ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 5th March, 2021

10.00 am

online

AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 5 March 2021 at 10.00 am
online

Ask for: **Theresa Grayell**
Telephone: **03000 416172**

Membership (12)

Conservative (9):	Mrs P T Cole (Chairman), Miss D Morton (Vice-Chairman), Mrs A D Allen, MBE, Mr M J Angell, Mr M A C Balfour, Mrs P M Beresford, Ms S Hamilton and Mrs L Hurst *and one vacancy*
Liberal Democrat (2):	Mr S J G Koowaree and Ida Linfield
Labour (1)	Mr J Burden

UNRESTRICTED ITEMS

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

1 Introduction

2 Apologies and Substitutes

3 Declarations of Interest by Members in items on the agenda

4 Minutes of the meeting held on 20 January 2021 (Pages 1 - 6)

5 Adult Social Care Cabinet Committee meeting dates 2021/22

The Cabinet Committee is asked to note that the following dates have been reserved for its meetings in 2021/22.

17 June 2021
29 September 2021
24 November 2021
18 January 2022
4 March 2022
21 June 2022

All meetings start at 10.00 am.

6 Verbal Updates by Cabinet Member and Corporate Director (Pages 7 - 8)

7 Strategic Review of the Kent and Medway Safeguarding Adults Board - a presentation will be shown at the meeting

8 Annual Safeguarding Report (Pages 9 - 24)

9 Local Government Association Equality Peer Review (Pages 25 - 30)

10 21/00033 - Review of Kent County Council's and Kent and Medway Clinical Commissioning Group's Integrated Commissioning Framework, covering health services, social care and community support for people with a learning disability and autistic people (Pages 31 - 88)

11 Adult Social Care Performance Q3 2020/21 (Pages 89 - 106)

12 Risk Management: Adult Social Care and Health (Pages 107 - 134)

13 Revision of Rates Payable and Charges Levied for Adult Social Care Services in 2021-22 (Pages 135 - 146)

14 Work Programme (Pages 147 - 150)

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

Thursday, 25 February 2021

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 Wednesday, 20th January, 2021.

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

ALSO PRESENT: Clair Bell, Eric Hotson and Peter Oakford

IN ATTENDANCE: Richard Smith (Corporate Director of Adult Social Care and Health), Zena Cooke (Corporate Director of Finance), Julie Davidson (Head of Strategic Safeguarding, Practice and Quality Assurance), Chris McKenzie (Director of Adult Social Care and Health North and West Kent), Carl Griffiths (Adult Social Care Recovery Leader and SRO), Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Simon Mitchell (Senior Commissioner), Dave Shipton (Head of Finance Policy, Planning and Strategy), Theresa Grayell (Democratic Services Officer) and Stephanie Broom (Democratic Services Officer)

UNRESTRICTED ITEMS

243. Apologies and Substitutes
(Item. 2)

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

There were no declarations of interest.

245. Minutes of the meeting held on 25 November 2020
(Item. 4)

It was RESOLVED that the minutes of the meeting held on 25 November 2020 are correctly recorded and that a paper copy be signed by the Chairman when this can be done safely. There were no matters arising.

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

1. The Cabinet Member for Adult Social Care and Public Health, Mrs C Bell, gave a verbal update on the following issues:

Symptom-free Testing sites – nineteen sites were already open, with five more opening shortly, spread across the county, with the target of having two testing sites in every district of the county being reached by the end of January, giving capacity for 20,000 tests a day across Kent. Appointments could be booked on the County Council website, and anyone without covid-19 symptoms could book and attend. Anyone with symptoms should book a test via the NHS. It was recommended that symptom-free testing be repeated every two weeks, as it was

known that 1 in 3 people carried the virus without showing any symptoms. As at 15 January, 93,862 tests had been completed, with 956 showing a positive result. Results would be texted to people very shortly after tests, and those testing positive would be advised to self-isolate for seven days to avoid spreading the virus to others. Mrs Bell thanked colleagues in Public Health, Property and Amey for their work in establishing and running testing sites. The County Council was appealing for people to assist at testing sites.

NHS Vaccination programme – vaccinations were being given to eligible frontline County Council social care employees, who would be told how to book an appointment. Vaccinations were being organised by the NHS and they and the Council's social care teams worked closely together.

Guidance on visiting care homes – this had been updated on 12 January 2021 and could be found on the Gov.UK website. Each home had set its own policy about visiting, based on a risk assessment of its residents and taking account of the Government guidance. The aim was to enable outdoor and screened visits, including visits to people receiving end-of-life care.

Community Wellbeing services – the first three contracts had been awarded, covering East and West Kent, starting on 1 April 2021. These contracts would cover services for people aged 55+ and for people with a sensory impairment. In East Kent, services would be delivered by Social Enterprise Kent, in West Kent services by Involve Kent and the countywide sensory service would be delivered by Kent Association for the Blind.

2. Mrs Bell and Mr Smith responded to comments and questions from the committee, including the following:-

a) asked how many care homes were not allowing visits at all, Mr Smith undertook to find out and provide information outside the meeting. He assured Members that homes understood the distress of residents and families who were unable to enjoy visits and emphasised that care homes would consider each case individually, applying the Government guidance. He emphasised that there had been very few hospital admissions from care homes due to covid-19 and homes were generally managing the restrictions well; and

b) asked how community wellbeing services would be transferred from existing to new providers, how the difference in price would be funded and how the changeover would be communicated to service users, Mrs Bell and Ms Maynard advised that the organisations mentioned previously were only the lead providers, who would sub-contract service delivery to a number of smaller organisations. Concern was expressed that some current service providers did not feel positively engaged by the new arrangements and that their experience and expertise of service delivery may be lost as a result. Ms Maynard assured Members that new providers would be fully informed of current service users' care needs to ensure that all needs would be covered, and undertook to advise the speaker of the arrangements for service transfer outside the meeting.

3. The Corporate Director of Social Care, Mr R Smith, then gave a verbal update on the following issues:

Winter Planning – the hospital discharge plan was constantly being reviewed, most recently in the wake of media coverage of a new strain of the covid-19 virus which had appeared in Kent. Infection and death rates in Kent from the previously-existing virus had seen significant, and statistics were received daily. He assured the committee that he was always very aware of the individuals and families behind the statistics and emphasised the importance of acknowledging the human impact of the virus and people's need for end-of-life and bereavement support. Managing hospital discharges, in partnership with community hospitals, had been challenging due to the rising number of people needing specialist services, for example, for dementia. Increased discharges from hospital placed more pressure on community settings, and work was going on to establish bespoke services. The designated bed system was working well, with 44 beds currently occupied. Eligibility criteria for these was any adult over 18.
The care market was fragile, and staff shortages were a national problem. Some people had proved difficult to place but this was not unusual for the time of year.
Covid-19 cases in care homes – 87 providers so far had reported cases of covid-19 but the referral rate to hospital was low. Central Government had allocated £4.7m of Infection Control Funding to Kent, which the County Council was required to allocate within 10 days of receiving it. It was planned that some of this funding be allocated to care homes to enable more testing.
Vaccination programme – this had been the subject of many enquiries. There were 9 priority groups in which people would receive vaccinations, with care home residents being first, followed by those aged 80+, 75+ and so on, with the least vulnerable being last. An all-Member briefing on 22 January would provide more detail on the vaccination programme.

4. Asked about the permitted length of stay in a designated bed, and the arrangements for moving on from this provision, Mr Smith and Mr McKenzie advised that, although an average stay was expected to be about two weeks, this time limit was not applied arbitrarily; occupants were assessed clinically on a case-by-case basis. Anyone leaving a designated bed would first need to have a negative covid-19 test.

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

247. 20/00127 - Community Day Opportunities for Individuals with Disabilities Framework: Extension to call-off contracts
(Item. 6)

1. Mr Mitchell introduced the report and summarise the key points. There were no questions.

2. It was RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:

a) extend the call-off contracts with external providers delivering community day opportunities for Kent residents with a disability for 18 months, from 1 April 2021; 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.

248. Draft Capital Programme 2021-24 and Revenue Budget 2021-22
(Item. 7)

1. The Cabinet Member for Finance, Mr P J Oakford, introduced the report and advised that, as in previous years, Cabinet Committees were being asked to discuss and comment on the budget before it was considered by the full Council. Mr Shipton then summarised the report and detailed the national and local context in which this year's budget had been set and the measures taken by the County Council to manage the impact of these.

2. Mrs Bell advised that the Making A Difference Every Day (MADE) programme had been developed as a re-design of the Directorate's operating model and would be vital in ensuring that limited resources were used in the most effective way to maintain service delivery to the people of Kent. Mr Smith referred to the latent demand for services which would become clear only when people currently in hospital settings were ready to move on to other provision, but which the County Council needed to predict and be ready to meet. The long-term picture of adult social care funding was complex, with many unknowns, both in terms of the longer-term economic effects of covid-19 and future Government funding.

3. Ms Cooke and Mr Smith then responded to comments and questions from the committee, including the following:-

a) disappointment was expressed about the lack of detail in the budget report relating to the savings to be made, and on this basis, the speaker did not feel able to support the recommendation to note the budget. Ms Cooke set out the two-stage process for setting the budget and advised that no change to service provision would be made without detailed proposals being set out and Members being consulted; this would happen after the agreement of the planned budget at February's full Council meeting. The aim in presenting the current report and budget was clarity and transparency on the key areas of focus, such as proposed growth and savings, but avoiding an exhaustive level of detail. Most of the detail historically provided related to changes which the County Council was unable to change, i.e. contractual inflation. Ms Cooke said she was very happy to answer questions of detail from Members outside the meeting; and

b) the same speaker said he did not feel able to agree the budget in February with the current level of detail about the adult social care savings provided. The speaker felt that if it were not possible to be clear about savings at the start of the financial year, it may prove necessary to make additional savings part-way through the year, which may involve reductions in services. On this basis, he felt unable to explain and justify the budget to his local electorate. To Ms Cooke's assurances about the budget process, Mr Smith added that his duty was to ensure that the County Council met the adult social care needs of Kent's population, and had to ensure that any savings made did not compromise this provision. To guard against this, service redesign such as the MADE programme

had been developed. Mr Smith also confirmed that he was happy to answer questions of detail from Members outside the meeting.

4. With the exception of Mr J Burden and Ida Linfield, who stated that they were unable to support the recommendation, the committee RESOLVED that:-

a) the draft capital and revenue budgets, including the responses to the budget consultation, be noted; and

b) Members' comments on the draft capital and revenue budget be reported to the Cabinet and full County Council when they consider the draft budget, on 25th January and 11th February 2021, respectively.

249. Making A Difference Every Day (MADE) Programme Update - presentation *(Item. 8)*

1. Mr Griffiths presented a series of slides which set out the context, process, timetable and next steps for the development of the MADE programme. He added that the outcomes of the Local Government Association Peer Review of equality and diversity in December 2020 would be built into the programme. The aim of the programme was to set out a clear vision and method for culture change.

2. Mr Griffiths and Mr Smith responded to comments and questions from the committee, including the following:-

a) asked how adults with learning disabilities would be engaged, once the current restrictions ended, to make the most of their enthusiasm and organisation, Mr Griffiths advised that some had found their own activities to replace the clubs they would previously had attended but which had been suspended due to covid-19 restrictions. Mr Smith added that one strength of the MADE programme was co-design with those who would use and benefit from the services provided, and user and carers groups would be fully engaged;

b) asked how the programme would be carried forward and reviewed, to maintain its usefulness and relevance, Mr Griffiths advised that part of the culture change would be ongoing learning and improvement. The programme would be reviewed every two years; and

c) asked how the programme would support staff to keep up with online safeguarding issues, Mr Griffiths advised that safeguarding was vitally important and the MADE programme would include modelling to review safeguarding practice. Ms Davidson added that the overall aim of the MADE programme was an ongoing strengthening of practice and staff awareness of changing issues, for example, the increased use of online and virtual forums during the pandemic, and the impact of this change on vulnerable service users.

3. It was RESOLVED that the verbal update and the information given in response to comments and questions be noted, with thanks.

250. Work Programme
(Item. 9)

It was RESOLVED that the committee's planned work programme for 2021 be noted.

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 – 5 March 2021**
Subject:	Verbal updates by the Cabinet Member and Corporate Director
Classification:	Unrestricted
Electoral Divisions:	All

Verbal updates will be made by the Cabinet Member and the Corporate Director at the meeting.

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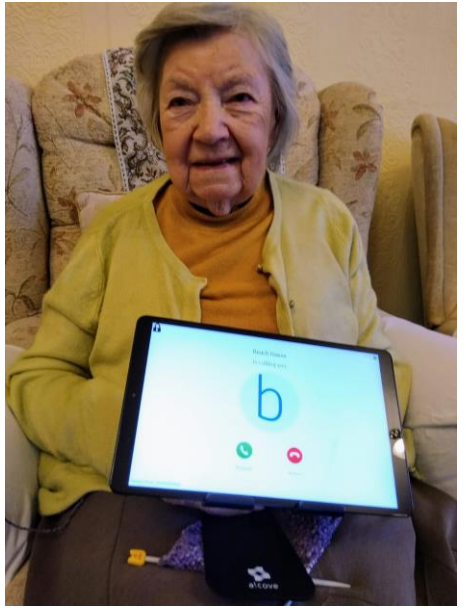


Annual Safeguarding Report

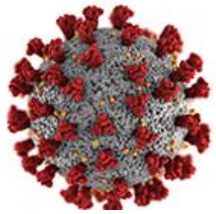
March 2020 – January 2021

Adult Social Care Cabinet Committee
5 March 2021

Making a difference every day

Kent County Council
kent.gov.uk

March 2020 – January 2021

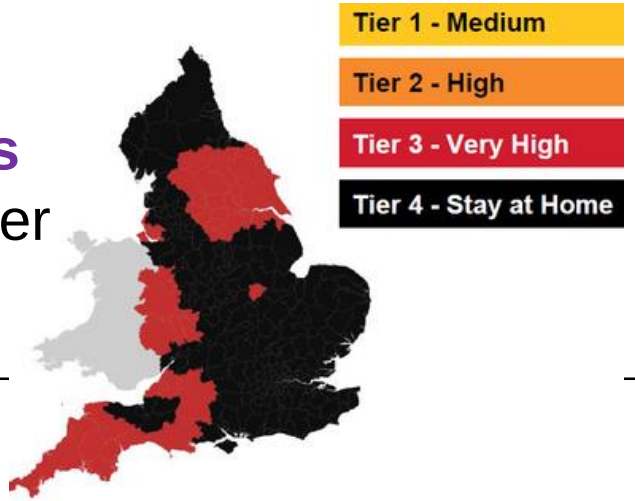


Covid-19 Pandemic and **National Lockdown** started on 18th March 2020

The whole of Adult Social Care to **work from home**

The initiation of **Kent Together,** supporting **over 7000** people with shopping, prescriptions and other essential items – working closely with district and borough councils and volunteers

Tier 4 rules from October 2020

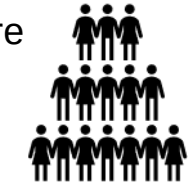


National Lockdown from December 2020 to-date

Headline News for Kent Adult Safeguarding

Safeguarding Concerns

7,931 Concerns were received involving Kent residents, between March 2020 and January 2021



Assessments

38,321 adults in Kent were assessed between March 2020 and 4 February 2021

Safeguarding Enquiries

5,346 of the above Concerns, progressed onto an Enquiry within the same time period

Reviews

20,114 Reviews were completed for the people of Kent between March 2020 and 4 February 2021

Safeguarding Activity within Adult Social Care

March 2020 – January 2021

Safeguarding Activity – March 2020 – January 2021

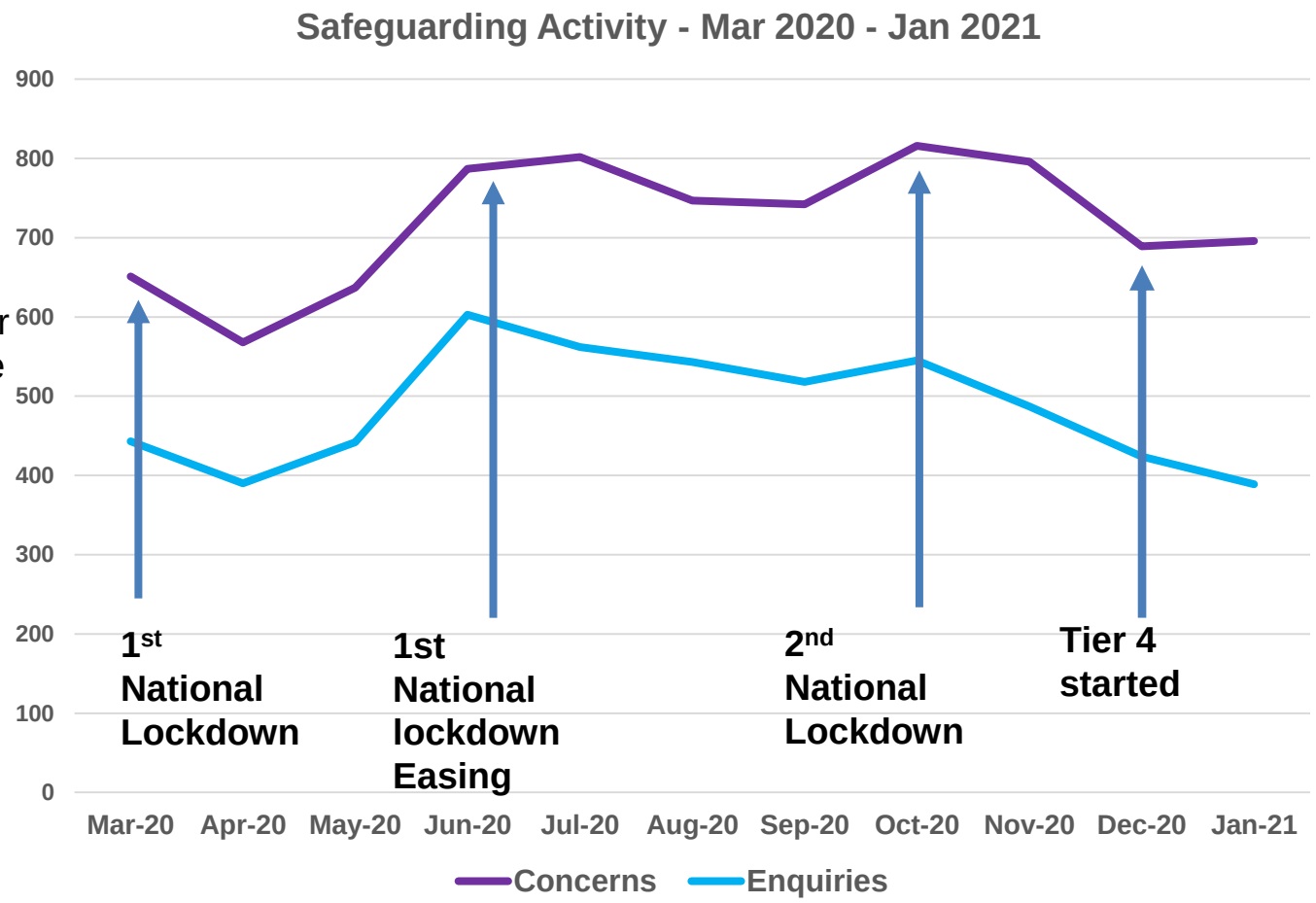
- **Safeguarding Concerns** received **7,931** Concerns were received involving Kent residents, between March 2020 and January 2021

- **Safeguarding Enquiries (Care Act Section 42)**
  5,346 of the above Concerns, progressed onto an Enquiry within the same time period

- **Domestic Abuse - 1,131** Safeguarding Enquiries initiated over the past year were reported to involve Domestic Abuse. There has also been a notable increase in the number of Domestic Abuse Enquiries over the past year with a high number of initiated enquiries in June and July.

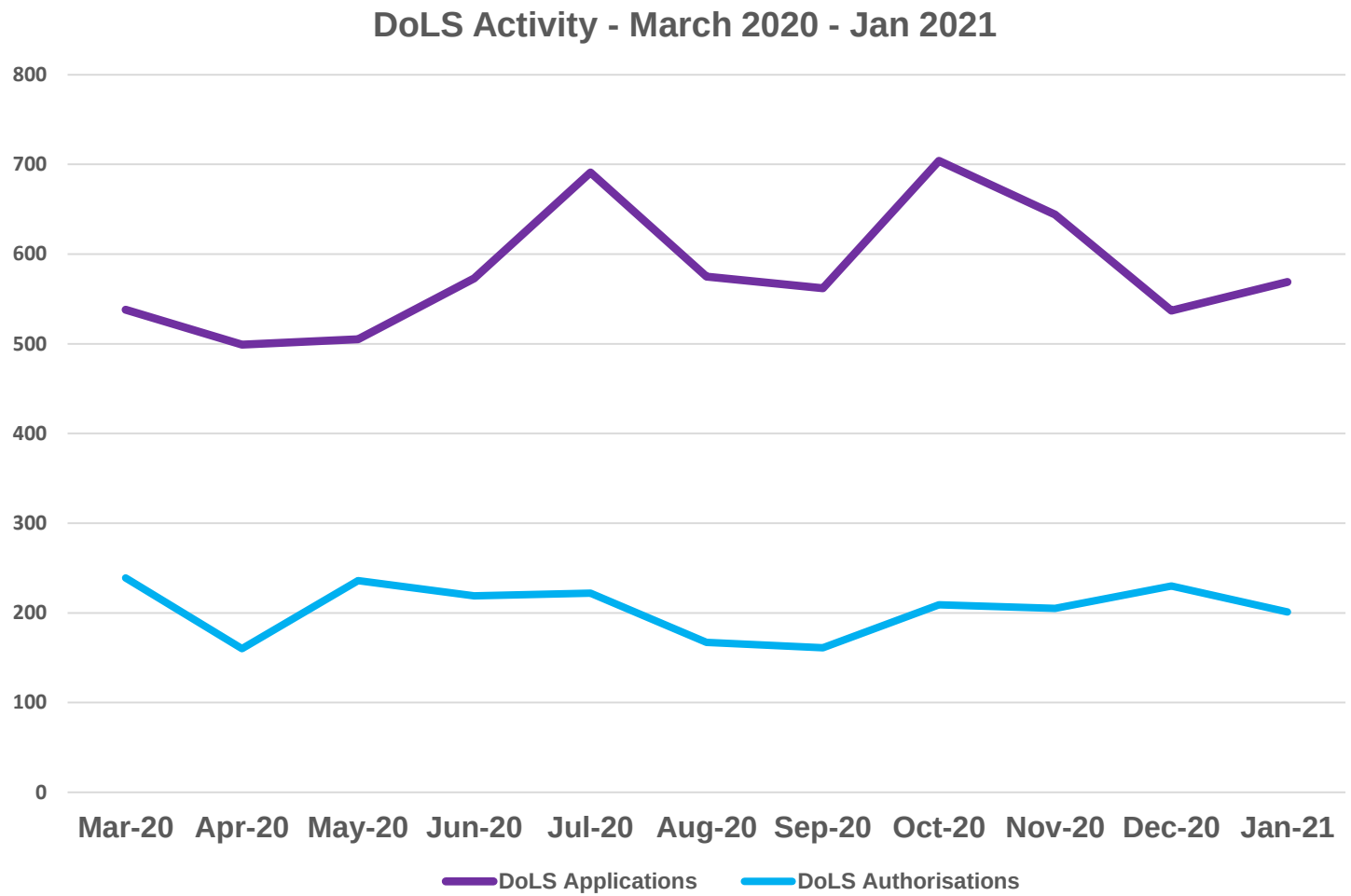
- **Mental Health –** there is a steady increase in the number of Safeguarding Concerns from June 2020 onwards as lockdown eased with particularly high activity in October and November

- **National picture –** In line with the above, it has been frequently reported in the media, the impact that Covid-19 has had on people's mental health caused by issues such as anxiety and isolation. In addition, the increase seen in domestic abuse incidents due to lockdown, asking everyone to stay indoors, which has increased tension within the home.



Deprivation of Liberty Safeguards (DoLS)

- **DoLS Applications:** From March 2020 to January 2021, Kent received **6,719** referrals
- **DoLS Authorised Assessments:** from the above referrals, Kent authorised **2,443**
- **National picture:** Kent's rate per 100,000 of applications completed continues to increase and is heading towards similar levels as the National and SE Region (**as at 19/20 data collection**)



Safeguarding Adult Reviews (SARs)

- **SARs in Kent:** From March 2020 to January 2021, Kent received **21** new referrals. Out of these, **10** met the SAR criteria to progress to a review (2 referrals are awaiting a decision). KCC is contributing to **24** reviews at present.

- **Themes:** common themes that have been identified within published Reviews include, lack of:-
  - Risk escalation
  - Carers assessments
  - Person-centred working
  - Application of the Mental Capacity Act
  - Inter-agency communication
  - Professional curiosity

- **National picture:** a recent national analysis was undertaken and similar themes as above were also found.

Domestic Homicide Reviews (DHRs)

- **DHRs in Kent:** There are currently **17** DHRs which involve the people in Kent, and Adult Safeguarding are contributing towards. **12** of these are at various stages of completion**, 5** of these are published with action plans being monitored by Strategic Safeguarding.

- **Themes:** common themes that have been identified within published Reviews include:-
  - Lack of risk escalation
  - Self-Neglect
  - Mate crime
  - Lack of application of the Mental Capacity Act
  - Lack of Inter-agency communication
  - Adolescent to parent violence

How Kent is developing practice in Adult Social Care to address the SAR/DHR outcomes:

Making a Difference Every Day Programme and bespoke workshops initiated to develop workforce learning

Making A Difference Everyday Programme (MADE)

Making a Difference Every Day (MADE) is our innovation programme for Adult Social Care. A bold, exciting approach so that together we can drive consistent, high quality, person-centred and innovative support to those that need it.
Aspiring to be the 'best in class' for adult social care.

Our Three Pillars

Adult Social Care

Our three pillars outline the overarching areas of focus for development within Adult Social Care and the basis for how we work. To ensure we deliver consistent, high quality person centred and innovative support to those that need it.

The Adult Social Care Operating Model

Our future ways of working will promote a more personal and accessible model for the people we support, improving their experience of Adult Social Care and the wider system

Our current model is built around service types and processes, focused on delivering a set of specific services rather than a person-centered approach.

Our Future Ways of Working model places people front and centre of the stage, offering holistic support as part of a fully connected system. It is made up of five key elements:

- **Empowered and resilient communities**
- **Initial contact with people**
- **Our support offer**
- **Enabling support**
- **Commissioning**

Critically, our three Pillars - **Practice**; **Innovation**; and **Meaningful Measures** - run throughout our whole future model, providing a strong and consistent framework for how we operate.

What is "*Postcard's from Practice*" Programme?

- Practice Postcards aim to create a **virtual community** for sharing good practice and learning experiences for all adult social care colleagues. The aim is to build a safe space where it is ok to say, "I do not know" and to have courageous conversations.

- **Each month a postcard** is sent to the staff based on a service user or member of staff experience.

- **Meaningful conversation** sessions are facilitated by the practice development team.

- A **list with resources** is compiled by the practice development team and made available on Kent Academy.

The Kent Academy for the Children's and Adults' Workforce

Practice Postcard 3

Hub Homepage

Meaningful Conversations

Practice Postcard 3 - Compassion in Practice

Dear Colleagues,

In September we will be reflecting on what it is to be a compassionate practitioner. What does compassion mean to us? Is it the same as empathy? Consider what a person might notice when a practitioner is compassionate in their interactions with them. How can we support the whole system in ASCH to demonstrate compassion in its interactions with people, from contact through to reviews and closure? As employees do we experience the local authority as being compassionate to us? What are the blocks to being compassionate in our practice? How can we nurture compassion in ourselves?

Book your place, here.

Compassion in Practice – A personal perspective from a (well) seasoned social worker

This was not something that was talked about when I started my social work career. Of course, I understood the term "compassion" in its everyday language sense, but not as a specific skill or quality to be "deployed" in our practice (like empathy, positive regard, active listening etc). I guess we all like to believe we just are compassionate people, after all, why would we be doing this job? I also knew about its absence, compassion fatigue, when I avoided difficult situations and conversations with people, when I felt too tired, stressed and overwhelmed it was difficult to feel compassion, perhaps especially for myself.

So, compassion in practice is now a thing. But what does this mean? Is it a tool we can learn to use? Is it a technique for our practice? Is it a skill we can develop? Or is it a quality that we can nurture in ourselves? I am at the beginning of this journey, but from my reading so far, one thing resonates strongly for me – the starting point is having compassion for ourselves.

Resources

Person Centred Practice revisited sway.

Webinar: Leading with compassion: What does the evidence say?

This webinar will support supervisors to support individuals and teams to develop their capacity to show leadership.

Webinar: Practicing Self-Compassion

Becoming a Self Compassionate Social Service Provider

A 5-Step Process for Transforming Shame with Self-Compassion

Brené Brown on Empathy

"*Postcards from Practice*" Programme
July 2020 – October 2021

Month	Topic
July 20	Person at the centre of practice
August	Person-centred part 2
September	Compassion in practice
October	Strength-based practice
November	Equality and diversity – Black Lives Matter
December	Loneliness, grief and loss
January 21	Looking after ourselves - compassion fatigue & secondary trauma
February	What does it mean to be a a statutory social worker?
March	What does it mean to be professionally curious?
April	What is it to support mental capacity?
May	Understanding risk in social work
June	Power in social work
July	Trauma informed practice
August	Understanding Intergenerational transmission of trauma
September	Transitions from children's services to adult services
October	Role of family and carers, "think family"

Questions?

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Local Government Association Equality Peer Review

Adult Social Care Cabinet Committee
5 March 2021

Background

The Annual Equality and Diversity Review which was presented to the Adult Social Care and Health Directorate Management Team in July 2020, highlighted the need for the directorate to consider their positioning of Equality, Diversity and Inclusion. The report included:

The need for a renewed and consistent focus on Equality, Diversity and Inclusion

The 'Black Lives Matter' movement and the Public Health report (which highlighted disparities in the risk and outcomes of COVID-19 on Black and Asian communities) instilled a renewed vigour to have Equality, Diversity and Inclusion as a priority in Adult Social Care

The newly formed **Adult Social Care Equality Board** agreed to use the 'Equality Framework for Local Government' and apply it specifically to the Adult Social Care and Health Directorate through an internal assessment between July 2020 and September 2020.

In November 2020, the Local Government Association was invited to conduct a 'peer review' of the Adult Social Care and Health Directorate.

Adult Social Care Internal Assessment

- **5** x Workshops
- **40** x Operational Staff
- **18** x Subject Matter Experts
- **5** x Staff Groups

+

Local Government Association Review

- **3** x Workshops
- **2** x Cabinet Member Interviews
- **22** x Interviews
- **5** x Staff Groups

=

Outputs

- **1** x Adult Social Care Report
- **1** x Local Government Association Report
- **1** x Adult Social Care Equality Action Plan

The key, combined recommendations from both the Adult Social Care Internal Assessment and the Local Government Association Report are as follows:

Working Together and Wider Kent County Council

1. Greater understanding of the importance of collecting **accurate data**
2. Report on Gender and Ethnicity **Pay Gaps**
3. Robust **Equality Impact Assessments** to ensure effective decision making
4. Review current **Equality, Diversity and Inclusion policy**
5. Wider **representation** at boards and forums.

Communication

6. Share recommendations **across** organisation
7. Making A Difference Every Day Programme to **drive** and **embed** Equality, Diversity and Inclusion delivery
8. Follow-up / **regular pulse surveys** with staff
9. Make the change from using the acronym 'BAME' to using the term **'Black, Asian and Minority Ethnic'** in full.

Recruitment, Training and Career Progression

10. Equality, Diversity and Inclusion embedded in appraisals and supervision. **'Golden Thread'** from strategy to personal objectives.
11. Staff supported to **challenge** and **raise concerns** about Equality, Diversity and Inclusion issues, bullying and harassment.
12. Secondment selection process to be more **robust** and **open to scrutiny.**
13. Strengthen **support** for well-being.
14. Develop **targeted** management development programmes for people with protected characteristics.
15. Recruitment, retention and career progression monitored and **assess the impact** on people with Protected Characteristics.
16. Mandatory and **'face to face'** Equality, Diversity and Inclusion training offers available.

Note:
Most recommendations can be applied corporately as well as specific to Adult Social Care and Health Directorate.

Any Questions?

Recommendations

The Adult Social Care Cabinet Committee is asked to **NOTE** the recommendations from the Adult Social Care Internal Assessment and put forward by the Local Government Association Equality Peer Review report.

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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 – 5 March 2021
Decision No:	**21/00033**
Subject:	**Review of Kent County Council's and Kent and Medway CCG's Integrated Commissioning Framework, covering health services, social care and community support for people with a learning disability and autistic people**
Classification:	Unrestricted
Past Pathway of Paper:	Adult Social Care Governance Board - 27 January 2021
Future Pathway of Paper:	Cabinet Member decision
Electoral Divisions:	All

Summary: The purpose of this report is to seek **endorsement** of the proposed whole system model as set out in table 1 under section four of this report and appendix 2. The proposals cover the future joint strategic planning and delivery of council services, NHS healthcare and community support for people with a learning disability and autistic people.

The proposals are designed to achieve continuous improvement in how the council, local NHS and their partners plan, deliver and sustain strong outcomes for Kent's learning disabled and autistic residents. The proposals have been developed based on the findings that emerged from the scoping phase of the review, which are set out in appendix 1 to this report.

The proposals have been codesigned with learning disabled people, autistic people and carers; experts by experience; advocates and third sector organisations; frontline professionals and clinicians, health and council system leaders.

The proposals will streamline several joint planning groups into a single cross agency Learning Disability and Autism strategic leadership and partnership body, supported by a joint programme management unit made up of existing council and CCG commissioners. The proposals will also create a more focused, better led and more accountable council and NHS provider collaborative, able to deliver all key services for Kent's Learning Disability and Autistic residents.

It is important to note that none of the bodies set out in table 1 and appendix 2 of this report will be decision making but will form part of a more robust and effective partner

planning framework, which will inform key decisions made by the council's Cabinet and related bodies. This will particularly apply to proposals that affect council budgets, spending and priorities.

Critically the report proposals recognise the council's key strategic and democratic role in planning local NHS and council services, aimed at Kent's residents with a learning disability and autistic residents. The proposals enhance the council's role as an equal partner with the NHS in planning healthcare, social care and other services, which support improving the health and wellbeing of people with a learning disability and autistic people.

The proposals are designed to achieve more effective collaborative and strategic leadership with the NHS, without the need for organisational restructure recognising the unique roles of the council and NHS. Therefore, the proposals do not require the transfer of council or NHS staff between organisations and there will be no requirement for significant investment in new roles and systems.

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) **ENTER** into such agreements that are necessary with the Kent and Medway Clinical Commissioning Group (CCG) and other local NHS organisations to create a new strategic planning and delivery framework for Kent's residents with a learning disability and autistic people; and
b) **DELEGATE** authority to Corporate Director of Adult Social Care and Health to finalise and approve the formal agreements to establish the new framework.

1. Introduction

1.1 In September 2020, Kent County Council and Kent and Medway Clinical Commissioning Group (CCG) agreed to review Kent's joint programme for learning disabled and autistic residents. The programme supports the strategic development and delivery, of health and community support for learning disabled and autistic residents. Ultimately the programme should enable effective coordination of decision making and investment, to achieve strong and improving health and wellbeing outcomes.

1.2 The review was tasked with considering three critical issues, including:

- how the council and CCG plan and deliver effective support for people with a learning disability and autism across the whole system;
- what changes are needed across the entire support pathway to improve the health and other outcomes achieved for learning disabled and autistic residents and
- how partners can improve and embed user and carer voice, ensuring this drives all levels of decision making

2. Background and Context

2.1 In 2015/16 Kent County Council and NHS commissioning partners, agreed to establish an integrated commissioning arrangement for learning disabled and autistic people. This arrangement was set up via an agreement under section 75 of the NHS Act 2006. The agreement provides for a Learning Disability and Autism (LD&A) integrated commissioning service managed by Kent County Council. This service was established to support:

a) Development and implementation of LD&A joint commissioning plans
b) Production of comprehensive LD&A health, wellbeing and other key data and evidence
c) Development of Transforming Care plans for people with complex needs, with other system commissioners in accordance with Government and NHSE national guidance
d) Development and performance management of Kent's learning disability community services (NHS and adult social care), which are run via Kent's LDA Alliance Partnership
e) Effective market management to ensure the delivery of high quality, person centred and outcome driven support for Kent's learning disabled and autistic residents
f) Effective pathway planning ensuring that LD&A residents achieve and sustain independence, choice and control over their whole lifetime from childhood to adulthood

2.1 The service is directly accountable to an Integrated Commissioning Board (ICB), with members drawn from the senior leadership teams of KCC and Kent and Medway CCG, with a single voting member representing Kent's statutory social care and NHS providers. However, Kent's ICB sits alongside several other Kent and Medway LD&A planning bodies that include:

- LD&A Executive Board
- LD&A Adults Oversight Group
- LD&A Children and Young People Oversight Group
- Alliance Group
- LD Partnership Board
- A&LD Collaborative
- LD&A Finance Sub-Group

2.2 Kent's NHS and council social care management support for learning disabled people, is commissioned and provided through the Learning Disability Alliance. The partners to the Alliance include KCC and two specialist NHS provider trusts (KCHFT and KMPT), which provide Kent's primary and community healthcare and community mental health services. The Alliance is a partnership rather than a single or fully integrated provider and services are commissioned via an Alliance Agreement, which is linked to the NHS provider contracts. A memorandum of understanding that forms part of the Alliance agreement, governs the relationship with KCC's statutory adult social care service.

2.3 The following services are delivered through the Alliance agreement, via various colocated teams across several localities:

- Community Learning Disability Nurses
- Social Work and Care Management
- LDA Occupational Therapy
- LDA Physiotherapy
- Speech and Language Therapy (SALT)
- Mental Health and Learning Disability Nurses
- LDA Psychiatry
- LDA Psychology

2.4 These services are not managed through a single Alliance management structure. Instead, Alliance partners continue to directly manage their services, with an Alliance Group collaboratively providing strategic leadership, service coordination, oversight and performance management. Equally each Alliance partner maintain their own separate corporate data and management systems and budget and financial controls are not directly managed via the Alliance Partnership.

2.5 The Alliance Partnership and governing agreement were set up in 2018 and it's due to expire in April 2021. This provides a great opportunity both to review Kent's model of delivering health and social care support, for its learning disabled and autistic residents and the strategic governance and planning framework that commission these services. This is within the context of Kent's whole LD&A system not meeting some of the critical NHSE targets and a lack of conclusive evidence of the strategic and personal outcomes the system and Alliance is achieving.

3. Review Principles

3.1 The proposals set out in this report, are driven by the single aim of continuous Improvement based on:

a) Learning from the best by using national, regional and local good practise to inform how we commission and develop interventions that achieve effective outcomes
b) An attention to detail constantly considering and benchmarking what we do against key national and regional indicators and agreed outcomes
c) Reviewing what others have concluded about our performance through applying lessons learnt from peer and statutory reviews and inspections
d) A constant focus on how people needing our support direct what we do and how we do it and whether we meet their expectations

3.2 Based on these principles and the outcome of the scoping and evaluation phase of the review, this report proposes a rationalised whole system approach based on the following key components:

❖ A single senior level strategic leadership body of equal partners across the local authority, CCG, user and carer voice and system provider

- ❖ A joint LD&A strategic commissioning and programme management unit, supporting whole system planning, development and change management and the function of the strategic leadership body
- ❖ A trusted system provider based on an effective NHS and council partnership, delegated to deliver and micro commission all LDA health and social care support

3.3 This system, the role of each key component and the underpinning principles that drive them are set out in Appendix 2 of this report.

3.4 To achieve the principles set out in 1.9 of this report, a comprehensive evaluation was carried out through a scoping phase of the review that included:

a) Extensive engagement on key issues and coproduction of potential solutions through:
   - Virtual and face to face discussions with learning disabled people, autistic people, carers and experts by experience supported by video and Easy Read briefings
   - Virtual workshop sessions via the Learning Disability Partnership Board, Autism Collaborative and through virtual group work facilitated through advocate organisations
   - Workshops with frontline practitioners, senior professionals and clinical leads across health, social care, children services and public health

b) A review of national good practice case studies and research arising from NHSE's 'Building the Right Support' programme, followed by discussions with system leaders for three leading Transforming Care Programmes including;
   - Southend, Essex and Thurrock
   - Hertfordshire
   - Devon

c) An evaluation of commissioning peer reviews and statutory inspections across health and council services

d) A series of meetings with LD&A system leaders evaluating:
   - The effectiveness of LDA programme governance and delivery
   - The robustness and accountability of finance and performance management and reporting
   - The impact of national policy change and directives and NHSE requirements and expectations

3.5 The conclusions and key themes arising from the scoping and evaluation phase are summarised below.

- Kent's current LD&A governance and programme management framework is:
  - Confusing with several bodies duplicating effort and decision making and ineffectual structural relationships between each body
  - Not competent to develop and implement a whole system strategy and strategic commissioning programme

- Not fully sighted or driven by the priorities, challenges and resource pressures of all partners and is largely reactive to short term issues and targets
- Less than clear about how the voices of learning disabled and autistic people impact or affect key decisions, with a deficient approach to coproduction and system codesign

- Improvement is required in the effectiveness of whole system commissioning and programme management
- Significant improvement is needed in whole system accountability and performance reporting, as investment decisions lack clarity on why and how they were determined and there is a lack of effective data and narrative to demonstrate the outcomes that are being achieved
- Improvement is also needed in the alignment, commissioning and coordination of service delivery across adults, children and young people and complex needs to ensure:
    - Effective and seamless care pathways;
    - Person centred and codesigned support;
    - Outcome driven delivery
    - Stronger market management and micro-commissioning, to address service deficits and to support innovation to address changing needs and expectations

4. Whole System Model

4.1 The report proposals and whole system approach were codesigned through key workstreams including:

- LDA Programme Governance
- Person centred support and the future Alliance provider model
- Effective planning of healthcare and support for children with a learning disability and autistic children, including the 16-25 transition pathway for learning disabled and autistic young people
- Whole system financial planning and management, delivery of best value and benefit realisation

4.2 The membership of the groups include key NHS and council system leaders across commissioning and LD&A service delivery and frontline practitioners and clinical leads. Alongside these groups there was also extensive codesign of the proposals with experts by experience, advocates and through face to face and group work with learning disabled and autistic people.

4.3 The proposal against each of the system elements set out in table 1 below are based on a consensus that emerged from the codesign process summarised under 4.2 above. It is important to note that this consensus offers a strong partner platform from which the proposals can be developed into a strong and fully accountable planning framework. A framework competent to support the development and delivery of a coherent and codesigned LD&A strategy.

4.4 However, it is important to understand that for the new governance system to be successful, it needs to take full account of not only health specific priorities, targets and investment needs but should also cover the council's considerable

investment in community and social care support, for the majority of learning disabled and autistic people who have no complex or specialist health needs. Therefore, the proposed whole system governance framework set out in table 1, will support more effective strategic planning and leadership across the entire Learning Disability and Autism (LD&A) health and social care economy.

4.5 Kent's whole LD&A economy commissions over £240 million of services per year, with KCC commissioning £180 million of LD&A social care and community support per annum and Kent and Medway's NHS delivering approximately £60 million of services, including specialist LD&A inpatient, transforming care and community healthcare services. This is a substantial level of investment in local LD&A support but the bulk of this support is not directly commissioned or delivered through the NHS or NHSE programmes.

4.6 Within this context there are significant financial and resource dependencies that the NHS rely upon, to deliver its key medium to long term LD&A health targets. However, equally the council's broader public health and strategic wellbeing obligations, for its learning disabled and autistic residents, depend on ensuring that the local NHS is able to deliver a highly effective healthcare system. This mutual dependency to deliver key national and local outcomes and targets and best value against this key sector of significant public investment, requires an effectively planned joint system of robust programme governance and leadership.

4.7 Critically the proposed model will secure the council's place as an equal partner in key decisions with the NHS, which affect how healthcare services and support for Kent's residents with a learning disability and autistic residents are planned, delivered and held accountable. The model ensures that the council is able to apply its broader strategic leadership role and it's experience and knowledge across council members and officers, in developing solutions with the NHS and other partners that raise the life chances, wellbeing and quality of life of Kent's residents with a learning disability and autistic residents.

4.8 Further work is underway with the council's financial, legal, governance, policy and strategic commissioning leads, to ensure that the proposed model meets the council's key governance requirements and to ensure that the arrangements described in table 1 and Appendix 2 are fully accountable through the council's decision-making framework.

4.9 The Adult Social Care Cabinet Committee is asked to endorse the proposed LD&A governance and whole system model detailed in table 1 and Appendix 2 of this report.

Table 1
Learning Disability and Autism (LD&A) Whole System Governance Proposals

A) LD&A Strategic Leadership Body	B) Whole System Delivery Partnership	C) System Management
A single strategic LD&A leadership body made up of the following key but equal voting partners	**Whole system delivery of NHS healthcare, council social care and community support for people with a learning disability and autistic people**	**Programme management and strategic commissioning support**
▪ Local Authority Director level membership across adult social care, children and young people services and strategic commissioning - Key system leaders - Programme leadership & commissioning - Has the authority to commit resources - Can drive through policy and system wide changes ▪ CCG senior director level membership across health improvement, Primary Care Networks and health planning - Key system leaders - Programme leadership & commissioning - Has the authority to commit resources - Can drive through policy and system wide changes ▪ Experts by	▪ NHS and council provider collaborative ▪ The collaborative led by a single executive management team with a senior accountable officer ▪ Trusted provider status based on: - Agreement by collaborative partners to delegate executive leadership and budget control - Contingent on agreement of a robust financial and performance management system by partner agencies - The collaborative commissioning advocates and experts by experience to design and support key provider collaborative systems and service design - Demonstrable on-gong evidence of delivery against required outcomes and best value targets	▪ Supports the function of the strategic LD&A leadership body ▪ System wide strategic commissioning and programme management ▪ LDA programme strategy, options appraisal and business case development ▪ Leadership of system and service design ▪ Agreement of **programme and commissioning leads to a whole system LD&A commissioning service based on: - Council and NHS LD&A strategic commissioners and TCP/CETR programme leads led within a single unit - A jointly agreed or appointed senior accountable officer to lead the unit - Matrix management of CCG and council staff with no requirement for secondments or employment transfers - Strengthened data

Experience – Empowerment of user and carer voice - Key system leaders - Equal partners in decision making affecting whole system strategy and change - On-going work with Experts by Experience, advocates and engagement colleagues to; ❖ work out how this will be achieved and ❖ what support will be needed to enable effective and informed involvement ▪ Whole system delivery partnership across senior clinical and council social care professional leadership - Key system leaders - System delivery and accountability - Senior accountable officer with delegated management authority to act for all partners - Has the authority to commit resources - Can drive through policy and system wide changes	▪ Effective and trusted provider delegation ▪ Whole programme delivery including the transforming care pathway, LeDeR, ND pathway etc ▪ Strong whole system accountability via a jointly agreed and single operating and performance management system ▪ However, no need to second or transfer staff between agencies or to a new 'partnership' ▪ Micro commissioning and market management within frameworks determined by **programme and commissioning leads	and information governance to enable the unit's cross agency access to key systems and data - The arrangement governed via a memorandum of understanding

** Council DASS and CCG Executive Director

4.10 The whole system model detailed above and summarised in Appendix 2 is designed to deliver an inclusive evidenced driven approach to governance, based on trusted and collaborative working across all partners and a full understanding of the priorities, opportunities, resources, skills and challenges each partner brings to the table. Trusted and equal relationships based on strong accountability and demonstrable evidence of achievement against key outcomes, are key to the success of the proposed system.

5. Integrated Care Systems

5.1 This approach is consistent with NHSEI's model of delivering significant health and wellbeing improvements, through Integrated Care Systems (ICS). The ICS model envisages that each key element from NHS and council strategic commissioning through to professional and clinical expertise and provider delivery, are equal both in terms of system design and achieving critical outcomes.

5.2 National Health Service England (NHSEI) are consulting on proposals to create Integrated Care Systems as statutory bodies, replacing all existing Clinical Commissioning Groups across England. The consultation points to the Government bringing forward legislation this year, to create the new statutory ICS bodies from April 2022.

5.3 There are strong indications in NHSE's consultation document that the new statutory bodies are likely to be established based on the following key themes and principles:

- The ICS leadership will comprise a statutory Chair, Chief Executive (accountable officer) and Chief Finance Officer
- CCG governing bodies and GP membership arrangements to be replaced by ICS Boards
- The voting membership of the boards will be comprised of local authorities, NHS providers/collaboratives and primary care networks (PCNS) as a minimum
- A strong emphasis on placed based planning and delivery and the building up of primary care, Integrated Commissioning Partnerships (ICPS) and Primary Care Networks (PCNs) to have a greater role in system wide planning and decision making and localised integrated delivery
- All NHS providers will be required to be part of provider collaboratives to;
  - Deliver multiple, better coordinated and aligned services, significantly improving patient experience
  - Achieve economies of scale and significant whole system improvements in key health and wellbeing outcomes
- The collaboratives will become the principle system engine for NHS:
  - Service delivery, planning and management
  - Transformation and pathway design
  - Quality assurance and improvement
- System wide strategic commissioning will be the core function of the ICS with a focus on:
  - assessing population health needs and planning and modelling demographic, service use and workforce changes over time;

- planning and prioritising how to address those needs, improving all residents' health and tackling inequalities and
- ensuring that these priorities are funded to provide good value and health outcomes.

- The above is linked to removing the commissioning of NHS health care services from the Public Contracts Regulations 2015 and repealing legislations that requires competition in the commissioning of NHS services
- This solidifies in the statutory framework the principles of collaboration across the NHS and it's partners and the removal of an NHS market and competition
- NHS providers will again be allowed to realign and merge into large system wide providers to deliver better and more effective economies of scale
- The NHSEI consultation document points to ICS's delegating powers, budgets etc to provider collaboratives rather than using traditional contracting models
- The design and management of performance systems will no longer be based on a commissioner and provider model but on a system wide approach

6. Centre of Decision Making - People with a learning disability, autistic people and carers

6.1 The outcome of the approach summarised in Appendix 2 is to achieve strong whole system leadership with the competency to deliver meaningful and substantial improvements, in the quality of life and outcomes achieved for;

- learning disabled people;
- autistic people and
- the people who care and support them

6.2 Within this context having all experts around the table is critical when deciding strategy; determining key priorities; working out the most effective system and service design and agreeing how resources are invested. Therefore, the proposed new governance model for Kent establishes that the lived experience of people with a learning disability, autistic people and carers is core and needs to start from the heart of planning, through to how services are monitored to ensure strong performance and quality and how systems and services are designed and delivered.

6.3 This principle is clearly articulated in NHSE's plan for learning disabled and autistic people with complex needs 'Building the right support, which is summarised by the following important statement:

'People with a learning disability and/or autism as well as their families/carers should be supported to co-produce these plans. The change we need to see is as much about a shift in power as it is about service reconfiguration, and that should be reflected not just in the new services and support put in place (where for instance the national service model calls for the expansion of personal health budgets and high-quality independent advocacy), but in the way service changes are planned and delivered.' ***Building the Right Support – paragraph 4.8 page 36***

It is important to note that the principles that underpin this statement are not solely about services or health and social care but critically concern how we all work together to support, ensure and deliver the human and civil rights of learning disabled and autistic people. This includes the right to live their lives the way they choose and to access the full range of opportunities, including education and employment, so they can develop and sustain the good quality of life we expect for all of us.

6.4 This is further supported by the 10 principles of patient participation that are set out in NHSE's guidance for CCGs 'Patient and public participation in commissioning health and care' and which are detailed under table 2 below.

Table 2

10 Principles of Patient Participation in Commissioning

7. Next Phase of Development

7.1 System leaders across council and NHS strategic commissioning, programme management, finance, children and young people services and Alliance partners, continue to develop the proposed LD&A strategic planning and delivery model through the workstreams set out under paragraph 4.1 of this report.

7.2 These workstreams have been used to establish the key themes that will inform the next phase of the model's development. These are set out in phase 2 of appendix 2 of this report.

7.3 In addition to what is set out in Appendix 2, agreement has already been achieved with system leaders across Kent and Medway CCG and the council's Children and Young People service that the current planning arrangements for children with a learning disability and autistic children will continue. Whereas the current planning framework for adults with a learning disability and autistic

adults was determined to be ineffective through the evaluation phase of the review, there is a consensus that the Children and Young People Oversight Group and related framework is effective and should continue.

7.4 Further development work is on-going in line with the key deliverables and milestones set out in stage 2 of appendix 3. This will support finalising the proposals and putting in place the financial and legal framework required to establish the new LD&A programme governance and provider collaborative model.

7.5 The current section 75 agreement that governs the planning and delivery framework described in section 2 of this report, will be replaced by a new section 75 agreement between the council and Kent and Medway CCG. This agreement will detail the governing framework and terms of reference of the proposed LD&A Strategic Leadership Body, including the membership and function but critically the accountability to the council's cabinet and related member bodies.

7.6 It is important to note that the new section 75 agreement will define a much broader strategic planning role for the new partner body, across all health and council priorities and services for people with a learning disability and autistic people. However, the agreement will also stipulate that all key decisions will be made by the council's cabinet and Cabinet Member for Adult Social Care and Public Health, in line with the council's constitution and scheme of delegation. A mirror arrangement will be built into the agreement covering the CCGs governing body.

7.7 Linked to the new section 75 agreement an NHS provider and council collaborative agreement will be negotiated. This will define the role, function, structure and accountability of the proposed partner executive management team, which will lead the new council and NHS collaborative from the 1 April 2021. It will also detail what services will be delivered and developed through the new collaborative and how quality assurance and performance will be designed and managed. This includes how people with a learning disability, autistic people and carers will be involved in the codesign and joint management of services and performance systems.

7.8 These agreements and related governing and delivery structures have been developed and negotiated through the steps set out below:

a) A workshop of senior council and NHS system commissioners to finalise:
   - The membership, role and function of the proposed LD&A strategic leadership body
   - The composition and accountability of the joint council and NHS LD&A programme management unit that will support the function of the strategic leadership board

   By mid February 2021

b) Internal meetings with key directors and chief officers across KMPT and KCHT to consider the principle, structure, composition and system support, of the

proposed provider collaborative executive management team and chief accountable officer
By the end of February 2021

c) A similar meeting/discussion at Kent County Council's Adult Social Care and Health Directorate Management Team
By the end of February 2021

d) Arising from these meetings a further workshop of council/NHS chief officers and provider and commissioning system leads to resolve and agree:
   - The new provider collaborative management structure
   - The lines of accountability across partners and to the new LD&A programme Strategic Leadership Body
   - The involvement of Primary Care Networks, system wide clinical leads and commissioners
   - The principles that will determine the development and sharing of key management systems and business support

   Workshop in the first week of March 2021

7.9 Based on this the next stage of decision making will be agreement of the final proposals, LD&A whole system planning and delivery structure and related formal agreements, by Kent County Council's Director of Adult Social Care and Health and Kent and Medway CCG's Executive Director for Health Improvement.

8. Financial Implications

8.1 There is ongoing work to consider the financial impact of the proposed model. Work is also ongoing on the design of robust financial systems and reporting, which will support effective joint strategic planning and the delivery of key council and NHS workplans, outcomes, priorities and investment decisions.

8.2 The expectation is that the proposed model will not result in any significant additional funding or investment commitment from the council. This includes no expectation of any significant additional staffing or other resource requirements, with the proposed model supported through existing posts and management systems.

8.3 Inherent to the proposed LD&A whole system approach, developed through the model, is cross council and NHS planning of all financial resources and investments to achieve improved cross partner horizon planning, risk management and benefit realisation. This includes the planning of council social care and NHS health budgets.

8.4 This approach will maximise the investment potential of council and NHS funding, to deliver a significantly improved experience and service delivery for people with a learning disability and autistic people, as well as achieving significant improvement in well-being and health outcomes.

8.5 However, it is important to note that the final decisions on all strategic, funding and investment proposals, which arise from the LD&A strategic leadership body described under table 1 in section 4 of this report and which affect council

spending plans, priorities and budgets, will be made by cabinet and council members in accordance with the council's constitution and legal framework.

8.6 The financial planning workstream of the review is being led through the LD&A Section 75 Finance Sub-Group of senior council and CCG finance officers. There are also on-going discussions and consultation with the council's Corporate Finance Director and the CCG's Chief Finance Officer.

9. Legal implications

9.1 The legal implications of the proposals will be considered through the next phase of the review. This includes considering the implications for existing agreements covering:

- changes needed to section 75 provisions to deliver the proposals and
- the impact on the proposals arising from statutory guidance that affect these provisions.

9.2 Advice and guidance addressing these issues is being considered with senior legal and financial leads across Kent and Medway CCG and Kent County Council.

9.3 Their guidance and recommendations will be reflected in the reports seeking final approval of the review proposals, LD&A whole system model and related formal agreements by the council's Corporate Director for Adult Social Care and Health.

10. Equalities implications

10.1 An Equalities Impact Assessment (EQIA) has been completed to assess and determine the impact of the proposals and whether and to what extent they will address key health and well-being inequalities that affect Kent's residents with a learning disability and autistic people. The full EQIA is attached as Appendix 4.

10.2 The proposals set out in this report to create a more focused, stronger and more accountable planning framework between the council and NHS, are designed to develop and deliver effective solutions to deal with the health and wellbeing inequities and challenges set out above. Critically the proposals put people with a learning disability and autistic people at the heart of decision making from strategic level planning and investment through to the co-design of specific services and interventions.

10.3 Within this context the proposals will enable people with a learning disability, autistic people and carers to more effectively challenge where wellbeing inequalities are not being addressed and to work with NHS and council managers and health and social care clinicians and professionals in developing the solutions that deliver against their expectations, life choices, needs and human rights.

11. Other corporate implications

11.1 Discussions are underway with CCG and senior Medway Council colleagues to understand the implications of the proposed whole system model for LD&A planning in Medway.

12. Conclusions

12.1 The whole system model and proposals set out in this report offer a critical and significant opportunity, for the council to more directly influence health strategy, planning and investment covering Kent's autistic residents and residents with a learning disability.

12.2 The model will support the creation of a strengthened, more focused and effective collaborative approach, where the council and NHS work as equal partners. A partnership that leads and develops strategic planning and front-line delivery, which consistently demonstrates significant improvements in the health, quality of life and opportunities of Kent's autistic residents and residents with a learning disability.

12.3 However, the model will cement in the future leadership and governance of how Kent plans for its autistic residents and residents with a learning disability, the principle that they will sit at the heart of decisions making. This principle will extend from strategic level policy and investment decisions through to how their healthcare and services are designed, transformed, monitored and delivered.

12.4 The whole system and governance model set out in this report recognises that the expertise and knowledge of people with a learning disability, autistic people and carers, are critical components to a successful Kent approach. An approach equipped to ensure their good health, human and civil rights and opportunities to pursue fulfilling lives.

13. Recommendation

13.1 Recommendation: 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) **ENTER** into such agreements that are necessary with the Kent and Medway Clinical Commissioning Group (CCG) and other local NHS organisations to create a new strategic planning and delivery framework for Kent's residents with a learning disability and autistic people; and
b) **DELEGATE** authority to Corporate Director of Adult Social Care and Health to finalise and approve the formal agreements to establish the new framework.

14. Background Documents

https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-next-steps-integrated-care-systems.pdf

https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf

https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Clair Bell, Cabinet Member for Adult Social Care and Public Health	20/00033

For publication

Key decision: YES
Affects more than two electoral divisions.

Title of Decision: REVIEW OF KENT COUNTY COUNCIL'S AND KENT AND MEDWAY CCG'S INTEGRATED COMMISSIONING FRAMEWORK, COVERING HEALTH SERVICES, SOCIAL CARE AND COMMUNITY SUPPORT FOR PEOPLE WITH A LEARNING DISABILITY AND AUTISTIC PEOPLE

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
a) **ENTER** into such agreements that are necessary with the Kent and Medway Clinical Commissioning Group (CCG) and other local NHS organisations to create a new strategic planning and delivery framework for Kent's residents with a learning disability and autistic people; and
b) **DELEGATE** authority to Corporate Director of Adult Social Care and Health to finalise and approve the formal agreements to establish the new framework.

Reason(s) for decision: In 2015/16 Kent County Council and the seven NHS Clinical Commissioning Groups (CCG) covering Kent and Medway, agreed to establish an integrated and partner strategic planning, commissioning and delivery framework covering healthcare, council social care and other support for Kent's residents with a learning disability and autistic residents. This framework is governed by an agreement between Kent County Council and Kent and Medway CCG, agreed in accordance with the provisions of section 75 of the NHS Act 2006. This framework includes an Alliance Partnership comprising the council's adults social care service and the two NHS provider trusts that deliver specialist community health care for people with a learning disability and autistic people. This includes Kent Community Health NHS Foundation Trust (KCHFT) and Kent and Medway NHS and Social Care Partnership Trust (KMPT).

The framework covers community delivered services for people living in nursing and residential care; residents living with carers and their families and people living in their own homes or who live in specialist housing with support. The arrangement also covers specialist healthcare and support for residents with a learning disability and autistic people with highly complex needs, including Kent residents admitted to specialist hospitals located both in and outside Kent.

A review of the arrangements summarised above, commissioned by Kent County Council but jointly agreed with Kent and Medway CCG identified challenges with how the council and NHS plan together to design and deliver effective solutions that can achieve strong and improving health and well being outcomes for Kent's residents with a learning disability and autistic people.

The challenges identified:

- Kent's current Learning Disability and Autism (LD&A) governance and programme management framework is:

- Confusing with several bodies duplicating effort and decision making and ineffectual structural

relationships between each body

- Not competent to develop and implement a whole system strategy and strategic commissioning programme
- Not fully sighted or driven by the priorities, challenges and resource pressures of all partner and is largely reactive to short term issues and targets
- Less than clear about how the voices of learning disabled and autistic people impact or affect key decisions, with a deficient approach to coproduction and system codesign
- Improvement is required in the effectiveness of whole system commissioning and programme management
- Significant improvement is needed in whole system accountability and performance reporting, as investment decisions lack clarity on why and how they were determined and there is a lack of effective data and narrative to demonstrate the outcomes that are being achieved
- Improvement is also needed in the alignment, commissioning and coordination of service delivery across adults, children and young people and complex needs to ensure:
    - Effective and seamless care pathways
    - Person centred and codesigned support;
    - Outcome driven delivery;
    - Stronger market management and micro-commissioning, to address service deficits and to support innovation to address changing needs and expectations.

Through extensive engagement and coproduction of the solutions to address the challenges above, the proposals summarised below emerged through a clear consensus of council and NHS leaders, frontline professionals and health clinicians and critically through face to face engagement and workshops with people with a learning disability, autistic people and carers supported by advocates and advocate organisations.

Summary proposals

The establishment of:

- A single senior level strategic leadership body of equal partners across the local authority, CCG, user and carer voice and system provider
- A joint LD&A strategic commissioning and programme management unit, supporting whole system planning, development and change management and the function of the strategic leadership body
- A trusted system provider based on an effective NHS and council partnership, delegated to deliver and micro commission all LDA health and social care support

Financial Implications: There is ongoing work to consider the financial impact of the proposed model. Work is also ongoing on the design of robust financial systems and reporting, which will support effective joint strategic planning and the delivery of key council and NHS workplans, outcomes, priorities and investment decisions. The expectation is that the proposed model will not result in any significant additional funding or investment commitment from the council. This includes no expectation of any significant additional staffing or other resource requirements, with the proposed model supported through existing posts and management systems. Inherent to the proposed Learning Disability and Autism whole system approach, developed through the model, is cross council and NHS planning of all financial resources and investments to achieve improved cross partner horizon planning, risk management and benefit realisation. This includes the planning of council social care and NHS health budgets. This approach will maximise the investment potential of council and NHS funding, to deliver a significantly improved experience and service delivery for people with a learning disability and autistic people, as well as achieving significant improvement in well-being and health outcomes. However, it is important to note that the final decisions on all

strategic, funding and investment proposals, which arise from the Learning Disability and Autism strategic leadership body and which affect council spending plans, priorities and budgets, will be made by cabinet and council members in accordance with the council's constitution and legal framework. The financial planning workstream of the review is being led through the Learning Disability and Autism Section 75 Finance Sub-Group of senior council and Clinical Commissioning Group finance officers. There are also on-going discussions and consultation with the council's Corporate Finance Director and the Clinical Commissioning Group's Chief Finance Officer.

Legal implications: The legal implications of the proposals will be considered through the next phase of the review. This includes considering the implications for existing agreements covering:

- changes needed to section 75 provisions to deliver the proposals and
- the impact on the proposals arising from statutory guidance that affect these provisions.

Advice and guidance addressing these issues is being considered with senior legal and financial leads across Kent and Medway Clinical Commissioning Group and Kent County Council. Their guidance and recommendations will be reflected in the reports seeking final approval of the review proposals, Learning Disability and Autism whole system model and related formal agreements by the council's Corporate Director for Adult Social Care and Health.

Equalities implications: An Equalities Impact Assessment has been completed to assess and determine the impact of the proposals and whether and to what extent they will address key health and well-being inequalities that affect Kent's residents with a learning disability and autistic people.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on5 March 2021 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

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

....

signed date

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Project Scope: Review of Kent and Medway CCG's and Kent County Council's Integrated Commissioning Arrangement

Who the project affects: People with a Learning Disability and Autistic People

Prepared by	Date	Executive sponsor
Mathew Pelling – Interim Senior Commissioner/Kent County Council	2 October 2020	Clare Maynard – Head of Commissioning/Kent County Council

Project information	
Project aim	A) To determine the most effective approach to commissioning support for people with a learning disability and autistic people that will; ▪ achieve optimum and improving health and other outcomes ▪ maximise choice, control, independence and human rights B) To review the integrated s75 commissioning arrangement between K&MCCG and KCC C) To evaluate existing NHS/KCC LD&A community support and in particular the Alliance Partnership, with options for change to: ▪ Innovate to achieve the very best outcomes for everyone ▪ Optimise best value ▪ Deliver the very best service delivery standards D) To support effective codesign and coproduction with learning disabled people, autistic people, carers and their advocates, to deliver person centred innovation and service improvement
Rationale	**1 Background and Context** **Integrated Commissioning** 1.1 The current integrated commissioning arrangement for people with a learning disability and autistic people, was agreed in 2015/16 between Kent County Council and Kent's NHS commissioning partners. The arrangement was set up via an agreement under section 75 of the NHS Act 2006. 1.2 The agreement provides for a Learning Disability and Autism (LD&A) integrated commissioning service managed by Kent County Council. However, the service is directly accountable, in terms of joint strategic oversight and performance management, to an Integrated Commissioning Board (ICB). The current ICB voting members are drawn from the senior leadership teams of Kent County Council (KCC) and Kent and Medway Clinical Commissioning Group (CCG), with a single voting member appointed to represent Kent's statutory social care and NHS providers. 1.3 KCC is commissioned through the section 75 agreement to: a) Leading the development and implementation of an LD&A joint Commissioning Plan for Kent including: ▪ Delivering programme, workstream and project management ▪ Coproduction and engagement with people with LD&A, their carers, advocates, frontline workers and other stakeholders b) To produce comprehensive health, social care and other needs analysis of people with a learning disability and autistic people, to inform both the joint commissioning plan and the plans of each

s75 partner agency

c) Working with other commissioners across children, young people and mental health, to ensure that Kent's Transforming Care Plans for people with complex LD&A needs are effectively delivered and in accordance with the 'Building the right support' standards

d) Ensuring through an Alliance Agreement with KCC, KMPT and KCHFT the effective development, strategic management and performance monitoring of community learning Disability support services to:
   - Support coproduction to deliver innovation and service improvements
   - Deliver strong and improving health, education and other key outcomes
   - Ensure best value against commissioner investment

e) Effective market shaping and management, including supplier performance, ensuring the provision of high-quality services that can meet the person-centred support needs of Kent's learning disability residents and residents with autistic spectrum conditions

f) Whole system support and pathway planning ensuring that at every life stage people with a learning disability and autistic people, are supported to be as independent as possible exercising choice and control over how they live their lives

Community Learning Disability Support (Alliance Agreement)

1.4 The Alliance Agreement (1.3 d) enables a collaborative partnership between KCC's Adult Social Care and Health service and the two Kent based NHS trusts that deliver specialist health support to residents with learning disabilities and people with autistic spectrum conditions. However, it also supports a collaborative approach between these providers and council and NHS commissioners, party to the section 75 integrated commissioning agreement, to achieve the following outcomes;

- improved quality of life through increased choice and control, greater independence, better health, and living free from abuse;
- increased life expectancy through good health, reduction of health inequalities, better preventative care and avoidance of crisis escalation;
- better patient/client experience through reasonable adjustments, person-centred practice and a skilled, competent workforce and
- increased support for whole system development through ensuring a sustainable integrated service which will work with other providers to help shape the "market" of support available to people with a learning disability.

1.5 The Alliance Agreement and the community learning disability service arrangements it covers, commenced on the 1 March 2018. The agreement is designed to ensure and support adaptable and agile service delivery, so that services are able to respond to the changing needs, expectations and choices of LD&A residents. Equally to deliver innovation within the context of national good practise and policy changes.

1.6 The section 75 commissioning arrangement provides for an Alliance

Group, which includes the NHS and social care providers that are parties to the Alliance agreement. The lead integrated commissioners who are responsible for the performance and contract management of the Alliance agreement, on behalf of the section 75 partners, are also members of the group.

1.7 One of the primary purposes of the group is the develop, facilitate and deliver robust and effective performance reporting to the Integrated Commissioning Board. This includes reliable reporting on the success of the Alliance in achieving key LD health and well being outcomes.

1.8 Whereas the section 75 integrated commissioning agreement has no end date, although there are provisions for an annual review, the Alliance agreement expires in March 2021. This necessitates the need for KCC and KMCCG to consider what new contract arrangements will replace it. Equally whether and to what extent changes in community Learning disability provision may be needed, to address;

i. service improvement and commissioning deficits;
ii. performance challenges and
iii. changes in national and local policy and priorities

2 Changing Policy and Planning Landscape

2.1 Government policy and NHSE are driving fundamental changes in the way NHS, care and other support services are planned and delivered to achieve better and improving health outcomes. The NHS Long Term Plan aims to support a more collaborative approach to developing localised solutions that can address key health challenges.

2.2 The plan envisages achieving these aims through the creation of Integrated Care Systems (ICS) and partnerships, to deliver localised, holistic and joined up plans to achieve better health outcomes for all. ICSs are a partnership of all NHS/health agencies across CCG's; provider organisations; GPs/Primary Care Networks (PCNs) and local councils, local stakeholders, health and social care practitioners and patient groups.

2.3 There are 18 localities across England where a 'mature' Integrated Care System is up and running. The NHSE promise is that where an effective ICS collaborative is achieved and agreed by local NHS and council leaders, then they will be given greater control over the operational, financial and performance management of services in their area.

2.4 However, how the integrated care system might impact the specialist commissioning of health support and care for people with learning disabilities and people with an autistic spectrum condition, is an emerging NHSE policy agenda. NHSE stated that it's objective for 2019/20 was to enable ICSs to have an advisory role on specialist commissioning but it's not yet clear how far and how fast local Integrated Care Systems will assume a greater leadership role in terms of LD&A health planning and provision.

2.5 Kent and Medway are on a pathway to establish an Integrated Care System by 2021. The first step of this pathway has already been achieved with the creation of a single Kent and Medway CCG in 2020, providing whole system leadership in delivering stronger health outcomes for the entire Kent and Medway population. Four integrated care partnerships (ICPs) have also been established to support and develop more localised health planning, involving primary care networks, district councils, KCC, local NHS acute hospital trusts and primary and community health and social care services. The four

ICPs are:

- Dartford, Gravesham and Swanley
- Medway and Swale
- East Kent
- West Kent

2.6 As set out above Kent and Medway's ICS, ICPs and health and social care landscape is evolving. Within this context how decisions and priorities are determined, which affect the funding and support focused on LD&A residents is still being worked out. This particularly applies to how Government/NHSE funding and priorities for people with complex needs is invested. It also applies to monies that are pooled between health and council partners to meet jointly agreed health and wellbeing targets for the whole LD&A community living in Kent.

2.7 There are also considerations about whole system risk sharing and the impact on the strategic direction and finances of each health and council partner. These may be affected by changes in;

- levels, type and complexity of need;
- LD&A age profile;
- expectations, choices and lifestyles of LD&A residents, their families and the people who support them;
- local workforce and the availability of the skills needed to support all LD&A needs;
- supplier markets, costs and pricing and
- broader commitments and wider organisational budget pressures

3 Opportunities and System Challenges

3.1 With the Alliance agreement coming to an end, the creation of a new single CCG and developing changes in the NHSE planning agenda, there's an ideal opportunity to review how Kent County Council and it's NHS partners work together to achieve the very best outcomes for Kent's LD&A residents.

3.2 Kent's planning framework for people with LD&A is complex with several bodies involved with making decisions; ensuring effective performance and Best Value and developing and coordinating solutions to meet changing needs and challenges. These include:

- LD&A Executive Board
- LD&A Oversight Group
- Integrated Commissioning Board (ICB)
- Alliance Group
- LD Partnership Board
- A&LD Collaborative
- LD&A Finance Sub-Group

3.3 Whereas it's important to note that most of these groups make decisions that affect both Kent and Medway, with one group (ICB) solely concerned with Kent, this number of bodies runs the risk of a less focused strategy. Ultimately this may result in a planning framework that's not competent to deliver critical outcomes and priorities. The structure may also make it difficult to achieve focused, flexible, agile and responsive decision making able to efficiently respond to changing performance and events, while ensuring that all key stakeholders remain fully engaged and involved.

3.4 Professional planning support for Kent's whole LD&A system, is not

aligned or managed in a single agency or though a jointly agreed standard operating model. The principle but slightly separate elements of Kent's day to day planning arrangements are set out below:

a) The section 75 agreement funds two senior Kent County Council integrated commissioners, whose current work programme is dominated by:-
   i. Coordinating with KCHFT, KMPT and KCC senior managers, the joint planning of front line CLDT support by Alliance providers
   ii. Working with providers to develop and manage the financial, performance and quality requirements of the Alliance Agreement, KAMCAS agreement and other jointly coordinated NHS and council contracts
   iii. On-going business planning and project management support, enabling Alliance and other providers to respond to changing demand, new priorities and current and emerging service challenges and crisis
   iv. Supporting NHS and council finance leads to ensure that joint and pooled spending is managed effectively and in accordance with NHSE and other statutory requirements, as well as maximising new statutory grant and funding opportunities
   v. Facilitating the operation of LD care pathways with K&MCCG and Alliance providers, including the council's adult social care services
b) The CCG directly plans and monitors Kent's Transforming Care pathway, including discharges and admissions and the micro-commissioning of individual health and care packages via TCP and CT(E)R programme and commissioning leads
c) Alongside the s75 commissioners for integration, the council employs specific commissioners who plan and procure social care support for Care Act eligible LD&A residents, inclusive of home care, supported living and care home services.

3.5 Early discussions with senior leaders across Kent County Council, the CCG and NHS providers, have initially validated the risks set out in 3.3. Managers have also indicated that the operating structure described in 3.4, may be adversely affecting the LD care pathway and causing system blocks. There are also management, administrative and reporting inefficiencies, which affect the ability of commissioners to develop new and innovative commissioning plans. This has resulted in Kent's LD&A joint planning arrangements being reactive rather than proactive in responding to emerging good practise and national policy changes.

3.6 Critically current partnership performance, finance and other reporting, may not be providing the clear view needed by senior managers and chief officers. Essentially robust reporting that supports strong accountability and which helps them to determine the most effective commissioning arrangements, best value and that key workstreams are delivering.

3.7 An opportunity but equally a challenge is the CCG's and Council's ambition to develop an Integrated Care System for Kent and Medway. Kent and Medway's ICS is designed to provide whole system support to achieve the best health outcomes for all Kent's people but a new structure is being developed to support the ICS with mental health

	and LDA planning. This is a positive move in terms of placing LD&A needs within the broader framework of raising everyone's health and well-being. However, it could result in even less focused decisions and accountability, unless a streamlined joint decision making and reporting arrangement is developed to support it. **4 Review Aims and Guiding Principles** 4.1 The review aims to address the issues, considerations and opportunities highlighted above and to collaboratively develop proposals, which will support the design of a fit for purpose planning framework that can plan for all of Kent's LD&A needs and expectations. Coproducing solutions and making decisions with learning disabled residents, residents with autistic spectrum conditions and the people who support them is a core value. This will drive the development of the options and final proposals that come out of this review. 4.2 The following principles will drive and guide the review: A. Learning from the best by using national, regional and local good practise to inform how we commission and develop interventions that achieve effective outcomes B. An attention to detail constantly considering and benchmarking what we do against key national and regional indicators and agreed outcomes C. Reviewing what others have concluded about our performance through applying lessons learnt from peer and statutory reviews and inspections D. A constant focus on how people needing support direct what we do and how we do it and whether we meet their expectations
Key areas of focus	**1 Scene Setting** 1.1 An initial scene setting phase has been completed, which reviewed: ▪ The most recent LD&A strategic and commissioning plans ▪ [1]TCP/LDA and corporate performance, finance and other reports ▪ NHS Digital and Public Health Data ▪ Statutory and peer reviews covering Kent's LD&A service ▪ NHSE, SCIE, ADASS and other statutory planning, policy and innovation platforms 1.2 There have been discussions with senior managers and chief officers across Kent County Council ([2]ASCH and [3]CYP), Kent and Medway CCG and with the two [4]NHS provider trusts commissioned under the Alliance agreement to deliver community learning disability support. 1.3 Initial discussions have also taken place at the Learning Disability Partnership Board and Autism and Learning Disability Collaborative and with advocate organisations. 1.4 The following key improvement themes have been identified, which will inform the development of options for change and review proposals: **Governance**

[1] Transforming Care Partnership
[2] Adult Social Care and Health
[3] Children and Young People
[4] Kent Community Health NHS Foundation Trust (KCHFT) & Kent and Medway NHS and Social Care Partnership Trust (KMPT)

- Effective leadership through cross agency/stakeholder partnership, supported by robust and clearly understood data and evidence is the focus.
- Rationalising how partner decisions are made, how these are monitored and how best value against partner investment is determined and achieved
- Considering to what extent the national governance and financial frameworks support and allow agile, responsive and flexible decision making?
- Achieving joint council and NHS financial horizon planning that;
  i. achieves best value;
  ii. reduces unnecessary spending and
  iii. achieves whole system sharing of financial risk and benefit realisation
- Developing the LD&A governance structures to support efficient decision making within the developing ICS framework

Performance

- Effective cross agency analysis of national and locally developed health, well-being and other data to support the development of the most effective solutions to addressing critical outcomes
- Robust and objectively measurable performance indicators agreed with all partner agencies, with highly effective and consistent management systems in place to support senior and chief officer oversight of delivery
- A partner performance management system that can efficiently and clearly identify failing performance, the reasons for this and the solutions and actions needed to improve performance

Health and Care Pathways

- Alliance Partnership: There are good examples of effective joint practise across professional disciplines and locality arrangements
- There is a good level of joint operational management, communication and planning when addressing specific individual needs and crisis management
- However, should non-statutory providers be more effectively engaged in cross agency planning and decision making?
- Making the Transforming Care discharge pathway more efficient with more effective joint horizon planning, enabling community resources to respond in the most effective and timely way
- Achieving stronger and closer alignment between the planning and delivery of support and health care services for LD&A adults and services for children and young people with disabilities.
- Developing a much clearer and better integrated 0-25 health and social care offer for people with LD&A, to support a stronger whole life planning pathway
- Evaluating whether providers have the right skills to effectively support complex neuro-diverse needs
- The joint planning framework having a robust workforce development workstream in place

Commissioning

- Considering whether there are key service deficits and what commissioning improvements are required, benchmarking Kent's current provision and interventions against the 'Building the Right Support' service model.
- Developing more effective reporting on service deficiencies and

	key blocks to delivering outcomes, including achieving discharge ▪ An on-going and much more focused analysis of what's missing and what practise needs developing across providers and agencies to achieve improving outcomes **Whole System Support** ▪ Having a joint council and CCG standard operating model and memorandum of understanding in place to: a) Ensure that council commissioners and TCP/CT(E)R programme and commissioning leads (at all levels) manage an effective joint LD&A care pathway b) Develop and manage a fully integrated finance and performance reporting system, which effectively captures and highlights both whole system and individual partner risk and benefit realisation c) Support fully integrated LD&A programme and project management across the whole Council and CCG system to; - ensure that critical commissioning and service delivery improvements are delivered and - chief council and NHS officers are able to make informed decisions on key programme and commissioning plan changes, based on strong evidence-based analysis and options appraisals d) Achieve more comprehensive joint data governance that enables cross agency access to NHS and council performance management systems e) Agree joint financial, business and administrative support to free up commissioning resource, to focus on developing and implementing Kent's LD&A commissioning strategies and plans

Start date	1 September 2020	**Projected end date**	31 March 2021

Project objectives (SMART)
To be determined but might include: **1) 75% of all Kent's LD&A residents with a completed annual health check with agreed actions to address improved health and well being** **2) No more than 57 Transforming Care inpatients** **3) Lowering LD&A avoidable deaths through an effective LEDER programme** **4) Improving LD&A life expectancy and healthy life expectancy over the next 5 years** ***5)* 86% of Kent's LD&A residents, eligible for Care Act support, supported to live locally and independently either in a home of their own or with the people they choose to live with** ***6) Need to add SMART evaluated objectives covering ND/Autistic Spectrum Conditions (Michelle S)***

Project scope – IN	**Project scope – OUT**
1) Review of the LD&A section 75 agreement between Kent County Council and K&MCCG to include evaluating: a) The effectiveness of the governance of the agreement via the Integrated Commissioning Board b) The robustness of performance, financial and other reporting and whether this	1) Further council and NHS integration of statutory LD&A service delivery, both at senior management level and front-line delivery 2) Procuring new NHS providers as an alternative to the current Alliance arrangement 3) Points 1 and 2 are driven by:

supports strong programme management and decision making

c) Whether and to what extent user and carer voices are reflected in all key decisions and what changes are needed to ensure their priorities direct strategic planning

2) To consider whether the existing joint governance and planning arrangements, across Kent's whole LD&A system can be rationalised to achieve:
   a) More effective and efficient decision making
   b) Robust and proactive evidence-based joint commissioning strategies and proposals
   c) The most effective and efficient management of professional commissioning support, resourced to deliver;
      - High quality advice that supports effective business case development and delivery of key NHS/council transformation plans
      - innovative joint commissioning that achieves best value and strong outcomes and
      - robust whole system programme management
   d) Whole-system coproduction with LD&A residents, innovation and significant improvements in health and wellbeing outcomes
3) A collaborative review of the Alliance Agreement across NHS and council commissioning leads and Kent's statutory health and social care providers. The review will evaluate and develop options for change based on:
   a) Whether the current service arrangements offer best practise and value
   b) What improvements can be incorporated from national examples of good practise in delivering effective joint delivery of community learning disability support
   c) Whether existing and proposed performance management measures and reporting is robust and will support strong accountability and constant service improvement
   d) People using support and their carers directing how services develop, are performance managed and improve

- NHSE's emerging Integrated Care Model emphasises strong collaboration across local NHS, council and community stakeholders in finding solutions to support improving health outcomes
- The ICS approach is less focused on achieving better value and outcomes through competition between statutory providers
- The response to the on-going Covid-19 pandemic could be undermined through key statutory agencies and senior managers having to focus on a procurement exercise, restructures and potentially transferring services to new organisations and management
- The overall context is that the Government's current Covid-19 control measures are intensifying and are likely to remain in place until at least March 2021
- Initial management comment across KCC, KMCCG and the Alliance Providers, is that the quality of front line delivery and practise, through the joint locality arrangements, is not a concern and they are working effectively

e) Achieving alignment of Alliance Support with other statutory services to: ▪ Achieve an effective 0-25 transition and care pathway for young people with LD&A ▪ Ensure person centred support through developing a more effective 'wrap around' service design with primary care, mental health and services for people with autistic spectrum conditions	

Project scope – TO EXPLORE	**Project scope – LINKED PROGRAMMES**
1) Whether new LD&A joint governance, including s75 arrangements, should be developed within the context of Kent and Medway's ICS	1) Review of Kent's S75 agreement covering health and support for Children and Young People (C&YP) 2) Review and procurement of Kent's Neuro-diverse care pathway

Risk	Mitigation	Owner
1) Lack of partner buy in to the review, including the proposed options for change	a) First phase senior and chief officer scene setting discussions across council and NHS partners to; • Establish a joint view of 'As is' successes, issues, challenges and areas to improve; • Agree key partner themes that are in scope of the review and work programmes to co-design options to address them b) Cross agency validation workshops of operational and strategic managers, to agree the final options to be considered by the Integrated Commissioning Board	Mathew Pelling/Project Sponsor
2) A delay in the delivery of the project outcomes, results in the Alliance agreement and related NHS contracts expiring without a viable new solution in place	a) A comprehensive project plan detailing key milestones, actions and delivery dates, has been agreed by senior CCG and council managers b) Weekly project tracking meetings between the project sponsor and project manager are in place, to monitor plan delivery supported by highlight, risk monitoring and exception reporting	Mathew Pelling
3) Concerns from stakeholders including service users, staff and carers, arising from the review outcomes, adversely affects the agreement and implementation of key proposals	a) Designing an effective engagement plan with advocate groups and via the LD Partnership, to ensure user and carer voice influences the review options b) Regular and ongoing discussions and 'check out' at LD&A professional team and locality meetings and face to face catch ups with key operational managers and locality leads	Mathew Pelling

4) Government and NHSE policy changes, Covid and other national and local events impact and delay project delivery	a) Weekly project tracking meetings in place, to anticipate and plan for new and unanticipated project requirements b) Effective working arrangements in place across NHS and council senior managers, supported by robust horizon reporting	Mathew Pelling/Project Sponsor

Milestone	Start out	Define and scope	Measure and understand	Design and plan	Pilot and implement	Sustain and share
See Appendix 1: Project Plan						

Project team	Role	Time commitment
Clare Maynard	Project Sponsor	Part Time (One Day Equivalent)
Mathew Pelling	Project Manager	Full Time (Five Days per Week)
Xan Brooker	Senior Commissioner (LD Integrated Commissioning)	Part Time (One Day Equivalent)
Michelle Snook	Senior Commissioner (Autism Integrated Commissioning)	Part Time (One Day Equivalent)

e.g. staff time, specialist/expert input, equipment and materials.

Appendices

Appendix 1 – Project Plan

Appendix 1 – Project Plan.pdf

Making decisions together

Phase 1 Development

Whole System Success

nclusive leadership
vidence driven design
ffective delivery

Strategic leadership

Deciding together

Leadership

Strategy

Accountability

System support

Enabling

Evidence

Design

Systems

Trusted provider

Personal

Delivery

Outcomes

Getting it right

ystem Principles

leadership body with the authority to decide
ne System! One Programme!
qual Voice
roviders empowered to deliver

Decision

- Focused governance
- Key Influencers
- Equal voice

Plan

- Whole system leadership
- Effective opera system
- Focused professional support

Provide

- Trusted provider
- Strong performance
- Delegated to deliver

ur voice! Our decision!

l voices heard

upporting our voice

laking it happen

earing, deciding and acting

Our voice heard

Plan together

Support each other

rategic Executive

aking the big decisions together
esign, develop & decide Strategy
locate resources
old the system to account

LA

- Adult Social Care
- Disabled Children
- Public Health
- Housing
- Education
- Supporting Employment
- Community

CCG

- LD&A Health
- Specialist Commiss
- ICS Leadership
- Localities and ICPs
- GPs & Primary Care
- Acute Healthcare

Provider

- Delivery
- Professional & clinical leadership
- Workforce development
- Collaborative Design
- Accountability and performance?

Our Voice

- Holding to account
- System Codesign
- Hear our voices
- Ensuring rights
- The people decide
- Us in control

D&A System Support & Programme Management

Working with the experts
Analysing demand
Evidencing impact
Achieving effective design
Building the case
Supporting the system

Evidence

- Population/deman
- Robust analytics
- Evaluation/Review

Design

- People drive solutions
- Innovation le design
- Modelling w works
- Achieving be value

Systems

- Programme management
- Effective advice
- Achieving the strategy

ystem Provider

usted to get the job done

he very best workforce able to eliver

erformance led by the people for e people

n exemplar leading the field

Delivery

- Person centred
- Strong Performanc
- Robust management
- Workforce development

Outcomes

- LD&A health
- People out of hospital
- Achieving independenc choice and co

Getting it Right

- Our voice! Our lead
- Service co-design
- Outstanding quality
- Modelling the best

ent LD&A Programme - Whole System Governance
oposals

ori oplo by the Local LD&A Executive – Proposals finalised at the 26 Jan 21 LD&A Integrated Commissioning Board

D&A Strategic Leadership Body	B) System Delivery Partnership (former Alliance)	C) System Management
e strategic LD&A leadership body made up of the ng key but equal voting elements ocal Authority Director level membership (including ASS and Children and Young People) Key system leaders Programme & system leadership Has the authority to commit resources Can drive through policy and system wide changes CG/ICS senior director level membership Key system leaders Programme & system leadership Has the authority to commit resources Can drive through policy and system wide changes xperts by Experience (user and carer voice) Key system leaders Equal partners in decision making affecting whole system strategy and change On-going work with Experts by Experience, advocates and engagement colleagues to; ❖ work out how this will be achieved and ❖ what support and capacity building will be needed to enable effective and informed involvement ystem Delivery Partnership (former Alliance) Key system leaders System delivery and accountability Senior accountable officer with delegated management authority to act for all provider partners Has the authority to commit resources Can drive through policy and system wide changes	A whole system delivery vehicle ▪ NHS and council provider collaborative ▪ Partner agreement that all statutory health, social care and support for people with a learning disability and autistic people, will be developed and planned via the collaborative ▪ Single executive management team with a senior accountable officer ▪ Trusted provider status based on: - Agreement by collaborative partners to delegate executive leadership and budget control - Contingent on agreement of a robust financial and performance management system by partner agencies - The partnership commissioning advocates and experts by experience to design and support key provider systems and service design - Demonstrable on-gong evidence of delivery against required outcomes and best value targets ▪ Effective and trusted provider delegation ▪ Whole programme delivery including the transforming care pathway, LeDeR, ND pathway etc ▪ Strong whole system accountability via a jointly agreed and single operating and performance management system ▪ However, no need to second or transfer staff between agencies or to a new 'partnership' ▪ Micro commissioning and market management within frameworks determined by **programme and commissioning leads	Programme management and system support ▪ Supports the function of the strategic leadership body ▪ System wide programme management and st commissioning support ▪ LDA programme strategy, data developm analysis, options appraisal and business development ▪ Leadership of system and service design ▪ Agreement of **programme and commis leads to a whole system LD&A Prog Management Unit based on: - Council and NHS LD&A st commissioners and TCP/CETR prog leads led within a single unit - A jointly agreed or appointed senior accou officer to lead the unit - Matrix management of CCG/ICS and staff with no requirement for secondme employment transfers - Strengthened data and information gove to enable the unit's cross agency access systems and data - The arrangement governed via a memor of understanding

Children and Young People Oversight Group and related arrangements will continue but the functions of the Adults Oversight Group and other similar groups and sub-grou ilated into either the overall LDA Strategic Leadership Body (A) or System Delivery Vehicle (B)

Phase 2 Development

Strategic Leadership Body

ill do

evel LDA strategic
lopment, planning &
agement oversight
lop and drive system-wide
commissioning intensions
plans across Health, Social
, disabled children and
r key themes
loyment, housing
munity safety etc)
level planning and
sight of all council/NHS
investment, funding plans
orities (incl s75 & pooled
s)
level management &
untability for the delivery
y LDA strategic outcomes
whole system targets
lopment and system
agement of key LDA policy
ges across the NHS and

ership of Government &
E LD&A programmes
accountable to the
cil's cabinet and related
ber bodies and the CCG's
rning body

LAs

Who and what

Voting member: Director level across Adult Social Care, Children and YP, Commissioning and Finance

- Should senior public health and commissioning leads attend in an advisory capacity?
- To what extent should planning, policies & risks affecting the council's £180M funding of LDA support be considered by the LD&A strategic leadership body
- What will be the links to the council's formal cabinet and policy making structures
- How and to what extent will these influence and be affected by this body
- How will effective links to other strategic outcomes be achieved, including housing, employment etc

CCG/ICS

Who and what

Voting member: Director level across Health Improvement, System Commissioning, Primary Care Networks and Finance

- Should associate and clinical directors attend in an advisory capacity?
- To what extent should planning, policies & risks affecting the NHS's £30M+ funding and investment in LDA healthcare be considered by the LD&A strategic leadership body
- This is in addition to LDA TCP and specialist commissioning funding
- How will PCNs and ICPs be linked in?
- How will acute services and wider NHS and health programmes influence and be affected by this body?

Our Voice

Who and what

Voting member: LD&A user and carer member(s)

- How should user and carer representation be determined and through what process
- Work is underway with engagement leads, experts by experience and advocacy groups to determine this and the design of a new process to support effective user and carer voice in key decisions at all levels
- Cross programme investment and sustainable funding of advocacy support and capacity building in service user/carer leadership, to achieve codesigned strategic planning and inclusive decision making

Provider

Who and what

Voting member: Provider Partnership Senior Accountable Officer, clinical leaders and council adult social care professional leadership

- Key delivery vehicle covering all statutory community health, social care and support for people with a learning disability and autistic people
- This includes delivering all key NHSE, government and local LD&A programmes
- Directly accountable to the Strategic Leadership Body for achieving key LD&A national and local targets and outcomes, set by each local authority, CCG/ICS, Government and NHSE

System Support

Who and what

Whole system programme management & strategic commissioning support

Core principles

- Programme support f LD&A Strategic Leade Body
- Integrated LD&A prog management across K the ICS
- Developing and updat datasets to inform str planning and commiss
- Codesign of key LD&A strategies and commi plans
- Strategic level perfor codesign and system coordination

More thinking

- What skills, posts and knowledge is required new team/service
- What are the lines of accountability and ser management oversigh KCC and the CCG/ICS
- Access to cross agenc
- Links to public health, leads, PCNs etc

System Delivery Partnership (former Alliance)

erables

tegic development, operational
agement and integrated delivery of
atutory community learning disability
thcare, social care and support
includes specialist support for adults
a learning disability who have mental
th needs
elopment, coordination and delivery
l Government and NHSE LD&A
rammes including the commitments
priorities set out in the *NHS Long
n Plan

xt?

eloping and implementing with C&YP
ces, NELFT etc an integrated 16+
sition pathway for young people with
rning disability and autistic young
ple
elopment and delivery of specialist
munity healthcare and council
ort for autistic adults with complex
ds

to long term proposals/planning

agement and delivery of the entire
admission prevention and discharge
way, including the coordination and
ementation of hospital discharge
ning and community interventions

g Term Plan - Page 52

Management

What and how

Core principles

- Single strategic and operational Executive Management Team, with delegated authority from Alliance Partners to manage all frontline community LD services, professional disciplines & teams
- A senior accountable chief officer appointed by all Alliance partners to lead the Executive Management Team and Alliance services
- Data governance agreements and protocols in place allowing cross partner access to all Alliance Health and social care systems

More thinking

- Should the executive management team be based on professional disciplines; locality arrangements; existing partner LD&A senior leads or something else
- What should the senior chief accountable officer's role be and how should they be appointed

Medium to long term proposals/planning

- Based on matrix management principles should there be direct 'line management' accountability from the Alliance executive management team down through locality arrangements to frontline professionals with cross discipline senior locality leads appointed

Trusted Provider

What and how

Core principles

- Full delegated authority to strategically lead, develop and manage all statutory community health, social care and support services, for adults and 16+ young people in transition with a learning disability
- Agreements and protocols to support the Alliance in developing and managing a single system of integrated assessment and health and social care planning for people with a learning disability

More thinking

- The development and management of specialist healthcare and support for autistic people, people with ADHD etc who have complex needs

Medium to long term proposals/planning

- How, to what extent and over what time period should the upgraded Alliance coordinate and manage the entire TCP admission and discharge pathway
- Should the upgraded Alliance micro commission individual support and service arrangements across health and social care with delegated budget control from the CCG and KCC
- The above managed via commissioning frameworks and policies approved by the CCG and KCC

Getting it Right

What and how

Core principles

- Joint investment by Alliance partn
  a single and robust performance
  management system, with dedicat
  business support, able to address
  national and local targets
- Alliance investment and funding fo
  advocacy support and capacity bu
  in service user and carer leadershi
  support the codesign and co-
  management of key Alliance
  performance and quality systems
  service design

Local Authority/CCG: Kent County Council & Kent and Medway CCG
Project: Review of the Integrated Commissioning Framework (Section 75 and Alliance Agreements)
Who the project affects: People with a Learning Disability and People with Autism/Neuro-Diverse

Sept 2020/March 2021

Stage 1 - Evaluation & Option Development - Complete

Stage 2 - Implementation

Stage 1 - Evaluation and Option Development

Task Definitions

- Task In-Progress
- Task Completed
- Stage Completed
- Milestone
- Non-critical overrun
- Off Track
- Completed Stage 1 but on-going into Stage 2
- Next Milestone Week
- Current Week

Ref	Tasks/Milestones	Month commencing: Start Date	Month commencing: End Date	Lead/Resource Name(s)	RAG	Updates/Notes
	Project Boards					
A	Phase 1 Scope Setting & Data Analysis					
1	**Understanding the Learning Disability Landscape**					
1.1	KCC senior management interviews across ASCH, Public Health. Finance and Performance: - Corporate Director - Public Health Consultant - Performance and Analytics Manager - ASCH Recovery Lead and SRO - ASCH Finance Business Partner - Learning Disability Service Managers (5 localities) - *Locality Directors (West and East)??*	09/09/20	02/10/20	M Pelling		
1.2	K&MCCG senior management interviews across Health Improvement, TCP, Finance and Performance: - Executive Director of Health Improvement - Associate Director, Childrens, Maternity and Mental Health Services (voting rep on ICB) - Director of Acute Services and Partnerships - Chief Finance Officer (voting rep on ICB) - TCP and CTR Leads - *ICP/PCN Programme Leads*	09/09/20	02/10/20	M Pelling		
1.3	KCHFT & KMPT senior management interviews, including service and performance leads: - KCHFT Community Service Director (Chair Alliance Group) - KCHFT Head of Service (LD) - KMPT Service Manager for MH and LD - KMPT MHLD Clinical Lead - KMPT LD&A Service Lead - Performance and Quality Assurance leads for both providers	09/09/20	02/10/20	M Pelling		
1.4	Initial Management Insight briefing and set up report for the Integrated Commissioning Board	21/09/20	21/09/20	M Pelling		
1.5	Preparation and sign off of scoping document by project sponsor	28/10/20	02/10/20	M Pelling/LA Project Sponsor		02-Oct
2	**Population, Performance & Demand Profiling**					
2.1	Review the robustness of existing and proposed performance and demand datasets, used by KCC, K&MCCG and Alliance providers to determine commissioning and provider effectiveness	02/09/20	02/10/20	M Pelling		
2.3	Health (LDA), Socio-economic, population and demand trend analysis	02/09/20	02/10/20	M Pelling		
3	**Modelling what's good**					
3.1	Attending key boards and sub groups, including finance and performance meetings and oversight discussions with NHSE etc to: a) Develop operational and performance themes relevant to developing an effective strategic and commissioning framework b) Review the effectiveness or otherwise of existing management reporting mechanisms c) Assess whether and to what extent existing joint management bodies are able to determine effective solutions to key challenges	14/09/20	02/10/20	M Pelling		
3.2	Explore and consider the implications of new and emerging NHSE and Government planning models, including the introduction of ****Integrated Care Systems (ICS)** and frameworks that flow from the NHS Long Term Plan	14/09/20	02/10/20	M Pelling		
3.3	a) Review of key recommendations and good practise arising from NHSE, LGA, ADASS, NDTi, NICE, SCIEetc. b) Review of recommendations, priorities and key themes arising from recent reviews and statutory inspections of KCC, KMCCG and commissioned provider services	28/09/20	30/10/20	M Pelling		
3.4	Developing a core learning briefing drawing on the emerging good practise in the planning of learning disability support, coming out of 3.3 and the 18 current ICSs/devolved systems	26/10/20	30/10/20	M Pelling		
4	**360 degree evaluation & Options Development**					
4.1	Options development through senior manager and practitioner Task & Finish groups covering: a) Governance: Finance, Best Value & Performance Reporting b) Governance: ICS; MH&LDA Partnership Board and strategy development c) C&YP Alignment of Alliance/CLDTs with 0-25/transition pathway; s75 arrangements and CAMHS d) Person centred support inclusive of:- - Cross commissioner and provider evaluation of the effectiveness of current CLDT's and the Transforming Care Pathway - Alignment of Alliance provision with autism/ND support	26/10/2020 **TBC** **13 Nov** **10 Nov** **17 Nov**	27/11/2020 **TBC** **26 Nov** **24 Nov** **25 Nov**	M Pelling		
4.2	Based on the outputs of stages 1 to 4.1 preparation of outline proposals and system model	16/11/20	27/11/20	M Pelling		
4.2	Validation & finalising ICB proposals with project sponsor and senior CCG lead stakeholder	27/11/20	27/11/20	M Pelling		27
B	Phase 2 Consultation					
1	**Engagement - People using services**					
1.1	Developing effective links via the LDA Partnership Board and Collaborative with advocate and representative groups working with people with a learning disability and carers	07/09/20	09/10/20	M Pelling		
1.2	Working with these groups to develop an effective approach to engagement to maximise the contribution of people using services to the development of Kent's Commissioning Framework To include: a) Design of materials and communications appropriate to needs and how people want to be communicated with b) Designing the approach to face to face and group involvement that support the involvement of people with the full spectrum of needs c) The agreement of a time managed project plan	28/09/19	23/10/20	M Pelling		
1.3	LDA Partnership Board consideration of engagement plan and sign off by project sponsor/board	23/10/20	23/10/20	M Pelling		23
1.4	Engagement Plan Implementation	26/10/20	18/12/20	M Pelling		
2	**Sign off of engagement themes**					
2.1	Consideration of proposals and system model by A&LD Collaborative	30/11/20	30/11/20	M Pelling/LA Project Sponsor		30
2.2	Consideration of proposals and system model by LDA Partnership Board	18/12/20	18/12/20	M Pelling/LA Project Sponsor		18
C	Phase 3 Provisional Options Development and Approval					
1	**Final Options Development**					
1.1	Preparation of Paper setting out proposals and sytem model covering a) Whole system governance b) Future Alliance model c) Alignment of LDA health and support services with C&YP services and transition	23/11/20	03/12/20	M Pelling		
1.2	LDA Executive board considers outline proposals and proposed Whole System Model	10/12/20	10/12/20	M Pelling/LA Project Sponsor		10
	MID Project Quality Review	Dec-20	Dec-20	M Pelling/LA Project Lead		18

Note: This plan and linked timescales are subject to change dependent on further discussions with LA/CCG and any localised operational arrangements

****NHSE Integrated Care -** https://www.england.nhs.uk/integratedcare/
NHS Future - https://future.nhs.uk/populationhealth

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Stage 2 - Implementation

Task Definitions

- Task In-Progress
- Task Completed
- Stage Completed
- Milestone
- Non-critical overrun
- Off Track

Ref	Tasks/Milestones	Month commencing Start Date	Month commencing End Date	Lead/Resource Name(s)	RAG	Dec-20 WC 14th	Dec-20 WC 21st	Dec-20 WC 28th	Jan-21 WC 4th	Jan-21 WC 11th	Jan-21 WC 18th	Jan-21 WC 25th	Feb-21 WC 1st	Feb-21 WC 8th	Feb-21 WC 15th	Feb-21 WC 22nd	Mar-21 WC 1st	Mar-21 WC 8th	Mar-21 WC 15th	Mar-21 WC 22nd	Mar-21 WC 29th	Updates/Notes
	Project Boards																					
D	**Phase 4 Programme Implementation**																					
	Integrated Commissioning Board											26										
1	**LD&A System Delivery Vehicle (Former Alliance)**																					
1.1	Alliance Senior Management Workshop: - Who needs to agree and who needs to be involved? - What agreements are needed? - How will management systems be aligned and what other systems might be needed? - How do we achieve a single leadership team and management framework? - Embedding codesign with learning disabled people, autistic people and carers, both with regard to systems and service design - What protocols are needed? - Can we do this and what do we need to get there? - Who and what agencies do we need to bring onboard?	14/12/20	14/12/20	M Pelling																		
1.2	**LD&A System Delivery Partnership Management System Workstream** Engagement with Alliance system leads across the CCG, KCHFT, KMPT and KCC to achieve initial agreement on: a) The structure of the LD&A System Delivery Partnership senior management team and how the team and the chief accountable officer will be appointed b) The purpose, aim and objective of the proposed senior management team c) What body will host the senior management structure d) How the team will be funded and resourced and via what mechanism e) HR issues and considerations f) How business, HR, performance and system support will be provided and funded and via what body g) Whether and to what extent team and locality management across agencies will be included in the single management structure h) The type and form of inter-agency agreements needed to achieve the new whole system delivery model	21/12/20	26/02/21	M Pelling																		
1.3	**Whole System Delivery Workstream** Engagement with CCG, LA and Alliance system leads to achieve initial agreement on: a) The revised service delivery areas that will be commissioned and managed via the new LD&A System Delivery Partnership, including consideration of: - Transforming care planning, micro-commissioning and pathway - Neurodevelopmental pathway - Health checks and LeDeR - Complex care - Other agencies to be included in the upgraded delivery b) Effective CCG/LA delegation of: - Micro commissioning and LDA market management of services within frameworks set by the CCG/LAs - Related budgets and decisions affecting individual care packages and placements	21/12/20	26/02/21	M Pelling																		
1.5	Based on the outputs of 1.2 & 1.3 the preparation of a report setting out the finalised proposals covering the future model of the System Delivery Partnership	22/02/21	26/02/21	M Pelling																		
1.6	**System Agreement** Formal consideration and agreement of the report and proposals by: - KCHFT's Executive Management Board - KMPT's Executive Management Board - KCC's ASC senior management and governance boards - CCG and LA senior commissioning and programme leads - **Integrated Commissioning Board (ICB)**	01/03/21	05/03/21	M Pelling/LA Project Sponsor																		
1.7	**Preparation** a) Preparing the formal agreements, memorandum of understanding etc between Alliance partners that will form part of a new collaborative agreement b) Developing a revised collaborative agreement and linked protocols, in consultation with HR, Legal and Finance leads across the CCG, LAs and NHS provider partners c) Facilitating and supporting partner agencies to develop and implement: - Key senior management and staffing restructure - Key systems development and implementation - Interagency policies and protocols	08/02/21	19/03/21	M Pelling																		
1.8	New LD&A System Delivery Partnership Established	22/03/21	26/03/21	M Pelling																		
2	**Codesign and Coproduction**																					
2.1	Autism Collaborative Workshop - Approach to LDA System Codesign	11/01/21	11/01/21	M Pelling/Michelle Snook																		
2.2	Learning Disability Partnership Board Workshop - Approach to LDA System Codesign	20/01/21	20/01/21	M Pelling/Toni Easeman																		
2.3	On-going codesign of systems to support effective user/carer voice in Kent's LDA Governance and service delivery vehicle	25/01/21	12/03/21	M Pelling/Toni Easeman																		
3	**Whole System Governance and Programme Management**																					
3.1	Preparation of the final ICB report covering the review proposals and recommendations	11/01/21	20/01/21	M Pelling																		
3.2	Agreement by the Integrated Commissioning Board (ICB) of the : a) LDA Programme Governance Model b) Whole System Programme Management & Commissioning Unit	26/01/21	26/01/21	M Pelling/LA Project Sponsor																		
3.3	Engagement with senior programme and commissioning leads, across the CCG and LAs, to achieve agreement on: **System Governance** - The structure, membership, operation and purpose of the whole system governance body - A strategic level planning, investment and cross agency spend ng framework taking account of NHS and LA priorities - The formal agreement models and framework to achieve the above **System Management** - The purpose, aim and objective of the proposed system wide programme management and commissioning unit - How the unit will be funded, resourced and operationally managed and via what mechanism - HR issues and considerations - How business, performance and system support will be provided and funded and via what mechanisms - The purpose and role of the senior Programme Management and Commissioning system leader - How the system leader will be funded, appointed and managed across the CCG and LAs	21/12/20	12/02/21	M Pelling																		
4	**Formal Partner Sign Off and Implementation**																					
4.1	Formal KCC ASH Cabinet Committee Consideration of LD&A System Model and proposals	25/01/21	05/03/21	M Pelling/LA Project Sponsor																		
4.2	Final Approval of LD&A System Model and proposals by KCC ASHP Cabinet Member	15/03/21	15/03/21																			
4.3	Formal KMCCG Approval	08/02/21	25/03/21	M Pelling/Dave Holman (CCG)																		
4.4	**Preparation** a) Preparing the formal agreement(s), Terms of Reference and related protocols (including finance and reporting requirements) between Kent CC, KMCCG, Medway Council and key partners, which will define the new LDA joint Governance arrangements b) Working with LA/CCG HR, Legal and Finance leads to establish the LDA Programme Management & Commissioning Unit c) To include setting up: - The management, staffing and joint oversight structure - Key systems development and implementation, including data systems - Interagency policies and protocols	04/01/21	19/03/21	M Pelling																		
4.5	All approvals achieved and formal agreement of key governing documents - KCC Director of Adult Social Care and Health - K&MCCG Executive Director for Health Improvement	22/03/21	25/03/21	M Pelling																		
4.6	New LD&A Programme Governance Framework established	29/03/21	01/04/21	M Pelling																		

Note: This plan and linked timescales are subject to change dependent on further discussions with LA/CCG and any localised operational arrangements

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EQIA Submission – ID Number

Section A

EQIA Title	Learning Disability and Autism
Responsible Officer	Mathew Pelling - ST SC

Type of Activity

Service Change	No
Service Redesign	No
Project/Programme	Project/Programme
Commissioning/Procurement	No
Strategy/Policy	Strategy/Policy
Details of other Service Activity	Review of the joint LD&A Partnership Framework covering council and NHS services for people with a learning disability and autistic people

Accountability and Responsibility

Directorate	Strategic and Corporate Services
Responsible Service	Strategic Commissioning
Responsible Head of Service	Clare Maynard - ST SC
Responsible Director	Richard Smith - AH CDO

Aims and Objectives

How the council and CCG plan and deliver effective support for people with a learning disability and autism across the whole system;
What changes are needed across the entire support pathway to improve the health and other outcomes achieved for learning disabled and autistic residents and
How partners can improve and embed user and carer voice, ensuring this drives all levels of decision making

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?	Yes
It is possible to get the data in a timely and cost effective way?	Yes
Is there national evidence/data that you can use?	Yes
Have you consulted with stakeholders?	Yes

Who have you involved, consulted and engaged with?

We have consulted through:
a) Face to face discussions with individual residents with a learning disability, autitic residents and carers, supported by Easy Read presentations and briefings
b) Individual face to face and group work with 'Experts by Experience' and advocates who support people with a learning disability and autistic people
c) Evidence and evaluation workshops for peoplle with a learning disability and autistic people, codesigned with Experts by Experience, advocate groups and with the council's ASH Engagement
d) Check out face to face sessions and workshops with the same groups to develop and confirm key themes and
to codesign solutions and proposals to address equalities and discrimination issues through the proposed LD&A planning framework
e) Engagement with frontline healthcare and social care professionals and manangers to identify areas of

discriminatory service planning and service delivery and what solutions need to be developed to fix these through the new LD&A planning framework	
Has there been a previous Equality Analysis (EQIA) in the last 3 years?	No
Do you have evidence that can help you understand the potential impact of your activity?	Yes

Section C – Impact

Who may be impacted by the activity?	
Service Users/clients	Service users/clients
Staff	No
Residents/Communities/Citizens	Residents/communities/citizens
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?	Yes

Details of Positive Impacts

Key Health and Wellbeing Inequalities

- The most recent Public Health England data shows that only 41% of Kent's 8,819 GP patients on the Learning Disability (LD) register received the targeted LD Annual Health Check they are entitled to against an England average of 52% and national target of 67%.
- The learning disability Annual Health Checks should address the legal principle of reasonable adjustment as set out in the Equality Act 2010, which requires the specific needs of disabled people to be taken full account of and planned for in the delivery of services including health services
- The LDAHC should enable GP's, other health professionals and support staff to plan for the specific communication, emotional and other needs of people with LD and support around mental capacity
- This is to ensure that the earliest opportunity to identify key health issues are maximised and early action taken by GPs alongside other LD health and social care staff to support people with LD with accessing hospital assessments and treatments to address health conditions before they become serious and life threatening
- The national low rate of uptake of LDAHC and Kent and Medway's poor performance against what is a modest national target, has to be viewed in the context that on average people with LD have a 20 year lower life expectancy than the general population
- In 2015 NHSE established the LeDeR programme through Bristol University to monitor LD deaths
- Within the context of the LeDeR programme KCC and KMCCG published an annual report on LD deaths in 2019/20 that showed:
  - The average age of death for men with LD was 22 years lower than the England average for the general population
  - For women with LD the average age of death was 25 years lower than the England average for the general population
- Additionally in terms of the current pandemic, people with LD were nearly 4 times more likely to die from a Covid related death in the first phase than the general population
- K&M has one of the highest rates of people with a learning disability and autistic people who are inpatients in specialist hospitals
- K&M is 36 out of 44 NHS LD&A areas in terms of the number of LD&A patients in specialist hospitals
- Long term hospitalisation is the most restrictive form of healthcare for people with LD and fundamentally impacts an LD service users human rights in terms of limiting independence and a person's control over their lives
- A key issue for the proposed LD&A strategic leadership body and the whole system model to address, is that no routine equalities data is collected or analysed in terms of inpatients with LD or Autistic patients who are detained or supported in specialist hospitals

- This is within a context that one of the key equalities issues with regard to mental health hospital admissions at England level, is that black and black Brutish people are 4 times more likely to be detained or admitted than white people
- Whereas this fact may relate to the broader population with mental health needs, it's important for Kent and Medway NHS and the council to understand whether particular groups are overrepresented and if so why, given K&M's high number of LD&A inpatients
- The health, social care and well-being datasets covering autistic people are not as developed as they are for people with a learning disability and this includes data available through the NHS and public health and national and local level data, other than the general prevalence of autistic people living in Kent
- However, research published through the British Journal of General Practise in November 2019 highlights that the life expectancy of autistic people who do not have other neurodiverse conditions, is 12 years lower than the general population with suicide as one of the key causes of death
- The research concluded that this is attributable to the lack of reasonable adjustment being made for the specific needs of autistic people in terms of GP and other health assessments
- Engagement with autistic residents and advocates, carried out as part of this review confirms this fact indicating a generally poor experience of health and emergency social care assessments

The proposals to create a more focused, stronger and more accountable planning framework between the council and NHS, are designed to develop and deliver effective solutions to deal with the health and wellbeing inequities and challenges set out above. Critically the proposals put people with a learning disability and autistic people at the heart of decision making from strategic level planning and investment through to the co-design of specific services and interventions.

Within this context the proposals will enable people with a learning disability, autistic people and carers to more effectively challenge where wellbeing inequalities are not being addressed and to work with NHS and council managers and health and social care clinicians and professionals in developing the solutions that deliver against their expectations, life choices, needs and human rights.

Negative impacts and Mitigating Actions	
19.Negative Impacts and Mitigating actions for Age	
Are there negative impacts for age?	Yes
Details of negative impacts for Age	
Not Applicable	
Mitigating Actions for Age	
Not Applicable	
Responsible Officer for Mitigating Actions – Age	Not Applicable
20. Negative impacts and Mitigating actions for Disability	
Are there negative impacts for Disability?	No
Details of Negative Impacts for Disability	
Not Applicable	
Mitigating actions for Disability	
Not Applicable	
Responsible Officer for Disability	Not Applicable
21. Negative Impacts and Mitigating actions for Sex	
Are there negative impacts for Sex	No
Details of negative impacts for Sex	
Not Applicable	
Mitigating actions for Sex	
Not Applicable	

Responsible Officer for Sex	Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
Are there negative impacts for Gender identity/transgender	No
Negative impacts for Gender identity/transgender	
Not Applicable	
Mitigating actions for Gender identity/transgender	
Not Applicable	
Responsible Officer for mitigating actions for Gender identity/transgender	Not Applicable
23. Negative impacts and Mitigating actions for Race	
Are there negative impacts for Race	No
Negative impacts for Race	
Not Applicable	
Mitigating actions for Race	
Not Applicable	
Responsible Officer for mitigating actions for Race	Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief	
Are there negative impacts for Religion and belief	No
Negative impacts for Religion and belief	
Not Applicable	
Mitigating actions for Religion and belief	
Not Applicable	
Responsible Officer for mitigating actions for Religion and Belief	Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation	
Are there negative impacts for Sexual Orientation	No
Negative impacts for Sexual Orientation	
Not Applicable	
Mitigating actions for Sexual Orientation	
Not Applicable	
Responsible Officer for mitigating actions for Sexual Orientation	Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity	
Are there negative impacts for Pregnancy and Maternity	No
Negative impacts for Pregnancy and Maternity	
Not Applicable	
Mitigating actions for Pregnancy and Maternity	
Not Applicable	
Responsible Officer for mitigating actions for Pregnancy and Maternity	Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships	
Are there negative impacts for Marriage and Civil Partnerships	No
Negative impacts for Marriage and Civil Partnerships	
Not Applicable	

Mitigating actions for Marriage and Civil Partnerships	
Not Applicable	
Responsible Officer for Marriage and Civil Partnerships	Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities	
Are there negative impacts for Carer's responsibilities	No
Negative impacts for Carer's responsibilities	
Not Applicable	
Mitigating actions for Carer's responsibilities	
Not Applicable	
Responsible Officer for Carer's responsibilities	Not Applicable

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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 - 5 March 2021
Subject:	Adult Social Care Performance Q3 2020/21
Classification:	Unrestricted
Previous Pathway of Paper	Adult Social Care Directorate Management Team 10 February 2021
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This paper provides Adult Social Care Cabinet Committee with an oversight of Adult Social Care performance during the first three quarters of 2020/21. Of the five targeted Key Performance Indicators (KPIs), three were RAG Rated Green and two were RAG Rated Amber.

Adult Social Care services continue to work within an environment affected by the Pandemic where following decreases in contacts and long term service activity in Q1 preceding months showed signs of increased activity until Kent entered Tier 4. Activity is continually being scrutinised and assessed by Senior Managers and a recent focus on Carers is leading to a series of actions to ensure they are fully supported during this challenging time.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of Services in Q3 2020/21.

1. Introduction

1.1. A core function of the Cabinet Committee is to review the performance of services which fall within its remit. This report provides an overview of the Key Performance Indicators (KPIs) for Kent County Council's (KCC) Adult Social Care (ASCH) services; it includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR).

1.2. Appendix 1 contains the full table of KPIs and activity measures with performance over previous quarters, against agreed targets.

2. Overview of Performance

2.1 There are five targeted KPIs, two were RAG rated Amber having not achieved the agreed target but were still within expected levels, one of which showed an increase, however the other is on a significant downward trend. Three were RAG rated Green having met and exceeded the target.

3. Adult Social Care Key Performance Indicators and Activity Measures

3.1 The proportion of people who have received short term services for which the outcomes were either support at a lower level or no ongoing support was affected by both the winter pressures experienced early in 2020 and the Coronavirus Pandemic throughout the rest of the year, with increasing numbers of clients with a wider range of needs receiving services through short term pathways, leading to a decreased proportion as more people needed further or longer term support.

3.2 In Q3, 1,454 people received short term support with 900 people requiring less or no ongoing support (62%). This compares with Q2 where 1,329 people received short term support and 769 people requiring less or no support (58%). There were not only increases in the numbers accessing short term services but more of these people no longer needed ongoing support or did need support at a lower level and there was an increase of 4% on the previous quarter.

3.3 The number and proportion of clients in ASCH receiving Direct Payments has continued to decrease and is on a significant downward trend. Although ASCH have been keen to promote the use of Direct Payments, this service has been significantly affected by the pandemic with Direct Payment clients not wanting to have Personal Assistants or other workers in their homes and access to alternative services limited due to the implementation of lockdown tiers in Kent.

3.4 The proportion of adults with a Learning Disability who are living in their own home or with their family remains stable at 79% for both Q2 and Q3, just above the target of 77%.

3.5 The proportion of KCC clients in residential or nursing care where the CQC rating is Good or Outstanding was 77% in Q3, is in line with the previous quarter and above the target of 75%. With the implementation of Tier 4 in Q3 followed closely by the full lockdown in late December, KCC Commissioners have been developing systems to monitor and risk assess homes virtually whilst they have been unable to make face to face visits.

3.6 ASCH's Senior Management Team (SMT) have been focusing on Carer involvement and support; the early indication on the recent increases in the number of Carers known to ASCH is that it is due to the Pandemic with more people identifying themselves as Carers following changes in circumstances and requiring assistance and support from ASCH and/or the commissioned services.

3.7 Of the 379 carers receiving a service, 178 have had either a formal review or assessment in the last 12 months. Adult Social Care and Commissioning colleagues are working with providers to ensure all reviews delivered by commissioned providers are being reported in a timely manner to demonstrate that all carers are being supported appropriately.

4. Conclusion

4.1 Performance of ASCH Services in Q3 2020/21 predominately increased in delivery or activity; where the measures were performing below target or moving in a downward trajectory, ASCH Directors and Senior Management Team are closely monitoring the service area and implementing actions internally or with partners and providers where needed.

5. Recommendations

5.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in 2020/21.

6. Background Documents

None

7. Report Author

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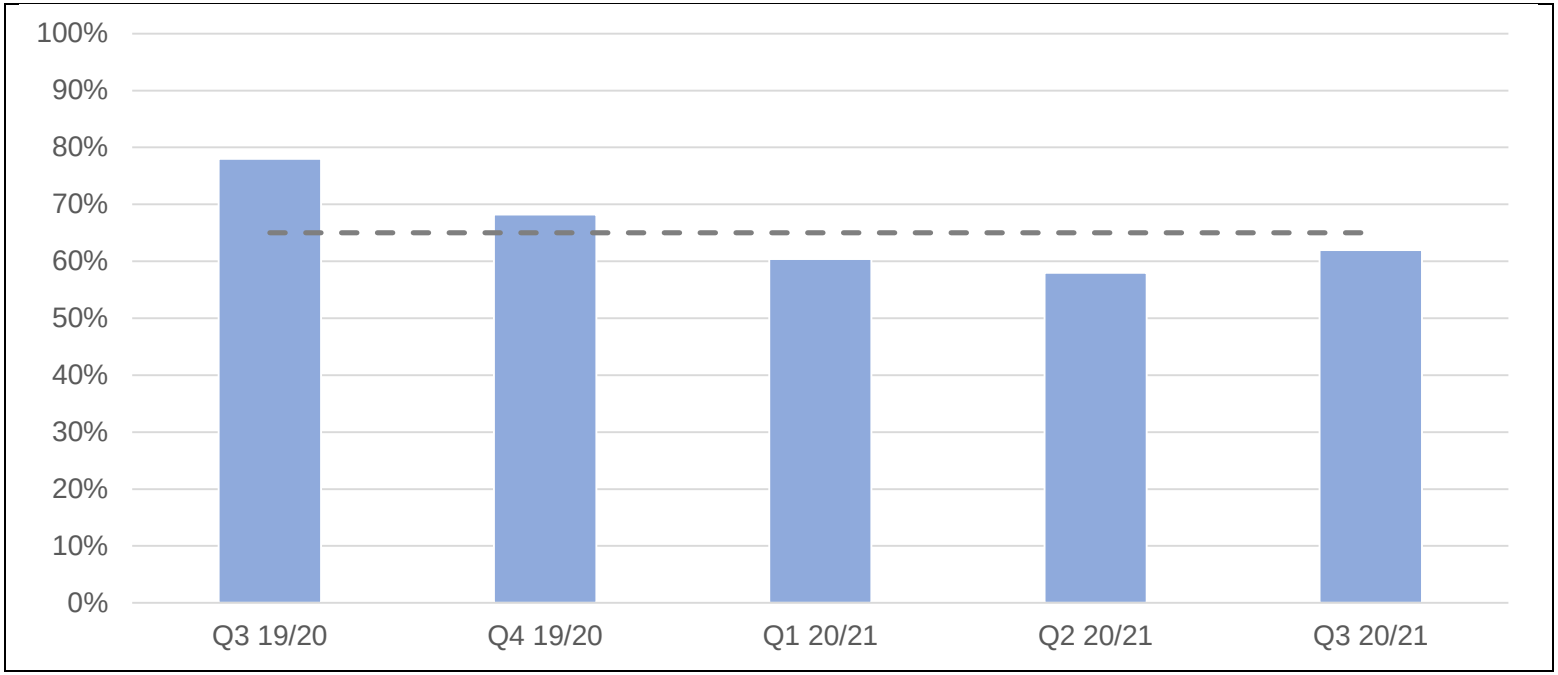
Appendix 1: Adult Social Care KPI & Activity Performance Q3 2020/21

ASC1: Proportion of people who have received short term services for which the outcomes were either support at a lower level or no ongoing support	**AMBER** ⇧



Technical Notes:

Target set at 65% (dotted line)

Short term services include Short term Beds and Enablement services.

Q2 amended following updates to client services following the first wave of Covid lockdowns.

The direction of travel is not significant.

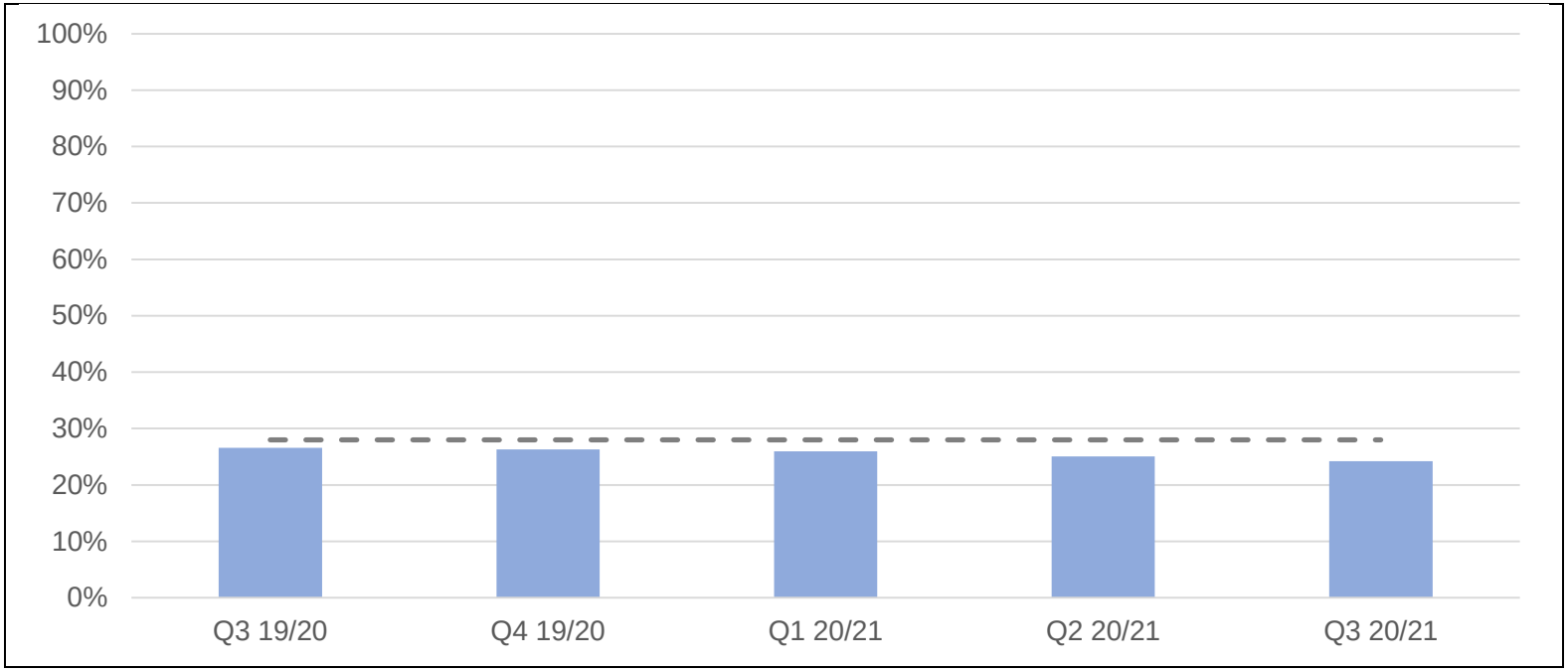
Commentary:

There have been increasing numbers of people accessing short term services in 20/21. 1,454 people accessed short term services in Q3, for 900 of which the outcome of the service was to not need ongoing support, or support at a lower level.

There is currently a “Steady State” with the system pressures easing; however, nationally Hospitals have been working at around 15-20% over capacity and these residents will need to be discharged. The Assistant Director and Responsible Officer is in regular contact with all Senior Managers involved in the Short Term Pathway to ensure the situation is monitored daily.

ASC2: Proportion of clients receiving Direct Payment

AMBER ⇩



Technical Notes:

Target set at 28% (dotted line)

Currently does not include Learning Disability clients aged 18-25 with CYPE.

Previous quarters amended following updates to client services following the first wave of Covid lockdowns.

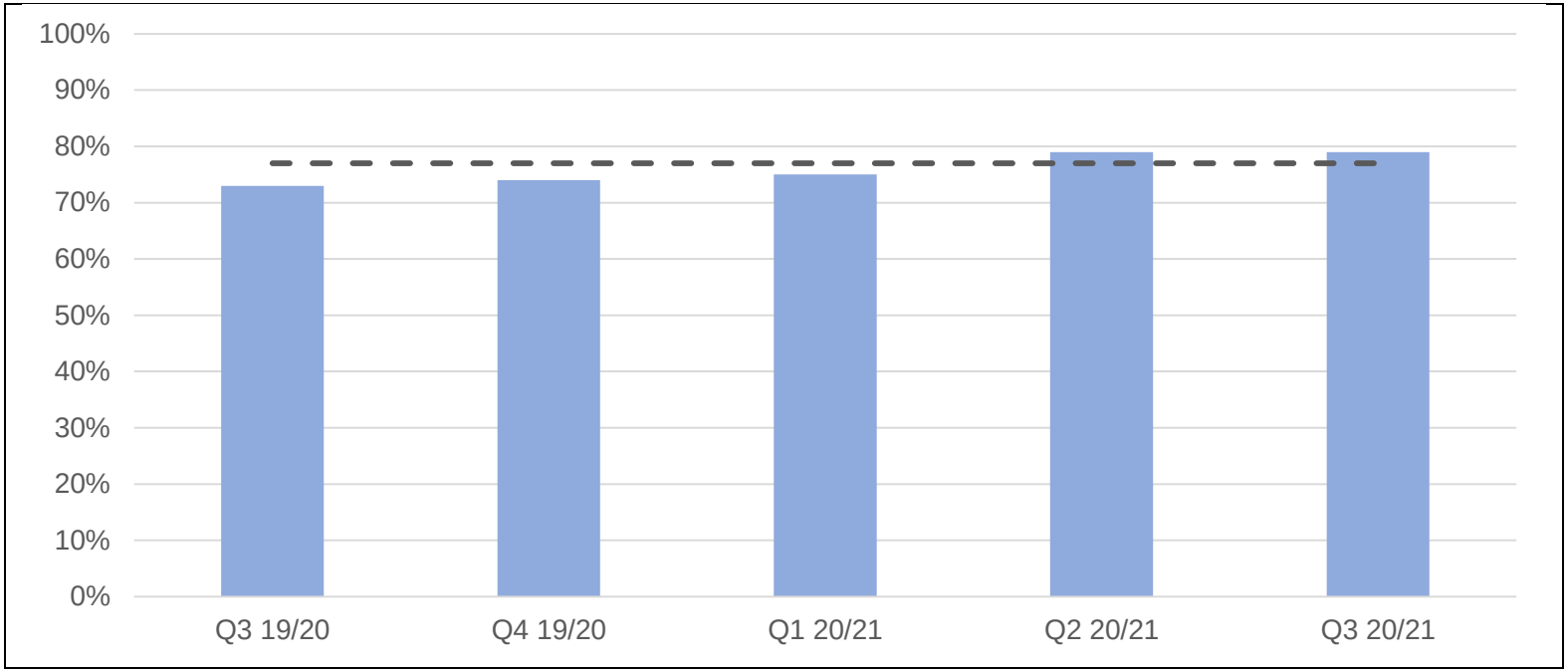
The direction of travel is significant.

Commentary:

The number of people receiving Direct Payments has continued to decrease. In Q3 2,868 adults in Adult Social Care were receiving direct payments.

The number of people receiving Direct Payments has been affected by the Coronavirus Pandemic, where people have needed or chosen to self-isolate and have not wanted PA's or other workers in their home. In addition, the flexibilities for using a Direct Payment to access alternative services are not available as many options are closed due to the lockdown tiers in place.

ASC3: The proportion of adults with a learning disability who live in their own home or with their family	GREEN ⇔



Technical Notes:

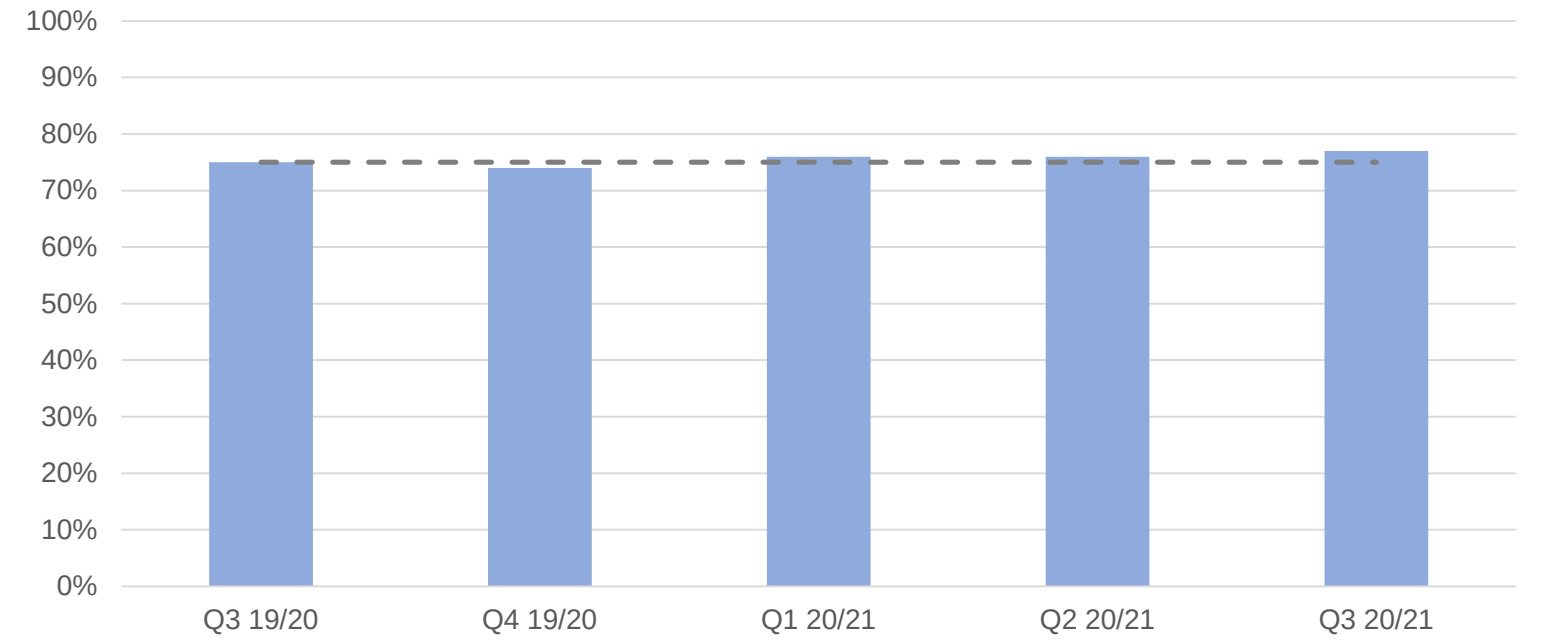
Target set at 77% (dotted line)

The direction of travel is not significant.

Commentary:

The number and proportion of adults with a Learning Disability who live in their own home or with family increased in Q2 20/21 and continued into Q3 20/21 at 79%.

ASC4: Proportion of KCC clients in residential or nursing care where the CQC rating is Good or Outstanding	GREEN ⇧



Technical Notes:

Target set at 75% (dotted line)

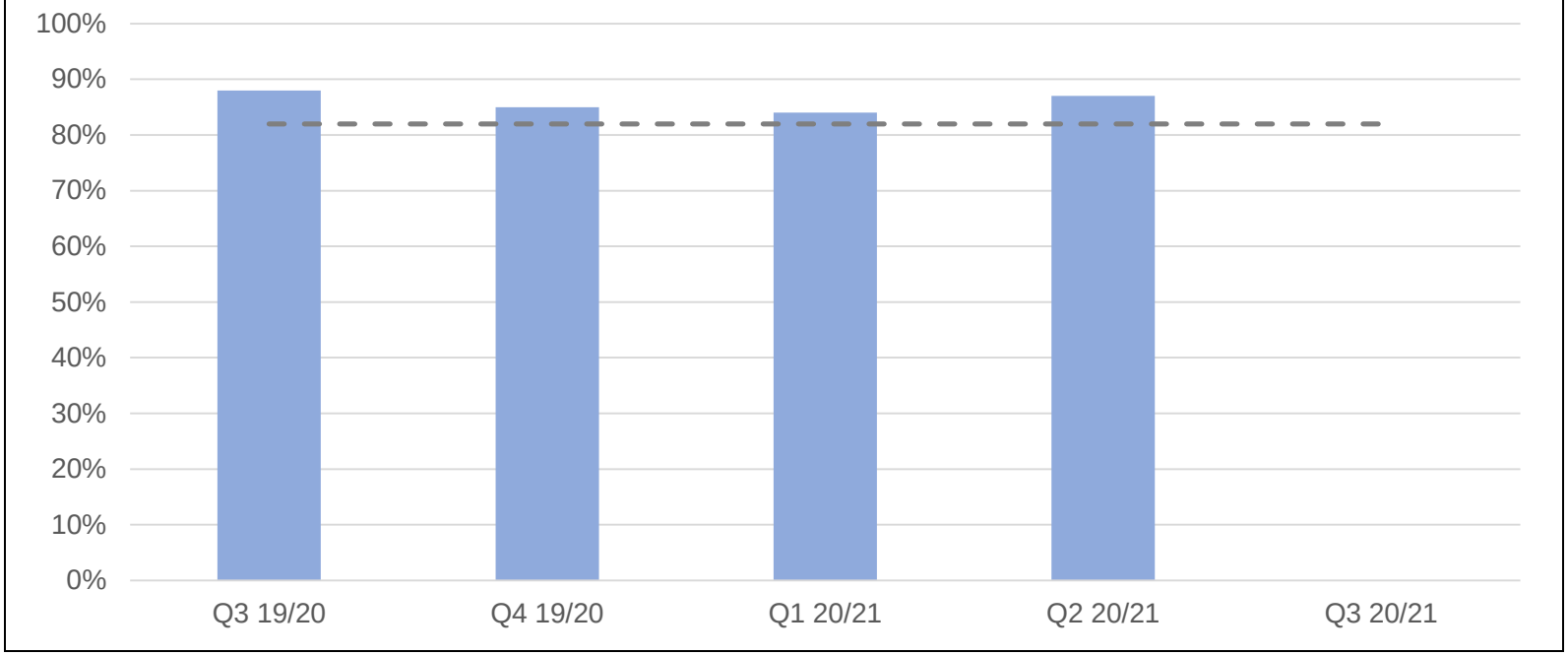
The direction of travel is not significant.

Commentary:

77% of KCC clients are in residential or nursing care where the CQC rating is Good or Outstanding.

KCC continues to work closely with the CQC and Providers to improve the levels of quality in the care home market. This continues to be a challenge with the introduction of Tier 4 during Q3 and the 2nd wave of Covid, as face to face visits to the homes cannot be conducted. Locality Commissioners have developed systems and tools to monitor and risk assess homes virtually to aid oversight.

ASC5: Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	GREEN ⇧



Technical Notes:

Target set at 82% (dotted line)

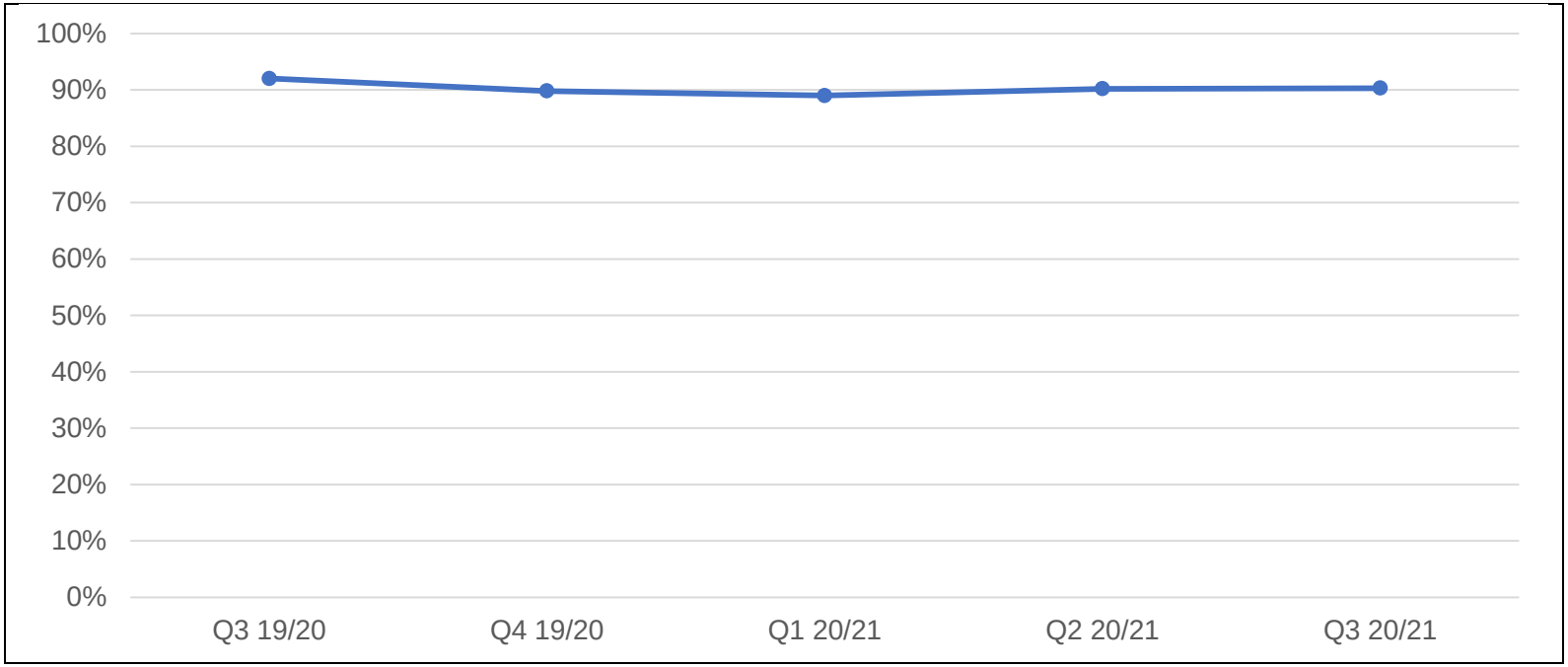
KPI runs a quarter in arrears to account for the 91 day time frame.

The direction of travel is not significant.

Commentary:

The number of older people being discharged from hospital into reablement / rehabilitation services increased into Q2 20/21 with 6% more people compared to Q1 20/21; the number of people remaining at home also increased with 779 people still at home after 91 days.

ASC6: % of safeguarding enquiries where a risk was identified and the risk was either removed or reduced



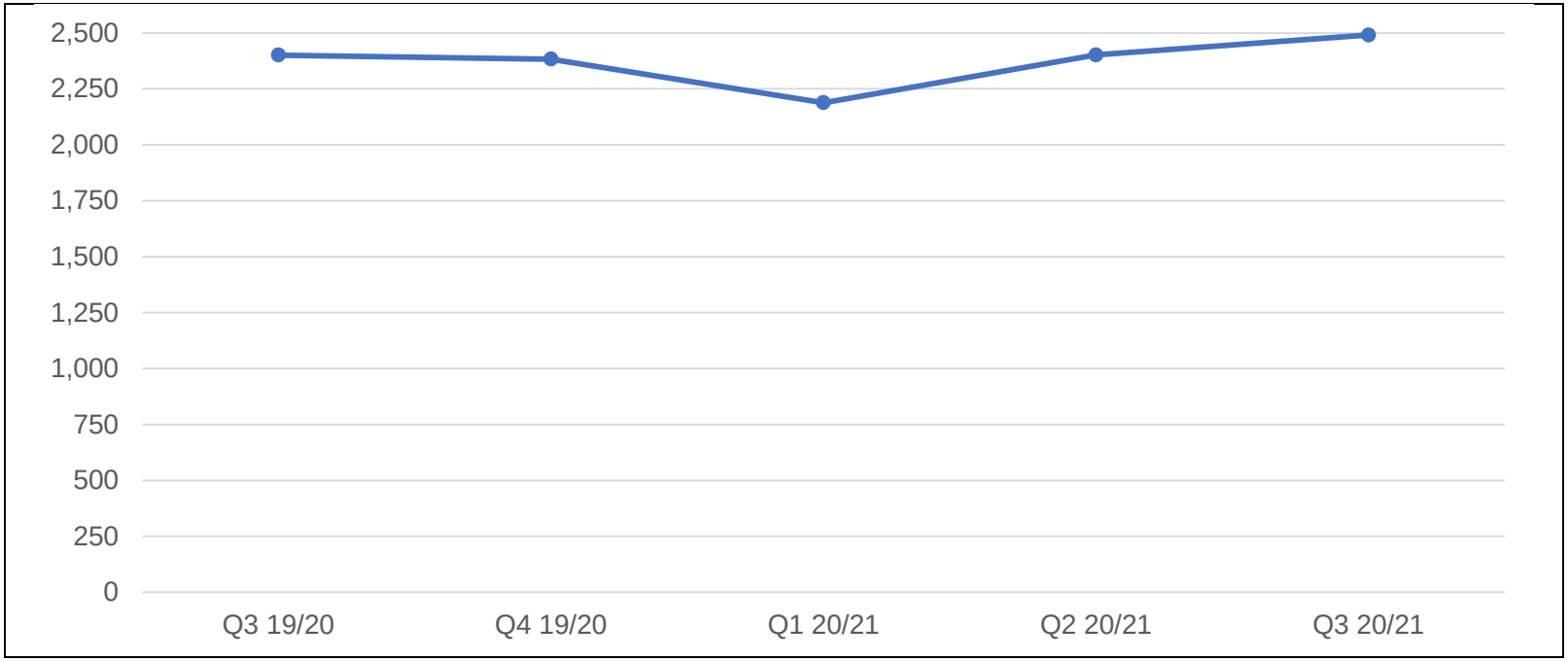
Technical Notes:

Activity measure, no specified target

Commentary:

The measure continues to deliver at high levels with 90% of safeguarding enquiries with a risk identified having had that risk removed or reduced in Q3 20/21.

ASC7: Number of carers



Technical Notes:

Activity measure, no specified target

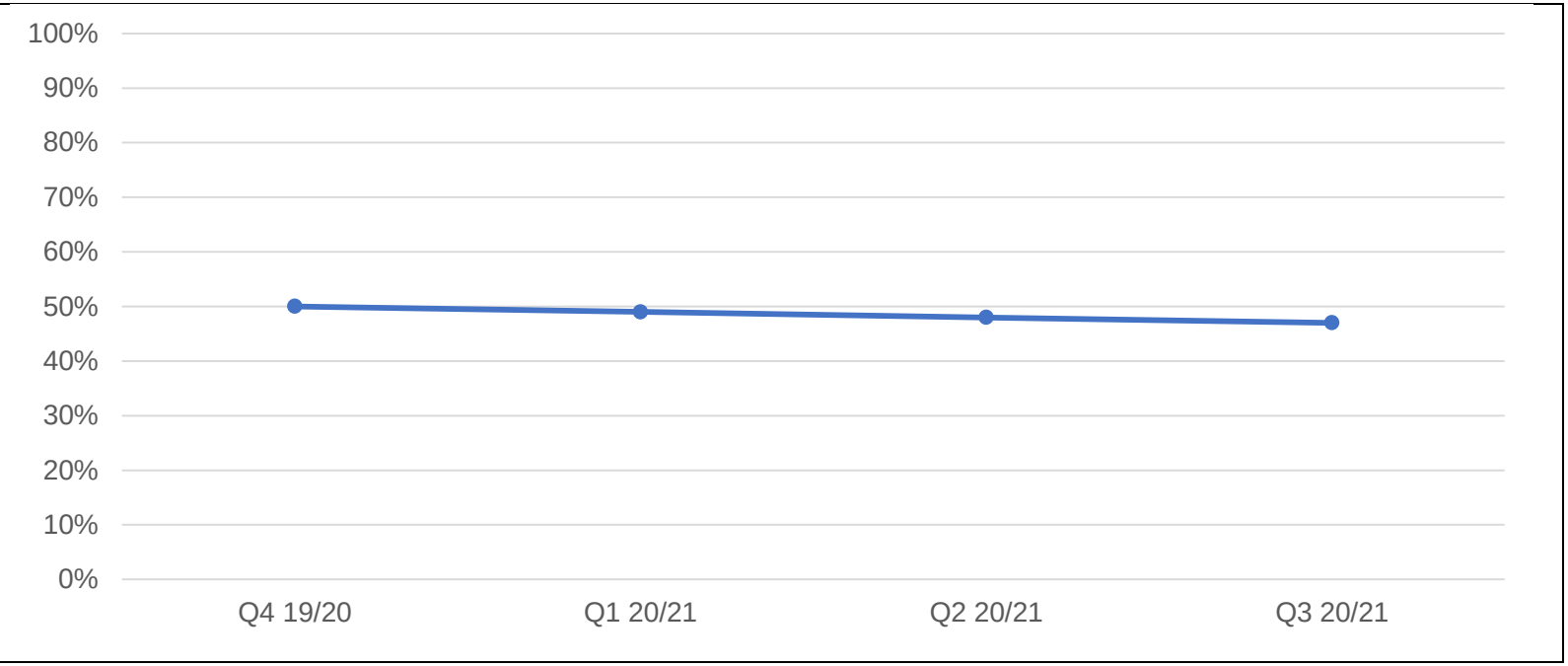
Carers with an open carer relationship where the cared for is in receipt of service

Commentary:

Following a decrease in the number of carers recorded with KCC ASC in Q1 20/21, the numbers have returned to previous levels in Q2 20/21 and continuing on an upward trajectory in Q3 20/21.

Early indication is that the increasing Carer involvement is due to Covid-19 and it may be that more people are identifying themselves as carers as a result of changes to other support, for example, people who are not attending day services.

ASC8: % of carers who are receiving service, and who had an assessment or review during the year



Technical Notes:

Activity measure, no specified target

All Statutory assessments and reviews included.

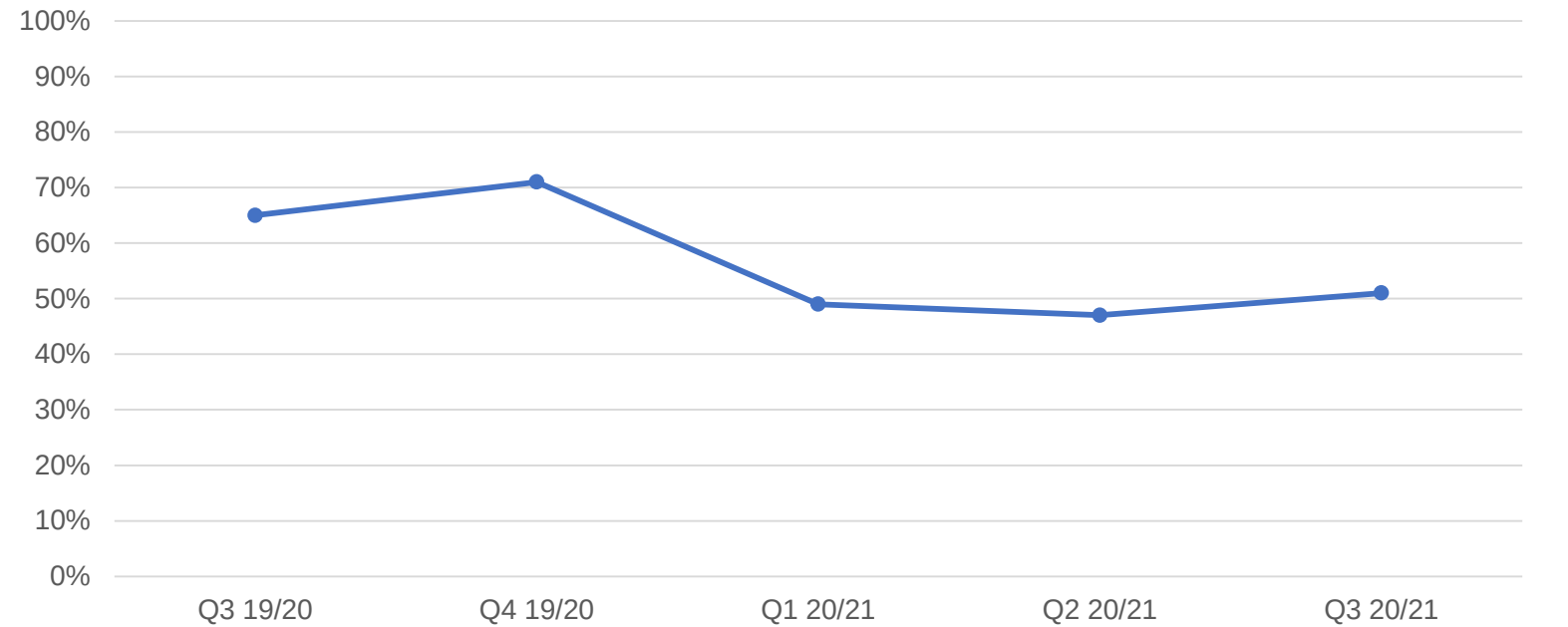
This measure looks at the reviews conducted within the previous 12 months.

Commentary:

47% of Carers receiving services with ASC have had either a review or assessment in the past 12 months.

KCC has delegated its responsibility for many Carer assessments and will be working with the contracted Providers to increase visibility of the services being delivering.

ASC9: Proportion of complaints upheld (upheld and partially upheld)



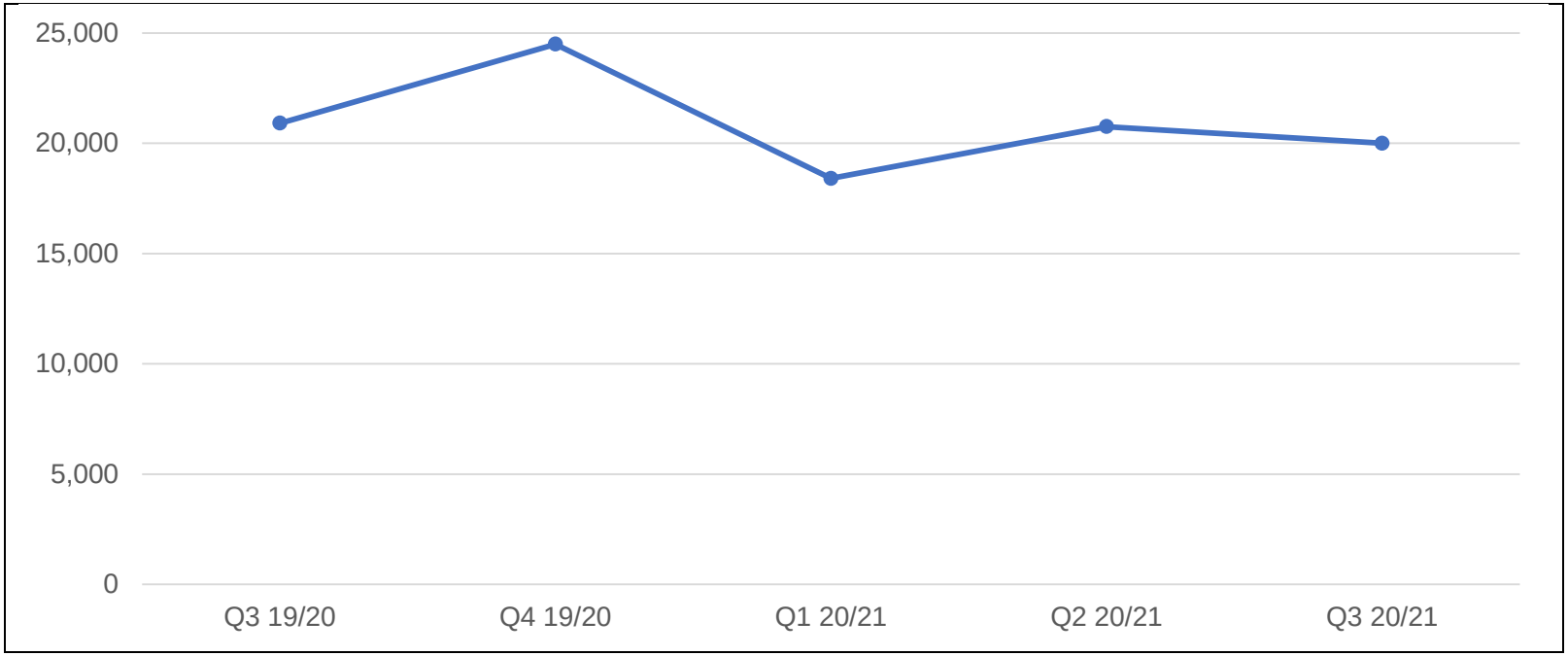
Technical Notes:

Activity measure, no specified target

Commentary:

In Q3 20/21, 111 complaints were either fully or partially upheld, out of 216 complaints investigated.

ASC10: Number of people making contact with ASC



Technical Notes:

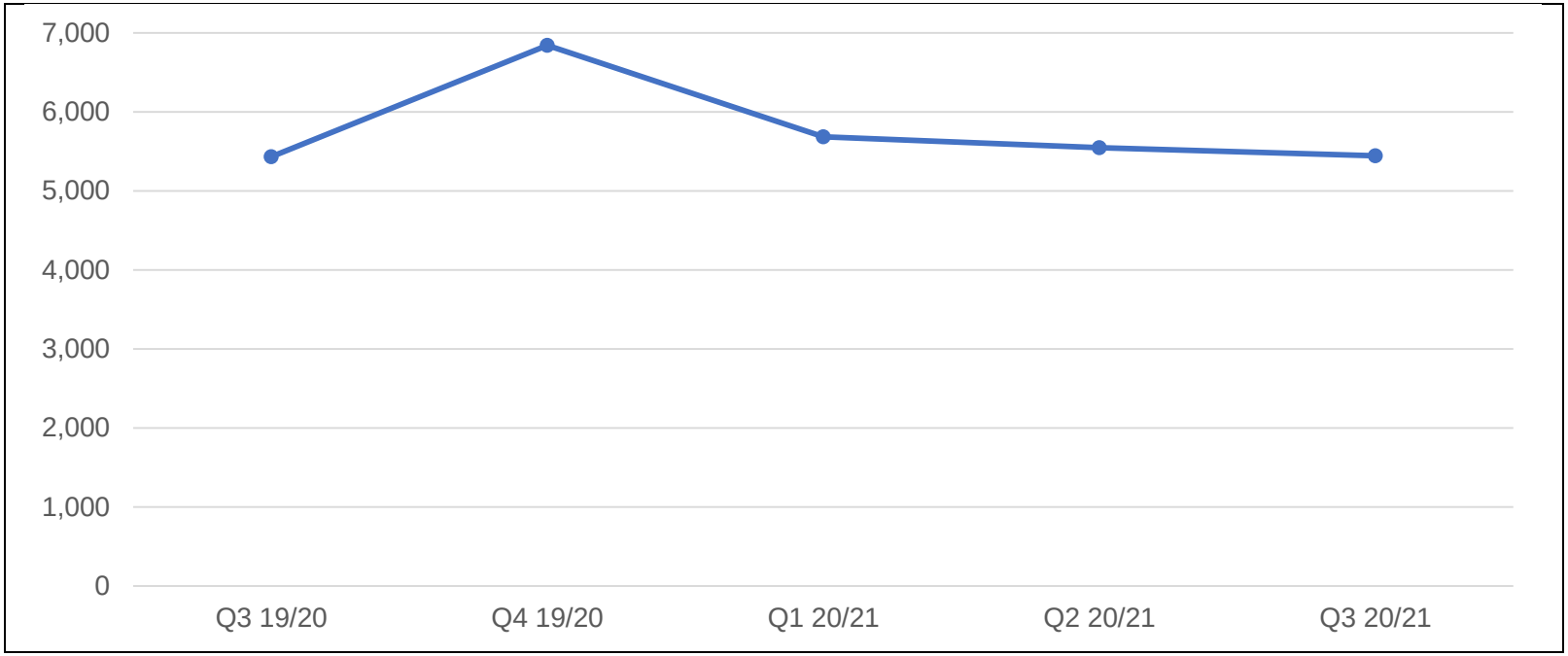
Activity measure, no specified target

Includes all forms of contact

Commentary:

Following a decrease in the number of people making contact with ASC during Q1, the number increased to over 20,000 in Q2 20/21 and just under 20,000 in Q3. This pattern of contacts correlates with activity experienced in most areas of ASC during the Covid-19 lockdowns.

ASC11: Number of assessments delivered (care needs assessments)



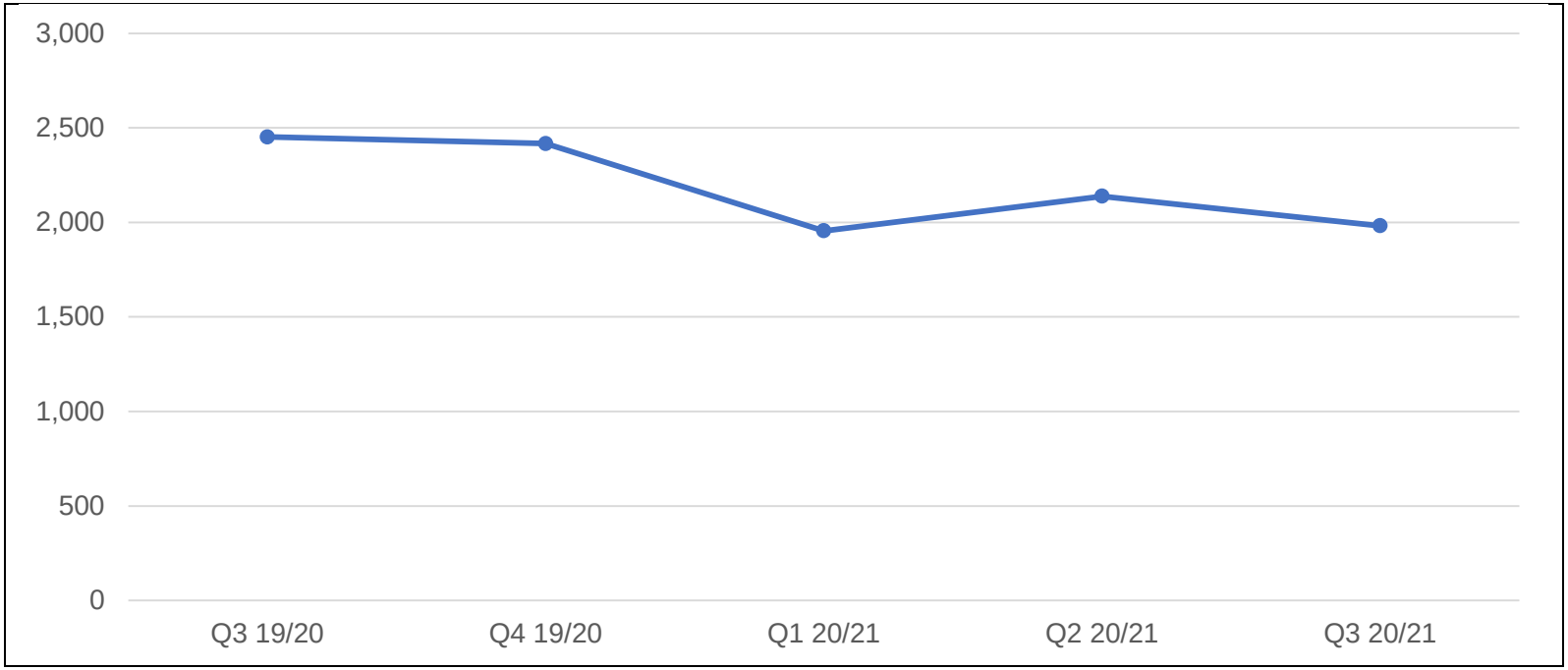
Technical Notes:

Activity measure, no specified target

Commentary:

The number of care needs assessments delivered in Q3 20/21 was 5,444. The numbers of assessments delivered have remained fairly consistent across the Covid-19 pandemic.

ASC12: Number receiving enablement



Technical Notes:

Activity measure, no specified target

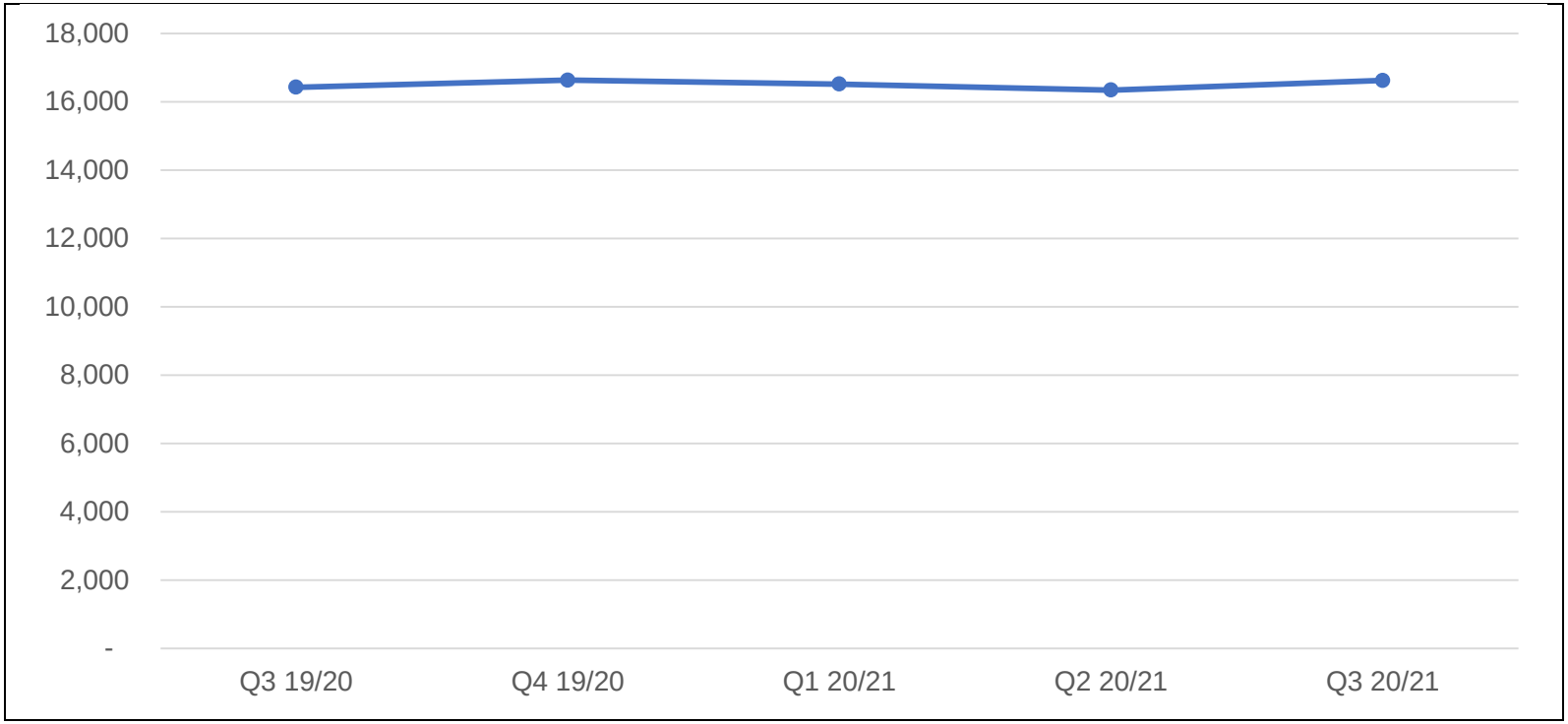
People receiving services with Kent Enablement at Home (KEaH)

Commentary:

The number of people receiving enablement services with the Kent Enablement at Home (KEaH) service decreased into Q1 as the Service and the NHS prepared for the first wave of Covid-19. During this initial period the number of clients decreased, although the average time spent with the clients increased.

The number of clients in Q2 and Q3 remains at lower levels compared to the same time period the previous year.

ASC13: Number receiving long term services



Technical Notes:

Activity measure, no specified target

Long term services are long term residential, long term Nursing, Homecare, Direct Payment, Shared Lives, Supported Living/SIS & Day Care

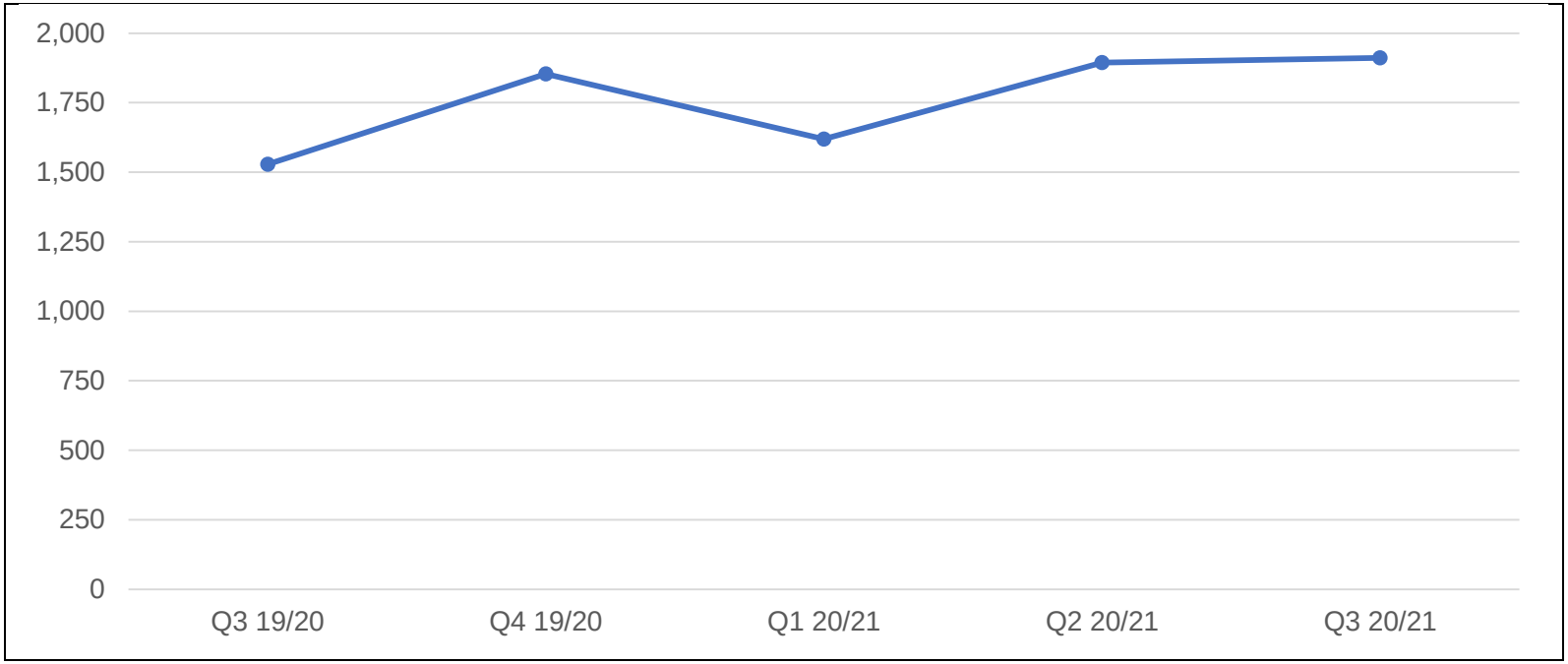
Previous quarters amended following updates to client services following the first wave of Covid lockdowns.

Commentary:

The number of people receiving long term services, continues to be above 16,000, however within the services the volumes have varied due to Covid-19. Whilst the numbers of people in residential and nursing services has fluctuated over the last 9 months, the numbers accessing community services has been increasing month on month.

When looking at the percentage split between Community and Residential services, the percentage of those accessing community services is increasing. This is thought to be related to concerns about contracting Covid-19 or being unable to visit people in care homes driving a preference for home care.

ASC14: Number of DoLS applications received



Technical Notes:

Activity measure, no specified target

Commentary:

Overall, the number of DoLS applications continues to increase and is on an upward trajectory. The number of applications received in Q3 20/21 is an increase of 20% on Q3 19/20. KCC received just over 1,900 applications in Q3 20/21.

The DoLS Team are seeing a significant number of referrals from the Acute/Hospital setting, these applications are urgent and as such require a 14 day window to turnaround, under legislation. To account for this increase, a separate pathway has been introduced to manage them.

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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 – 5 March 2021
Subject:	**RISK MANAGEMENT: ADULT SOCIAL CARE AND HEALTH**
Classification:	**Unrestricted**
Past Pathway of Paper:	Adult Social Care and Health Directorate Management Team Meeting – 2 February 2021
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 considered 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 leads on four of the Corporate Risks.

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since July 2020
CRR0002	Safeguarding – protecting vulnerable adults	20	15	⇔
CRR0005	Development of Integrated Care System (ICS) / Integrated Care Programmes (ICPs) in Kent and Medway NHS system	12	8	⇔
CRR0006	Resourcing implications arising from increasing complex adult social care demand	20	15	⇔
CRR0015	Managing and working with the social care market	25	15	⇔

2.2 These risks were reviewed in December 2020 by the Corporate Management Team, Corporate Board and Cabinet. These are detailed in Appendix 1

2.3 Although there is no change in the direction of travel for the ASCH led Corporate Risks the review highlighted the challenges currently being faced:

- **CRR0002 –** Evidence from statutory and voluntary agencies has emphasised the increased risks of domestic abuse, as well as safeguarding concerns for older vulnerable adults that live alone.

- **CRR0005 -** A practical programme of joint commissioning is being developed, focusing on areas such as the discharge process and mental health recovery. A NHS Bill is expected in early 2021, to include creating a legal framework for the Integrated Care System (ICS), which will be an opportune time for a more fundamental review of the opportunities and risks relating to health and social care integration.

- **CRR0006** - During the coronavirus pandemic demand has been unpredictable, with significant reductions in some areas and increases in others, and there is still the potential for latent demand. Supply and demand is monitored to help inform service planning. The ASCH Winter Pressure Plan

for 2020-21, incorporates the actions required by the Department for Health and Social Care.

- **CRR0015 -** Continued concern regarding the viability of local care markets in the wake of the COVID19 outbreak. Care home occupancy rates have fallen in some areas, in part due to deaths from coronavirus and possibly a reluctance on the part of families to see loved ones go into care homes.

3. Adult Social Care and Health Directorate Risk Profile

3.1 In August 2020, the directorate level risk register was reviewed, and the following risks withdrawn as below:

- **AH0017 Facilities Management** was withdrawn due to the property issues contained now resolved and managed within the appropriate services as business as usual.

- **AH0009 ICT and System's Replacement** was withdrawn as the Adult Social Care Management Information System (MOSAIC) had been implemented and the focus is now on sustainability and development.

3.2 Due to a series of developments during 2020 that included changes in the senior leadership team, structural redesign into localities and the impacts of COVID19, it was agreed that a full refresh of the directorate level risk register was required to consider the implications for risk management.

3.3 A workshop took place in October 2020 jointly with the ASCH Directorate Management Team and the Corporate Risk Team. This workshop identified the prominent risks, the current controls in place and supported a discussion on risk appetite.

3.4 The following risks already on the register were identified within the workshop and have been refreshed in consideration of the challenges currently faced and actions for 2021/22:

- **AH0005 Continued Pressure on Public Sector Funding –** Delivery of future savings across the directorate whilst seeking a best-in-class service and change programme.

- **AH0033 Workforce Recruitment and Retention- renamed Appropriately skilled and resourced workforce –** The ability to attract, retain and grow appropriately skilled and experienced staff for our future ways of working.

- **AH011 Business Disruption -** To identify the probability of additional waves of COVID19, winter pressures, EU exit and bad weather impacting at the same time and having a profound impact on the whole system.

3.5 The following risks were identified to be added to the directorate level risk register:

- **AH0035 Making a Difference Everyday Programme** - to reflect the change programme of the directorate and the Council's Strategic Reset, ensuring a joined-up approach to delivery.

- **AH0037 Information Asset Management -** The development of a fit for purpose system, leading to improved data consistency and effective support for managers.

3.6 **AH0006 Working with Health** which was contained on the Directorate Risk Register was identified to be reframed due to the locality changes within the service and operation of a single Clinical Commissioning Group (CCG). The following risk was removed and added to the Operational Risk Register to reflect daily multidisciplinary working practices.

3.7 The below table outlines the current risks in the directorate (the detailed register can be seen in Appendix 2)

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since August 2020
AH0005	Continued pressures on public sector funding impacting on revenue and saving Efficiencies	20	16	⇔
AH0011	Business Disruption	16	9	⇔
AH0033	Appropriately Skilled and Resourced Workforce	16	2	⇔
AH0009	Information Asset Management	12	6	N/A
AH0035	Making a Difference Everyday Programme	9	6	N/A

4. Future Developments

4.1 Work is planned for 2021 within ASCH to look at creating a dashboard tool to assist in raising any key risk indicators to enable this to become a more live tool, creating timely and appropriate response.

4.2 The Corporate Risk Management Team is also looking at developing more interactive tools and both services will continue to work together on future developments.

5. Recommendation

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

6. Background Documents

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

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Relevant Director

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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. The Coronavirus pandemic and associated 'lockdown' measures have led to fluctuations in referral behaviours regarding safeguarding concerns and have raised concerns of increases in hidden harm, self-harm, neglect and domestic abuse. Social care services are making substantial adaptations to service delivery across the system. This risk links to the demand risk (CRR0006) In addition, the Government's "Prevent Duty" requires the Local Authority to act to prevent people from being drawn into terrorism.	Failure to fulfil statutory obligations. Failure to meet the requirements of the "Prevent Duty" placed on Local Authorities. Safeguarding risks are not identified to / by KCC in a timely fashion during the Coronavirus pandemic.	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. Serious operational and financial consequences. Attract possible intervention from a national regulator for failure to discharge corporate and executive responsibilities.	Richard Smith Corporate Director Adult Social Care and Health (ASCH) **Responsible Cabinet Member(s):** Clair Bell, Adult Social Care and Public Health Mike Hill (Lead Member for PREVENT)	Likely (4) **Target Residual Likelihood** Possible (3)	Major (5) **Target Residual Impact** Major (5)

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, Corporate Director ASCH
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.	Richard Smith, Corporate Director ASCH / Julie Davidson, Head of Adult Safeguarding
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
Kent & Medway 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	Richard Smith, Corporate Director ASCH
KCC cross-directorate PREVENT group meets regularly and ensures the PREVENT duty is embedded across the organisation. Regular updates are provided to the Corporate Management Team. PREVENT training strategy in place and regularly reviewed.	Nick Wilkinson, Prevent and Channel Strategic Manager
Joint Exploitation Group (Kent & Medway) focuses on PREVENT agenda, gangs, modern slavery, human trafficking and online safeguarding matters – reports to Adults Safeguarding Board and Children's Partnership.	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
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.	Chris McKenzie, Director Adult Social Care West Kent
Quality Surveillance Group - regular KCC meetings with Care Quality Commission to share intelligence. This is currently being relaunched and the function of the group reconsidered.	Sharon Dene, Strategic Commissioning
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	Sarah Denson, Service Manager ASCH

KCC Safeguarding Competency Framework in place, including Mental Capacity Act requirements.		Julie Davidson, Head of Adult Safeguarding
Safeguarding activity and practice is under review as a specific workstream within the Practice Pillar of the MADE programme. Current activity includes suite of performance data developed to provide practice intelligence.		Helen Gillivan, Head of ASCH Business Delivery Unit
Action Title	**Action Owner**	**Planned Completion Date**
Preparation for introduction of new Liberty Protection Safeguards system under the Mental Capacity (Amendment) Act 2019.	Maureen Stirrup, Head of Deprivation of Liberty Safeguards	ON HOLD – awaiting further Govt update on timescales
Safeguarding activity and practice is under review as a specific workstream within the Practice Pillar of the MADE programme. Current activity includes an 'as is' systems review to explore the current delivery of safeguarding activity and performance.	Julie Davidson, Head of Adult Safeguarding	February 2021
Development of a Quality Assurance Framework that is a systemic integrated approach to monitoring and evaluating the effectiveness of delivery of services using a variety of approaches to enable Adult Social Care to review the performance of the service against its' aspirations. This framework is informed by key plans, legislation and the performance framework.	Julie Davidson, Head of Adult Safeguarding / Helen Gillivan, Head of ASCH Business Delivery Unit	May 2021

Risk ID	CRR0005	Risk Title	Development of ICS/ICPs 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. In response the NHS in Kent and Medway has formed 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). 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. 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	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 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. 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. System complexity leads to failure to meet statutory duties around the sufficiency of the care market, care quality and safeguarding.	Further deterioration in the financial and service sustainability of health and social care services in Kent and Medway. Additional budget pressures transferred to social care as system monies are used to close acute and primary care service gaps. Legal challenge/judicial review of decisions and decision-making framework for joint decisions. Social care and public health priorities not sufficiently factored into/shaping emerging ICS/ICP plans and priorities, weakening integrated approach. Focus on structural changes workstreams prevents more agile improvements/joint	Richard Smith, Corporate Director Adult Social Care & Health (ASCH) Vincent Godfrey, Strategic Commissioner Andrew Scott-Clark, Director Public Health **Responsible Cabinet Member(s):** Roger Gough, Leader of the Council Clair Bell, Adult Social Care and Public Health	Possible (3) **Target Residual Likelihood** Unlikely (2)	Serious (4) **Target Residual Impact** Serious (4)

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	Richard Smith, 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	Richard Smith, Corporate Director ASCH
County Council agreed framework for KCC engagement within the ICS/ICPs	Richard Smith, Corporate Director ASCH
A joint KCC and Medway Health and Wellbeing Board for system-wide 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
Kent and Medway Integrated Care System update paper taken to County Council in May 2019.	Richard Smith, Corporate

Director ASCH

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. 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. In addition, the Coronavirus pandemic is resulting in fluctuations for demand in services, with the expectation of increasing demand as recovery progresses. The workforce will face significant further pressure in the short, medium and long term against this backdrop of working in unprecedented conditions and delivering rapid change. Altered demand as well		Council is unable to manage and resource to future demand and its services consequently do not meet future statutory obligations and/or customer expectations.	Incident of serious harm or death of a vulnerable adult. 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.	Richard Smith, Corporate Director Adult Social Care and Health (ASCH) **Responsible Cabinet Member(s):** Clair Bell, Adult Social Care and Public Health	Likely (4) **Target Residual Likelihood** Possible (3)	Major (5) **Target Residual Impact** Major (5)

as increasing demand – more in some areas, some of demand that would have taken a long to come up has come up sooner and may be more intense needs. More complexity on how teams prepare to carry out review. Adult social care services are part of a complex system to meet needs, which requires the whole system to work cohesively.	
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	Richard Smith, Corporate Director ASCH / Rachel Kennard, Chief Analyst
Continued support for investment in preventative services through voluntary sector partners	Richard Smith, 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
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	Maureen Stirrup, Head of Deprivation of Liberty Safeguards
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.	Richard Smith, Corporate Director ASCH
New operating model for Adult Social Care and Health, including Promoting Wellbeing approach to help manage demand	Richard Smith, Corporate Director ASCH
Core services have been significantly adapted during the Coronavirus pandemic, requiring new models of	ASCH DMT and Heads of

delivery, realignment of staff, and delivery of services through remote provision where possible.		Services
Ongoing monitoring and modelling of changes in supply and demand in order to inform strategies and service planning going forward.		Rachel Kennard, Chief Analyst
Action Title	**Action Owner**	**Planned Completion Date**
Development of MADE programme as part of KCC Strategic Reset	Richard Smith, Corporate Director ASCH	March 2021 (review)
ASCH representatives have worked with partners in the Kent Resilience Forum to assess health and social care impacts and contributed to a local recovery strategy and action plan	Richard Smith, Corporate Director ASCH	March 2021

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**
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. 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. The Coronavirus pandemic has added additional pressures, such as the availability and affordability of adequate insurance for service providers, further threatening sustainability of the market.	Care home market (particularly residential and nursing care) not sustainable. Inability to obtain the right kind of provider supply at affordable prices. Significant numbers of care home closures or service failures. Providers choose not to tender for services at Local Authority funding levels or accept service users with complex needs.	Gaps in the care market for certain types of care or in geographical areas meaning difficulty in placing some service users.	Richard Smith, Corporate Director ASCH, in collaboration with Vincent Godfrey, Strategic Commissioner **Responsible Cabinet Member(s):** Clair Bell, Adult Social Care and Public Health Roger Gough, Leader of the Council	V. Likely (5) **Target Residual Likelihood** Possible (3)	Major (5) **Target Residual Impact** Major (5)

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 utilises 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		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		Sharon Dene, Strategic Commissioning (KCC lead)
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.		Richard Smith, 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
Phase 2 of the Care in the Home Services refresh commenced, bringing the various Discharge services and Supported Living Services under the "Care in the Home" Umbrella.		Tracey Schneider, Senior Commissioner
New contracts commenced relating to Disability and Mental Health Residential Care services.		Paula Watson, Senior 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
Analytical work is being conducted on assessments and reviews in adult social care to help inform key commissioning activity, including Winter planning and impact of Covid.	Rachel Kennard, Chief Analyst	March 2021

ASCH Risk Register

Risk Register - Adult Social Care and Health

	Green	Amber	Red	Total
Current Risk Level Summary	0	2	3	5
Current Risk Level Changes	1	-3 ↘	2	8 ↗	3	5 ↗

0	0	0	1	0
0	0	1	2	0
0	0	1	0	0
0	0	0	0	0
0	0	0	0	0

Risk Ref	*AH0005*	Risk Title and Event	Owner	Last Review da	Next Review
		Continued pressures on public sector funding impacting on revenue and savings efficiencies 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. There continues to be an increase in demographic across the county resulting in increased demand. The impact of COVID and the prospect of a additional waves that has the potential to coincide with winter pressures.	Richard Smith	29/01/2021	31/03/2021

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Page 125	Major funding pressures impacting on the delivery of social care services. Changes in demand due to COVID-19. Ability to deliver a savings programme whilst also seeking to achieve a best in class service. The ability to accurately monitor and forecast activity and spend.	High 20 Serious (4) Very Likely (5)		• The operational plans set for 21/22 will be reviewed and aligned to the MADE programme.	ASCH Directorate Management Team	A -Proposed		High 16 Serious (4) Likely (4)
				• Development of a programme of activity specifically under the meaningful measures pillar to encompass future development of analytics and financial modelling. Embedding a culture of curiosity and usage of tools and reports.	Janice Duff	Control		
				• MADE programme established to oversee the implementation and delivery of future improvement activity in a comprehensive programme of projects. A detailed programme plan identifying all activity and priorities will be agreed early 2021. A practice model which is fit for purpose and strength based. - Meaningful measures to develop tools and modelling to support budget managers and informed decision making in future. - Innovation to look at increased digital offer and new efficiency's.	Richard Smith	Control		

				• Benefit Realisation Sub group of DMT has been established to oversee and plan the delivery of : Savings, Recovery, MTFP, Pressures and Sustainability.	Carl Griffiths	Control		
				• Implementation of Geographical split and reduction of client silos improving system benefits. Fit for purpose operating model embedded.	ASCH Divisional Directors	Control		
				• Continue to work innovatively with partners, including health services, to identify any efficiencies across the wider sector. To build on Health and Social Care recovery Cell action plan and partnership working arrangements as a result of COVID-19.	ASCH Divisional Directors	Control		

Review Comments Reviewed with DMT members in October/November. Controls updated and adjusted.
29/01/2021

Risk Register - Adult Social Care and Health

Risk Ref	*AH0033*	Risk Title and Event	Owner	Last Review da	Next Review
		Appropriately skilled and resourced workforce 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. Staff feel engaged and supported within the workplace.	Chris McKenzie	29/01/2021	31/03/2021

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Page 127	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. Ability to attract staff to work in social care and provide a competitive employment offer. Lack of experienced staff in specialist roles such as BIA, AMPH. Gaps in training and career pathways for staff to support growth and retention. Disenchanted staff due to change, affecting motivation and productivity. Embedding lessons learnt into practice delivery. .	High 16 Serious (4) Likely (4)	12 ↗ 4	• To develop a workforce dashboard to support workforce planning • A comprehensive needs analysis will be led by the ASCH Organisational Development group to benchmark where we are, and to form a Strategic workforce plan alongside the outcomes of the PWC diagnostic and MADE(Making a difference everyday) Board. • Review of Recruitment and Retention Market premiums • A Communications and Engagement plan is in place for the workforce to support increased engagement with relevant matters and change activity. Increased engagement plan for senior leadership and front line teams. • Project resource in place within the Design Learning Centre to address workforce issues highlighted by independent care services with the wider workforce • The ASCH Equalities Board was re introduced in July 2020. The Board has participated in a peer review with LGA and development of an Equalities action plan for 21/22 for the directorate which will be monitored by the Board. • Establishment of a resourcing sub group in January 2021 to oversee the recruitment activity and develop a programme of activity for the year to support recruitment and retention.	Chris McKenzie Jade Caccavone Chris McKenzie Wayne Gough Paula Parker Richard Smith Chris McKenzie	A -Accepted A -Accepted A -Proposed Control Control Control Control	31/03/2021	Low 2 Minor (1) Unlikely (2)

				• A reformed ASCH Organisational Development (OD) Group was established in Autumn 2020 to have oversight of all workforce issues affecting the Directorate and wider social care market.	Chris McKenzie	Control		
				• The Kent Academy was Launched on 3rd July 2020,this is a dedicated space where social care staff will be thoroughly supported and encouraged to better their knowledge, skills and practice, no matter what role they hold in the service. This will be a focal point in the approach towards social care development, making sure our staff have the resources available and feel supported in terms of both professional development and career progression.	Julie Davidson	Control		
				• Availability of wellbeing resources on KNET and pro active engagement with teams to access and use the tools available.	ASCH Directorate Management Team	Control		
Review Comments	Revised with ASCH DMT and adjusted controls and actions. 29/01/2021							

Risk Ref	*AH0011*	Risk Title and Event	Owner	Last Review da	Next Review
Business disruption Impact of emergency or major business disruption on the ability of the Directorate to provide essential services to meet its statutory obligations The potential of a multitude of business resilience measures impacting together.			Helen Gillivan	29/01/2021	31/03/2021

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Possible disruption to services	Ability to deliver statutory services to member of the public. The potential for market failure of providers. Dealing with multiple factors of disruption within one period of time	High 16 Serious (4) Likely (4)	12 ↗ 4	• Development of a training programme specific to adult social care to support business resilience and bolster resource is underway.	Wayne Gough	A -Accepted	31/03/2021	Medium 9 Significant (3) Possible (3)
				• Terms of Reference and membership of Directorate Resilience Group revised in light of current threats (COVID 19). Group Frequency adjusted regularly to respond to situations - currently fortnightly.	Wayne Gough	Control		
				• Management system in place to quality assure contingency arrangements including review and identification of lessons arising from the way incidents/exercises are managed. Lesson from COVID-19 are implemented into future arrangements and output of Internal audit review are embedded.	Wayne Gough	Control		
				• 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.	Wayne Gough	Control		
				• 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.	Wayne Gough	Control		

				• To review Service Level Business Continuity Plans as part of Service Realignment. Develop new Service Level Business Continuity Plans to fit new geographical structure. Service Managers to review Plans annually or in light of significant changes or events.	Wayne Gough	Control		
				• 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.	Wayne Gough	Control		
				• Revised Winter plan developed in November 2020 encompassing whole system plans . Live document to be revised ongoing basis.	Chris McKenzie	Control		
				• As part of the COVID 19 national pandemic technology and use of digital measures has been tested across the division, staff have been exposed to digital solutions. Ongoing development of digital solutions and functionality continues to be explored.	Helen Gillivan	Control		
				• Should pressures become unprecedented the local authority has the ability to apply care act easements. Care Act easements allow local authorities to cease formal Care Act assessments, applications of eligibility and reviews and focus on thoses at highest risk. The powers in the Act enable us to prioritise more effectively where necessary than would be possible under the Care Act	Julie Davidson	Control		
				• Good partnership working across KCC departments and multi-agency partners including joint planning with NHS organisations and increased district working.	ASCH Directorate Management Team	Control		
Review Comments	Reviewed with DMT and adjusted controls and actions 29/01/2021							

Risk Ref	*AH0037*	Risk Title and Event	Owner	Last Review da	Next Review
Information Asset Management Fit for purpose configuration of ASCH systems to enable data quality, consistency and trust of data.			Helen Gillivan		29/04/2021

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Page 131	. Interface issues between different systems. Data Quality issues and different information from different sources and use of manual spreadsheets. Internet based telephone systems and risk of lines being down and unable to reach services. The risk of not being able to access client data if the client system goes down. Missing assessments from the migration from AIS/SWIFT to MOSAIC client system	Medium 12 Significant (3) Likely (4)		• Upload of 7000 data records which did not take place during the migration of SWIFT to MOSAIC.	Matt Chatfield	A -Accepted	31/03/2021	Low 6 Significant (3) Unlikely (2)
				• Through the annual business continuity planning process , services are being sought for their requirements should the system be down . Following this analysis systems will work to develop reports and systems to support operational teams should this occur.	Matt Chatfield	A -Accepted	31/03/2021	
				• Development of a Data quality framework and Action plan to support delivery.	Matt Chatfield	A -Proposed Control		
				• Digital Implementation Programme is in place to coordinate and oversee any systems activity. Work is happening to look at the improvement of Oracle and MOSAIC interface.	Helen Gillivan			
				• Regular disaster recovery testing is in place with Cantium.	Matt Chatfield	Control		
				• Mosaic Systems Group operates on a monthly basis as a user group forum to discuss and escalate any matters of concerns to the Digital Implementation Board.	Matt Chatfield	Control		
				• An audit of all manual spreadsheets has been undertaken to understand the data and purpose. Through the MOSAIC programme of work. A prioritisation activity has taken place to identify which areas will be enabled within the system.	Matt Chatfield	Control		
				• Emergency client report is produced overnight every day and saved for restricted use should MOSAIC be down.	Matt Chatfield	Control		

				• Kent and Medway Care Record is due to go live early 2021 which will enable better functionality between NHS and Social Care records • Internal processes and systems are in place for contact if telephone systems are down. Different systems are in place to that of KCC contact point to prevent all system downtime.	Matt Chatfield ASCH Directorate Management Team	Control Control		

Review Comments

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	*AH0035*	Risk Title and Event	Owner	Last Review da	Next Review
Making a Difference Everyday Programme Delivery of large scale change programmes across both KCC and Adult Social Care and Health ensuring alignment of priorities and proportionality.			Richard Smith		29/04/2021

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Page 133	If the resources required to lead and drive the design elements at pace are not available the programme timescales may slip. Lack of staff engagement due to staff experiencing change fatigue and conflicting priorities. There is a risk that silo working will develop between workstreams, services, ASC and the strategic Reset programme within KCC. There is a risk that if any other COVID-19 activity needs to be co-ordinated, planned and actioned, resource from existing project and SRO's would need to be diverted and could reduce the overall availability of staff to deliver elements of the MADE programme. There is a risk that budgetary constraints / savings targets will impact the viability of potential solutions.	Medium 9 Significant (3) Possible (3)	12 ↘ -3	• Recruitment to a communication and engagement officer to support the programme is underway	Lisa Clinton	A -Accepted	28/02/2021	Low 6 Significant (3) Unlikely (2)
				• A full communications and engagement plan will be developed and deployed. Ensuring that staff and the people we support can shape the future of services	Lisa Clinton	Control		
				• Forward planning all MADE activity and assigning resource to future projects is ongoing; staggering where possible.	Paula Parker	Control		
				• Robust governance and reporting lines will be in place to prevent silo working and that all SRO are aware of any decision's made within each pillar of activity. Programme governance will ensure priorities are aligned across the whole piece.	Paula Parker	Control		
				• Detailed project planning will be undertaken on each project to identify realistic timescales; There will be plans to flex and adjust based of changing circumstances	Paula Parker	Control		
				• A full range of options will be developed as potential solutions under each project area with full investment appraisal	Paula Parker	Control		
				• Review of In house service provision strategic review is a key project within the MADE programme to develop future options of service delivery.	Clare Maynard	Control		

Review Comments

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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 – 5 March 2021
Subject:	**REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR ADULT SOCIAL CARE SERVICES IN 2021-2022**
Classification:	Unrestricted
Past Pathway of Paper:	Adult Social Care and Health Directorate Management Team – 27 January 2021
Future Pathway of Paper:	None

Summary: This paper sets out the revised rates and charges for Adult Social Care Services for the forthcoming financial year.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the revisions to the rates payable and charges levied for adult social care services in 2021-2022.

1 Introduction

1.1 This report is produced annually and outlines the Directorate's revised rates payable and charges levied for the forthcoming financial year against Kent County Council (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 payable and charges levied for *commissioned* services, or those which are laid down by Parliament are outside of the remit of this report.

1.3 All rates payable and charges levied for 2021-2022 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 rates payable for Adults Social Care Services
- Appendix 2 lists the charges levied which are general to the Directorate

1.4 The pay award for 2021-2022 was confirmed by Kent County Council on 11 February 2021 as 2.0%. **This report confirms that the rates payable for adult social care services will increase by either the pay award of 2.0% or**

in line with Consumer Price Index (CPI) as at September 2020 which is 0.5%.

1.5 The effective date, unless otherwise stated, for all changes to the rates payable for adult social care services will be the week beginning 12 April 2021, which coincides with the date of inflationary increases to client related benefits.

1.6 Rates charged to Other Local Authorities for the use of KCC Homes and Day Centres are not published within the rates payable and charges levied. 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 Charges Levied and Rates Payable for Adult Social Care Services

2.1 All rates payable and charges levied for 2021-2022 in respect of adult social care services are shown in Appendix 1. For ease of members' reference, the basis of their increase is shown throughout Section 2 of this report.

Client Contributions for Residential Care

2.2 For those clients with the ability to meet the full cost of a placement in the County Council's own provision, the maximum contributions are as follows:

2.2.1 Older People

This rate will increase in line with the KCC Pay Award figure as at April 2021 which will be 2.0%.

The rate will be £522.29 for 2021-2022.

2.2.2 People with Learning Difficulties

This rate will increase in line with the KCC Pay Award figure as at April 2021 which will be 2.0%.

The rate will be £711.99 for 2021-2022.

Deferred Payments

2.3 Information regarding the Deferred Payment scheme can be found on the Kent.gov.uk site: **Deferred Payments for Care and Support**. The charges linked to Deferred Payments will be dealt with as follows:

2.3.1 Interest to be applied

Interest will be calculated and compounded daily. For information the estimated rate to be applied is for 2021-2022 is 0.55% (gilt rate 0.4% plus 0.15%).

2.3.2 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.

An exercise was completed for 2020-2021 to review and recalculate the various elements of the costs which resulted in an increase to the administration fee which was approved following the Adult Social Care Cabinet Committee on 4 March 2020.

The administration fee for 2021-2022 has decreased due to changes to legal costs. The 2021-2022 fee also includes an uplift by a combination of the CPI and the cost of KCC's annual pay award amount.

The new rates will be:

Initial Fee	**£341.79**
Annual Fee	**£222.00***

***** *equates to £4.26 per week and is charged from the second year onward.*

Clients with *existing* deferred payment agreements in place before April 2020 are to be transitioned to the new annual fee at £10 per year.

The transitional annual fee for these existing clients with deferred payment agreement prior to April 2020 will be:

Transitional Annual Fee: £89.54**

****** equates to £1.72 per week and is charged from the second year onward.

Administration fee for self-funders – Non-Residential Care

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

The annual arrangement fee will be increased in line with the KCC Pay Award figure as at April 2021 which will be 2.0%. The new charge will be £116.03 which equates to £2.22 per week.

Better Homes Active Lives (PFI) Schemes

2.5 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.

2.5.1 Extra-care schemes for older people

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

The rate will be uplifted in line with CPI as at September 2020 which is 0.5%.

The rate will be £16.28 for 2021-2022.

2.5.2 Schemes for people with learning difficulties

This is the cost of the sleeping night support service.

The rate will be uplifted in line with CPI as at September 2020 which is 0.5%.

The rate will be £48.80 for 2021-2022.

Blue Badges

2.6 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 so it will remain the same.

Day Care Charging for In-House Services

2.7 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.

The standard rate for in-house day care will be increased in line with the KCC Pay Award figure as at April 2021 which will be 2.0%. The rates will be as shown in the table below for 2021-2022.

Care Item	Unit	Revised Unit Charge
Learning Disability Standard - Day	Day	£41.30
Learning Disability Standard - Half Day	Session	£20.64
Learning Disability Enhanced - Day	Day	£92.99
Learning Disability Enhanced - Half Day	Session	£46.49
Learning Disability Specialist - Day	Day	£139.49
Learning Disability Specialist - Half Day	Session	£69.75
Older People - Day	Day	£33.82
Older People - Half Day	Session	£16.93
Physical Disability - Day	Day	£40.38
Physical Disability - Half Day	Session	£20.20
Older People with Mental Health Needs - Day	Day	£39.98

In House Homecare Rates

2.8 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.

The rate will be increased in line with the KCC Pay Award figure as at April 2021 which will be 2.0%. The rates for 2021-2022 are as follows:

Care Item	Revised Unit Charge
Social (1/2 hour)	£8.63
Social (3/4 hour)	£11.52
Social (1 hour)	£14.94
Unsocial (1/2 hour)	£9.78
Unsocial (3/4 hour)	£12.94
Unsocial (1 hour)	£16.56

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

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

The rate will be uplifted in line with CPI as at September 2020 which is 0.5%. The rates for 2021-2022 are as follows:

Meal Charge £4.25
Meals and other Snacks £5.25

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

Voluntary Drivers/Escort Mileage Rates

2.11 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.

Other Local Authority Charges for Review and Assessment of Adult Services

2.12 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.

The rate will be increased in line with the KCC Pay Award figure as at April 2021 which will be 2.0%.

The hourly rate will be £78.47

3. General Charges and Rates

Consultancy

3.1 Kent County Council Finance set the rates to be levied for:

i) Middle Management (£89.28 per hour);
ii) Senior Management (£165.50 per hour);
iii) Director, when undertaking consultancy work (£267.83 per hour).

3.2 These rates will be uplifted in line with CPI as at September 2020 which is 0.5%

Publications

3.3 In 2020-2021 the charge for key publications was uplifted in line with CPI. The charge for 2020-2021 was £13.84.

The rate will be uplifted in line with CPI as at September 2020 which is 0.5%.

The rate for 2021-2022 will be £13.91.

Home Support Fund

3.4 In some instances (where extreme hardship can be evidenced) extra financial help is available from Kent County Council to top-up the help provided via Disabled Facilities Grants (DFG) which are 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.

3.5 There is no change to these arrangements for 2021-2022.

4. Financial Implications

4.1 The table below shows the number of people impacted by the increases and amount of additional income expected to be received.

It should be noted these figures are based on number of people impacted as at February 2021.

	No. of People	Additional Income to KCC
Full Payers for in-house Residential Services	8	£4,271.54
OP Extra Care Clients	47	£196.06
LD Extra Care Clients	2	£23.99
Self-funders Admin Fee	464	£1,057.92
Deferred Payments Annual Admin Fee:		
New Agreements from April 2020	48	£204.00
Transition Fees	81	£810.00
Total	**650**	**£6,563.51**

5. Recommendation

5.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the revisions to the rates payable and charges levied for adult social care services in 2021-2022.

6. Background Documents

None

7. Report Author

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Proposed Rates and Charges 2020-21

		2021-22 Proposed Rates & Charges £	Basis of Increase
Client Contributions for Residential Care (ref 2.2 a&b)			
Older People - Maximum	per week	522.29	Based on 2021-22 KCC pay award of 2.0%
People with Learning Difficulties - Maximum	per week	711.99	Based on 2021-22 KCC pay award of 2.0%
Administration Fee for Self-Funders - Non Residential Care (ref 2.5)	Annual Fee	116.03	Based on 2021-22 KCC pay award of 2.0%
	Weekly	2.22	Based on 2021-22 KCC pay award of 2.0%
Better Homes Active Lives (PFI) Schemes (ref 2.6 a&b)			
Older People	per week	16.28	Figure must be divisible by 2. Based on CPI rate as at Sept. 2020 of 0.5%
People with Learning Difficulties	per week	48.80	Figure must be divisible by 2. Based on CPI rate as at Sept. 2020 of 0.5%
Blue Badges (2.8)	per application	10.00	No change to Rate for 21-22
In House Day Care (2.11)			
Learning Disability Standard - Day	per day	41.30	Based on 2021-22 KCC pay award of 2.0%
Learning Disability Standard - Half Day	per session	20.64	Based on 2021-22 KCC pay award of 2.0%
Learning Disability Enhanced - Day	per day	92.99	Based on 2021-22 KCC pay award of 2.0%
Learning Disability Enhanced - Half Day	per session	46.49	Based on 2021-22 KCC pay award of 2.0%
Learning Disability Specialist - Day	per day	139.49	Based on 2021-22 KCC pay award of 2.0%
Learning Disability Specialist - Half Day	per session	69.75	Based on 2021-22 KCC pay award of 2.0%
Older people - Day centre	per day	33.82	Based on 2021-22 KCC pay award of 2.0%
Older people - Day centre half day	per session	16.93	Based on 2021-22 KCC pay award of 2.0%
Physical disability - day centre	per day	40.38	Based on 2021-22 KCC pay award of 2.0%
Physical disability - day centre half day	per session	20.20	Based on 2021-22 KCC pay award of 2.0%
Older people with mental health needs - day centre	per day	39.98	Based on 2021-22 KCC pay award of 2.0%
Home care notional costs (ref 2.13)			
Social	1/2 hour	8.63	Based on 2021-22 KCC pay award of 2.0%
Social	3/4 hour	11.52	Based on 2021-22 KCC pay award of 2.0%
Social	1 hour	14.94	Based on 2021-22 KCC pay award of 2.0%
Unsocial	1/2 hour	9.78	Based on 2021-22 KCC pay award of 2.0%
Unsocial	3/4 hour	12.94	Based on 2021-22 KCC pay award of 2.0%
Unsocial	1 hour	16.56	Based on 2021-22 KCC pay award of 2.0%
Meals Charges/Other Snacks - Local Authority Day Centres (ref 2.14, 2.15 & 2.16)			
Meal Charge	per meal	4.25	Based on CPI rate as at Sept. 2020 of 0.7%
Meals and Other Snacks	per meal	5.25	Same as hot meal + £1 for snacks
Refreshment	flat rate	1.00	No Change
Voluntary Drivers/Escorts Mileage Rate (ref 2.17)	per mile	0.45	Based on the Chancellor of Exchequer budget strategy
OLA Charges for Review and Assessment of Adult Services (ref 2.19)			
Hourly Rate		78.47	Based on 2021-22 KCC pay award of 2.0%
Hourly Rate		77.31	Based on CPI rate as at Sept. 2020 of 0.5%
Consultancy (ref 2.20 & 2.21)			
Middle Management	per hour	89.28	Based on CPI rate as at Sept. 2020 of 0.5%
Senior Management	per hour	165.50	Based on CPI rate as at Sept. 2020 of 0.5%
Director	per hour	267.83	Based on CPI rate as at Sept. 2020 of 0.5%
Publications (ref 2.23)	per publication	13.91	Based on CPI rate as at Sept. 2020 of 0.5%

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Proposed Rates and Charges 2021-22

Appendix 2

		2021-22 Proposed Rates & Charges	Basis of Increase
		£	
Consultancy (ref 2.20 & 2.21)			
Middle Management	per hour	89.28	Based on CPI rate as at Sept. 2020 of 0.5%
Senior Management	per hour	165.50	Based on CPI rate as at Sept. 2020 of 0.5%
Director	per hour	267.83	Based on CPI rate as at Sept. 2020 of 0.5%
Publications (ref 2.23)	per publication	13.91	Based on CPI rate as at Sept. 2020 of 0.5%

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From: Ben Watts, General Counsel

To: Adult Social Care Cabinet Committee – 5 March 2021

Subject: **Work Programme 2021/22**

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 2021/22.

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".*

3. Work Programme 2021/22

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 asked 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 2021/22.

6. Background Documents

None.

7. Contact details

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ADULT SOCIAL CARE CABINET COMMITTEE – WORK PROGRAMME 2021/22

THURSDAY 17 JUNE 2021	
• Strategic Delivery Plan (SDP) Monitoring *reporting was suspended in 2020 due to covid-19 – awaiting notice of restart (25 11 20)*	Requested by Corporate Board in July 2019 (to be brought as 6-monthly item)
• how ASC has responded to covid-19 and transition – *follow on from verbal update in March*	
• Review of KPIs	Requested at agenda setting 25 11 20 for a future meeting *(timing unspecified: can be done by new Council after May election)*
• Community Grants update	
• MADE update	
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item
29 SEPTEMBER 2021	
• Performance Dashboard	To be reported to every other meeting
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item
24 NOVEMBER 2021	
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item
18 JANUARY 2022	
• Draft Revenue and Capital Budget and MTFP	Annual item
• Strategic Delivery Plan (SDP) Monitoring *reporting was suspended in 2020 due to covid-19 – awaiting notice of restart (25 11 20)*	Requested by Corporate Board in July 2019 (to be brought as 6-monthly item)

ADULT SOCIAL CARE CABINET COMMITTEE – WORK PROGRAMME 2021/22

• Performance Dashboard	To be reported to every other meeting
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item
4 MARCH 2022	
• Annual Equality and Diversity Report	Annual Item
• Rates Payable and Charges Levied for Adult Social Care	Annual Item – *in 2021 this was part of the regular budget setting and not a separate key decision*
• Risk Management: Adult Social Care	Annual Report
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item
21 JUNE 2022	
• Performance Dashboard	To be reported to every other meeting
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item