

**ADULT SOCIAL CARE CABINET COMMITTEE**

**Tuesday, 29th September, 2020**

**10.00 am**

**Online**







## AGENDA

### ADULT SOCIAL CARE CABINET COMMITTEE

**Tuesday, 29 September 2020 at 10.00 am**  
**Online**

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

#### **Membership (14)**

Conservative (11): Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman),  
Mrs A D Allen, MBE, Mr M J Angell, Mr M A C Balfour,  
Mrs P M Beresford, Ms S Hamilton, Mrs L Hurst and 3 Vacancies

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

Labour (1) Mr J Burden

In response to COVID-19, the Government has legislated to permit remote attendance by Elected Members at formal meetings. This is conditional on other Elected Members and the public being able to hear those participating in the meeting. This meeting will be streamed live and can be watched via the Media [link](#) on the Webpage for this meeting.

County Councillors who are not Members of the Committee but who wish to ask questions at the meeting are asked to notify the Chairman of their questions in advance.

#### **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 14 July 2020 (Pages 1 - 8)
- 5 Verbal Updates by Cabinet Member and Corporate Director (Pages 9 - 10)
- 6 20/00098 - Community Based Wellbeing Services Procurement Restart (Pages 11 - 18)
- 7 Adult Social Care Performance and COVID-19 (Pages 19 - 24)
- 8 Adult Social Care Diagnostic and Roadmap (Pages 25 - 36)
- 9 Decisions Taken Outside of the Cabinet Committee Cycle (Pages 37 - 40)

- a) 20/00084 - Section 75 Partnership Agreement Variation - COVID-19 Hospital Discharges and out of Hospital Work (Pages 41 - 44)
- 10 Work Programme 2020-21 (Pages 45 - 48)

### **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

**Monday, 21 September 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.*

**KENT COUNTY COUNCIL**

**ADULT SOCIAL CARE CABINET COMMITTEE**

MINUTES of a meeting of the Adult Social Care Cabinet Committee held online on Tuesday, 14th July, 2020.

PRESENT: Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman), Mr M J Angell, Mr M A C Balfour, Mr J Burden, Mrs L Hurst, Mr S J G Koowaree and Ida Linfield

ALSO PRESENT: Clair Bell and Paulina Stockell

IN ATTENDANCE: Matt Chatfield (Operational Analytics and Systems Manager), Helen Gillivan (Transformation Programme Lead (DCALDMH)), Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Richard Smith (Corporate Director of Adult Social Care and Health), Dr Robert Stewart (Clinical Design Director), Georgina Walton (Design and Learning Centre Manager) and Emma West (Democratic Services Officer)

**UNRESTRICTED ITEMS**

**209. Membership**

*(Item. 2)*

The Committee noted that Mrs Allen had replaced Mr Northey as a Member of the Committee and that Mr Clinch had resigned from the Committee.

**210. Apologies and Substitutes**

*(Item. 3)*

Apologies for absence had been received from Ms Hamilton.

**211. Protocols for Virtual Meetings**

*(Item. 4)*

It was RESOLVED that in order to facilitate the smooth working of its virtual meetings, the Committee agreed to adopt the Protocols for Virtual Meetings.

**212. Declarations of Interest by Members in items on the agenda**

*(Item. 5)*

No declarations of interest had been received.

**213. Minutes of the meeting held on 4 March 2020**

*(Item. 6)*

It was RESOLVED that the minutes of the meeting held on 4 March 2020 are a correct record and that they be signed by the Chairman.

**214. Verbal Updates by Cabinet Member and Corporate Director**

*(Item. 7)*

*Dr R Stewart (Clinical Designer, Design and Learning Centre) and Ms G Walton (Design and Learning Centre Manager) were in attendance for this item*

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

**a) Kent Resilience Forum (KRF) Health and Social Care Recovery Cell Impact Assessment**

Mrs Bell introduced Dr Stewart and Ms Walton and provided an update on the Design and Learning Centre for Clinical and Social Innovation. The centre's work focused on reducing frailty, developing safe new services and transforming the health and social care workforce by promoting independence and self-care. The centre worked in partnership with health and social care services across Kent and most recently had been recognised as the innovation facility for the Kent and Medway Sustainability and Transformation Partnership (STP) with the Kent, Surrey & Sussex Academic Health Science Network (AHSN). The partnership also worked with a wider network, including the Medway Innovation Hub a University and National Institute for Health Research.

The Health and Social Care Recovery Cell report identified a number of strengths, weaknesses, opportunities and threats resulting from Covid-19 and emphasised the importance of communications with the public, public information campaigns, equality considerations and next steps.

**b) COVID-19 Volunteers**

During the Covid-19 pandemic, a significant number of volunteers had stepped forward to support vulnerable people within their communities. The positive work of COVID-19 volunteers had been highlighted within the KRF Impact Report and touched upon by the Health and Social Care Cell. In July, Mrs Bell had attended a virtual webinar held by the Local Government Association on Local Outbreak Planning. A series of slides had been presented during the webinar by the Chief Executive of a London Borough where COVID-19 volunteers had been encouraged to register as Community/COVID Champions to support the vulnerable and shielded. The role of local authorities within this was to provide information and develop messages which could be passed onto the Champions who then 'spread the word' in their own way, appropriate to their particular communities. A session would soon be organised, hosted by the Design and Learning Centre, to present the work that had been undertaken to Members.

**c) Update on Assistive Technology**

In mid-March, as the country signalled a move into lockdown and imposing significant social and service restrictions, Kent County Council engaged with Alcove and Rethink partners to progress the deployment of 2,000 video care phones to support the most vulnerable members of the local community to stay connected to care and support services and loved ones during a period of significant challenge. The first devices were despatched at the end of April and it was anticipated that the roll-out would take 12 weeks. However, there had been some delay in deployment. It'd taken longer than originally planned to

identify and obtain consent for people to receive the care phones and engagement with domiciliary providers had presented some challenges. Mrs Bell stated that the Assistive Technology project was a one-year project and had not limited vulnerable people from immediately benefiting from the increased social engagement that the device had provided during the most challenging period of lockdown.

- (2) In response to a question regarding the Health and Social Care Recovery Cell's Action Plan, Mrs Bell confirmed that the plan was currently in draft form and she would update the Committee in due course. She pointed out that high on the list of priorities in the Action Plan was preparedness for winter. Mr Smith added that in relation to winter planning, there was a well-rehearsed, well-documented, comprehensive process in working across Health and Social Care to prepare for winter. He said that the directorate were planning for winter in a way that prepared for a second wave of COVID-19 and seasonal flu.
- (3) In response to a question, Mrs Bell referred to the KRF and Health and Social Care Recovery cell and confirmed that two out of three of the stages had been completed. The focus would shortly move back to Kent County Council as the body responsible for recovery.
- (4) Dr Stewart and Ms Walton presented a series of slides to Committee Members which set out information relating to the digitalisation of care homes and the way in which the Design and Learning Centre co-designed better, safer, cheaper and different care through innovation, digital technology, practice and improved outcomes, person-centered care (ESTHER), co-production with communities, volunteer work, DLC Training Hub, Funding, Research evaluation and links to Kent and Medway Medical School.
- (5) Dr Stewart responded to a series of comments and questions from Members which included the following points:
  - The prevention of individuals having to physically attend hospital or GP appointments
  - ESTHER model – Knowledge of aspects important to the individual
  - The improvement of digital capacity within care homes, prisons and libraries
  - Utilising keen volunteer workers
  - Co-production in technology and finding new, innovative ways to upskill and make it easier for individuals to use technology to stay connected
  - Home monitoring to identify and prevent
- (6) The Chairman suggested that Dr Stewart and Ms Walton present further information to a future meeting of the Cabinet Committee with regards to the work of the DLC, Members wholeheartedly supported this.
- (7) Mr Smith (Corporate Director of Adult Social Care and Health) gave a verbal update on the following issues:

**a) Digitalisation of our workforce, systems and the people of Kent**

Mr Smith emphasised the importance of collaboration between operational teams and of the DLC's work in providing solutions and fuelling initiatives. He agreed with the comments which had been made by Committee Members in relation to ensuring a person-centred approach to digitalisation.

#### **b) The diagnostic of ASC and the partnership with PwC**

Mr Smith referred to the discussions which had taken place at DMT and CMT in relation to the reorganisation to assist with the diagnostic of Adult Social Care and in terms of response, recovery and long-term sustainability. In relation to the challenges ahead, he stated that the key aspects to focus on in coming months were practice, innovation and meaningful measures. In referring to the partnership arrangements with PwC, Mr Smith confirmed that the outcome of a report which identified areas of opportunity within Kent would be shared with Members in due course. He stated that the piece of work that was commissioned with PwC was not about efficiencies, it was about ensuring that the organisation was fit for purpose and in a position to meet the ongoing challenges that lay ahead.

#### **c) The structure of ASC and new appointments**

Mr Smith welcomed Chris McKenzie, Director for West Kent, on his first day in post, completing the recruitment of the two Directors of both East Kent (Janice Duff) and West Kent. Over the coming weeks, ASC would recruit five Assistant Directors from a selection of internal and external candidates and the AD would focus on ASC's learning and response from the restructure, but also a structure that would develop and support partnerships. Mr McKenzie and Ms Duff would be locality-based, enabling them to work alongside Integrated Care Partnerships, health colleagues and voluntary organisations. Mr Smith stated that he would provide a progress update at the next meeting of the Cabinet Committee.

#### **d) Introduction to the Kent Academy**

At the beginning of July 2020, Mr Smith and Mr Dunkley (Corporate Director Children, Young People and Education) launched the Kent Academy, a one-stop-shop online service for professionals to access national and international research and support their day to day practice. There were two elements to the Kent Academy, one focusing solely on Adult Social Care, and the other focusing on Children and Young People. He referred to an enlightening presentation which was shown during the launch of the Kent Academy by one of Kent's carers and emphasised the importance of the carers voice and a mother's journey into social care. He said that over 250 people from multi-disciplinary and social work teams across the organisation joined the launch and thanked the team.

(8) RESOLVED that the verbal updates be noted.

#### **215. 20/00066 - Adult Social Care Digital Implementation Support Service (Item. 8)**

*Ms H Gillivan (Head of Adult Social Care and Health Business Delivery Unit) was in attendance for this item*



- (1) Ms Gillivan introduced the report which provided an overview of the next stages of the Adult Social Care Digital Implementation Programme and the required investment. The workstreams included payments and charging, MOSAIC citizen and professional portal, operational business process and data quality.

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

- a) Ms Gillivan referred to the consultation which had taken place with Mrs Bell, Cabinet Member for Adult Social Care and Public Health, and reassured Committee Members that Mrs Bell had been kept up to date throughout the implementation of MOSAIC and would continue to be kept up to date.
  - b) Ms Maynard referred to the G-Cloud framework which presented the opportunity to reduce selection criteria based on the services that ASC were looking for. She added that providing the proposed decision was approved, officers would be able to search the G-Cloud and reduce the number of providers that could potentially be offered this solution, allowing the proposed timescales to take place.
  - c) Ms Gillivan said that there were a number of additional capabilities that had come through MOSAIC as the system was being upgraded and developments being improved. She emphasised the importance of continuing to ensure that the system was being used as efficiently as possible and continuing to adapt and improve.
  - d) Ms Gillivan referred to investment in MOSAIC and the need to look more closely at the additional elements in relation to the payment system and move into the digital MOSAIC portal for citizens. She emphasised the importance of ensuring that the case management system was correct before building on the system going forward. She added that she would provide additional information to Committee Members outside of the meeting in relation to the procurement in the first phase of MOSAIC.
- (2) Mrs Bell (Cabinet Member for Adult Social Care and Public Health) and Mr Smith reassured Committee Members that the agreed governance procedures would be followed in relation to the decision-making process and appropriate scrutiny.
  - (3) Mr Smith explained that MOSAIC phase one and the digital implementation of MOSAIC were separate matters. He provided some background information in relation to MOSAIC phase one, the delays associated with the programme, the programmes ambitions to focus on case management system, billing system and a charging system and the collaborative work and dedication from both internal staff and external staff. He referred to the digital implementation of MOSAIC and emphasised the need for staff to engage with individuals, oversight of appropriate interfaces with the market, interaction through the portal, starting to think about self-assessment, advice offer and supporting the market and providers with regards to sustainability.

- (4) Mrs Bell confirmed that further information would be sent to Committee Members outside of the meeting in relation to the timescales of the proposed decision and implementation.
- (5) Mr Smith confirmed that further information would be provided to Ida Linfield outside of the meeting in relation to the exact costs associated with the proposed decision.
- (6) RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health to
  - a) award a contract to the successful company, identified by a competitive procurement procedure, to provide digital implementation support services, and
  - b) delegate authority to the Corporate Director of Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision,

be endorsed.

*Ida Linfield asked that her abstention from the recommendation be noted within the minutes*

**216. 20/00067 - Infection Control Fund (Part 2) - Wider Social Care Market Support**  
*(Item. 9)*

- (1) Ms Maynard introduced the report which set out information relating to the role of social care providers in responding to the COVID-19 pandemic and how the social care provider market had been significantly affected by rising costs associated with the COVID-19 pandemic.
- (2) In response to a question relating to section 3.3 of the report, Ms Maynard confirmed that membership fees would be suspended for a period of one year and the cost of the proposal would be approximately £100k.
- (3) In response to a question, Ms Maynard referred to COVID-19 recovery plans and the work that continued to be undertaken across the sector with health colleagues to learn from the early stages of the outbreak of COVID-19 and the work that would be undertaken moving forward. She added that Kent had had the lowest number of infections across the South East and one of the lowest in the country with regards to care homes.
- (4) RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health to
  - a) agree for the Corporate Director of Adult Social Care and Health to allocate the 25% of the Infection Control Fund Grant in line with the proposals co-developed with the market as outlined in section 3.2 of the report; and

- b) delegate authority to the Corporate Director of Adult Social Care and Health to take other relevant actions, including but not limited to entering into and finalising the terms of relevant contracts or other legal agreements, as necessary to implement the decision,

be endorsed.

**217. Adult Social Care Performance Dashboard - Quarter 4 2019/2020**  
(Item. 10)

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

- (1) Mr Chatfield introduced the report which provided an overview of the progress for Key Performance Indicators and activity measures for ASC to March 2020. He provided more information in relation to the four red indicators within the Performance Dashboard and stated that both the Delayed Transfers of Care Indicator and the number of older people aged 65 and over in supported residential care were decreasing and moving in the right direction.

Mr Chatfield responded to a number of comments and questions from Members, which included the following: -

- a) Mr Chatfield said that during the lockdown period of COVID-19, ASC produced a health check dashboard which was updated weekly. The dashboard measured the number of people in Kent that had been discharged out of hospital, workforce-related statistics and service demands. He added that ASC were now in the process of undertaking an analysis on the repercussions of COVID-19, increases and decreases in activity and demand and projections going forward.
- b) Mr Chatfield suggested that a report be submitted to the next meeting of the Cabinet Committee which would provide comparative data in relation to the impact that COVID-19 had had on ASC services. Members generally supported this.
- c) Mr Chatfield briefly referred to enablement services and the long-term benefits of enablement.
- d) Mr Chatfield referred to safeguarding services and the comparative, trend analysis work which had recently been undertaken, he said that it was difficult to predict future trends during these unprecedented times.

- (2) RESOLVED that the information contained within the Performance Dashboard be noted.

**218. Decisions Summary Report - For Information**  
(Item. 11)

- (1) Mrs Bell (Cabinet Member for Adult Social Care and Public Health) provided a brief overview of the report and stated that many decisions had been taken throughout the COVID-19 pandemic to support Kent's care sector.

- (2) Mrs Bell referred to decision number 20/00044 (Covid-19 Block Beds for Older Persons Residential and Nursing) and confirmed that Kent County Council did not commission the full number of beds that were incorporated within the decision as the additional beds were not needed.
- (3) Mr Smith extended his thanks to staff officers and Members for their constant support and engagement during these unprecedented times which had enabled ASC to work in such a responsive way.

**219. Work Programme 2020-21**

*(Item. 12)*

- (1) RESOLVED that the work programme for 2020-21 be noted, subject to the inclusion of the following items: -
  - An update regarding the work of the Design and Learning Centre  
*(Dr Stewart)*
  - An update re the structure of ASC and new appointments  
*(Mr Smith - likely to be part of his verbal update)*
  - A report which presents comparative data in relation to the impact that COVID-19 had had on services within ASC  
*(Mr Chatfield)*

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

Richard Smith, Corporate Director of Adult Social Care and Health

**To:** Adult Social Care Cabinet Committee – 29 September 2020

**Subject:** Verbal update by the Cabinet Member and Corporate Director

**Classification:** Unrestricted

**Electoral Divisions:** All

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**Updates from the Cabinet Member/Corporate Director at the time of publication:**

- Winter Planning
- Multiple Threats and Pressures on Adult Social Care and Health

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**From:** Clair Bell, Cabinet Member for Adult Social Care and Public Health  
Richard Smith, Corporate Director of Adult Social Care and Health

**To:** Adult Social Care Cabinet Committee – 29 September 2020

**Decision No:** 20/00098

**Subject:** **COMMUNITY BASED WELLBEING SERVICES PROCUREMENT RESTART**

**Classification:** Unrestricted

**Past Pathway of Paper:** Adult Social Care Governance Board – 15 September 2020

**Future Pathway of Paper:** Cabinet Member Decision

**Electoral Division:** All

**Summary:** The COVID-19 crisis delayed the procurement process for the Community Based Wellbeing Services contracts, the procurement process is restarting in September 2020. This now requires a revised timetable and as such an extension to some grant and contract agreements into the 2021/2022 financial year.

**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) **EXTEND** all required grant arrangements, as detailed in Appendix 1, to cover Phase 2 of procurement until 30 September 2021;
- b) **EXTEND** existing grant agreements to Edenbridge Voluntary Transport Service, Sevenoaks Volunteer Transport Group, Hospice in the Weald and Heart of Kent Hospice, for the full duration of the procurement programme (to end March 2022);
- c) **EXTEND** the Carers Short Breaks contract, to Crossroads Care Kent, until 31 March 2022; and
- d) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take other relevant actions, including but not limited to entering into and finalising the terms of relevant contracts or other legal agreements, as necessary to implement the decision.

## 1. Introduction

- 1.1 The Community Based Wellbeing Service Procurement Programme was paused in March 2020 due to the COVID-19 pandemic.
- 1.2 The procurement is restarting in September 2020 and a revised timetable takes the programme to the end of March 2022.

## 2. Strategic Statement and Policy Framework

- 2.1 This decision supports KCC's Strategic Statement through supporting key providers that deliver services to older and vulnerable residents that will ensure they are safe and supported with choices to live independently.
- 2.2 This decision supports the Strategic Reset Programme by implementing Asset Based Commissioning.

## 3. The Report

- 3.1 Adult social care has historic grant arrangements in place with voluntary and community sector providers across the county. These grants provide a contribution towards the costs of services that support older people, people living with dementia, people with a physical disability and people with sensory impairments. Services meet the outcomes of the council and enable people to remain well and live independently.
- 3.2 There are issues related to use of historic grant arrangements including an inconsistency in the type of support and services funded across the county, lack of correlation between spend and demographic factors, limitations in the ability to monitor the performance of services and therefore to understand the impact that services have on people.
- 3.3 Through the development process for the new contract model, it became clear there is no single solution that can address the needs of all client groups. Therefore, both universal and specialist services contracts are required. There is also a need to move to an asset-based approach and outcome-based specifications.
- 3.4 The revised procurement programme timetable has contracts for successful bidders for Phase 1 starting on 1 April 2021 (delayed from July 2020). The current programme timetable can be seen in the diagram below.

Phase 1	Phase 2	Phase 3
Sep 2020 - Mar 2021	Jan – Sep 2021	Jan 2021 – Mar 2022
Sensory Impairment	Physical Disability	Carers Short Breaks
Wellbeing: Thanet / South Kent Coastal	Wellbeing: Dartford, Gravesham and Swanley	
Wellbeing: West Kent	Wellbeing: Ashford / Canterbury / Swale	
	Specialist Dementia (all)	
New contracts start: 1 April 2021	New contracts start: 1 October 2021	New contracts start: 1 April 2022

- 3.5 With the revised timetable (above) grant and contract agreements with providers in Phase 2 and 3 will need to be extended to cover the procurement period (list of those agreements are outlined in Appendix 1).



3.6 Specifications and Tender documents have been updated to ensure the impact of the COVID-19 pandemic and related new legislation is included.

#### **4. Financial Implications**

4.1 The value of extending all the grant arrangements will be £1,566,700.16.

4.2 The value of extending the contract agreement to 31 March 2022 will be £3,087,241.01

4.3 This does not require additional funding as the existing budgets can meet the cost of extending the duration of the arrangements during the procurement period. Appendix 1 details the value of the grant/contract arrangements per provider.

#### **5. Legal Implications**

5.1 Senior officers in both strategic commissioning and finance have been consulted on this issue and no market or competition issues have been identified.

5.2 Advice from Legal has also been sought and the following advice given:

- Rewinding to any previous point in a procurement process should be a straightforward process so long as it has been documented in the ITT or tender documents that:
  - The contracting authority (KCC) reserves the right to do so for any or [x] reasons
  - Any process outlined in the ITT for this is followed.
- It is important KCC applies the procurement principles in Reg 18 PCR 2015. Reg 18(1) states *“Contracting authorities shall treat economic operators equally and without discrimination and shall act in a transparent and proportionate manner”*.
- Transparency is key so KCC should communicate to the candidates and either stick to or amend previous instructions in the ITT.

#### **6. Equality Implications**

6.1 The proposed grant agreements will support vulnerable and elderly people in the community.

#### **7. Data Protection Impact Assessment Implications**

7.1 There are no anticipated data implications associated with this decision.

#### **8. Conclusions**

8.1 The main benefit of this action is to ensure the continuation of key community-based services, that will be key to supporting the most vulnerable and isolated residents through the procurement process.

## 9. Recommendation(s)

9.1 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) **EXTEND** all required grant arrangements, as detailed in Appendix 1, to cover Phase 2 of procurement until 30 September 2021;
- b) **EXTEND** existing grant agreements to Edenbridge Voluntary Transport Service, Sevenoaks Volunteer Transport Group, Hospice in the Weald and Heart of Kent Hospice, for the full duration of the procurement programme (to end March 2022);
- c) **EXTEND** the Carers Short Breaks contract, to Crossroads Care Kent, until 31 March 2022; and
- d) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take other relevant actions, including but not limited to entering into and finalising the terms of relevant contracts or other legal agreements, as necessary to implement the decision.

## 10. Background Documents

None

## 11. Report Author

Simon Mitchell  
Senior Commissioner  
03000 417156  
Simon.mitchell@kent.gov.uk

### Lead Officer

Clare Maynard  
Head of Commissioning Portfolio  
03000 416449  
Clare.maynard@kent.gov.uk

# KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

**DECISION TO BE TAKEN BY:**

Cabinet Member for Adult Social Care and Public Health

**DECISION NO:**

20/00098

**For publication****Key decision**

Expenditure of more than £1m and affects more than two electoral divisions.

**Subject: COMMUNITY BASED WELLBEING SERVICE PROCUREMENT RESTART**

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

- a) **EXTEND** all required grant arrangements, as detailed in the recommendation report, to cover Phase 2 procurement until 30 September 2021;
- b) **EXTEND** the existing grant agreements to Edenbridge Voluntary Transport Service, Sevenoaks Volunteer Transport Group, Hospice in the Weald and Heart of Kent Hospice, for the full duration of the procurement programme (to end March 2022);
- c) **EXTEND** the Carers Short Breaks contract to Crossroads Care Kent, until 31 March 2022; and
- d) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take other relevant actions, including but not limited to entering into and finalising the terms of relevant contracts or other legal agreements, as necessary to implement the decision.

**Reason(s) for decision:** Adult social care has historic grant arrangements in place with voluntary and community sector providers across the county. These grants provide a contribution towards the costs of services that support older people, people living with dementia, people with a physical disability and people with sensory impairments. Services meet the outcomes of the council and enable people to remain well and living independently.

There are issues related to use of historic grant arrangements including an inconsistency in the type of support and services funded across the county, lack of correlation between spend and demographic factors, limitations in the ability to monitor the performance of services and therefore to understand the impact that services have on people.

Through the development process for the new contract model, it became clear there is no single solution that can address the needs of all client groups. Therefore, both universal and specialist services contracts are required. There is also a need to move to an asset-based approach and outcome-based specifications.

The Community Based Wellbeing Service Procurement Programme was paused in March 2020 due to the COVID-19 pandemic. The procurement is restarting in September 2020 and a revised timetable takes the programme to the end of March 2022.

**Financial Implications:** The value of extending all the grant arrangements will be £1,566,700.16. The value of extending the contract agreement to 31 March 2022 will be £3,087,241.01. This does not require additional funding as the existing budgets can meet the cost of extending the duration of the arrangements during the procurement period.

**Legal Implications:** Senior officers in both strategic commissioning and finance have been consulted on this issue and no market or competition issues have been identified.

Advice from Legal has also been sought and the following advice given:

- Rewinding to any previous point in a procurement process should be a straightforward process so long as it has been documented in the ITT or tender documents that:
  - The contracting authority (KCC) reserves the right to do so for any or [x] reasons
  - Any process outlined in the ITT for this is followed.
- It is important KCC applies the procurement principles in Reg 18 PCR 2015. Reg 18(1) states *“Contracting authorities shall treat economic operators equally and without discrimination and shall act in a transparent and proportionate manner”*.
- Transparency is key so KCC should communicate to the candidates and either stick to or amend previous instructions in the ITT.

**Equalities implications:** The proposed grant agreements will support vulnerable and elderly people in the community.

**Data Protection implications:** There are no anticipated data implications associated with this decision.

**Cabinet Committee recommendations and other consultation:** Public consultation was carried out in the early stages of this procurement.

The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 29 September 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

## Appendix 1: Details of Grants / Contracts within scope project

### Procurement Phase 2

Organisation	Grant Value (full year)
Age UK Ashford	£118,946.89
Age UK Canterbury	£198,725.98
Age UK Faversham & Sittingbourne	£475,130.27
Age UK Herne Bay & Whitstable	£271,831.99
Age UK NWK	£575,235.27
Age UK Sheppey	£139,478.49
Tenterden Social Hub (formerly Age UK Tenterden)	£68,207.04
Alzheimer's & Dementia Support Services	£263,499.72
Alzheimer's Society (Kent & Medway)	£286,395.54
Ashford & District Volunteer Bureau	£83,441.89
Ashford Citizens Advice Bureau	£746.02
Caring Altogether on Romney Marsh (CARM)	£49,080.00
Centre for Independent Living in Kent (CILK)	£74,684.05
CROP (EK)	£69,465.00
Disability Information Services Kent (DISK)	£42,520.95
FACE (Faversham Assistance Centre)	£14,366.70
Hersden Neighbourhood Centre Association	£4,908.00
Kent Association for Spina Bifida and Hydrocephalus	£31,411.20
NWK Volunteer Centre	£38,251.97
The Cottage Community	£61,641.00
Swale CVS	£17,668.80
The over 60's Community Service (Northgate Ward & Canterbury District)	£63,538.97

### Grants to remain in place for duration of Procurement programme

Organisation	Grant Value (full year)
Edenbridge Voluntary Transport Service	£4,459.41
Sevenoaks Volunteer Transport Group	£1,717.80
Hospice in the Weald	£24,540.00
Heart of Kent Hospice	£13,742.40

### Procurement Phase 3

Organisation	Contract Value (per annum)
Crossroads Care Kent	£3,087,241.01

**From:** Richard Smith, Corporate Director Adult Social Care and Health  
 Clair Bell, Cabinet Member for Adult Social Care and Public Health

**To:** Adult Social Care Cabinet Committee – 29 September 2020

**Subject:** **ADULT SOCIAL CARE PERFORMANCE AND COVID-19**

**Classification:** Unrestricted

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

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** This paper provides Adult Social Care Cabinet Committee with an oversight of Adult Social Care activity during and since the Covid-19 pandemic.

**Recommendation:** The Adult Social Care Cabinet Committee is asked to **NOTE** the paper.

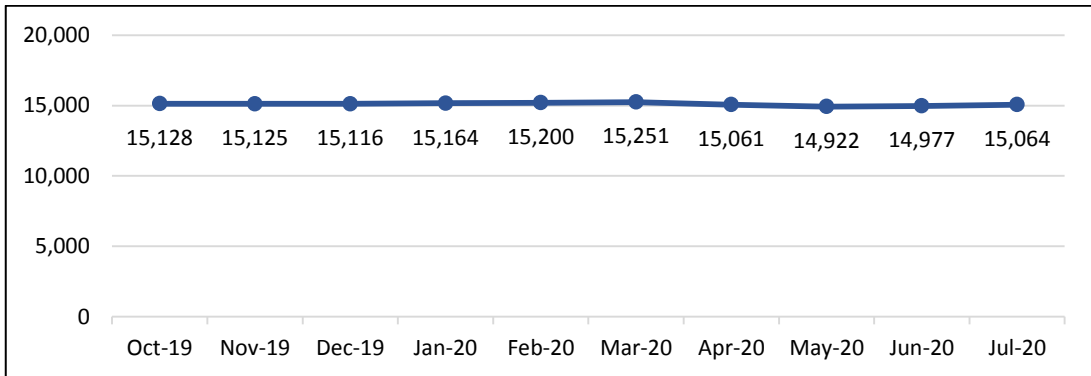
## 1. Introduction

1.1 At the meeting of the Adult Social Care Cabinet Committee on 14 July 2020, Members requested an overview of Adult Social Care activity during the Covid-19 pandemic. This paper provides an oversight of how service provision has been affected over the last 10 months.

## 2. Overall Demand for Services

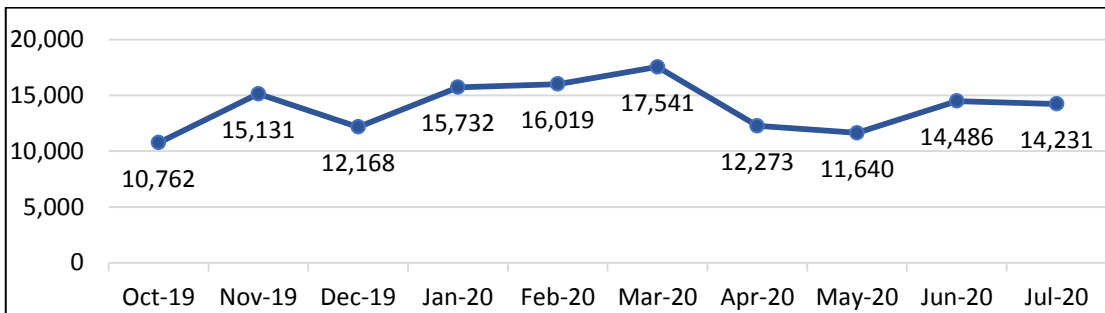
2.1 Overall, Kent has seen a decrease in the number of clients receiving services during Covid-19 pandemic. Chart 1 below demonstrates the total number of clients receiving services during the year and a decrease in the number of clients can be observed from March onwards:

Chart 1: Number of clients overall receiving services



2.2 The reduction in the number of clients reflects a decrease in demand for social care during the period. Chart 2 demonstrates the number of contacts from clients during the same period:

Chart 2: Number of contacts from clients



### 3. Analysis of Service Provision

3.1 The greatest reduction in service provision can be observed in both residential and nursing care. Charts 3 and 4 demonstrate this decrease.

Chart 3: Number of clients receiving residential services

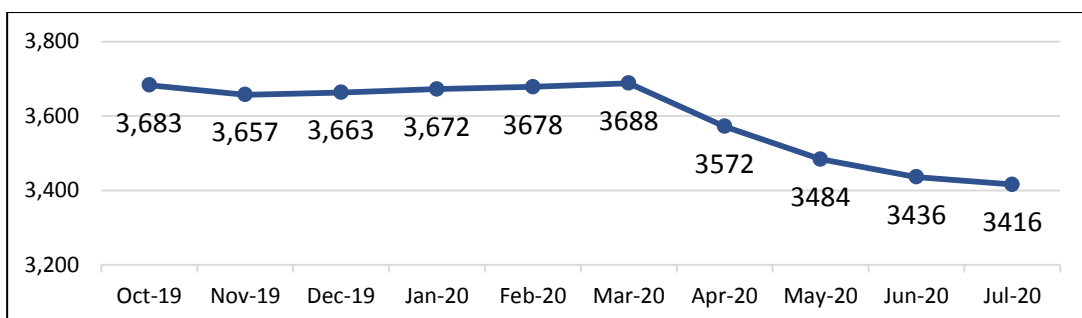
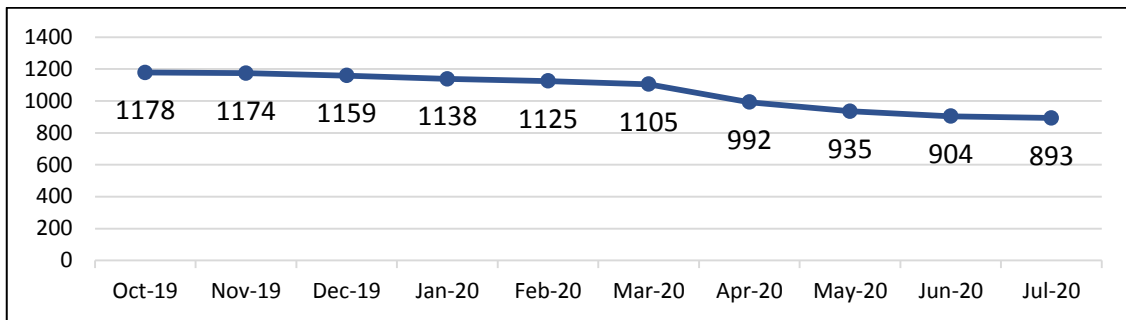




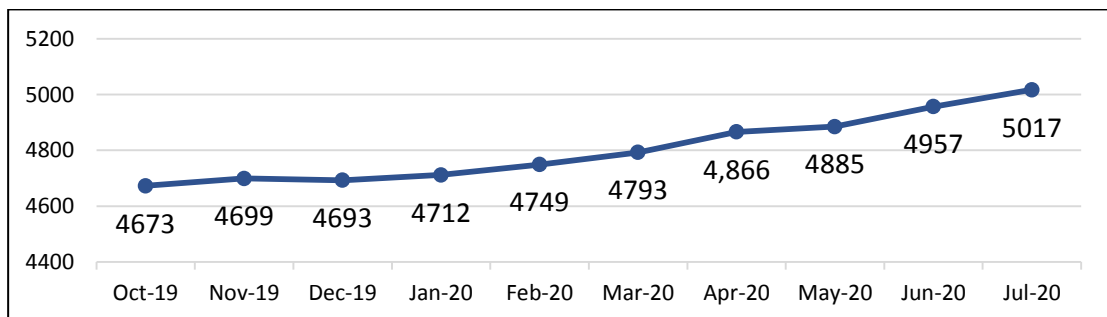
Chart 4: Number of clients receiving nursing services



3.2 Although slight decreases in residential and nursing provision have been observed with our Mental Health and Learning Disability clients, the biggest reduction has been witnessed within our older people cohort. The reduction has been across all of Kent and is a result of a combination of an increased rate in services ending and a reduction in the rate of new starts from March 2020 onwards.

3.3 The decrease in residential and nursing provision is in contrast to homecare provision which continued to see an increase during the Covid-19 pandemic.

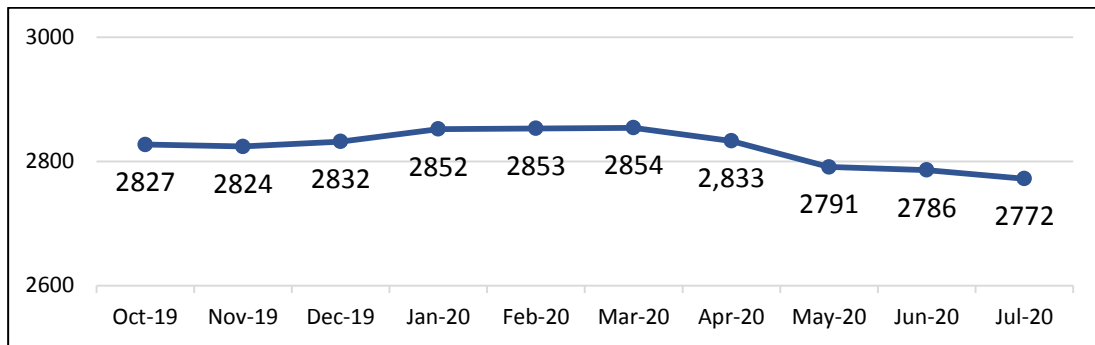
Chart 5: Number of clients receiving homecare



3.4 Again, the majority of this increase relates to our older people cohort and is observed all across Kent. The increase in client numbers relates to a significant increase in demand for this service: during January 2020, 303 new clients started to receive homecare services and during the month of April this increased to 418 new client starts.

3.5 Direct Payments witnessed a slight decrease in clients receiving services. Chart 6 demonstrates the change in service provision during the last year:

Chart 6: Number of clients receiving Direct Payments



3.6 This decrease relates to all client cohorts except for our mental health clients where the numbers have remained relatively consistent over the year.

#### 4. Conclusion

4.1 The above analysis demonstrates that:

- Overall there has been a slight decrease in the provision of social care services during the Covid-19 pandemic
- The decrease is as a result of a reduction in clients receiving long term residential and nursing care and a slight decrease in demands for social care services overall
- However, the decrease in residential and nursing provision has been contrasted by a significant increase in demand for homecare provision
- The data continues to be reviewed in order to understand the long-term impact of Covid-19 on adult social care provision.

#### 4. Recommendations

**Recommendation:** The Adult Social Care Cabinet Committee is asked to **NOTE** the above analysis and conclusion

#### 5. Background Documents

None

## **6. Report Author**

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# Adult Social Care Diagnostic and Roadmap

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Adult Social Care Cabinet Committee  
29 September 2020



Agenda Item 8

# Executive summary

## A number of **significant pressures and challenges both nationally and locally** that are driving the need for us to prioritise our activity in the short to medium term

### National drivers

- The ongoing **COVID-19 pandemic** has made it more difficult for practitioners to care for those in need, and increased the number of vulnerable people. The virus has exacerbated **financial pressures** in the system.
- Social work has a critical role to play for instilling **fairness in our society**. The global Black Lives Matter movement has highlighted the need for further action.
- An **ageing population** with increasingly complex needs, as well as a **workforce shortage** and care worker turnover rate at 40%.

### Local drivers

- **Multiple changes to the Directorate Management Team** have meant periods of uncertainty for staff.
- **Significant changes** in KCC include adoption of the adult social care case management system (Mosaic), operational changes to respond to COVID-19 and changes to discharge policy.
- **Increasing pressure** on the Adult Social Care Directorate means financial stability is more critical than ever before.
- Kent County Council is undergoing a process to **refocus the strategic direction of the Council**, which the Adult Social Care Directorate must align with.

### The Adult Social Care Diagnostic

The diagnostic was undertaken in order to provide a clear view of the directorate's current state and future aspiration against the Three Pillars, establish a direction of travel, with a supporting narrative and create an actionable plan that gives visibility of all upcoming change.

The Three Pillars outline the key areas of focus to develop within the directorate, they will help guide us whilst we take the appropriate time to build out the strategy for the directorate in line with the corporate strategic reset.

In order to objectively assess the directorate's current state across each of the Three Pillars, a maturity framework has been developed, whilst quantitative and qualitative evidence has informed an objective current state assessments against this.

The current state has been assessed as "**Foundation**" for each pillar with a clear aspiration articulated to move to best in class. Opportunities have been identified and built into a roadmap, which if delivered upon, will support the directorate to move towards this aspiration.



## Our three pillars outline the overarching areas of focus for development within our directorate and the basis for our diagnostic approach

### Our three pillars set out what we mean by Practice, Innovation and Meaningful Measures.

Throughout our engagement, via the virtual workshops, drop in sessions and weekly questions we have shaped our three pillars “Practice, Innovation and Meaningful Measures”, to ensure we continuously improve what we do, how we work and why we do things.

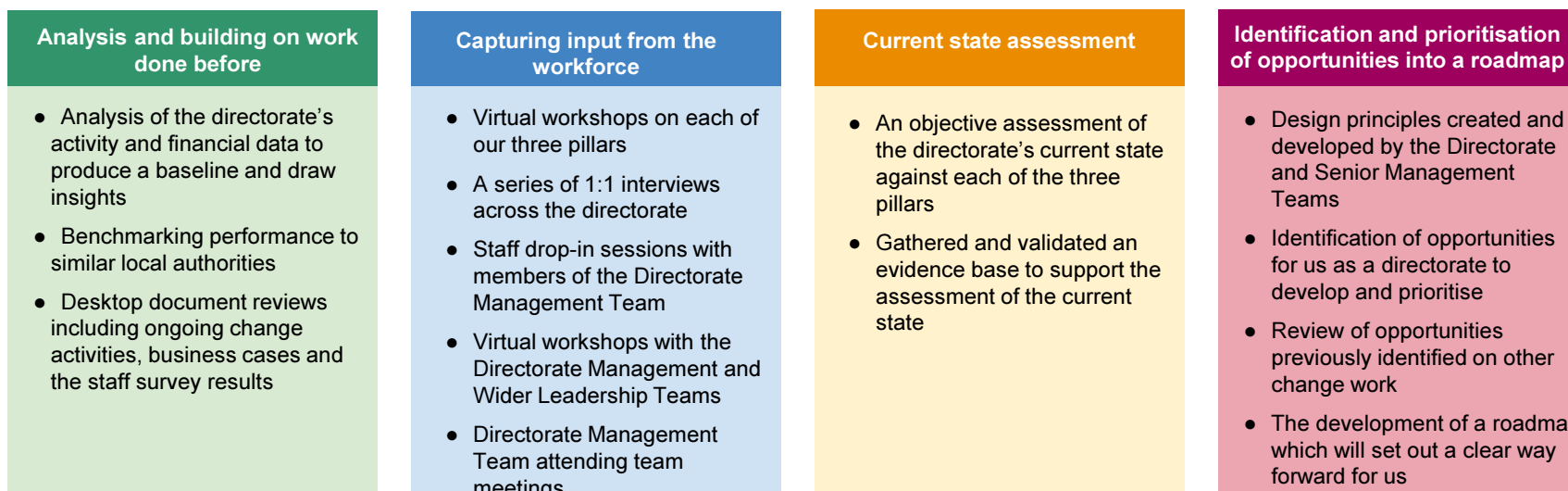
The venn diagram and following slides describe how they work in practice, the diagnostic has been structured around these pillars.



\*For sources, please refer to 'References' in appendix



## We took a phased and evidence-based approach to the diagnostic that put engagement with the workforce at its heart



### Outcomes of the diagnostic:

1. A **clear view of our current and future state** against our 3 pillars of Practice, Innovation and Meaningful Measures.
2. Establish **direction of travel and narrative for the directorate** with prioritised activities and opportunities.
3. An **actionable plan** that gives us all visibility of upcoming change in the form of a clear roadmap document.

# Practice; the way we work, which enables us to provide a person centred approach and achieve the best outcomes for individuals



Person centred culture and behaviours

We will always put people at the heart of what we do, we will listen to their hopes and aspirations and use our skills and expertise to support and enable them to achieve what is important to them, keeping their safety and wellbeing at the forefront of our actions.



Leadership and Performance Management

We feel proud to work in the Directorate, empowered and trusted to deliver in our roles. There is strong communication across all levels in the directorate and positive performance management supports everyone to develop and improve how we work.



Operational ways of working

Strengths-based approaches with people at the heart is enabled, rather than hindered, by processes and ways of working. There is a flexible offer of support for people across the directorate, seeking to maximise independence wherever possible and strengthen community based networks of support.



Roles, skills and development

The whole workforce is confident in our respective roles and responsibilities. We are proud of our professional practice and have the right skills, training and support to perform effectively. Working smarter, rather than harder, creates capacity to focus on innovation and ongoing practice development.



Partnerships and Systems working

We have strong and established partnerships between the directorate, health, partners and wider communities which work together to improve outcomes for people in Kent. This enables individuals to receive holistic and proportionate support at the right time in their lives.

# Innovation; our ability to embrace change with an open mindset and continually seek new ways of working



## Culture

Innovation is everyone's responsibility across the directorate, wider council and partners, not only leadership's. We no longer feel restricted by the possibility of failure. Instead innovation, both in day to day ways of working and large scale change is incorporated into our overarching strategy and all staff feel confident to showcase how they have showed creativity in their roles.



## Strategy and Leadership

We have a shared understanding of what innovation means to us as a directorate, how this links to the broader KCC strategy and how we can incorporate innovation into our day to day activities and practice. The appropriate governance and support is in place to enable proposals to develop from ideas to execution. The rationale for progressing proposals is made clear to us.



## Mechanisms to support innovation

We have an integrated hub and spoke model whereby innovation expertise, resource and funding can be drawn upon by all staff to support a workforce-led pipeline of ideas to improve ways of working or outcomes for individuals. The pipeline and the impact of developed ideas are visible on the innovation hub for all staff to benefit from.



## Digital and Technology

The capability of technology investments is maximised, potential benefits are realised and the workforce is able to use and upscale digital tools to support new ways of delivering better services to individuals.

# Meaningful measures; our ability to use information to understand outcomes for the people we support, variations in services and challenge why we do things



## Culture

We all use the information we gather, in all its forms, to inform our work. We have an open and transparent culture that shares insights found, within and across our teams and partners. Staff and the people we support are involved in defining our key measures, how we gather information and understand its purpose and use.



## Data Quality

Data is accurate and reliable as a result of appropriate governance, clear roles and responsibilities and the data quality frameworks that are in place, allowing us to feel confident in using insights generated and make faster and more effective decisions.



## Approach to collection and analysis

Staff can independently access any information required and have the confidence to undertake the analysis necessary to support their decision making and problem solving. Gathering of information goes beyond finance and statutory requirements, with a focus on feedback and the outcomes of the people we support; feedback is sought regularly, discussed openly and acted upon.



## Presentation and circulation

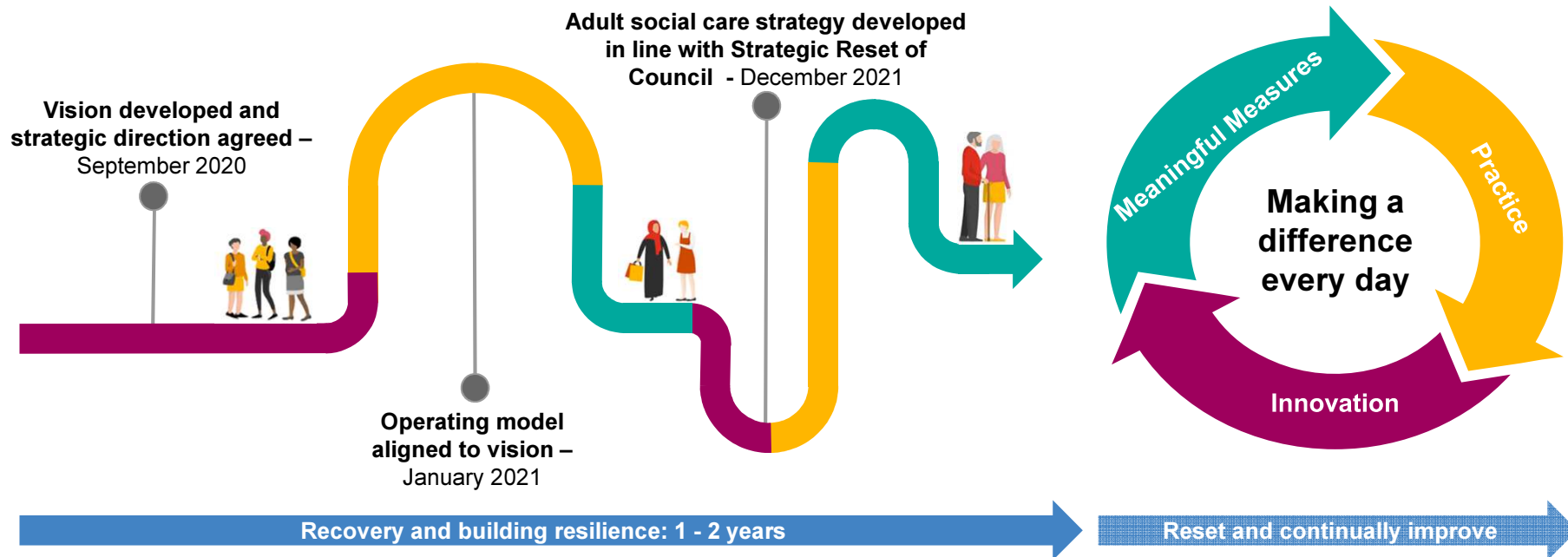
A consistent set of measures, co-designed with staff, give us visibility of how we are doing in terms of outcomes and supporting all staff. We are able to access and analyse the information we need but we know how to access further analytical support should we require it.



## Use of data and insights

Information and the insights it provides are used as a tool in all aspects of daily work and practice, in order to deliver better outcomes. A problem solving approach is applied to issues which it highlights, whilst also fully recognising successes. A focus on outcomes is built into all processes.

Our journey as a directorate must first focus on **recovering** from the COVID-19 pandemic, whilst building **resilience into our service** to create a sustainable state. From here, we are able to **reset** and move more readily into cycles of continuous improvement towards best in class in line with the Strategic Reset of the council.



## Examples of projects planned

Practice					
Academy rollout	Senior structure and creation of locality teams	Embed locality model and build resilient communities	Discharge pathway project	Tackling variation across services	Embed and develop strengths-based approaches
Meaningful Measures					
Review and clarify performance	Design and implement performance capability	Design training to build data literacy	Kent and Medway Care Record	Build upon COVID-19 data exchange	Refresh approach to performance
Innovation					
Digital implementation programme	Develop and embed Innovation Framework	Embed, evaluate and rollout integrated digital assistive technology (KARA+) and broader recommission		Portfolio Project Management Team relaunch and implementation	

## We want to bring to life our future aspirations through the perspectives of the people we support, our colleagues, and KCC's partners

By exploring the **experiences of the directorate's key stakeholder groups** we can begin to understand the challenges they face.

The three pillars provide us with an opportunity and framework through which to **improve** the experience of giving and receiving support for these groups, while **making a difference every day**.



**Derek's family are concerned.**

They want to know what options they have to help Derek remain **Independent** but also stay **connected** to his family to help him regain his old confidence.

**Future State**

"I spend most of my time focussed on working with people and supporting them, instead of excessive paperwork."

- I feel empowered to make suggestions, and I feel confident using innovative technology.
- "I am confident in the information and data I am using."

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

Richard Smith, Corporate Director of Adult Social Care and Health

**To:** Adult Social Care Cabinet Committee – 29 September 2020

**Subject: DECISIONS TAKEN OUTSIDE OF THE CABINET COMMITTEE MEETING CYCLE**

**Classification:** Unrestricted

**FOR INFORMATION ONLY**

**Summary:** The attached decision was taken between meetings as they could not reasonably be deferred to the next programmed meeting of the Adult Social Care Cabinet Committee for the reason set out below.

**Recommendation:** The Adult Social Care Cabinet Committee is asked to **NOTE** that the following decision has been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution:

20/00084 S75 Partnership Agreement Variation – COVID 19 Hospital Discharges and Out of Hospital Work

**1. Introduction**

1.1 In accordance with the council's governance arrangements, all significant or Key Decisions must be listed in the Forward Plan of Key Decisions and should be submitted to the relevant Cabinet Committee for endorsement or recommendation prior to the decision being taken by the Cabinet Member or Cabinet.

1.2 For the reason set out below it has not been possible for this decision to be discussed by the Cabinet Committee prior to being taken by the Cabinet Member or Cabinet. Therefore, in accordance with process as set out in Part 2 paragraph 12.35 of the Constitution, the following decision was taken and published to all Members of this Cabinet Committee and the Scrutiny Committee.

## 2. Decision

### 2.1 20/00084 S75 Partnership Agreement Variation – COVID 19 Hospital Discharges and Out of Hospital Work

As part of the NHS and wider public sector's response to the global Covid-19 pandemic the Government issued the Covid-19 Hospital Discharge Service Requirements (the "Discharge Requirements") which took effect on 19 March 2020. The Discharge Requirements have been introduced to ensure that where it is clinically safe to discharge patients from an acute or community hospital those patients are discharged in accordance with the new 'Discharge to Assess' model.

To enable the Council to reclaim the costs associated with avoiding hospital admission and enabling hospital discharge, as part of the Council's response to Covid 19 in support of the NHS, the Covid-19 Hospital Discharge Service Requirements funding for the NHS requires the Council to establish a pooled budget before any costs can be reclaimed.

This decision was originally intended to be taken as an urgent decision – with the reason for urgency published in the original FED as –“To allow KCC to reclaim the maximum amount of money from the Covid-19 Hospital Discharge Service Requirements, to cover already incurred costs, via the S75 pooled budget arrangements. KCC will host the pooled budget.”

As the finalisation of the agreement has taken a little longer than originally anticipated, the FED publication has past the 28 day period and this decision can be taken on the normal timescales, however there is still an element of urgency to the timing of getting the funding in, and waiting to next committee on 29 September would not have been possible.

## 3. Recommendation

3.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** that the following decision has been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution:

20/00084 S75 Partnership Agreement Variation – COVID 19 Hospital Discharges and Out of Hospital Work

## 4. Background documents

20/00084 S75 Partnership Agreement Variation – COVID 19 Hospital Discharges and Out of Hospital Work  
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2398>

## 5. Report Author

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## KENT COUNTY COUNCIL – RECORD OF DECISION

**DECISION TAKEN BY:**

Cabinet Member for Adult Social Care and Public Health

**DECISION NO:**

20/00084

**For publication**
**Key decision\***

Affects more than 2 Electoral Divisions and expenditure of more than £1m

**Subject: S75 PARTNERSHIP AGREEMENT VARIATION – COVID-19 HOSPITAL DISCHARGES AND OUT OF HOSPITAL WORK**

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

- a) **APPROVE** a variation to the existing S75 Partnership Agreement with the NHS, to allow the pooled budget to include the COVID19 funding in relation to hospital discharges and out of hospital work; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take other relevant actions, including but not limited to entering into and finalising the terms of relevant contracts or other legal agreements, as necessary to implement the decision.

**Reason(s) for decision:** As part of the NHS and wider public sector's response to the global Covid-19 pandemic the Government issued the Covid-19 Hospital Discharge Service Requirements (the "Discharge Requirements") which took effect on 19 March 2020. The Discharge Requirements have been introduced to ensure that where it is clinically safe to discharge patients from an acute or community hospital those patients are discharged in accordance with the new 'Discharge to Assess' model.

To enable the Council to reclaim the costs associated with avoiding hospital admission and enabling hospital discharge, as part of the Council's response to Covid 19 in support of the NHS, the Covid-19 Hospital Discharge Service Requirements funding for the NHS requires the Council to establish a pooled budget before any costs can be reclaimed.

Kent County Council and NHS Dartford Gravesham and Swanley Clinical Commissioning Group, NHS West Kent Clinical Commissioning Group, NHS Swale Clinical Commissioning Group, NHS Ashford Clinical Commissioning Group, NHS Canterbury and Coastal Clinical Commissioning Group, NHS Thanet Clinical Commissioning Group, and NHS South Kent Coast Clinical Commissioning Group entered into a Framework Partnership Agreement relating to the commissioning of health and social care services Better Care Fund on 1 April 2015 (Decision Number 15/00015) in exercise of the powers referred to in Section 75 of the National Health Service 2006 Act, as amended by a Deed of Variation dated 22 August 2016 (the "Partnership Agreement"). The NHS Bodies have subsequently undergone a statutory merger reorganisation under section 14G of the National Health Service 2006 Act. The rights and obligations of the NHS Bodies under the Partnership Agreement transferred as a matter of law to NHS Kent and Medway Clinical Commissioning Group (the "CCG") on 1 April 2020.

To support the new Discharge Requirements a range of measures have been introduced including, amongst others:

- a) a temporary suspension of the obligation of the need to carry out Continuing Healthcare assessments for patients on the acute hospital discharge pathway and in community settings during the Enhanced Discharge Services Period;
- b) a commitment that the NHS will fully fund the cost of new or additional elements of existing out of

hospital health and social care support packages to facilitate discharge from, or to prevent admission to, hospital as set out in the Discharge Requirements until such time as local health and care systems are notified that the Discharge Requirements will come to an end; and  
c) a suspension of the usual patient eligibility criteria during the Enhanced Discharge Services Period.

In accordance with the Discharge Requirements, the Partners to the S75 agreement have considered the most appropriate model through which to commission the enhanced discharge service and admissions avoidance services and to pool budgets for the purpose of funding this service and have agreed to vary the terms of the existing Partnership Agreement.

#### **Financial Implications:**

The Council has incurred around £4.7m of costs relating to the avoidance of admission to or discharge from hospital for the first 3 months of 2020. These costs can be reclaimed from the NHS via the Covid-19 Hospital Discharge Service Requirements funding. In order to be able to reclaim the funding, the Council needs to be part of a pooled fund with the NHS.

The additional funding should be identifiable separately and spending from this new funding should be recorded for each person discharged and supported under these arrangements. Once pooled, funding should be treated as a single pooled fund and used to deliver the appropriate care for individuals to be discharged under these new arrangements. Given the Council's financial position and the funding shortfall for Covid related costs, it is critical that this source of funding is made available for the Council to reclaim its costs.

#### **Legal Implications**

S75 of the National Health Service Act 2006 and the resulting regulations (NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000/617) set out the partnership arrangements that NHS bodies and Local Authorities may enter into via a s75 agreement. These include pooled funds and delegation of certain functions. As this proposed decision seeks to extend an existing arrangement made in line with the national policy framework there are no direct legal implications arising from it. Legal advice has been sought in preparing the deed of variation.

#### **Equality Implications:**

An EQIA has not been completed. The variation agreement is centred on enabling quick and safe discharge and more generally reducing pressure on acute services.

#### **Member and other consultation:**

No Cabinet Committee consultation possible due to timing of Committee schedule and the need to complete this agreement to enable the funding to be secured

To enable the Council to reclaim the costs associated with avoiding hospital admission and enabling hospital discharge, as part of the Council's response to Covid 19 in support of the NHS. The Covid-19 Hospital Discharge Service Requirements funding for the NHS requires the Council to establish a pooled budget before any costs can be reclaimed.

This decision was originally intended to be taken as an urgent decision – with the reason for urgency published in the original FED as –“To allow KCC to reclaim the maximum amount of money from the Covid-19 Hospital Discharge Service Requirements, to cover already incurred costs, via the S75 pooled budget arrangements. KCC will host the pooled budget.”

As the finalisation of the agreement has taken a little longer than originally anticipated, the FED publication is now approaching the 28 day period and it felt appropriate to take this decision on the normal timescales, however there is still an element of urgency to the timing of getting the funding in,

and waiting to next committee on 29<sup>th</sup> September would not be appropriate.

**Any alternatives considered:**

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

N/A

Clair Bell

18 September 2020

signed

date

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**From:** Ben Watts, General Counsel

**To:** Adult Social Care Cabinet Committee – 29 September 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

## WEDNESDAY 25 NOVEMBER 2020

• Adult Social Care Green Paper	Developing Issue – awaiting further information from Central Government
• (Decision No. TBC) - Learning Disability, Physical Disability and Mental Health - Direct Purchasing System	Key Decision – deferred from Sept 2020 mtg
• Local Account	Key Decision
• Design and Learning Centre Update	
• Annual Complaints Report	Annual Report
• 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
• Annual Equality and Diversity Report	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

• 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

**Last updated on: 03/09/2020**