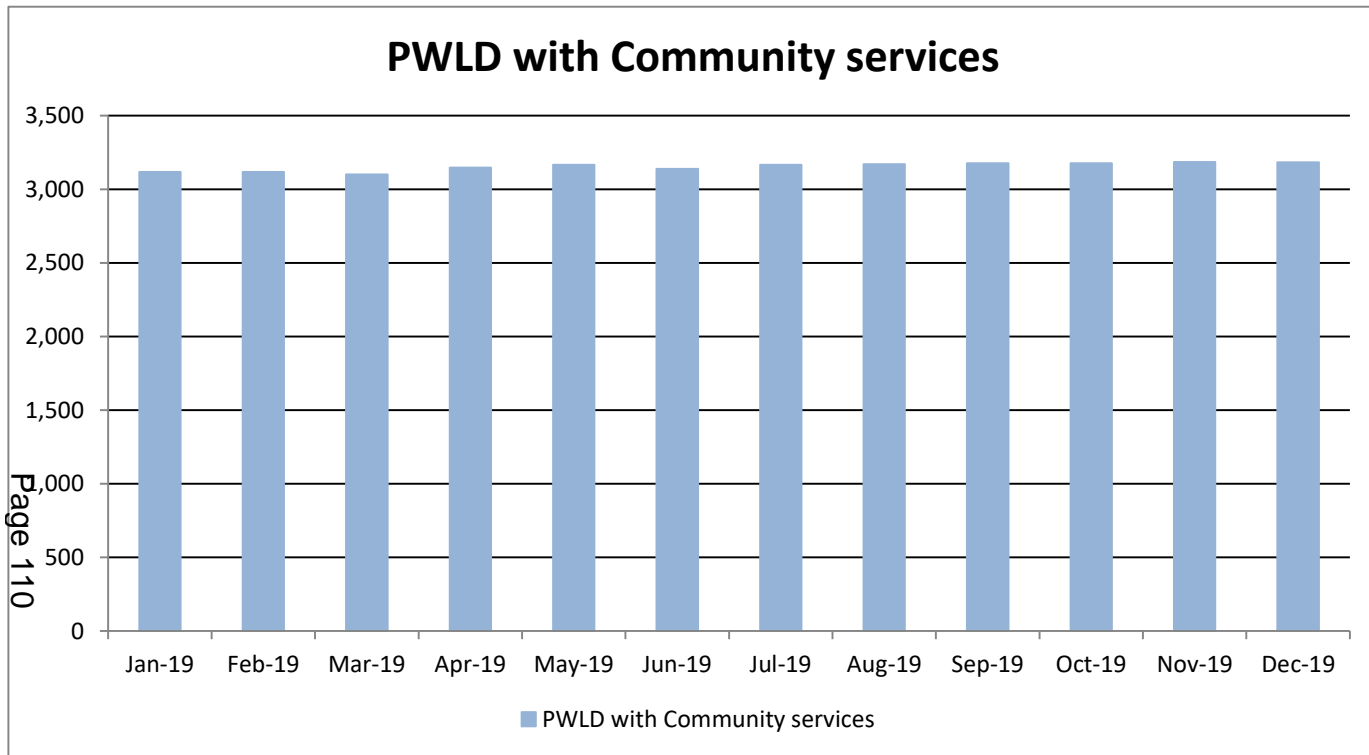


Data Notes
Unit of Measure: Number of people with a learning disability in permanent residential or nursing care as at month end.
Data Source: MOSAIC B13 Report
Quarterly Performance Report Indicator

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Forecast	994	988	981	1,065	1,056	1,048	1,040	1,031	1,023	1,015	1,007	998
People with LD in Resi Care	1,080	1,079	1,077	1,078	1,077	1,073	1,074	1,069	1,078	1,078	1,078	1,080
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary
This is the number of people with a learning disability in permanent residential or nursing care. It is a clear objective of the Directorate to ensure that as many people with a learning disability live as independently as possible. These figures are amalgamated from both MOSAIC (adult client system) and LPS (Lifespan Pathway Service system for 16-25 but only for those aged 18-25). Numbers of clients receiving residential and nursing care has remained relatively constant although the decline in numbers seen in previous years (and therefore forecasted for this year) has not been observed.

13) Number of people with a learning disability receiving a community service			GREEN
Cabinet Member	Clair Bell	Director	Richard Smith
Portfolio	Adult Social Care	Division	Learning Disability

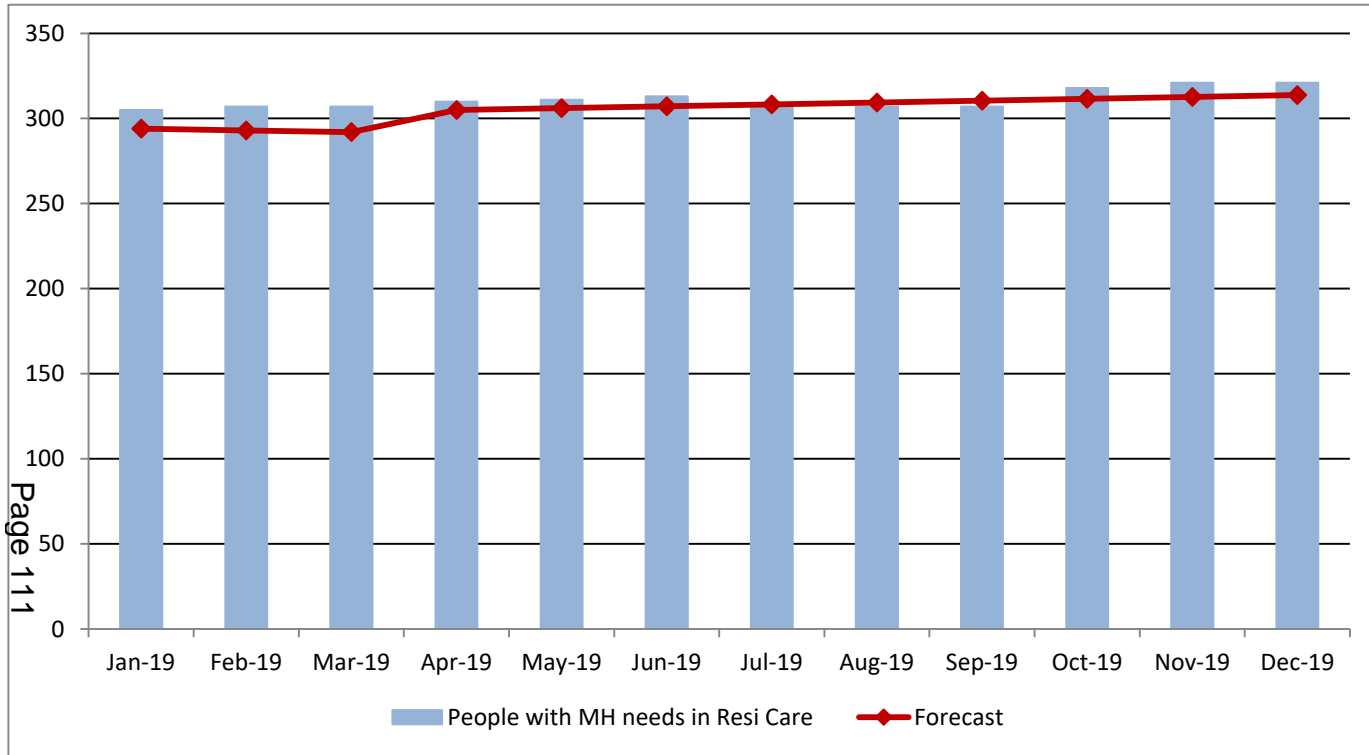


Data Notes
Unit of Measure: Number of people with a learning disability receiving a non-residential service
Data Source: MOSAIC B13 Report

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Forecast	3,027	3,033	3,039	3,045	3,051	3,057	3,063	3,069	3,075	3,081	3,087	3,093
PWLD with Community services	3,118	3,118	3,101	3,147	3,166	3,139	3,167	3,170	3,177	3,177	3,185	3,182
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
This is the number of people with a learning disability that are supported in the community. The net number of people with a learning disability receiving a community service (i.e. any LD clients in receipt of a support package not including residential services) has shown an increase over the past four months and now reflects a rise of 2.1% over the last 12 months (90 clients). These figures are amalgamated from both MOSAIC (adult client system) and LPS (Lifespan Pathway Service system for 16-25 but only for those aged 18-25). Current performance is 2.9% ahead of the forecasted number and therefore rated as green.

14) Number of people with mental health needs in residential/nursing care (AS04)			AMBER
Cabinet Member	Clair Bell	Director	Richard Smith
Portfolio	Adult Social Care	Division	Mental Health



Data Notes
Unit of Measure: Number of people with mental health needs in permanent residential or nursing care as at month end.

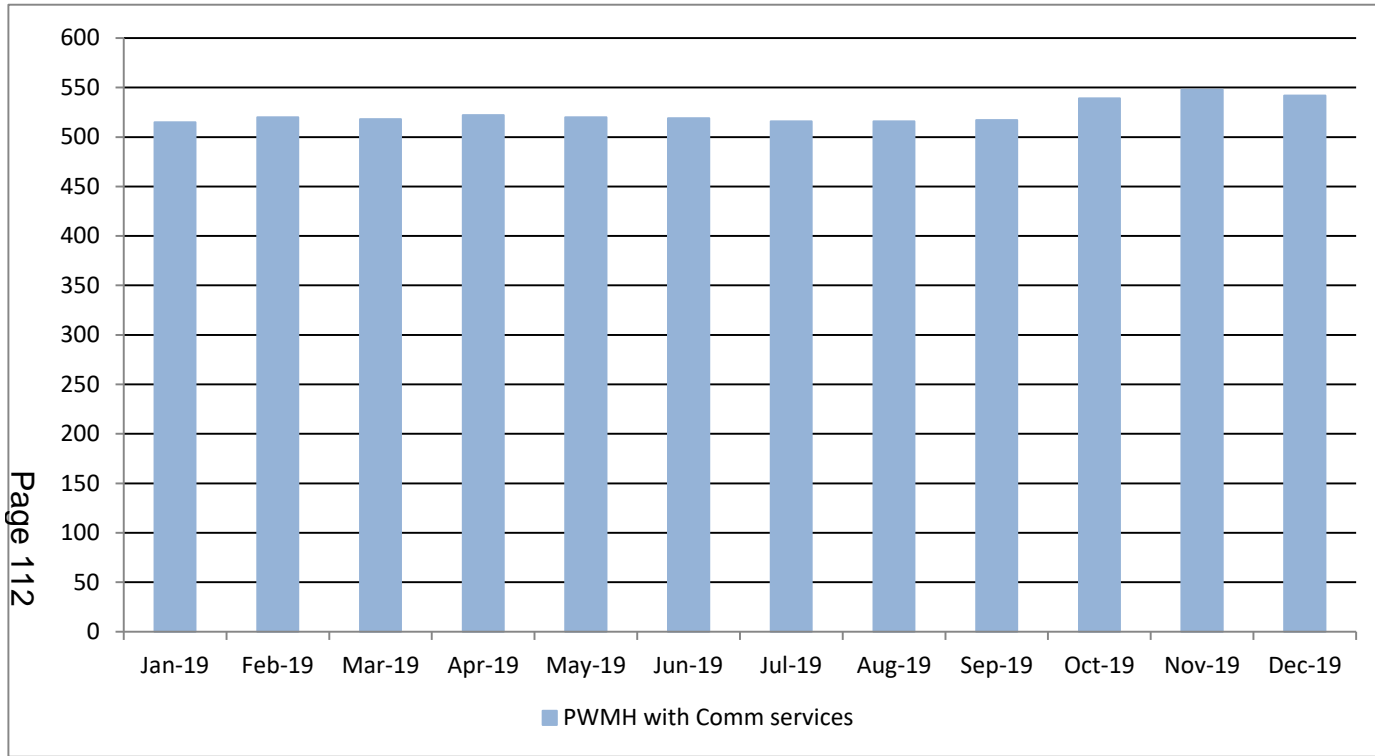
Data Source: MOSAIC B13 Report

Quarterly Performance Report Indicator

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Forecast	294	293	292	305	306	307	308	309	311	312	313	314
People with MH needs in Resi	305	307	307	310	311	313	309	307	307	318	321	321
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	AMBER	AMBER	AMBER

Commentary
This is the number of people with mental health needs in permanent residential or nursing care. It is a clear objective of the Directorate to ensure that as many people with mental health needs live as independently as possible. Current performance is 1.1% below forecast and is therefore rated as amber.

15) Number of people with mental health needs receiving a community service			AMBER
Cabinet Member	Clair Bell	Director	Richard Smith
Portfolio	Adult Social Care	Division	Mental Health

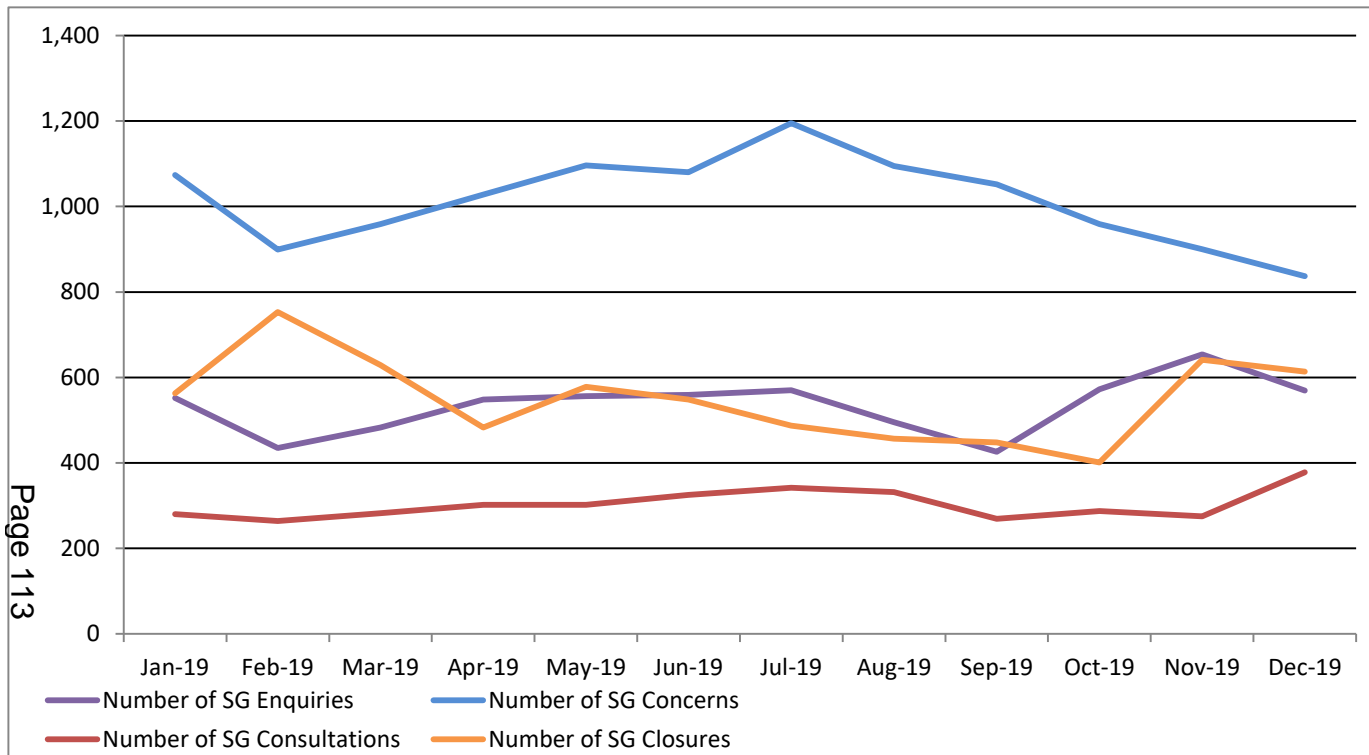


Data Notes
Unit of Measure: Number of people with mental health needs receiving a non-residential service
Data Source: MOSAIC B13 Report

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Forecast	515	518	521	524	527	530	533	536	539	542	545	548
PWMH with Comm services	515	520	518	522	520	519	516	516	517	539	548	542
RAG Rating	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER

Commentary
This is the number of people with mental health needs that are supported in the community. The net number of people receiving a community service (i.e. any MH clients in receipt of a support package not including residential services) has increased by 5.2% over the past 12 months and is now just below forecast.

16) Safeguarding Indicators			N/A
Cabinet Member	Clair Bell	Director	Janice Duff/ Richard Smith
Portfolio	Adult Social Care	Division	OPPD DCALDMH

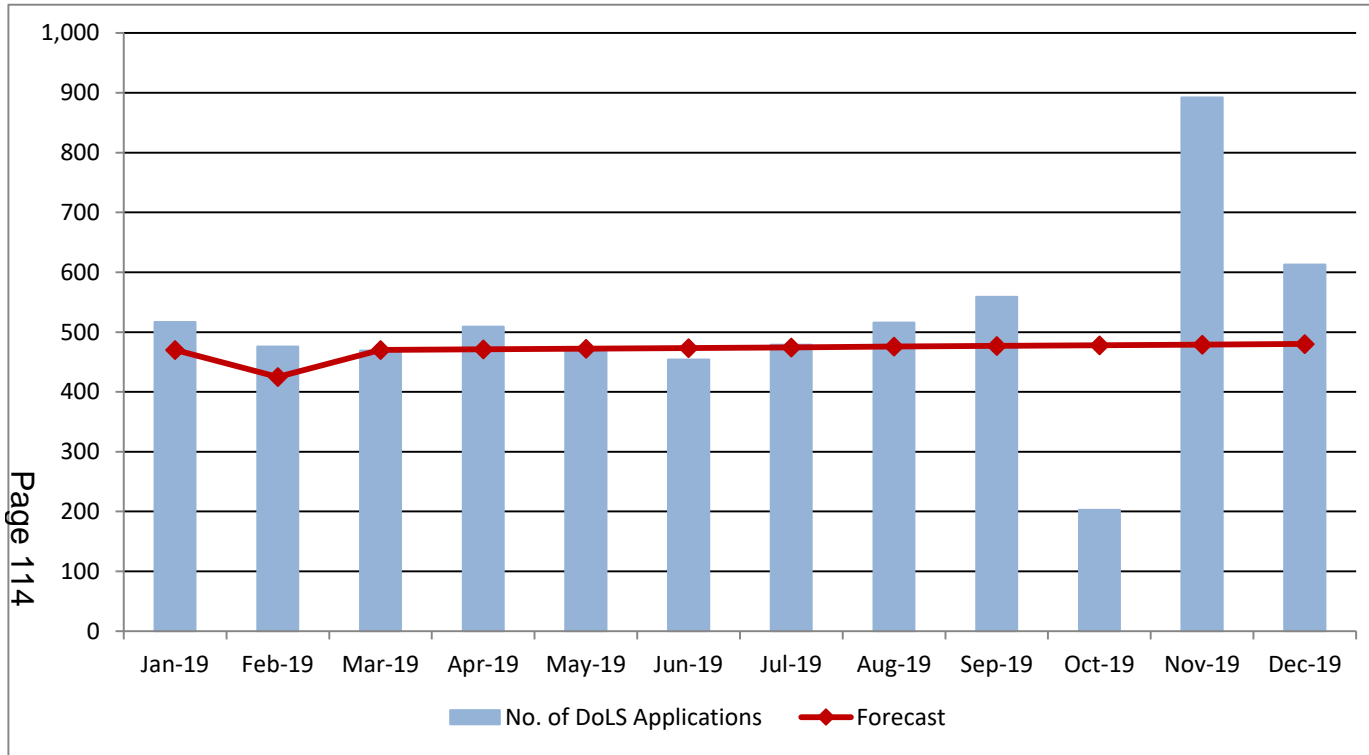


Data Notes
Unit of Measure: Number of Safeguarding Concerns, Enquiries, Consultations and closed cases in the calendar month.
Data Source: Safeguarding Report

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Number of SG Concerns	1,074	899	959	1,028	1,096	1,080	1,195	1,095	1,052	959	900	837
Number of SG Enquiries	552	435	483	548	556	559	570	495	426	572	654	569
Number of SG Consultations	280	264	282	302	302	325	342	332	269	287	275	378
Number of SG Closures	563	753	629	483	578	548	487	457	448	401	641	614

Commentary
The introduction of the Mosaic workflow process has removed the ability to record duplicate concerns which has subsequently reduced the number of concerns being recorded. The number of enquiries has remained stable (1480 started in the last quarter) and therefore the conversion rate has increased to 74%.

17) Number of DoLS applications			RED
Cabinet Member	Clair Bell	Director	Janice Duff/ Richard Smith
Portfolio	Adult Social Care	Division	OPPD DCALDMH



Data Notes
Number of Contacts received in the calendar month with a contact reason type of *DoLS - Assessment Request*

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Forecast	470	425	470	471	472	473	475	476	477	478	479	480
No. of DoLS Applications	517	476	469	509	468	454	479	516	559	203	892	613
RAG Rating	RED	RED	GREEN	AMBER	GREEN	GREEN	AMBER	AMBER	RED	GREEN	RED	RED

Commentary
DOLS applications continue to increase, potentially as a result of increased awareness as a result of the upcoming change in legislation. The drop in applications received in October followed by the increase in November reflects the change to Mosaic: manual systems were used to record applications in October during the 'downtime' between systems and then subsequently uploaded to Mosaic after the system went live.

From: Ben Watts, General Counsel
To: Adult Social Care Cabinet Committee – 4 March 2020
Subject: **Work Programme 2020/21**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Adult Social Care Cabinet Committee.

Recommendation: The Adult Social Care Cabinet Committee is asked to CONSIDER and NOTE its work programme for 2020/21.

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this report gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Adult Social Care and Health Cabinet Committee: - *‘To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate and which relate to Adults’.*

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2019/20

3.1 An agenda setting meeting was held at which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion to the agenda of future meetings.

3.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda

planning and allow Members to have oversight of significant service delivery decisions in advance.

- 3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

4. Conclusion

- 4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme, to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.

5. **Recommendation:** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **NOTE** its work programme for 2020/21.

6. Background Documents

None.

7. Contact details

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ADULT SOCIAL CARE CABINET COMMITTEE - WORK PROGRAMME 2020/21

FRIDAY 22 MAY 2020

<u>Item Subject:</u>	<u>Item Background Information:</u>
• Update on Health and Social Care Integration	Requested at the ASC agenda setting mtg on 16 Jan 2020
• Community Based Wellbeing Services (Grants to Contracts) Update	Requested to be brought back at the ASC CC mtg on 16 Jan 2020
• Deprivation of Liberty Safeguards (DoLS) Legislative Changes	Deferred from Nov 2019 mtg
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2020/21	Standing Item

TUESDAY 14 JULY 2020

• Strategic Delivery Plan Monitoring	Requested by Corporate Board in July 2019 (to be brought as 6-monthly item)
• Annual Equality and Diversity Report	Annual Report
• Performance Dashboard	To be brought to ASC Cabinet Committee every other meeting
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2020/21	Standing Item

TUESDAY 29 SEPTEMBER 2020

• Complaints report	Annual Report
• Local Account	Annual Report
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2020/21	Standing Item

WEDNESDAY 25 NOVEMBER 2020

• Adult Social Care Green Paper	Developing Issue – awaiting further information from Central Government
• Strategic Delivery Plan Monitoring	Requested by Corporate Board in July 2019 (to be brought as 6-monthly item)
• Performance Dashboard	To be brought to ASC Cabinet Committee every other meeting
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2020/21	Standing Item

WEDNESDAY 20 JANUARY 2021

• Draft Capital Programme 2020/2023 and Draft Revenue Programme 2020/2021	Annual Report
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item

FRIDAY 5 MARCH 2021

• Rates Payable and Charges Levied for Adult Social Care	Annual Report
• Risk Management: Adult Social Care	Annual Report
• Performance Dashboard	To be brought to ASC Cabinet Committee every other meeting
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item

THURSDAY 17 JUNE 2021

• Annual Equality and Diversity Report	Annual Report
• Strategic Delivery Plan Monitoring	Requested by Corporate Board in July 2019 (to be brought as 6-monthly item)
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item