

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 29th September, 2021

10.00 am

**Council Chamber, Sessions House, County Hall,
Maidstone**



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 29 September 2021 at 10.00 am
Council Chamber, Sessions House, County Hall,
Maidstone

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

Membership (16)

Conservative (12): Mr A M Ridgers (Chairman), Mr S Webb (Vice-Chairman), Mrs A D Allen, MBE, Mrs P T Cole, Mr N J Collor, Ms S Hamilton, Mr J Meade, Mr D Ross, Mr T L Shonk, Mr R J Thomas, Mr A Weatherhead and Ms L Wright

Labour (2) Ms K Grehan and Ms J Meade

Liberal Democrat (1): Mr R G Streatfeild, MBE

Greens and Independents (1) Mr S Campkin

Webcasting Notice

Please note: this meeting may be filmed for the live or subsequent broadcast via the Council's internet site or by any member of the public or press present. The Chairman will confirm if all or part of the meeting is to be filmed by the Council.

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UNRESTRICTED ITEMS

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

- 1 Introduction/Webcasting Announcement
- 2 Apologies and Substitutes
- 3 Declarations of Interest by Members in items on the agenda
- 4 Minutes of the meeting held on 22 June 2021 (Pages 1 - 6)
- 5 Verbal Updates by Cabinet Member and Corporate Director (Pages 7 - 8)
- 6 Adult Social Care and Health Performance Q1 2021/22 (Pages 9 - 28)
- 7 Domestic Abuse Update Including Strategy Addendum (Pages 29 - 42)

- 8 Making A Difference Every Day - Our Strategy For Adult Social Care In Kent 2022 To 2027: Consultation (Pages 43 - 78)
- 9 Local Government And Social Care Ombudsman Public Report On Deprivation Of Liberty Safeguards (Dols) In Kent (Pages 79 - 90)
- 10 21/00081 - Care And Support In The Home Service Phase 2 - Supported Living (Pages 91 - 176)
- 11 Decisions Taken Outside Of The Cabinet Committee Meeting Cycle (Pages 177 - 180)
- 12 Work Programme - 2021/22 (Pages 181 - 184)

EXEMPT ITEMS

(At the time of preparing the agenda, the only exempt content was an appendix to item 10. During this and any other such items which may arise, the meeting is likely NOT to be open to the public)

Benjamin Watts
General Counsel
03000 416814

Tuesday, 21 September 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 at online on Tuesday, 22nd June, 2021.

PRESENT: Mr A M Ridgers (Chairman), Mrs A D Allen, MBE, Mrs P T Cole, Mr N J Collor, Ms K Grehan, Ms S Hamilton, Ms J Meade, Mr J Meade, Mr D Ross, Mr T L Shonk, Mr R G Streatfeild, MBE, Mr R J Thomas, Mr A Weatherhead, Mr S Webb and Ms L Wright

ALSO PRESENT: Clair Bell

IN ATTENDANCE: Richard Smith (Corporate Director of Adult Social Care and Health), Akua Agyepong (Assistant Director (Countywide) Adult Social Care and Health), Jenny Anderton (Head of Provider Services (Interim)), Terry Dafter (Director, Adult Social Care East Kent (Interim)), Julie Davidson (Head of Strategic Safeguarding, Practice and Quality Assurance), Helen Gillivan (Transformation Programme Lead (DCALDMH)), Carl Griffiths (Adult Social Care Recovery Leader and SRO), Chris McKenzie (Director of Adult Social Care and Health North and West Kent), Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Maureen Stirrup (Head of Deprivation of Liberty Safeguards), Michael Thomas-Sam (Strategic Business Adviser, Social Care), Jeanette Young (Head of Commissioning, Adult Social Care (Interim)), Theresa Grayell (Democratic Services Officer) and Emily Kennedy (Democratic Services Officer)

UNRESTRICTED ITEMS

2. Membership - the Committee is asked to note its new membership
(Item. 2)

The new Membership was noted and the Chairman welcomed new Members to their first meeting of the Cabinet Committee.

3. Apologies and Substitutes
(Item. 3)

There were no apologies for absence and no substitutes.

4. Election of Vice-Chair
(Item. 4)

The Chairman proposed and Mr A Weatherhead seconded that Mr S Webb be elected Vice-Chair of the committee.

There were no other nominations and it was duly agreed that Mr Webb be elected Vice-Chair of the committee.

5. Declarations of Interest by Members in items on the agenda
(Item. 5)

Members made the following declarations:

- Mrs A D Allen as a Trustee of North-West Kent Age UK.
- Mr J Meade as a representative of Gravesham Borough Council on Dartford and Gravesham NHS Trust.
- Mr Collor as a relative of someone resident in a care home in Kent.
- Mr Shonk as a relative of someone employed at a GP surgery in Kent.
- Ms J Meade as a carer.

6. Minutes of the meetings held on 5 March 2021 and 27 May 2021

(Item. 6)

1. It was RESOLVED that the minutes of the meetings held on 5 March 2021 and 27 May 2021 are correctly recorded and they be signed by the Chairman when this can be done safely.
2. There were no matters arising but the Democratic Services Officer referred to the future meeting dates listed at minute 254 and advised that the meeting calendar was currently under review. Revised meeting dates would be issued as soon as possible.

7. Verbal Updates by Cabinet Member and Corporate Director

(Item. 7)

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

New Cabinet Team – Mrs Bell welcomed the new Members who had joined the committee and introduced her Deputy Cabinet Members, Mrs P T Cole and Mr J Meade. Mrs Cole had served previously as a Deputy Cabinet Member and also as Chairman of the Cabinet Committee and Mr Meade had come to the Deputy Cabinet Member role after being elected to the Council in May.

National Awareness Campaigns – Mental Health Awareness Week had taken place on 10–16 May and had been strongly supported by the County Council via Explore Kent, Live Well Kent and others, and by Clinical Commissioning Groups. The emphasis this year had been on the importance of connecting to nature, for example, via walking and gardening, and by creative pursuits such as crafts and cooking. The Kent Sheds project part 3 now had groups established all across the county.

Mental Health and Wellbeing – Given Members' interest in mental health, Mrs Bell was arranging a joint member briefing with Sue Chandler, Cabinet Member for Integrated Children's Services, on the Council's services in relation to mental health and wellbeing. The briefing would incorporate the roles of Adult Social Care, Public Health and Children's Services, as well as the work arising from the Select Committee on Loneliness and Social Isolation. The date was yet to be confirmed but she encouraged all Members attend if they were able to.

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

Staff update – Jeanette Young had joined the team as Interim Head of Commissioning, Adult Social Care. Recruitment would shortly be complete for a Director of Adult Social Care in East Kent and one more Assistant Director, and the team would then be complete. The Public Health team was also to become part of the Adult Social Care and Health directorate and he welcomed Dr Allison Duggal and her team.

Review of in-house services – work was ongoing to address and accommodate the changes in demand and the way in which services were delivered, which had arisen and would continue to arise from the impact of the pandemic.

Presentation - Development of a new Adult Social Care Strategy 2022-2026

3. Mr Thomas-Sam presented a series of slides (sent to the committee before the meeting) which set out the draft structure and content of the new strategy and the timetable leading up to its publication. He emphasised the importance of stakeholder engagement in drafting the new strategy and the need to work with, rather than for, stakeholders. Feedback would be a vital means of measuring the success of the new strategy and this would be sought from Members as well as stakeholders. Members were initially being asked to comment on the four key elements of the strategy; the vision statement, values and behaviours, the three pillars and the new ways of working model and five key elements.

4. Mr Smith, Mr Thomas-Sam and Ms Gillivan responded to comments and questions from the committee, including the following:

- a) asked what input into the consultation Members would be able to have, Mr Thomas-Sam offered to share the draft questions with members via the Cabinet Member before they were issued for the public consultation, which would run from 6 September to 18 October;
- b) asked how the vital importance and needs of carers would be addressed within the strategy, and how carers would be consulted on its contents, Mr Thomas-Sam assured Members that carers would be closely involved by means of pre-consultation engagement, for example, with carers' forums, as well as ongoing consultation to keep the strategy up to date. There would also be a specific carers' strategy under the overall strategy. The importance of carers had come into sharp focus during the pandemic and now that many needed to return to paid work, there was an urgent need to raise the profile and highlight the importance of their work. Ms Maynard added that £7m was spent annually on carers' services, including those for young carers;
- c) asked how the success of the strategy would be measured, Ms Gillivan advised that the intention was for the strategy to work in a cycle of continuous improvement, and part of this would be to establish suitable methods of evaluating success; and
- d) Members would be kept informed throughout the consultation process and the various engagement activities which form part of it, and Mr Thomas-Sam suggested that a working group could be formed to respond to the consultation on behalf of the committee.

Presentation – Adult Social Care Provider Services

5. Ms Anderton presented a series of slides (sent to the committee before the meeting) which set out the rationale, design, planned timetable and monitoring process for the Making A Difference Every Day (MADE) programme, which would take account of changes to clients' care needs which had arisen as a result of the pandemic. Mr Smith and Ms Anderton responded to comments and questions from the committee, including the following:

- a) asked how the Council's ethos would be communicated to contractors who would deliver services on its behalf, and how the Council could be sure its standards were being upheld, Ms Anderton advised that the Council would check that the contractor understood and shared its aims, and was resourced and able to deliver the required services. Continuous review and monitoring of service delivery by the contractor ensured that any change in a client's needs were being met. The Chairman commented that relatives of service users were not always asked if they were happy with the services delivered to their relative, and the people directly in receipt of services were not always able to comment for themselves. The Council needed to ensure that it was proactive in ensuring that providers upheld its standards;
 - b) service users who purchased their own services by using Direct Payments would also need to be able to ensure they were receiving good value for money and good quality services;
 - c) asked about the use of digital technology to support people to stay in their own homes as long as possible, Ms Anderton advised that use of such technology had increased during the pandemic, and this experience would be used to guide and increase future use of technology. Mrs Bell added that such technology was a vital resource; and
 - d) the commitment to ongoing monitoring and feedback was welcomed, although both took time and resources.
6. It was RESOLVED that the verbal updates and presentations be noted, with thanks, an update on the preparation and consultation be made to the Cabinet Committee's September meeting and the final strategy be presented at the November meeting.

8. Adult Social Care and Health Winter Pressure Plan 2020-21 Review *(Item. 8)*

1. Mr McKenzie introduced the report and emphasised the importance of the Winter Plan being robust to meet the demands of winter 2020/21 due to the significant challenges arising from the Covid-19 pandemic. He responded to comments and questions from the committee, including the following:-

- a) the clarity of the report and the quality of the information included were welcomed, and the staff involved in managing winter pressures were commended;

- b) asked what part the Kent Resilience Forum (KRF) would play in managing winter pressures, Mr McKenzie advised that this was a vital part of the co-ordinated effort to manage pressures by working closely with partners. The Council and its partners would liaise daily to brief and support each other. There was a permanent member of County Council staff whose role it was to liaise with the partners who made up the KRF;
- c) asked about arrangements for out-of-hours discharges from hospital to a care home, Mr McKenzie commented that staff at the hospital and the home should both be fully aware when a discharge has been scheduled and that no patient should be discharged unless firm arrangements and appropriate staffing were in place to admit them safely to the home. Ms Maynard assured Members that the County Council worked closely with partners to manage the discharge process and ensure that it was properly followed;
- d) asked how lessons could be taken from anything which had not gone well, Mr McKenzie advised that challenges arising from any period of particularly heavy pressure offered an opportunity to identify anything which had not previously been envisaged or a need to adjust practice to respond to a specific circumstance and thus strengthen service delivery; and
- e) Mr McKenzie advised that the majority of funding for winter pressures work this year came via the Clinical Commissioning Groups, as funding was provided to them to support the response to the pandemic, and this funding was able to be drawn down to cover actual spending on additional schemes which were put in place.

2. It was RESOLVED that the information set out in the report be welcomed and noted, with thanks.

9. 21/00050 - Discharge Services Contract Extensions and Future Commissioning
(Item. 9)

- 1. Ms Maynard introduced the report, about which 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 Discharge Services contracts until 31 March 2022, with a further option to extend until 30 September 2022;
 - b) extend the east Kent Cottage Hospital discharge service until 31 March 2022; and
 - c) 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 contract or other legal agreements, as necessary, to implement the decision, be endorsed.

10. 21/00051 - Deprivation of Liberty Safeguards Mental Health Assessments Contract Extension and Transition to Liberty Protection Safeguards
(Item. 10)

1. Ms Agyepong and Ms M Stirrup introduced the report and responded to comments and questions from the committee, including the following:-

- a) funding for services for 16-17 year olds was not yet known but identifying this would be part of the detailed mapping work which would start shortly;
- b) the proposed extension of the contract was welcomed but concern was expressed that changes introduced by the Liberty Protection Safeguards did not include the same requirement for an assessment. Ms Stirrup advised that this and other elements of the impact of the changes would be covered by a new code of practice. The impact of the changes would be examined very carefully by a task and finish group; and
- c) it was suggested that a further report be presented to a future meeting of the committee to set out the details of the impact of the implementation of Liberty Protection Safeguards.

2. It was RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:
 - i) extend the current contract with South-East Memory Assessment Services from 1 September 2021 to 31 March 2022, by means of a Written Justification for Exemption from the Normal Contract Procedure; and
 - ii) 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;
- b) the planned implementation of Liberty Protection Safeguards as a replacement to Deprivation of Liberty Safeguards be noted; and
- c) a further report be presented to a future meeting of the committee to set out the details of the impact of the implementation of Liberty Protection Safeguards.

11. Work Programme 2021/22
(Item. 11)

It was RESOLVED that the committee's planned work programme for 2021/22 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 – 29 September 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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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Richard Smith, Corporate Director Adult Social Care and Health

To: Adult Social Care Cabinet Committee - 29 September 2021

Subject: Adult Social Care and Health Performance Q1 2021/22

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Directorate Management Team

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 Q1 for 2021/22. The changes in social care activity experienced during 2020/21 due to the pandemic continued. These include the changing profile of long-term services with fewer people receiving residential or nursing care being mirrored with an increase in people receiving community services. In addition, we continue to experience an increase in Deprivation of Liberty Safeguard Applications and an increase in people receiving our support with a mental health need.

Four of Adult Social Care and Health's Key Performance Indicators were RAG rated Green having met their targets. These were the proportion of people in receipt of short-term services where the intention is to have no or lower levels of support, people with learning disabilities in settled accommodation, people in residential or nursing care rated good or outstanding by the Care Quality Commission and those still at home 91 days after a hospital discharge receiving an enablement service.

The fifth indicator is the proportion of people with a Direct Payment which is RAG rated Amber, having not met target but not fallen below the floor standard. Performance on this measure has remained stable over the last nine months, and Adult Social Care and Health has a series of actions in place to increase the offer and take up of Direct Payments.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q1 2021/22 and the addition of the Mental Health activity measure for 2021/22.

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 (KPI) for Kent County Council's (KCC) Adult Social Care and Health (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, one was RAG rated Amber, having not achieved the agreed target but still within the expected levels. Performance for this Direct Payment measure remains consistent from last quarter. Four were RAG rated Green, having met and exceeded the target.
- 2.2 ASCH continues to work in an evolving environment during the pandemic, with variances in activity across the year mirroring the series of lockdowns in Kent. Q4 20/21 had higher numbers of contacts, an increased number of residents identifying themselves as Carers, ongoing increases in Deprivation of Liberty Safeguards (DoLS) applications and a shift in the long-term services profile from residential and nursing to community-based services. There were peaks, specifically in March, and this may reflect behaviour changes and access to family members following the announcements of shielding being ended, increased vaccinations and lockdown easements dates announced with the ability for one visitor to visit people in care homes.
- 2.3 This changed activity was sustained through Q1 21/22 with
 - increasing numbers of DoLS applications, at a higher level than any of the previous quarters;
 - a continuing increased proportion of people in long term services within the community; and
 - more people accessing short-term services where the intention is to have no or lower levels of support.
- 2.4 ASCH saw a dip in the number of people identifying themselves as Carers in the last quarter. A review of the Kent Carers' Strategy, which details how Carers' support is provided, is underway and due to be concluded sometime in early 2022. Carers will be involved in the review with the intention of developing a co-produced Carers' Strategy for the future.
- 2.5 In addition ASCH is due to deliver the National Carers Survey in the next six months whereby Carers will be asked a series of questions on their experience of ASCH with new additional questions relating to their experience during the pandemic. Kent County Council will also be one of the pilots for a national initiative for developing an online version of this survey with the intention of increasing participation.

3. Adult Social Care and Health Key Performance Indicators

- 3.1 The number of people in receipt of short-term services, such as short-term beds and enablement services, where the intention is to help people remain independent, increased on the previous quarter, with over 1,400 people accessing these services. Of these, over 900 people left this service either needing a lower level of support than they received initially or needing no further support from ASCH. This measure now sits at 67% having improved since the pressures felt on these services during the pandemic. Where people did need more or ongoing support, 88% received this via community services.
- 3.2 The proportion of people in receipt of a Direct Payment during Q1 20/21 continued at 24%. However, we continue to see a number of new people preferring to take the option of a direct payment, particularly Carers, adults with learning disabilities and older people.
- 3.3 The proportion of people with learning disabilities who live in their own home or with family remains above the target of 77%; ASCH actively support and enable adults with learning disabilities to remain in their home or with family through their person-centred approach to assessments and work.
- 3.4 KCC continues to work closely with the Care Quality Commission (CQC) and providers of residential and nursing services to ensure and improve the levels of quality in the care homes where people placed with ASCH reside. 80% of our people continue to reside in CQC residential and nursing services rated as good or outstanding by the CQC.
- 3.5 The number of older people (those aged 65+) who accessed a reablement/rehabilitation service following a hospital discharge increased by 12% on the previous quarter; of over 900 people in Q4 20/21 (the measure runs a quarter in arrears), nearly 800 were still at home 91 days later (86%). ASCH continues to work closely with NHS and Clinical Commissioning Group (CCG) colleagues to ensure pathways are clear and effective for people moving across different types of service provision.

4. Adult Social Care and Health KPIs and Activity Measures 2021/22

- 4.1 Annually the KPIs and activity measures presented to Cabinet Committees are reviewed; ASCH intend to keep the measures presented to this Cabinet Committee as they currently stand, with the addition of one new activity measure.
- 4.2 This new activity measure focuses on Mental Health; even prior to the pandemic the number of people active with ASCH with Mental Health needs was increasing and has remained so throughout the pandemic, from which nationally there was an increased focus on raising awareness of Mental Health and ensuring people receive the help they need. The increases now indicate an increasing Mental Health need, of those seeking support, in the Kent population, but also an increasing demand on ASCH Services. The measure is to be:

“The number of people accessing ASC Services who have a Mental Health need”.

5. Conclusion

- 5.1 ASCH continues to respond to a changing pattern on demand and activity following the pandemic, with delivery on the KPIs either above target or the floor target and only two showing a minimal single quarter downward trajectory.
- 5.2 Increases in activity and demand in Q4 20/21, specifically in March 2021, are being considered alongside the lockdown and shielding easement announcements, increased vaccinations and demand that may have been suppressed during the year; with further increases in some areas of demand in Q1 21/22, such as DoLS applications and those in receipt of short-term services.

6. Recommendation

6.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q1 2021/22 and the addition of the Mental Health activity measure for 2021/22.

7. Background Documents

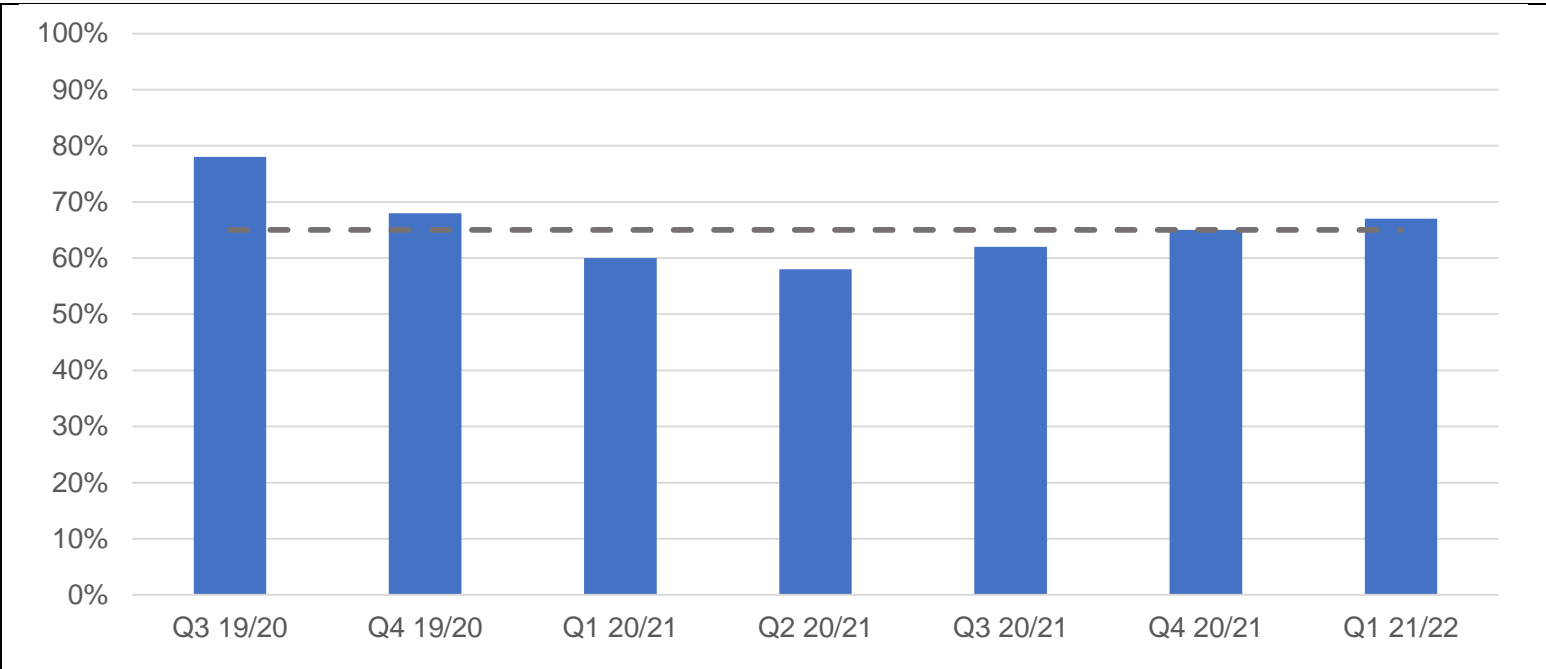
None

8. Report Author

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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 **GREEN**
↑



Technical Notes:

Target set at 65% (dotted line)

Short term services include Short Term Beds and Enablement services.

Page 13

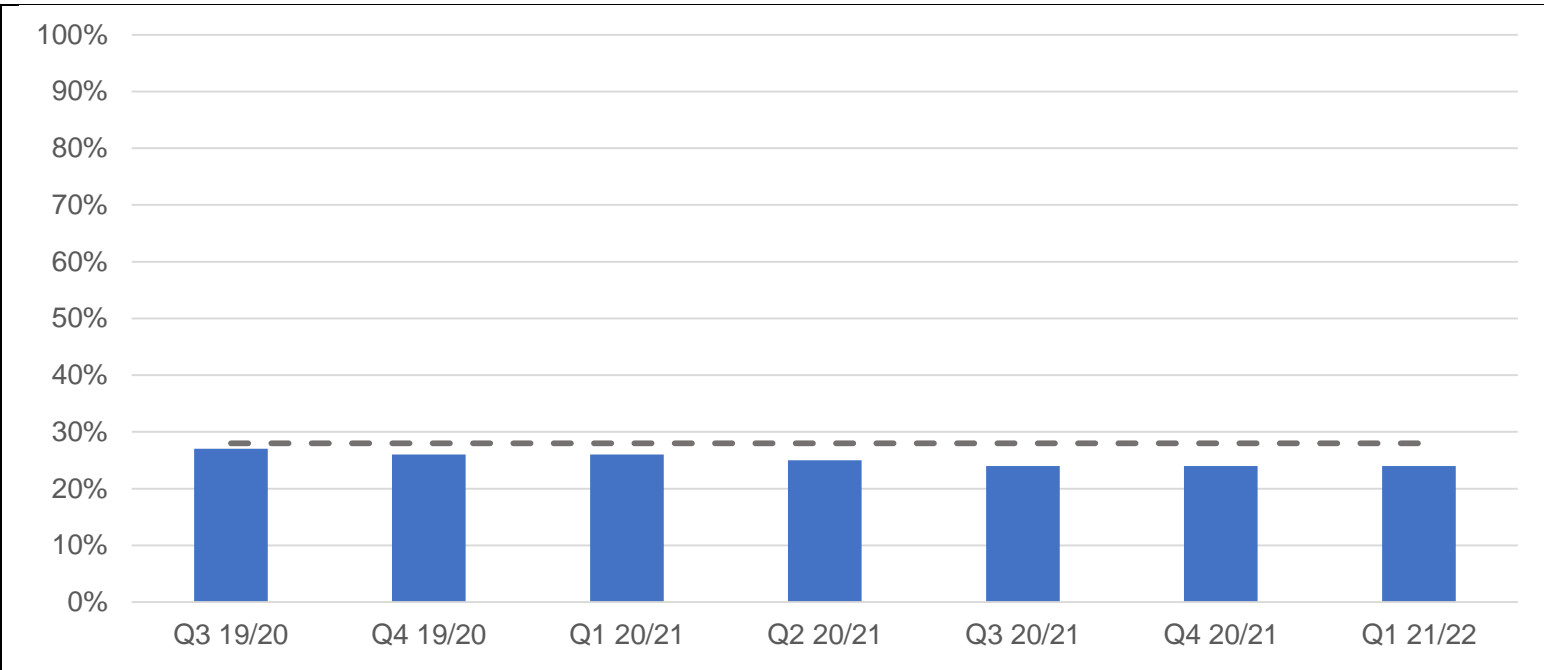
Commentary:

In the first 3 months of 21/22, over 1,400 people accessed short term services with ASCH with the intention of being independent when leaving the services. This was an increase of 7% on the previous quarter.

Over 900 people did in fact leave the service needing either no further support or needing support at a lower level. This was 10% more than in Q4 20/21. Of the people who did need further support at a higher level, 88% went on to receive this with ASCH Community services, with the remaining 12% receiving Long Term Residential or Nursing support.

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.

Commentary:

Although the proportion of people within community services in receipt of a Direct Payment has held at 24% for 9 months, in the last 3 months (Q1) there were new people starting a Direct Payment. These included Carers, people with learning disabilities and older people.

ASCH completed an in-depth analysis into Direct Payments; The number of people receiving Direct Payments had been affected by the Coronavirus pandemic, where people have needed or chosen to self-isolate and have not wanted PAs or other workers in their home. In addition, the flexibilities for using a Direct Payment to access alternative services have been restricted as many options were 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

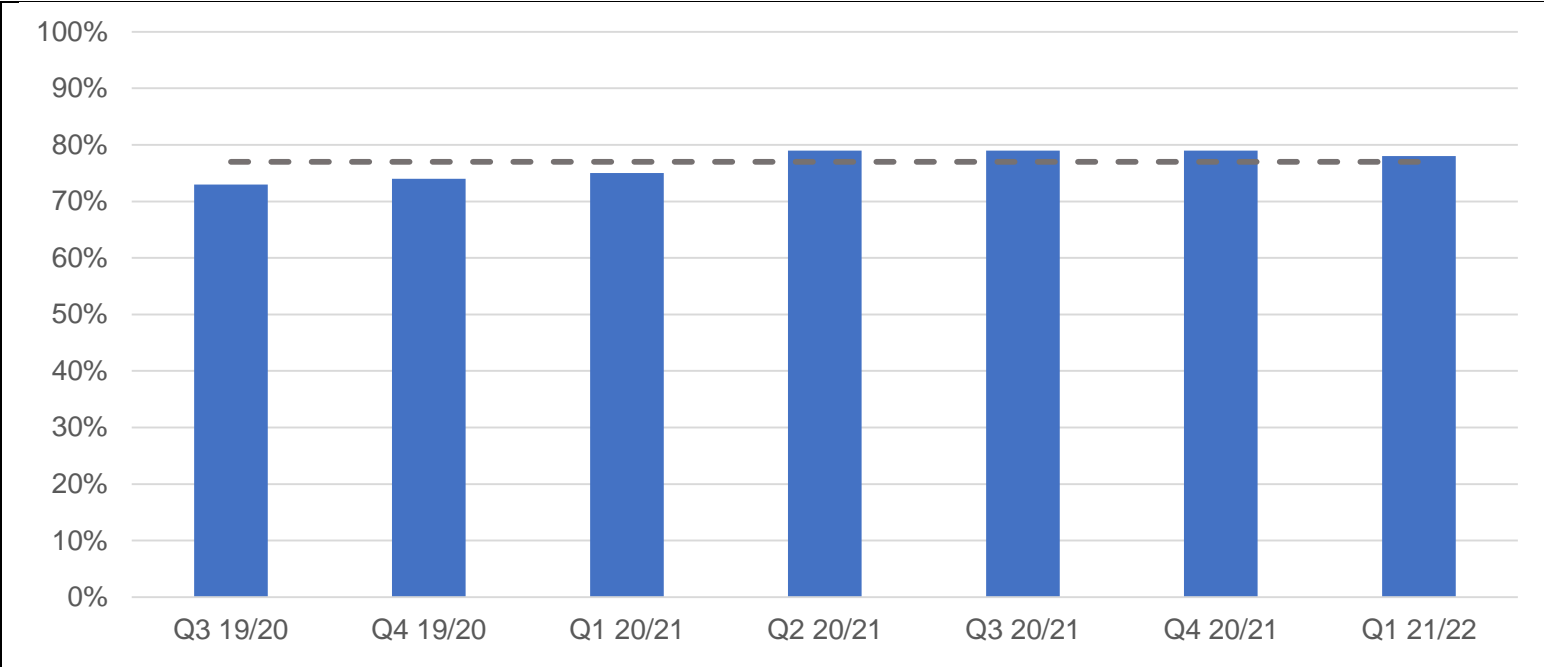
GREEN



Technical Notes:

Target set at 77%
(dotted line)

The direction of travel
is not significant.

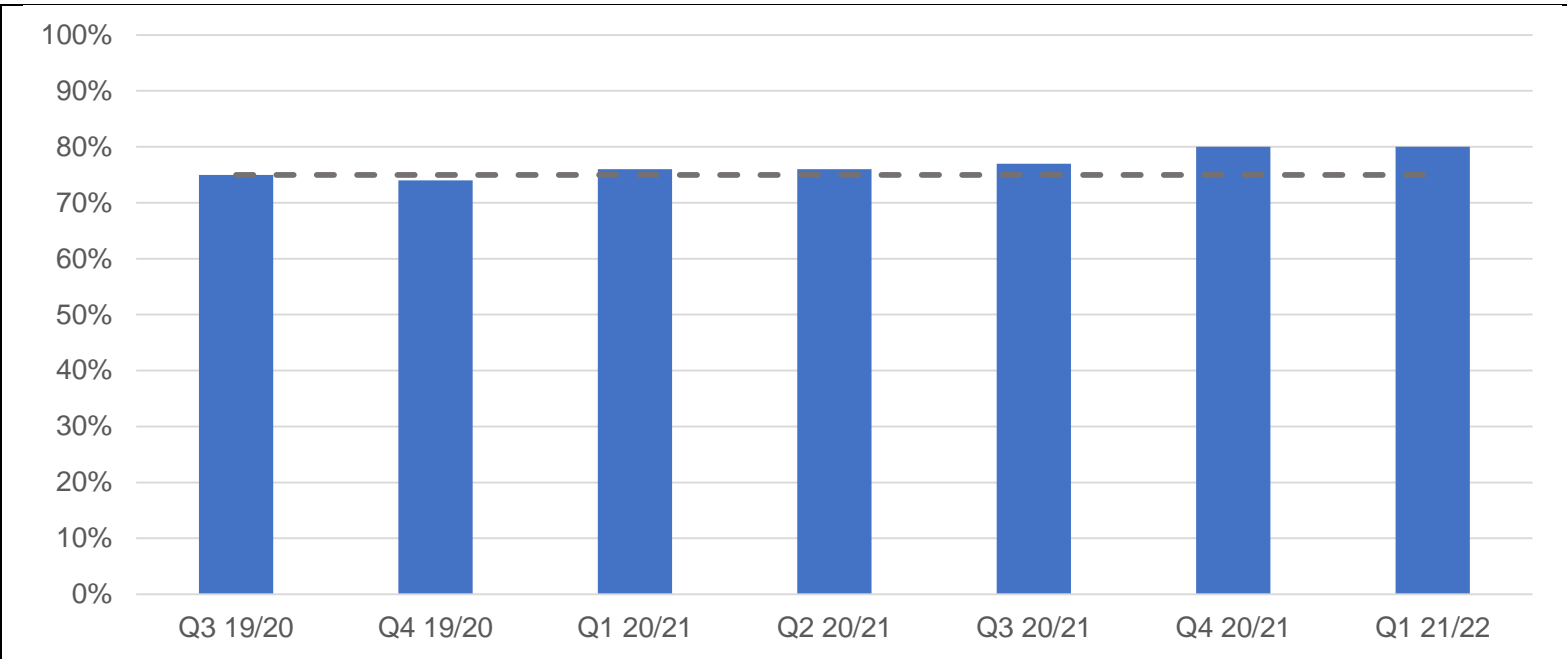


Commentary:

The outcome of all care needs assessments will be focussed upon the provision of person-centred outcomes and we actively support and enable adults with a learning disability to remain in their own home or with their family, as opposed to hospital or residential care. Despite the slight drop in performance, we are still able to achieve this for most of our people.

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)

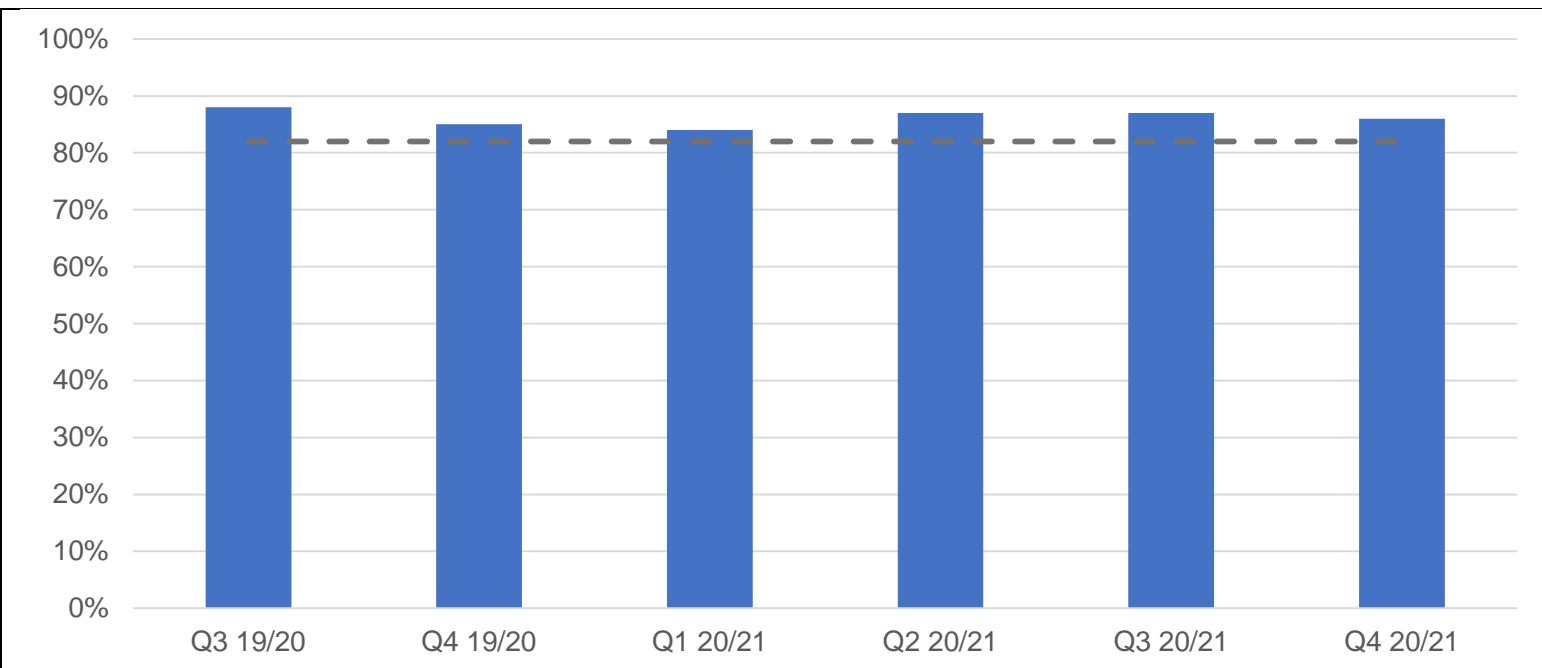
Commentary:

80% of KCC people 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. The impact of the pandemic is tapering significantly across the care home market and providers are starting to return to business as usual, as much as possible. Face to face visits to homes with concerns have resumed but on a strict risk assessed basis.

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.

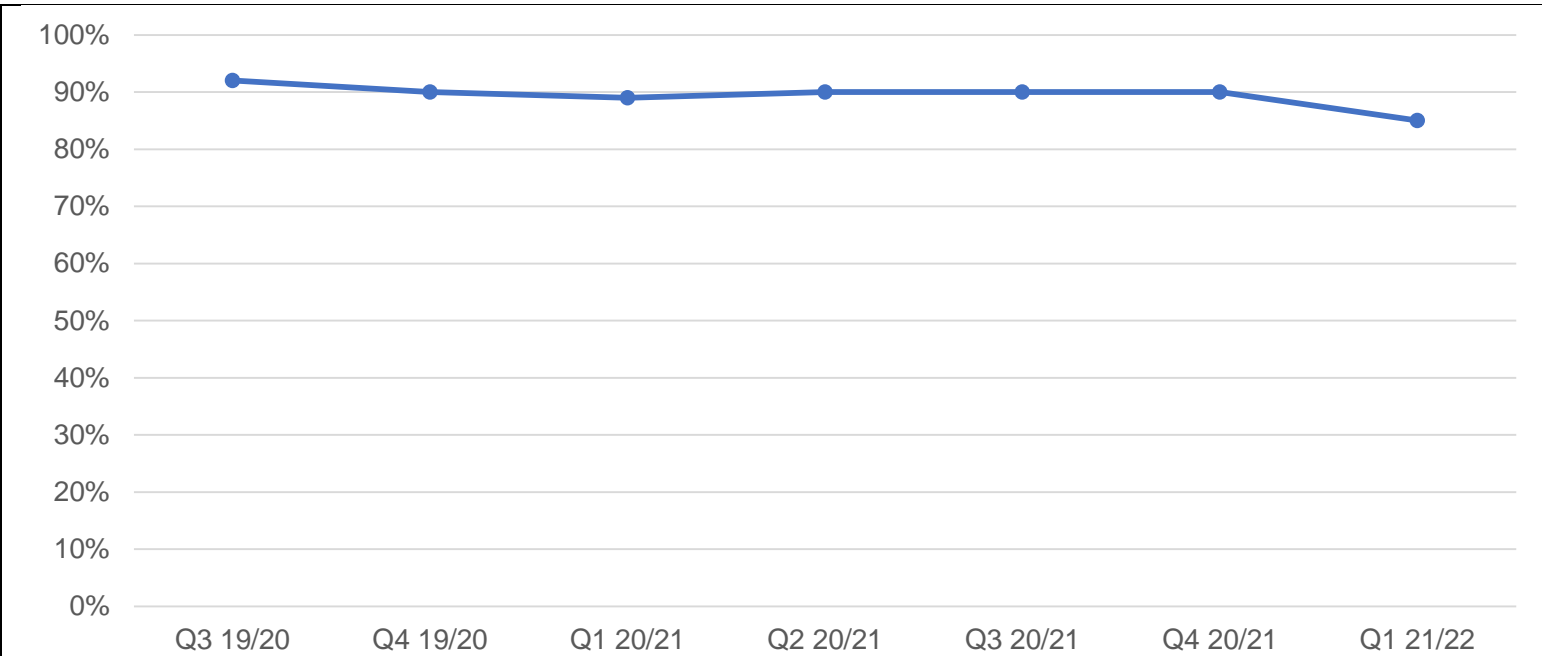
The direction of travel is not significant.

Commentary:

Over 900 people accessed reablement / rehabilitation services during Q4 20/21. This was an increase of 12% on the previous quarter. Nearly 800 of them were still at home 91 days after their hospital discharge, and although this was an increase in numbers on the previous quarter it was not a big enough increase to hold or increase the percentage.

Performance on this measure remains above the target of 82%.

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



Technical Notes:

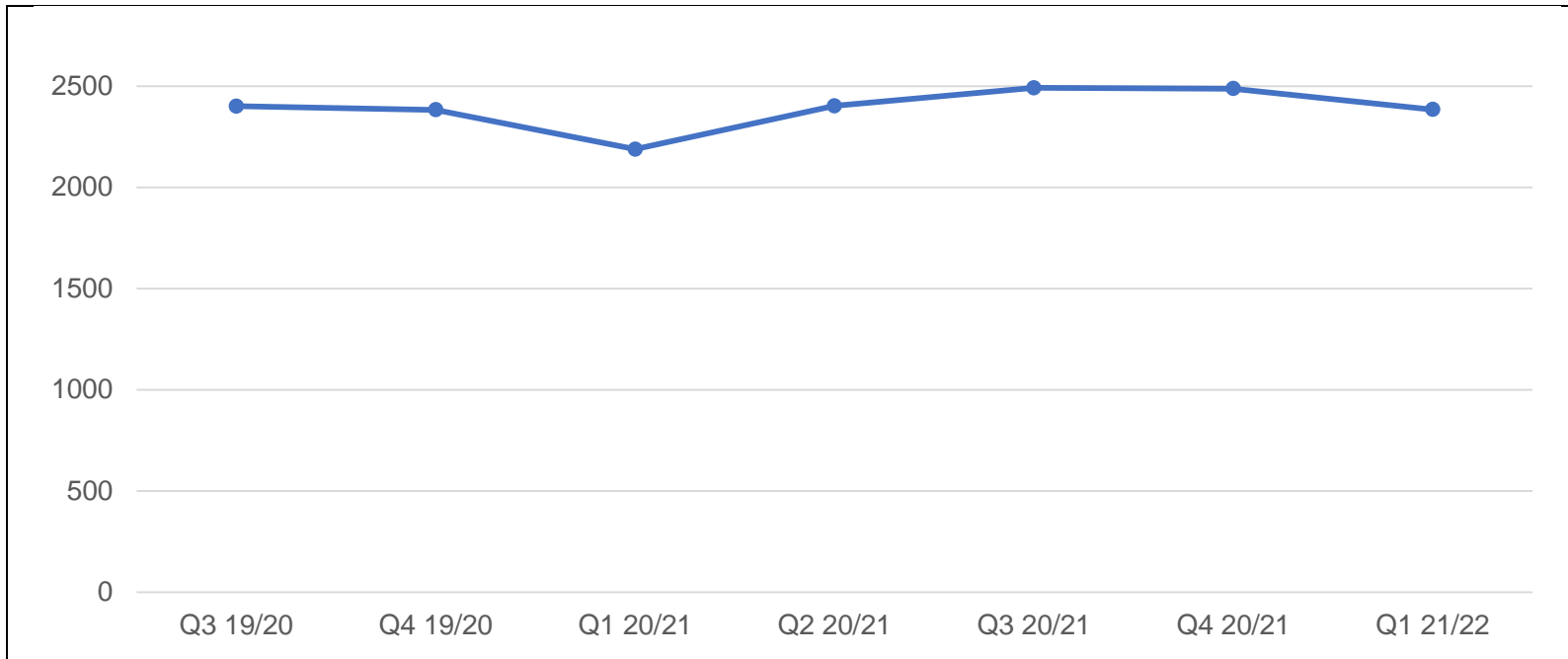
Activity measure, no specified target

Commentary:

In Q1 21/22 there was a decrease in the number of safeguarding enquiries closed when compared to all the previous quarters. This decrease in numbers has meant the minor changes in numbers have had a greater effect on the % figure reported.

ASCH continue to work with vulnerable people to ensure that if the risk remains it is done so with the individual's knowledge and consent.

ASCH is presently undertaking a review of safeguarding practices to ensure they remain as effective as possible.

ASC7: Number of Carers**Technical Notes:**

Activity measure,
no specified target

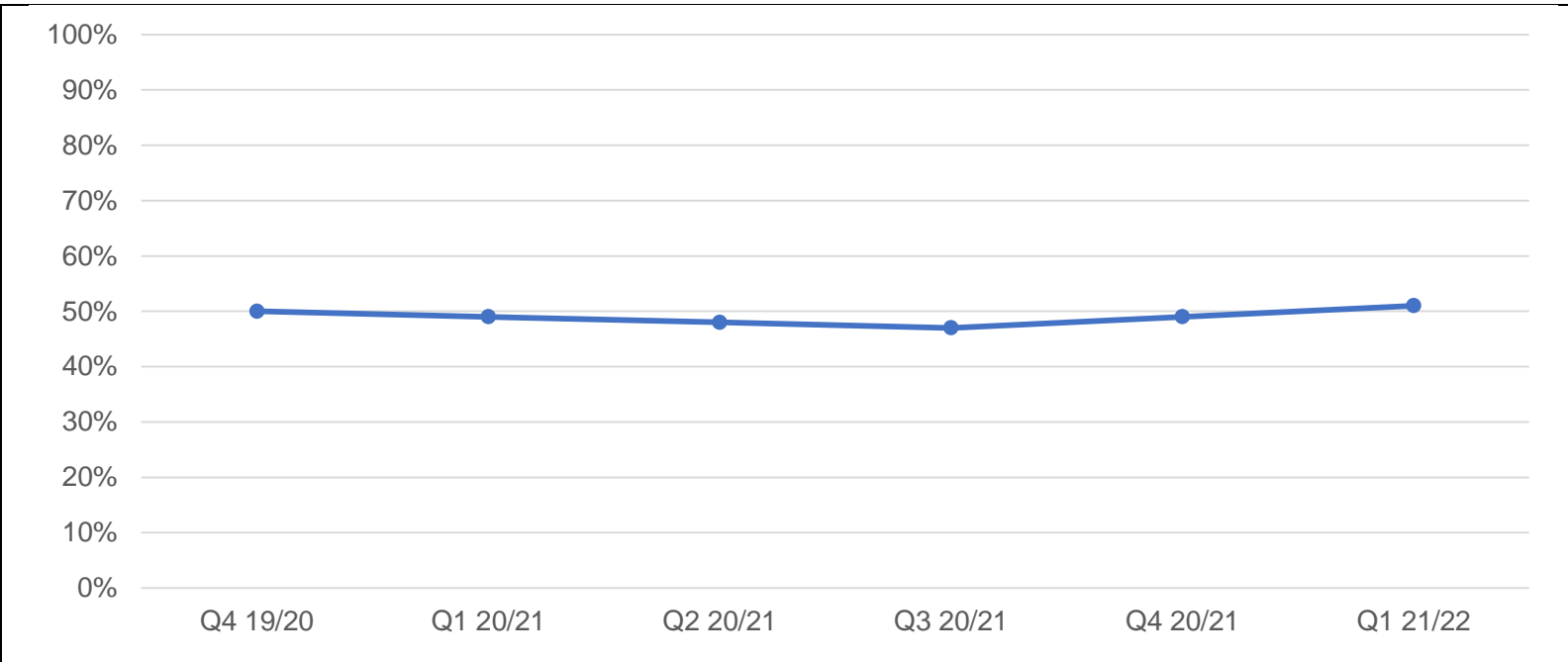
Carers with an
open carer
relationship where
the cared for is in
receipt of service.

Commentary:

Carers are supported by a combination of delegated activity through a carer's organisation or direct support from KCC. Support continued throughout the reporting period, sometimes remotely as appropriate. Carer organisations are required to reach out and identify Carers as part of their contract.

ASCH will be delivering the national Carers survey, commencing in October to understand how well we are supporting our Carers; Kent was also selected to be part of a pilot whereby participants will be given the option to complete a survey online instead of via the traditional paper postal route, the result of which will help inform the development of future delivery methods for the national surveys.

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.

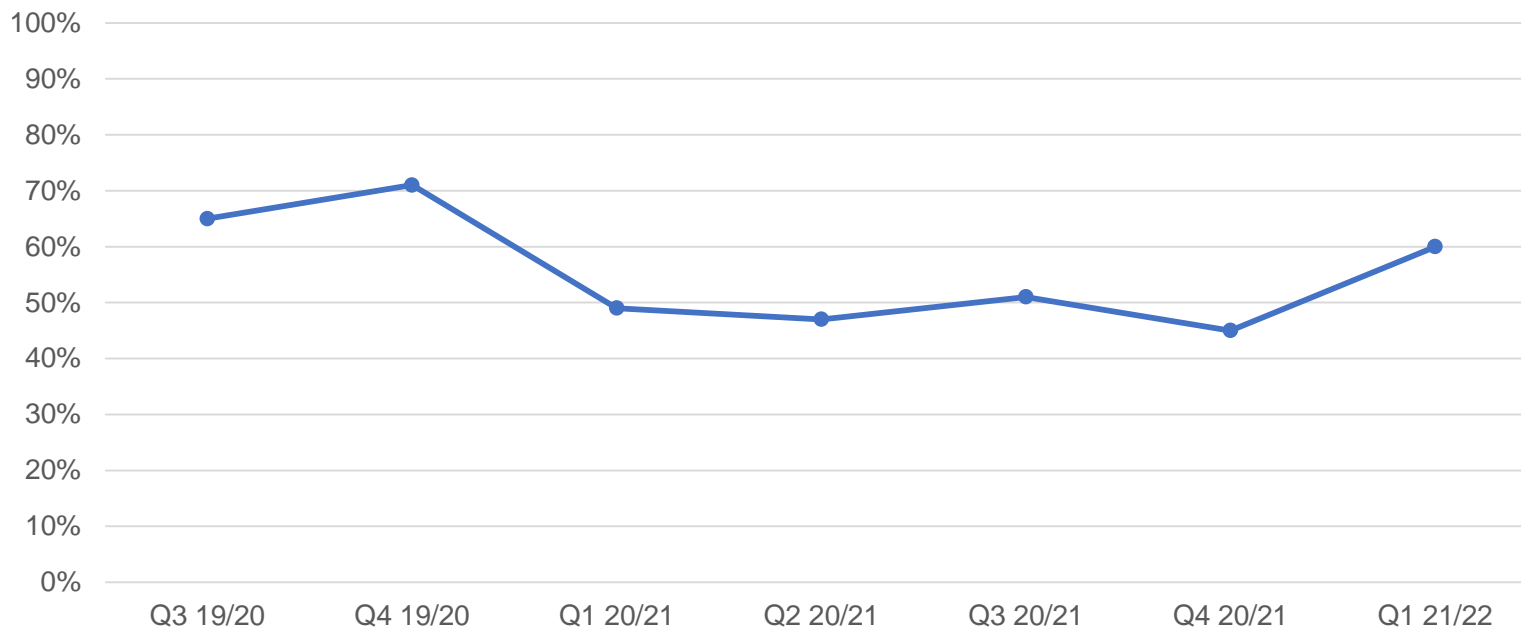
This measure looks at the reviews conducted within the previous 12 months.

Commentary:

Over the last 6 months the proportion of Carers with an assessment or review in the last 12 months has increased, to 49% in Q4 and then to 51% in Q1 21/22.

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. Additional Training with the providers was delivered in June 2021 to ensure all work is being accurately recorded and in a timely manner. ASCH Systems and Training Teams are currently updating the Mosaic Carers Guidance.

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

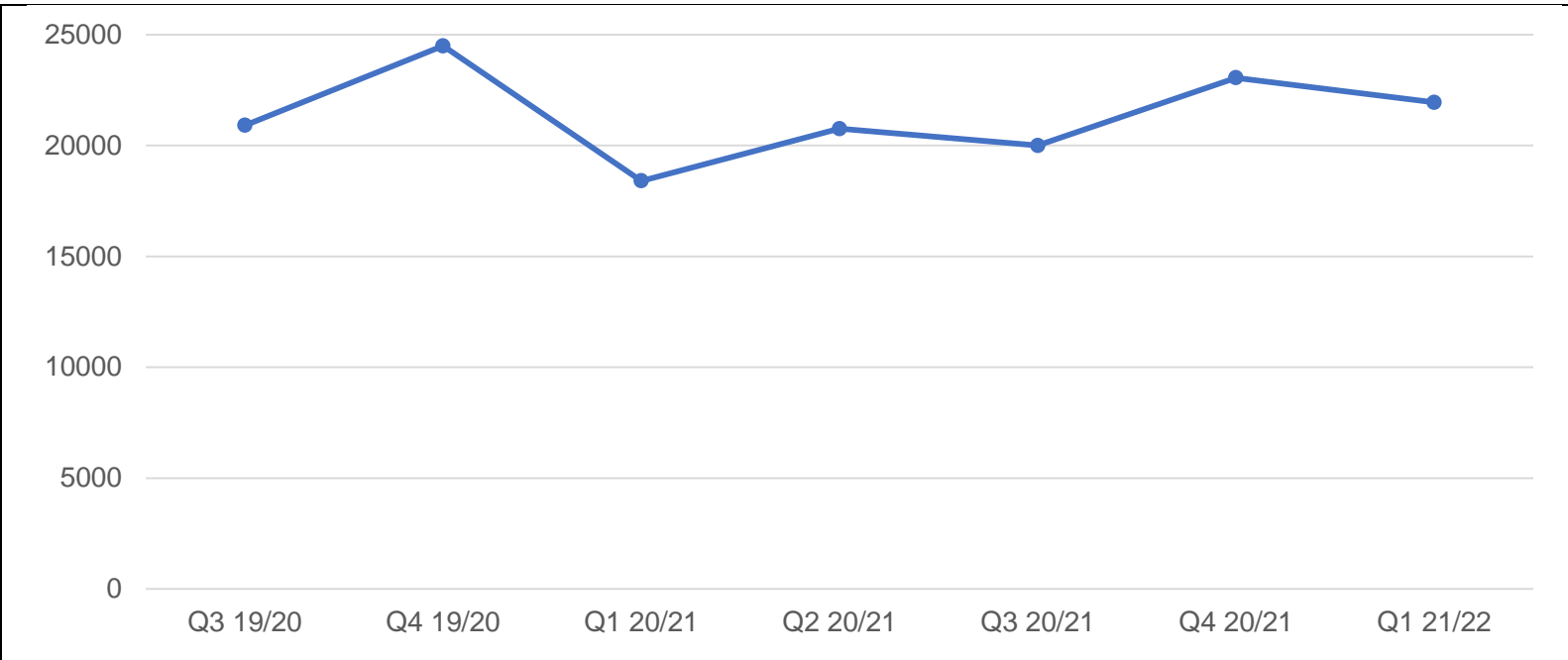


Technical Notes:

Activity measure,
no specified target

Commentary:

Of the complaints closed in Q1 21/22, 60% were either partially or fully upheld, this is an increase on the previous quarter where 45% were upheld.

ASC10: Number of people making contact with ASC**Technical Notes:**

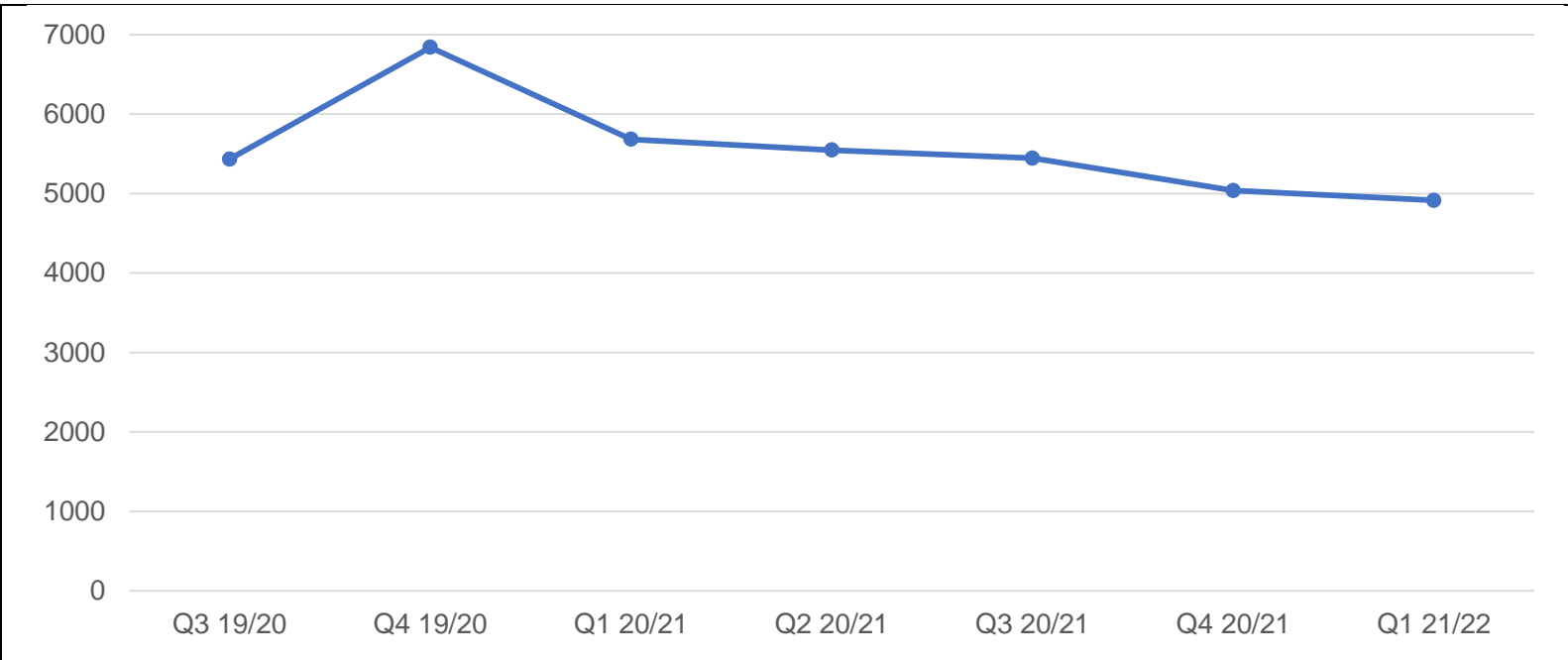
Activity measure,
no specified target

Includes all forms
of contact

Commentary:

The number of people making contact with ASCH followed a pattern of decreases and increases in line with the Lockdowns and releases during pandemic.

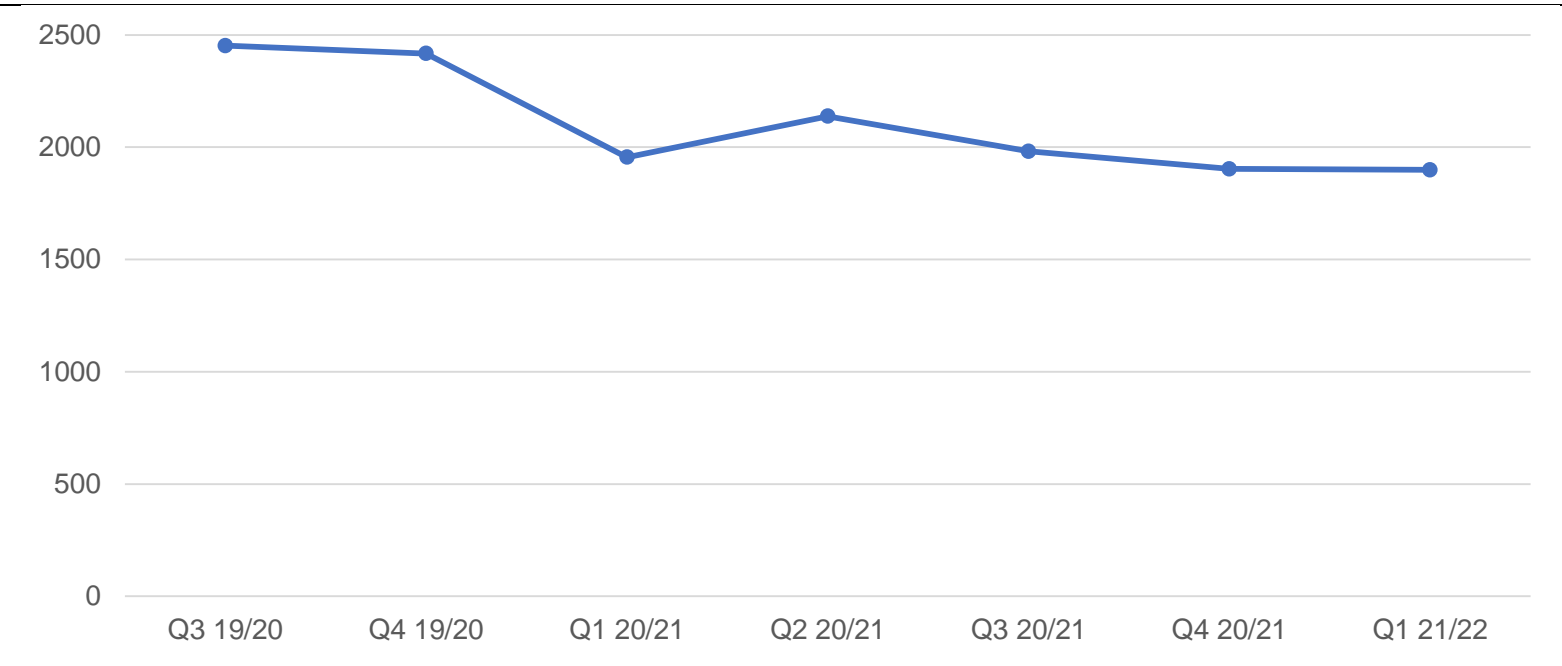
In Q4 the number of people and new people making contact increased, with a particular peak in March, and this correlated with peaks in activity across other areas of ASCH.

ASC11: Number of assessments delivered (care needs assessments)**Technical Notes:**

Activity measure,
no specified target

Commentary:

The number of care needs assessments delivered in Q4 20/21 was 5,038 and 4,913 in Q1 21/22. The numbers have been decreasing quarter on quarter since the start of the pandemic.

ASC12: Number receiving enablement**Technical Notes:**

Activity measure, no specified target

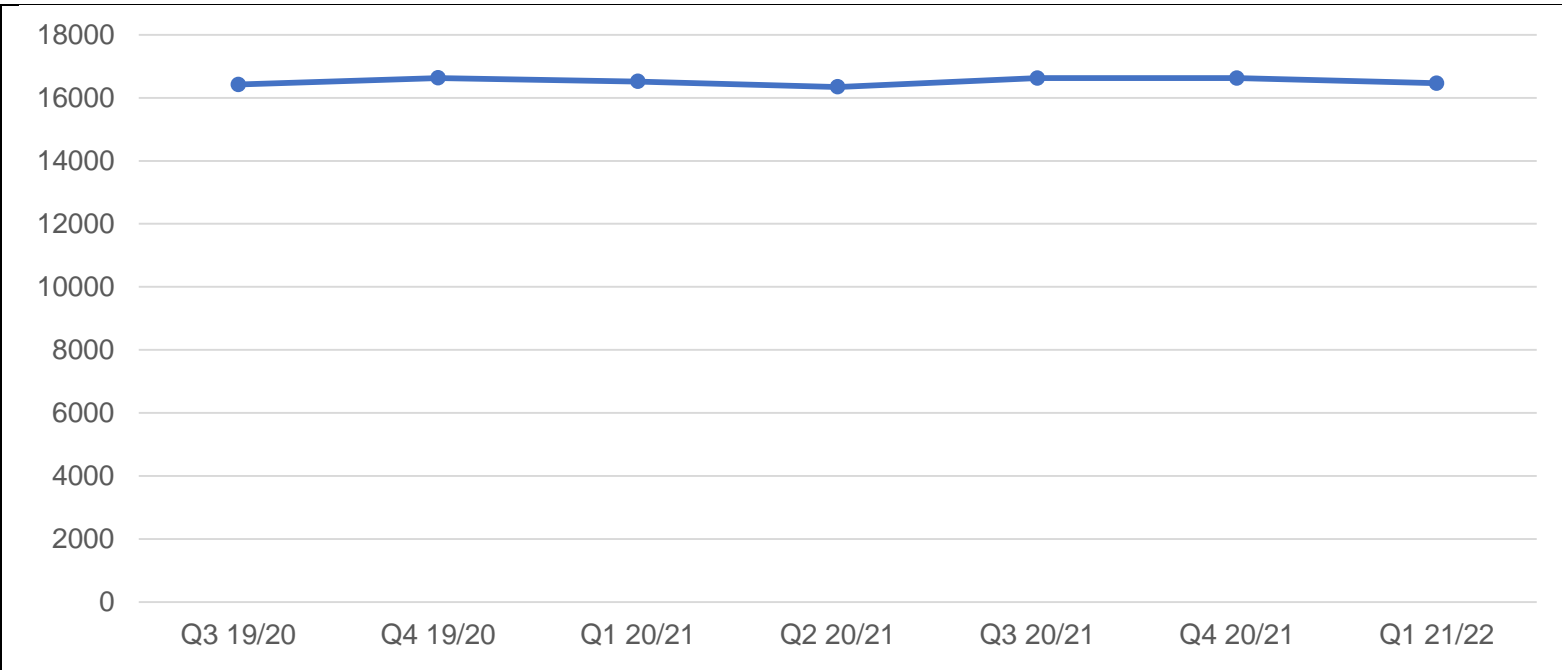
People receiving services with Kent Enablement at Home (KEaH)

Commentary:

The number of people receiving enablement services with the Kent Enablement at Home (KEaH) service decreased into Q1 20/21 as ASCH 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 people receiving KEaH increased.

The number of people receiving the enablement service followed a pattern around the Kent lockdowns early in 20/21, with numbers increasing in Q2 as the lockdown eased, and then decreasing again during Q3 with Kent entering the 2nd lockdown. As with Q1, the hours delivered to people have remained consistent. During this period the KEaH Team have used the time to focus on ensuring those accessing KEaH are appropriate and will benefit from receiving the service.

ASC13: Number receiving long term services



Technical Notes:

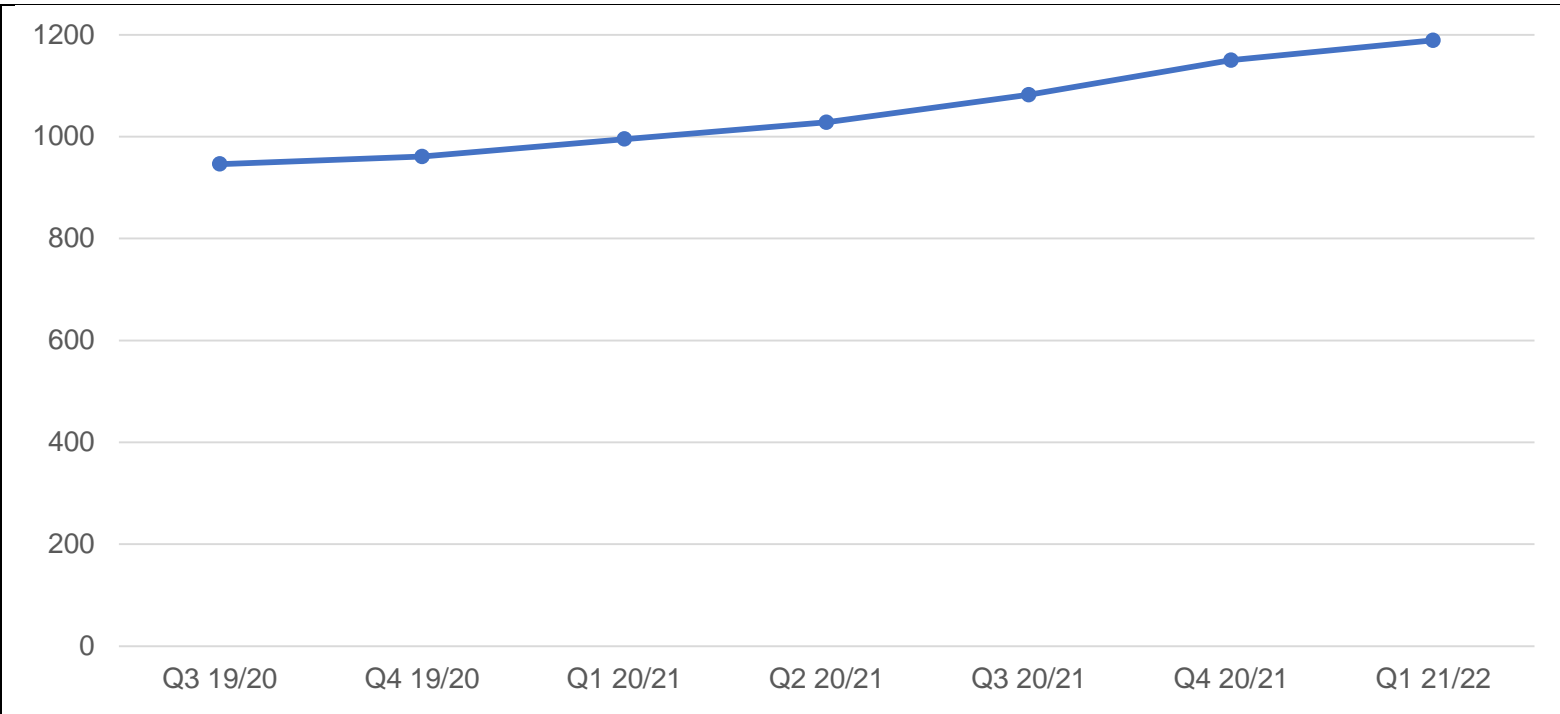
Activity measure, no specified target

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

Commentary:

The number of people receiving long term services stabilised across the final 6 months of the year, at over 16,600. An impact of the pandemic has been that there has been a shift within the long term services, with decreasing residential or nursing services and increasing community services, such as Homecare.

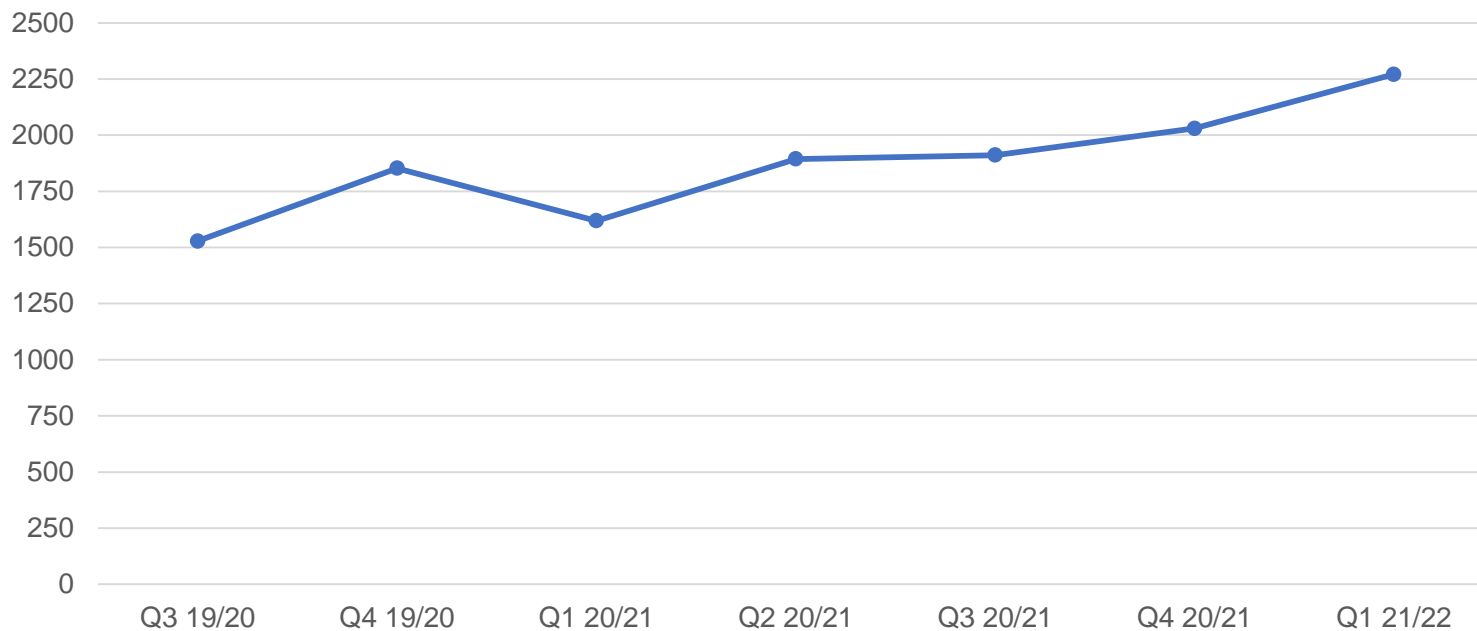
There was a slight decrease in the numbers during Q1 21/22, however the split between community and residential and nursing services remains at 68% to 32%, previously, in Q4 19/20, it was a 65% / 35% split.

ASC15: The number of people accessing ASCH Services who have a Mental Health need**Technical Notes:**

Activity measure, no specified target

Commentary:

The numbers of people accessing ASCH Services who had a Mental Health need was increasing prior to the pandemic and have continued to do so throughout 20/21 at a greater rate. It is expected that these numbers will continue to increase and is at least partially related to the effect of the pandemic and lockdowns.

ASC14: Number of DoLS applications received**Technical Notes:**

Activity measure, no specified target

Commentary:

The number of DoLS applications received by ASCH continues to increase and in Q4 over 2,000 applications were received, with another 2,200 in Q1 21/22. The DoLS Team saw a peak in referrals received in March 2021. During this quarter, the DoLS Team completed the highest number of authorisations.

The DoLS Team continue to see 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 was introduced to manage them.

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

To: Adult Social Care Cabinet Committee – 29 September 2021

Subject: **DOMESTIC ABUSE UPDATE INCLUDING STRATEGY ADDENDUM**

Classification: Unrestricted

Past Pathway of report: Adult Social Care Governance Board

Future Pathway of Report: None

Electoral Division: All

Summary: This report sets out Kent County Council's new responsibilities under the Domestic Abuse Act 2021 and its progress against these new duties.

The new responsibilities of Tier 1 authorities include:

- to create a Local Partnership Board with responsibility for conducting a needs assessment
- commissioning activity in relation to accommodation-based services for both adult survivors and their children informed by the needs assessment.
- publication of a Domestic Abuse Strategy by October 2021

The council has been allocated over £3.1m in new funding for 2021/22 in relation to the new statutory responsibilities under the Act. In partnership with others, the council commissions a domestic abuse support service – the Kent Integrated Domestic Abuse Service. The performance of this contract has been evaluated and found to be good. On 29 August 2021, the council exercised the option to use the first of the two, two-year options to extend the contract via a Key Decision taken by the Cabinet Member for Adult Social Care and Public Health. This contract is the ideal vehicle to use the new funding effectively and compliantly and this report updates on the progress of proposals.

It has not been possible to bring this item to an earlier Cabinet Committee due to the timing of the Domestic Abuse Act legislation and accompanying guidance.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **NOTE** the progress in relation to the domestic abuse agenda and **CONSIDER** the proposed commitments being consulted on.

1. Introduction

- 1.1 This report sets out the new responsibilities the council has under the Domestic Abuse Act 2021 including funding, the status of the Kent Integrated Domestic Abuse service (KIDAS) the proposed strategy addendum and updates on progress in relation to the Domestic Abuse (DA) agenda.

2. Background

- 2.1 **The Domestic Abuse Act** received Royal Assent on the 29 April 2021. Part 4 of the Act places a statutory duty on Tier 1 authorities to ensure there is domestic abuse support to meet the diverse needs of survivors and their children in safe accommodation, such as refuge. The draft statutory guidance is available to view via the following link [Domestic abuse support within safe accommodation: statutory guidance and regulations consultation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/domestic-abuse-support-within-safe-accommodation-statutory-guidance-and-regulations-consultation)
- 2.2 To implement the Act, Kent County Council (KCC) has received £3,103,909 new funding for 2021/22 from the Ministry of Housing, Communities and Local Government (MHCLG). The new funding must be spent in year, on domestic abuse support delivered within **safe accommodation** and cannot be used to support capital projects (such as accommodation).
- 2.3 A Key Decision was made by the Leader of the council in relation to the new £3.1 million Domestic Abuse Act funding setting out the principles by which it would be used: -
- A principle of additionality – the funding should be used to expand and enhance Domestic Abuse services, not replace existing funding.
 - The staffing costs associated with implementing the Act, including a Domestic Abuse Coordinator and project and analytical support, to run the (Local Partnership) Board and undertake the needs.
 - The commissioning and de-commissioning of services will be driven by the evidence in the new needs assessment.
- 2.4 The implementation of this decision is delegated to the Corporate Director of Strategic and Corporate Services, in consultation with the Corporate Directors of Adult Social Care and Health and for Children, Young People and Education respectively, with an update on progress being brought to the Adult Social Care Cabinet Committee.
- 2.5 The definition of safe accommodation includes: -
- refuge
 - dispersed accommodation
 - sanctuary schemes (security provision within a survivor's home)
 - move on accommodation
- 2.6 The new allocation must be spent in full this financial year, in preparation for the government's spending review and the establishment of costs for future years.

- 2.7 Whilst funding is anticipated for future years, the exact amount is yet to be determined and will not be finalised until the spending review/settlement. The Violence Against Women and Girls strategy published on the 21 July 2021) <https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy> reconfirms the government's commitment to this agenda and possible future expansion of duties to include community-based services.
- 2.8 Prior to the legislation, the council and its partners have maintained a strong collective focus on the domestic abuse agenda, commissioning support services together and establishing the multi-agency Kent and Medway Executive and Tactical Groups over many years.
- 2.9 These groups include representation from local authorities in Kent and Medway including the districts and boroughs, the Police and Crime Commissioner's Office, Kent Police, Kent and Medway Clinical Commissioning Group, the National Probation Service, and Kent Fire and Rescue.
- 2.10 In preparation for the Act, the council appointed a Domestic Abuse Co-ordinator in 2020 and in January 2021, temporary supporting project officer roles were recruited to using DA Act Capacity Building funding made available from the Home Office.
- 2.11 These officers have been driving forward the DA agenda which includes the existing Kent and Medway Domestic Abuse Strategy 2020-23 and Action Plan. <https://www.kent.gov.uk/about-the-council/strategies-and-policies/community-safety-and-crime-policies/domestic-abuse-strategy>. These were developed in collaboration with all partner agencies and progression is monitored via the Tactical and Executive Groups. Successes include consistent messaging social media posts across all partners and funding being awarded following a joint bid to the Home Office for perpetrator support.

3. Current Situation

- 3.1 The council and its partners are in a strong position and have responded quickly to the new demands of the Act which include the requirement to:-
- create a **Local Partnership Board** with responsibility for conducting a **needs assessment**
 - publish a **Domestic Abuse Strategy** by October 2021
 - undertake **commissioning activity** in relation to accommodation-based services for both adult survivors and their children informed by the needs assessment
- 3.2 **Local Partnership Board (LPB)** - This is a new body which is a requirement under the Act. It has been established for Kent and the first meeting was held in May 2021. Focusing on support in safe accommodation, it is chaired by the Assistant Director (Countywide) Adult Social Care and Vice Chaired by the Head of Housing and Community at Maidstone Borough Council. The Board includes representation from each district and the Voluntary and Charitable Sector (VCS).

3.3 **Needs Assessment** - The Act requires all Tier 1 authorities to complete a needs assessment focusing specifically on support within safe accommodation. Prior to the Act, the council already had a needs assessment in place, completed by Public Health Observatory. This assessment has now been updated in line with the new legislative focus on support in safe accommodation [Domestic abuse - Kent Public Health Observatory \(kpho.org.uk\)](https://kpho.org.uk)

The findings include: -

- Support needs around mental health or drugs/alcohol can be a barrier to acceptance into some commissioned refuge services in Kent.
- A variation across the county in the provision of Sanctuary schemes. the new funding provides opportunities for these needs to be addressed.

3.4 **The Kent and Medway Domestic Abuse Strategy 2020-23** – this was published in March 2020 following public consultation. It is a partnership strategy developed by all members of the Tactical and Executive Groups.

3.5 This strategy informs the Kent and Medway Domestic Abuse Action Plan and also feeds into the localised action plans managed by eight local domestic abuse forums.

3.6 In line with the Domestic Abuse Act and Needs Assessment findings, an addendum will be added to the existing strategy to ensure compliance in relation to safe accommodation.

3.7 The safe accommodation addendum is out to formal consultation until 27 September. www.kent.gov.uk/domesticabuseconsultation.

3.8 The Adult Social Care Cabinet Committee is asked to consider the proposed commitments being consulted on, which include working:

- towards the principles of a Whole Housing Approach to improve access to safe and stable housing options for those fleeing abuse, including those who choose to remain in their own homes.
- with survivors and their children to develop services; we will seek to further understand experienced barriers to accessing services and develop commissioning responses to these findings.
- to increase the support and understanding of people with multiple needs to allow them to take up placements in safe accommodation
- to ensure that all children in safe accommodation have access to support which is age appropriate and meets need.

3.9 The final strategy and addendum will be published, by 31 October 2021 in line with the deadline set out in the legislation. The strategy will be signed off through the Kent and Medway Domestic Abuse Executive Group, Joint Kent Chiefs and Kent Leaders.

3.10 **Commissioning** - The county council's commitment to ensuring that survivors of domestic abuse are supported both in safe accommodation and in the community predates the recent legislation. Via this Cabinet Committee and in

partnership with other public bodies, the council commissions the countywide Kent Integrated Support Service (KIDAS) (Decision 16/00014).

- 3.11 Established in 2017, the KIDAS provides support for adult survivors (16+) both within the community and safe accommodation, including refuge for those fleeing domestic abuse and their accompanying children. The contract has recently been reviewed and found to be fit for purpose, delivering good outcomes for survivors and their children.
- 3.12 The KIDAS contract is the ideal vehicle to mobilise the 2021/22 new funding allocation effectively and compliantly to support the council in delivering its new statutory duties under the Domestic Abuse Act 2021.
- 3.13 The Cabinet Member decision of 29 August (21/00063) takes advantage of the extension clause in the contract which enables the council to ensure a secure platform for future commissioning proposals relating to the new Act is in place
- 3.14 It was not possible to bring the decision to this Committee for consideration, due to the timing of the Domestic Abuse Act legislation and accompanying guidance. Whilst Domestic Abuse Act legislation received Royal Assent in April, the guidance about the new legal obligations was not published until mid-June and the government's consultation period on this guidance did not conclude until 27 July.
- 3.15 It is this guidance that enables the council to judge whether the existing contractual arrangements are best placed to meet its newly acquired responsibilities. With no cabinet committee date between June and September, taking the decision out of cycle gave members the most time to make any alternative recommendations.
- 3.16 Proposals for spending of the new funding are aligned with a Key Decision made by the Leader of the council on 19 March (21/00040) and follows the principle of additionality – 'the funding should be used to expand and enhance Domestic Abuse services, not replace existing funding'.
- 3.17 The proposals include: -
- New safe accommodation support for those with additional and complex needs as highlighted in the needs assessment
 - Strengthening of support for those in their own accommodation as highlighted in the strategy
 - Additional specialist support to address trauma, including support for children
 - Reinvestment of the council's current expenditure in safe accommodation into the community support.
- 3.18 The reinvestment of the council's current commitment to funding in safe accommodation will enhance community provision and deliver projects that will.
- increase outreach support available
 - improve the availability and access to advice services

- secure specialist training to increase the number of Independent Domestic Violence Advisors

4. Financial Implications

- 4.1 **KIDAS Contract Extension (Decision 21/00063)** Via the Cabinet Member’s key decision, the council has exercised the option to extend the Kent Integrated Domestic Abuse (KIDAS) contract and delegate authority to the Corporate Director of Adult Social Care and Health to use the second two-year option, subject to market testing and good performance, to 31 March 2026, should it be required.
- 4.2 The cost to extend until 31 March 2024, is £4,636,690. The second extension to run to 31 March 2026 is valued at £4,636,690.
- 4.3 **Domestic Abuse Act Funding Proposals** The allocation of the new funding for support in safe accommodation was approved via delegated authority on 29 June 2021, outlining the staffing and support required for this financial year, as in the table below, to ensure prompt compliance with the Act.

The new funding allocation of £3,103,909 is to be spent as follows:

New Domestic Abuse Funding 2021/22	£3,103,909
New safe accommodation projects	£1,325,500
Commissioned accommodation-based support services	£938,295
Resource costs	£501,802
Flexible Funding	£338,312

- 4.4 Funding of £1,325,500 will be spent on new safe accommodation projects to:
- fill gaps in provision as they have been identified
 - build on existing non-funded or partially funded services including play therapy and mentoring support for children and young people and Sanctuary support service.
- 4.5 The existing commitment of £938,295 for commissioned accommodation-based support in the current contract would be met from the new funding, releasing this amount to be reinvested in new community services.
- 4.6 Of the new funding, £501,802 has been allocated for staffing costs in 21/22 including temporary, time-limited roles to enable the council to boost the intense activity required to achieve its ambitions within the time constraints outlined in the Memorandum of Understanding that accompanies the funding and the Act. A successful recruitment campaign has been run and it is anticipated that the majority of staff required to support the responsibilities will be in post by October 2021.

- 4.7 The remaining balance of £338,312 will be used flexibly to support the council's plans in this area including improving integration with services for those with more complex needs, ensuring the voices of survivors are heard and improving data and systems to ensure the council is able to comply with current and future reporting requirements.
- 4.8 Progress on these projects is on track, an update on these workstreams can be found in Appendix A
- 4.9 The existing **community** offer within the KIDAS contract costs £1,361,705 and it is proposed that this should remain in place.
- 4.10 To deliver on the requirements of the Act and adhere to the principles of additionality set out in the Leader's Key Decision, the current contribution of £938,295, made by Adult Social Care to safe accommodation via the KIDAS contract has been reinvested to build the community offer, bringing the total investment available in community-based support to £2,318,345.
- 4.11 The community support reinvestment projects include:
- an increase in capacity of the outreach service
 - the development of consistent and modernised One Stop Shop
 - equipment costs related to the improvement in the Sanctuary offer
 - the development of a user voice approach and
 - workforce development capacity to ensure Kent has a suitably qualified workforce to deliver its ambitions.
- 4.12 The reinvestment projects total £917,671 leaving £20,624 flexibility for additional requirements including work to improve data and systems items.

Community Support Funding	£2,318,345
Current KIDAS contract value for community-based support	£1,380,050
Community reinvestment projects	£917,671
Flexible Funding	£20,624

- 4.13 Progress on these projects is on track, an update on these projects can be found in Appendix B.
- 4.14 The increased investment in DA services totals £5,422,254 which includes new funding associated with the DA Act and contributions from other partners towards the KIDAS contract.

Support in Safe Accommodation	£3,103,909
Community-based Provision	£2,318,345
Total Investment	£5,422,254

- 4.15 Whilst it is understood that a future government announcement will detail funding for subsequent years at similar levels, at the point of writing, there are no indicative figures available for monies to be made beyond the current financial year.
- 4.16 Should the level of government funding in subsequent years be less than the current allocation, the proposals for staffing, safe accommodation and community projects can be scaled back accordingly.

5. Legal implications

- 5.1 Under the new statutory duties from the Domestic Abuse Act, KCC must ensure appropriate and adequate support within safe accommodation that meets the needs of all survivors.
- 5.2 The council has a significant advantage in its ability to meet the requirements of the Act by having the existing KIDAS contract, which is being used as an efficient vehicle for the delivery of many of the commissioned proposals. The Cabinet Member's Key Decision in August to extend this contract secures a means to deliver future responsibilities in an efficient and compliant manner.
- 5.3 The implementation of the Leader's Key Decision in March to accept the new funding is delegated to the Corporate Director of Strategic and Corporate Services, in consultation with the Corporate Director of Adult Social Care and Health and the Corporate Director for Children, Young People and Education with an update being shared at the Adult Social Care Cabinet Committee.
- 5.4 Subject to future funding announcements, any spending proposals beyond March 2022 will require a further Key Decision.

6. Equalities implications

- 6.1 An Equality Quality Impact Assessment is in place for the commissioning of the Kent Integrated Domestic Abuse Service and the strategy. An assessment will be undertaken for the additional commissioned elements.

7. Data Protection Implications

- 7.1 There are no anticipated data implications, as there will be no change to current services, or the data collected or shared, and therefore this will be covered under existing contract clauses.
- 7.2 A Data Protection Impact Assessment has been conducted for the strategy and needs assessment.

8. Other corporate implications

- 8.1 As the domestic abuse agenda is cross cutting, other directorates and divisions are involved and supported by the contract, including Children Young People and Education and Community Safety

9. Conclusions

- 9.1 This report sets out the new responsibilities the council has under the Domestic Abuse (DA) Act 2021 including funding, the status of the Kent Integrated Domestic Abuse service (KIDAS) the proposed strategy addendum and updates on progress in relation to the DA agenda.
- 9.2 Under the DA Act, the responsibilities of Tier1 authorities include:
- to create a Local Partnership Board with responsibility for conducting a needs assessment
 - commissioning activity in relation to accommodation-based services for both adult survivors and their children informed by the needs assessment.
 - publication of a Domestic Abuse Strategy by October 2021
- 9.3 The council has been allocated over £3.1m in new funding for 2021/22 in relation to the new statutory responsibilities under the Domestic Abuse Act.
- 9.4 KCC, in partnership with others, commission a domestic abuse service – the Kent Integrated Domestic Abuse Service. The performance of this contract has been evaluated and found to be good. The council exercised the option to use the first of the two, two-year options to extend the contract. This contract is the ideal vehicle to use the new funding effectively and compliantly and this report updates on the progress of spending proposals.
- 9.5 The council and its partners are in a strong position and have responded quickly to the demands of the Act.
- 9.6 The Local Partnership Board has been established for Kent and the Kent Public Health Observatory have updated the needs assessment in line with the Act.
- 9.7 The strategy's safe accommodation addendum is out to formal consultation until 27 September and is on track to be published, in line with the requirements, by 31 October 2021.
- 9.8 In accordance with the delegated powers set out in the Leader's Key Decision, the allocation of the new funding was agreed on 29 June 2021 and progress on these projects which include staffing, safe accommodation and community are on track.
- 9.9 The total investment in support to survivors of domestic abuse totals £5,422,254 which draws together the new funding associated with the DA Act, with funding from the county council and contributions from other partners towards the KIDAS contract.
- 9.10 Whilst it is understood that a future government announcement will detail funding for subsequent years at similar levels, at the point of writing, there are no indicative figures available for monies to be made beyond the current financial year.

9.11 Should the level of government funding in subsequent years be less than the current allocation, the proposals for staffing, safe accommodation and community projects can be scaled back accordingly.

10. Recommendation

10.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **NOTE** the progress in relation to the Domestic Abuse agenda and **CONSIDER** the proposed commitments in the strategy currently being consulted on.

11. Background Documents

Decision to Commission an Integrated Domestic Abuse Service (16/00014)
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=1981>

Decision to accept Domestic Abuse Act New Burdens Funding (21/00040)
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2485>

Decision to extend the Kent Integrated Domestic Abuse Service (KIDAS) contract (21/00063)
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2513>

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Appendix A Support in Safe Accommodation Projects

Safe Accommodation Support projects	Progress	Cost
Therapy / counselling for accompanying children in commissioned refuge services to provide an equitable and sustainable offer in line with the DA Act	Varied into KIDAS contract, delivery underway	£200,500
Continuation and expansion Specialist IDVAs to provide intensive support to those with Mental Health, drug or alcohol misuse, improving access to refuge		£400,000
Additional trauma counselling and therapy for those in commissioned refuge services		£80,000
Tenancy support Officer to support move on and tenancy sustainment.		£160,000
Support in safe accommodation for male survivors pilot		£200,000
Co-ordination role for capturing and representing the survivors voice (adults and children)	Scoping being undertaken to allow separate commission. Staffing resource in place to progress.	£115,000
Countywide, equitable sanctuary scheme with safety planning support to enable survivors to remain in their own homes.	Scoping complete to prepare for new commission. Staffing resource in place to progress	£170,000
Total for Safe Accommodation Support Projects		£1,325,500

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Appendix B Community Support Reinvestment Projects

Community Support Reinvestment project	Progress	Cost
Bolster Outreach support	Varied into KIDAS contract, delivery underway	£104,871
Develop county wide, equitable One Stop Shop offer	Staffing resource in place to progress.	£120,000
Sanctuary scheme - capital costs	Scoping complete to enable separate commission. Staffing resource now in place to progress with this.	£500,000
Media and Communications including website	Separate commission. Staffing resource in place to progress.	£50,000
Development of person's voice approach	Staffing resource in place to progress.	£30,000
Training capacity for IDVA's	Scoping underway, staffing resource in place to progress.	£112,800
Total for Community Support Reinvestment		£917,671

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

To: Adult Social Care Cabinet Committee – 29 September 2021

Subject: **MAKING A DIFFERENCE EVERY DAY – OUR STRATEGY FOR ADULT SOCIAL CARE IN KENT 2022 to 2027: CONSULTATION**

Classification: Unrestricted

Past Pathway of report: Adult Social Care Making A Difference Every Day Programme Board – 26 August 2021

Future Pathway of report: Adult Social Care Cabinet Committee – 24 November 2021

Electoral Division: All

Summary: This paper informs Members about progress towards the development of the new Adult Social Care Strategy and the related engagement and consultation process.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** the contents of this report and the attached ‘Making a Difference Every Day, Our Strategy for Adult Social Care in Kent 2022 to 2027 Consultation Document’.

1. Introduction

- 1.1 The Cabinet Committee considered a report on the development of a new Adult Social Care Strategy at its meeting on 22 June 2021. It was confirmed that to keep Members informed of progress, a further report would be presented to the Cabinet Committee meeting in September 2021.
- 1.2 As reported previously, it was agreed at the outset that a co-production approach would be used in respect of the development of the new strategy. The agreed co-production approach employed has guided and influenced the ‘Making a Difference Every Day, Our Strategy for Adult Social Care in Kent 2022 to 2027 Consultation Document’. This is attached as Appendix 1 to this report.

2. Development of the Strategy and the consultation process

- 2.1 The outputs from several engagement events held in late 2020 with our staff, partners, the people we support, and carers have informed this work. Additional, four co-productions meetings were held between July and August 2021 which have shaped and influenced the draft strategy. One of the co-production meetings, held on 29 July 2021, was chaired by Jordan Meade, the Deputy Cabinet Member for Adult Social Care and Public Health. This involved some Members of this Cabinet Committee, and their advice and guidance has been of enormous help as the development work progressed.
- 2.2 Communicating with all the stakeholders has been regarded as a very important aspect of the co-production work. As a result, a specific animation product about the engagement and strategy development process was created to assist with, and to facilitate, the series of engagement activities mentioned earlier. The animation product will be updated following the approval of the strategy and serve as a live means of explaining the strategy.
- 2.3 The 'Making a Difference Every Day, Our Strategy for Adult Social Care in Kent 2022 to 2027 Consultation Document' is very different from the 'Your Life Your Wellbeing' Strategy. This is because the Adult Social Care Making a Difference Programme Board explicitly asked that the new strategy should be person-focused and use plain language which is easy to understand. As a result, the draft strategy is concise and focused on the things that matter most to the people we support.
- 2.4 The consultation on the new strategy opened on 13 September 2021 and it will close on 24 October 2021. The background information to the consultation is provided on the consultation web page. The consultation questionnaire is also attached to this report for Member's information (Appendix 2). Full details of the consultation information can be found via the following link:
www.kent.gov.uk/adultsocialcarestrategy.

3. Financial Implications

- 3.1 The implementation of the new strategy will be taken forward based on the budget allocation to the Adult Social Care and Health Directorate. Service delivery arising from this strategy for future years will be determined by the approved budget and the Medium Term and Financial Plan (MTFP) requirements.

4. Legal implications

- 4.1 The implementation of the strategy will be in line with Kent County Council's adult social care responsibilities, set out in relevant legislation such as the Care Act 2014, Mental Capacity Act 2005 and the Mental Health Act 1983.

5. Equalities implications

- 5.1 As part of the planning process for the strategy development work, an initial equalities impact assessment was developed. This was subsequently updated to reflect comments made during the engagement events (Appendix 3). It should be noted that the impact assessment will be updated again, following the consultation exercise. A final version will be drafted to support the Key Decision, after the Cabinet Committee has had the opportunity to consider the revised final strategy in November 2021.

6. Data Protection Implications

- 6.1 The development of the strategy does not require a Data Protection Impact Assessment to be completed.

7. Other corporate implications

- 7.1 The strategy work has been taken forward with reference to Kent County Council's Interim Strategic Plan, Kent and Medway Integrated Care System's Five-year Plan and the national health and care integration plan and policies.

8. Conclusions

- 8.1 This draft strategy is based on the internal work that was completed with our teams and developed with the invaluable help of the people we support, carers, providers, Members and other stakeholders, who told us what was important to them and about how things are now. Our person-focused vision and strategy summarise how we plan to make changes over the coming years to put the person first, improve all the time and measure what matters.
- 8.2 Specific action plans are being developed to support the delivery of the outcomes of the Adult Social Care Strategy. It is worth noting that a Carers' Strategy will be developed later and published for consultation, as one of the supporting strategies linked to this overarching document.

9. Recommendations

9.1 Recommendation(s): The Cabinet Committee is asked to **CONSIDER** the content of this report and the attached 'Making a Difference Every Day, Our Strategy for Adult Social Care in Kent 2022 to 2027 Consultation Document'.

10. Background Documents

None

11. Report Authors

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Making a difference every day

Our strategy for Adult Social Care 2022 to 2027

Consultation document

Page 47



Our strategy

This strategy sets out our vision for how we plan to make changes working with people in Kent and all our partners. We have worked with people we support and their carers to develop our new 'Making a difference every day' strategy, as the bedrock for turning our ambitions into reality.

Specific action plans will be developed to support the delivery of the outcomes of the Adult Social Care Strategy. A Carers' Strategy will be developed at a later date and published for consultation, as one of the supporting strategies linked to this document.

This Strategy should be read alongside other strategic plans such as, Kent County Council's Interim Strategic Plan and 5-year Plan, Kent and Medway Integrated Care System's Five-year Plan and the national health and care integration policies. These can be found on our website.

Our vision driving what we do

We have proposed an overall vision for adult social care, which will guide and help us achieve the ambitions of our 'Making a difference every day' approach which is described in this strategy

Adult Social Care is about social work, personal care and practical support for younger and older adults over 18 with a physical disability, learning disability, physical or mental illness. It also includes safeguarding for those at risk of harm and abuse, as well as support for unpaid carers. For more detail, visit www.kent.gov.uk/localaccount.

Our vision for adult social care in Kent

"Making a positive difference every day, supporting you to live as full and safe a life as possible and make informed choices."



Our core purpose and vision



Page 49

Our core purpose is supporting people to lead the lives they want to live, and in a place they call home, by putting people at the heart of everything we do.

This means carrying out the duties of Kent County Council's adult social care responsibilities that are described in several laws and regulations. Our role as adult social care has not changed – but you will start to see that we will be working differently during the lifetime of this strategy.

How we can achieve this

We can achieve our ambitions if we work together with the people we support, and carers differently, this means:



Putting the person first – always starting our conversation with the voice of the person, focusing on what the person can do and keeping them at the heart of everything we do; developing working relationships people can trust and helping them to achieve outcomes that are important to them.



Improving all the time – finding innovative ways of helping people and making sure that any support offer is tailored to the individual; learning from feedback from the people we support and building continuous improvements together.



Measuring what matters – understanding how we are making a difference to the life of the person we support by working with them, our staff and partners.

What will it feel like for the people we support?

The way we want to work, shown in the diagram opposite will mean that, people we support including carers, will make more informed choices about what support is right for them. Our support will be more personalised, easy to access, more joined-up and consistent for the people we support, improving their overall outcomes and experience of adult social care and how we link with our partner organisations. The voices of the people we support will be heard as individuals, making sure we focus on equality, diversity and inclusion as we work with people, as a guide towards continuous improvement.

Page 50

We will work with communities early on to help people feel empowered, resilient and develop their independence and access trusted support - this could mean informal support arranged by the person, or support that is arranged by the voluntary sector or adult social care.

People will experience more flexible ways of arranging support, promoting a balance of choice for the people we support, quality and value.



These examples, based on our social care model, give an idea of how our strategy should make a difference in people's lives in the future.

Community

Working with communities to help people earlier. Empowering people to find trusted help and support locally from a range of sources.

Amanda, is a carer for her husband who has multiple sclerosis and feels isolated.

Amanda found information about local community support on the adult social care website. Amanda now attends a local carers group with her husband, and is aware of carer support and entitlements.

"I feel stronger as I have access to a range of local support that is helping me to live the life I want"



Initial contact

People experience personal and person-centred conversations which build on what they can do and develop support with them.

Derek, lives alone. He recently experienced a fall which has affected his confidence.

After making a full physical recovery he spoke about his goals and what he felt he needed to be supported. Derek accessed an enablement service to rebuild his confidence, and a community volunteer connected him with a local choir as he is a keen singer.

"I feel reassured I can speak to someone, but also have access to online information about the options available to me"



Our support

People experience more joined-up support because of effective communication and coordination between providers and partner organisations.

Cameron, struggles with mental health issues which he manages alongside his GP. His GP referred him when he began to struggle with everyday tasks. Cameron now receives a better co-ordinated therapy service from both health and social care. Joined up working has meant Cameron is connected to the right support for his personal circumstances.

"I feel safer, my strengths are recognised to help me make my own choices and have greater control to achieve my goals."



Positive support

People experience positive person-centred support which is simple for them, allowing time to build relationships and offer innovative solutions.

David, has moved from children's to adult social care. He was referred by a medical specialist after he developed a health condition which will affect his ability to be fully independent.

"I feel confident in social care and trust them because they know all about me. I only had to tell my story once. My support is coordinated, the staff work well together and I'm involved in decisions."



Commissioning

People experience flexible and creative ways of arranging support which enable a balance between choice for the person we support, quality and value.

Lynn, has multiple conditions that affect her vision and movement, and this can change from day to day. She enjoys music and has a passion for social history.

"I feel in control because I can decide the kind of help I need and when, where and how to receive it. I know how this is funded and that my views and feedback shape how support is provided."



Your voice



Page 52
Now that we have told you what we think about the future of Adult Social Care in Kent, we really want to engage you in the conversation – tell us if you think we're on the right track, what we might have missed or how you think it could be even better.

This is **your** adult social care and your voice can make a difference, not just for you but for your family, neighbours and the community around you. So please get in touch and get involved.

Visit:
www.kent.gov.uk/adultsocialcarestrategy
to join in with the consultation from
13 September to 24 October.

Developing our strategy together

Your involvement doesn't have to end with engagement on this strategy alone, we are always looking at innovative ways to improve our services, respond to change and work with and listen to the people of Kent. We also work with many other organisations to deliver the best outcomes for people.

We need to work with you to do this. We want you to tell us how things have been so we can learn from your experiences and you can help us to shape things going forward.

You may have experiences you can share with us because you have used adult social care services, you might be caring for someone who needs some extra support or you might just want to get involved because you have some good ideas about how we can do things differently.

Why not sign up to our **Your voice network**?

You can join one of our focus groups or our larger virtual involvement group, take part in upcoming surveys, be part of one of our interview panels or get involved in new innovations in adult social care.

How much or how little you get involved with will always be your choice, so if you are interested in helping to shape what adult social care does, please do get in touch.

Visit www.kent.gov.uk/yourvoice to find out more, register to receive our latest updates and hear about opportunities to share your views with us and our partners in Kent.

Have your say



Outcomes from this strategy

These outcomes will help us monitor our progress in making a difference. Here's what we expect to see when we get things right.

Our core purpose and vision

1. There is a positive relationship with the people we support, carers and partners organisations.
2. How we work, and our practice model are implemented successfully.
3. Kent County Council's adult social care responsibilities are met.

Page 53

Putting the person first

1. Making a difference to the lives of the people we support and to carers.
2. The people we support feel listened to and able to shape what we do and how we do it.
3. People at risk of abuse or harm are protected at the right time.

Improving all the time

1. There is proof that we are learning all the time.
2. Innovation is part of the day-to-day approach of what we do.
3. Kent County Council enthusiastically embraces digital and adopts technology that enables us to improve upon our service delivery.

Measuring what matters

1. Feedback from the people we support, carers, staff, providers, and partners is a key part of improving what we do.
2. How well we are doing to support people compares positively with other local authorities.
3. There is good quality information and evidence of the cycle of continuous improvement.

Get in touch with Kent Adult Social Care and Health

Telephone our contact centre

For non-urgent telephone calls, please contact us Monday to Friday between 8.30am and 5.00pm. The contact centre is based in Maidstone and is open for business 24 hours a day, 7 days a week. Telephone: 03000 41 61 61

Text relay

A text relay service is available for Deaf, hard of hearing and speech impaired customers and is available 24 hours a day, 7 days a week. Text Relay: 18001 03000 41 61 61

Out of hours service

Not every crisis occurs during office hours. Kent and Medway Social Services provide for these times with our out of hours service that can offer advice, support and help to ensure that vulnerable people are not left at risk.

Telephone 03000 41 91 91

Calls from landlines are typically charged between 2p and 10p per minute; calls from mobile typically cost between 10p and 40p per minute.

Email and website

You can email us with queries or questions about any of our services or information.

Email: social.services@kent.gov.uk or see our website at:
www.kent.gov.uk/careandsupport

This booklet is available in alternative formats and can be explained in other languages.

Telephone: 03000 41 61 61 or
Text Relay: 18001 03000 41 61 61

Consultation Questionnaire

We recommend that you read the draft adult social care strategy before answering the questions.

To take part in the consultation please go to www.kent.gov.uk/adultsocialcarestrategy to complete the online questionnaire. Alternatively, fill in a paper form and return it by email: makingadifference@kent.gov.uk or you can send it to: KCC Adult Social Care and Health, Stakeholder Engagement Team, Business Delivery Unit, 3rd Floor, Invicta House, County Hall, Maidstone, Kent, ME14 1XQ.

Following closure of the consultation we will take all responses into consideration before a final version of the strategy goes to the Adult Social Care Cabinet Committee to be approved.

If you have any questions, please contact us on makingadifference@kent.gov.uk or telephone us on 03000 416127.

Alternative formats: If you require any of the consultation material in an alternative format or language, please email: alternativeformats@kent.gov.uk or call: 03000 42 15 53 (text relay service number: 18001 03000 42 15 53). This number goes to an answering machine, which is monitored during office hours.

Privacy: Kent County Council (KCC) collects and processes personal information in order to provide a range of public services. KCC respects the privacy of individuals and endeavours to ensure personal information is collected fairly, lawfully, and in compliance with the General Data Protection Regulation and Data Protection Act 2018. Read the full Privacy Notice at the end of this document.

Section 1 – About you

Q1. Please tell us in what capacity you are completing this questionnaire:

Please select the option that most closely represents how you will be responding to this consultation. Please select one option.

	As a Kent resident
	As a representative of a local community group or residents' association
	On behalf of an educational establishment, such as a school or college
	On behalf of a Parish / Town / Borough / District Council in an official capacity
	As a Parish, District or County Councillor
	As a Kent business owner or representative
	On behalf of a charity, voluntary or community sector organisation (VCS)
	As a KCC employee (Kent resident)
	As a KCC employee (non-Kent resident)
	As resident from somewhere else, such as Medway
	Other, please specify:

Q1a. If you are responding on behalf of an organisation, please tell us the name of your organisation. Please write in *below*.

Q2. Please tell us the first five characters of your postcode:

Please do not reveal your whole postcode. If you are responding on behalf of an organisation, please use your organisation's postcode. We use this to help us to analyse our data. It will not be used to identify who you are.

Q3. How did you find out about this consultation? Select *one* option

	Facebook
	Twitter
	From a friend or relative
	Kent.gov.uk website
	Your Voice network (adult social care)
	Local KCC County Councillor
	District Council/Councillor
	Newspaper
	An email from KCC
	From another organisation
	Other, please specify:

Section 2 – The strategy

Q4. How easy or difficult was the draft strategy wording to understand?

Please select **one** option.

- Very easy
- Quite easy
- Neither easy nor difficult
- Quite difficult
- Very difficult

Q4b. If you found the wording in the draft strategy quite difficult or very difficult to understand, please tell us why.

Q5. How easy or difficult was it to understand the diagrams and pictures in the strategy?

Please select **one** option.

- Very easy
- Quite easy
- Neither easy nor difficult
- Quite difficult
- Very difficult

Q5b. If you found the diagrams and pictures quite difficult or very difficult to understand, please tell us why.

Our draft vision is: “Making a positive difference every day, supporting you to live as full and safe a life as possible and make informed choices.”

Q6. To what extent do you agree or disagree with our draft vision?

*Please select **one** option.*

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Strongly agree |
| <input type="checkbox"/> | Mostly agree |
| <input type="checkbox"/> | Neither agree nor disagree |
| <input type="checkbox"/> | Mostly disagree |
| <input type="checkbox"/> | Strongly disagree |
| <input type="checkbox"/> | Don't know |

Q6b. If you mostly disagree or strongly disagree with our draft vision, please tell us your comments and suggestions below.

Q7. Please tell us if you have any comments about our three core principles:

Putting the person first - and always starting our conversation with the voice of the person, focusing on what the person can do and keeping them at the heart of everything we do; developing working relationships people can trust and helping them to achieve outcomes that are important to them.

Improving all the time - finding innovative ways of helping people and making sure that any support offer is tailored to the individual; learning from feedback from the people we support and building continuous improvements together.

Measuring what matters - understanding how we are making a difference to the life of the person we support by working with them, our staff and partners.

Q8. Please tell us if you have any comments about the proposed outcomes from this Strategy ? The outcomes are listed below and will help us to monitor our progress over the next five years.

1. Putting the person first

- Making a difference to the lives of the people we support and to carers.
- The people we support feel listened to and able to shape what we do and how we do it.
- People at risk of abuse or harm are protected at the right time.

2. Improving all the time

- There is proof that we are learning all the time.
- Innovation is part of the day-to-day approach of what we do.
- Digital and technology changes are used to improve how we work with the people we support.

3. Measuring what matters

- Feedback from the people we support, carers, staff, providers, and partners is a key part of improving what we do.
- How well we are doing to support people compares positively with other local authorities.
- There is good quality information and evidence of the cycle of continuous improvement.

Q9. Please tell us about anything else you feel may need to be included or emphasised in the strategy.

To help ensure that we are meeting our obligations under the Equality Act 2010 we have prepared an initial Equality Impact Assessment (EqIA) on the strategy. An EqIA is a tool to assess the impact any proposals would have on the protected characteristics: age, disability, sex, gender reassignment, sexual orientation, race, religion, and carer's responsibilities. The EqIA is available online at www.kent.gov.uk/adultsocialcarestrategy or on request.

Q10. We welcome your views on our equality analysis, and if you think there is anything we should consider relating to equality and diversity, please add your comments below.

Section 3 – More about you

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We won't share the information you give us with anyone else. We'll use it only to help us make decisions and improve our services.

If you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

Q11. Are you...? Please select *one* option.

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	I prefer not to say

Q12. Is your gender the same as your birth? Please select *one* option.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I prefer not to say

Q13. Which of these age groups applies to you? Please select *one* option.

0-15	<input type="checkbox"/>	16-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-49	<input type="checkbox"/>	50-59	<input type="checkbox"/>
60-64	<input type="checkbox"/>	65-74	<input type="checkbox"/>	75-84	<input type="checkbox"/>	85+ over	<input type="checkbox"/>	I prefer not to say	<input type="checkbox"/>

Q14. Do you regard yourself as belonging to a particular religion or holding a belief? Please select *one* option.

- Yes
- No
- I prefer not to say

Q14a. If you answered 'Yes' to Q14, which of the following applies to you? Please select *one* option.

- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- I prefer not to say

If you selected Other, please specify:

The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

Q15. Do you consider yourself to be disabled as set out in the Equality Act 2010?

Please select **one** option.

- Yes
- No
- I prefer not to say

Q15a. If you answered 'Yes' to Q15, please tell us the type of impairment that applies to you.

You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.

- Physical impairment
- Sensory impairment (hearing, sight or both)
- Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy
- Mental health condition
- Learning disability
- I prefer not to say
- Other

Other, please specify:

A Carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.

Q16. Are you a Carer? Please select **one** option.

- Yes
- No
- I prefer not to say

Q17. Are you ...? Please select **one** option.

- Heterosexual/Straight
- Bi/Bisexual
- Gay man
- Gay woman/Lesbian
- I prefer not to say
- Other

Other, please specify:

Q18. To which of these ethnic groups do you feel you belong? Please select *one* option. (Source 2011 Census)

White English	<input type="checkbox"/>	Mixed White & Black Caribbean	<input type="checkbox"/>
White Scottish	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>
White Welsh	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>
White Northern Irish	<input type="checkbox"/>	Mixed Other*	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>
White Gypsy/Roma	<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>
White Irish Traveller	<input type="checkbox"/>	Black or Black British Other*	<input type="checkbox"/>
White Other*	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Asian or Asian British Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British Pakistani	<input type="checkbox"/>	I prefer not to say	<input type="checkbox"/>
Asian or Asian British Bangladeshi	<input type="checkbox"/>		
Asian or Asian British Other*	<input type="checkbox"/>		

*Other - If your ethnic group is not specified on the list, please describe it here:

Thank you for taking the time to complete this questionnaire; your feedback is important to us. All feedback received will be reviewed and considered in the development of our strategy.

Closing date for responses: 24 October 2021

Consultation Privacy Notice

Last updated: 24 May 2021

Who are we?

We, Kent County Council (KCC), take our privacy obligations seriously and we've created this privacy policy to explain how we treat your personal information collected in this questionnaire. Personal information is information we hold which is identifiable as being about you.

Our collection, use and disclosure of your personal information is regulated under the United Kingdom Data Protection Regulation and the Data Protection Act 2018. We are responsible as 'controller' of that personal information for the purposes of those laws. Our Data Protection Officer is Benjamin Watts.

The personal information we collect and use

Information collected by us

In the course of responding to consultations published by Kent County Council we collect the following personal information when you provide it to us:

- responses to questionnaire / consultation
- equalities data collected through questionnaire response - age, sex, ethnicity, religion, sexuality, disability, pregnancy or maternity or if you are a Carer
- employment and education details
- postcode.

We ask you not to provide information that will identify you in your response in this questionnaire.

You do not need to submit any equalities or postcode information if you do not want to. KCC is committed to the principle that all our customers have the right to equality and fairness in the way they are treated and in the services that they receive. Any information you do give will be used to see if there are any differences in views for different groups of people, and to check if services are being delivered in a fair and reasonable way.

We will not ask you to provide your name, email or full home address. If you provide this information, it will not be entered into spreadsheets or databases used to process

response data and will not be used in producing reports. We will follow our Data Protection policies to keep your information secure and confidential. Your equality data will be anonymised before it is shared with other teams in KCC or to external organisations who have been commissioned on individual projects to undertake analysis and reporting on our engagement and consultation activities.

How we use your personal information

We collect and use this information in order to:

- understand your views about a particular topic or KCC activity
- analyse consultation and engagement activity
- inform KCC's future strategy, policy, service design and budget planning
- undertake equalities monitoring.

We may use your postcode to analyse the geographical spread of responses and in some cases to understand in more detail how responses are impacted by location. We will only ask you for the first five characters of your postcode to avoid being able to identify specific households in less populated areas.

We may use your postcode to carry out a type of profiling to estimate which one of a number of lifestyle groups you are most likely to fall into. We do this using geodemographic segmentation tools. We do not make any decisions about individual service users based solely on automated processing, including profiling.

How long your personal data will be kept

We will hold any personal information provided by you in this questionnaire for up to six years following the closure of a consultation. Our Retention Policy is available from our website or on request.

We rely on UK GDPR Article 6(1)(e): *'processing is necessary for the performance of a task carried out in the public interest'* and Article 6(1)(c) *'for compliance with a legal obligation to which the controller is subject'* as our lawful basis.

We rely on Article 9(2)(g) *'processing is necessary for reasons of substantial public interest'* (statutory etc. and government purposes, equality of opportunity or treatment) as the lawful basis on which we collect and use your special category data.

The processing is necessary for our statutory purposes including equalities monitoring or to understand the potential impact of proposals on conditions related to special category data within your response (e.g. when identifying or keeping under review the existence or absence of equality of opportunity or treatment between groups of people with the view to enabling such equality to be promoted or maintained.) It is necessary for

identifying or keeping under review the existence or absence of equality of opportunity or treatment between groups of people with the view to enabling such equality to be promoted or maintained. You can read [KCC's Equality Policy on our website](#) or on request.

Who we share your personal information with

We may share your personal data and feedback with those listed below:

- services within the Council who are responsible for the management of the engagement or consultation activity
- a third-party supplier who has been contracted to independently analyse the consultation responses
- organisations such as schools and academies with whom we may be consulting in partnership or on behalf of
- district or borough councils or government departments with whom we may be consulting in partnership or on behalf of.

We will share personal information with law enforcement or other authorities if required by applicable law.

Any personal information provided that could identify you will be removed before consultation results are published.

We use a system to log your feedback, which is provided by Bang the Table Pty Ltd.

Your rights

Under UK GDPR you have a number of rights which you can access free of charge which allow you to:

- know what we are doing with your information and why we are doing it
- ask to see what information we hold about you
- ask us to correct any mistakes in the information we hold about you
- object to direct marketing
- make a complaint to the Information Commissioner's Office.

Depending on our reason for using your information you may also be entitled to:

- ask us to delete information we hold about you
- have your information transferred electronically to yourself or to another organisation
- object to decisions being made that significantly affect you

- object to how we are using your information
- stop us using your information in certain ways.

We will always seek to comply with your request, however, we may be required to hold or use your information to comply with legal duties.

For further information about your rights, including the circumstances in which they apply, see the [guidance from the UK Information Commissioner's Office \(ICO\)](#) on individuals' rights under UK GDPR.

If you would like to exercise a right, please contact the Information Resilience and Transparency Team at data.protection@kent.gov.uk.

Keeping your personal information secure

We have appropriate security measures in place to prevent personal information from being accidentally lost or used or accessed in an unauthorised way. We limit access to your personal information to those who have a genuine business need to know it. Those processing your information will do so only in an authorised manner and are subject to a duty of confidentiality.

We also have procedures in place to deal with any suspected data security breach. We will notify you and any applicable regulator of a suspected data security breach where we are legally required to do so.

Who to contact

Please contact the Information Resilience and Transparency Team at data.protection@kent.gov.uk to exercise any of your rights, or if you have a complaint about why your information has been collected, how it has been used or how long we have kept it for.

You can contact our Data Protection Officer, Benjamin Watts, at dpo@kent.gov.uk. Or write to Data Protection Officer, Kent County Council, Sessions House, Maidstone, Kent, ME14 1XQ.

The United Kingdom General Data Protection Regulation also gives you the right to lodge a complaint with the Information Commissioner who may be contacted at <https://ico.org.uk/concerns> or telephone 03031 231113.

For further information visit <https://www.kent.gov.uk/about-the-council/about-the-website/privacy-statement>

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EQIA Submission – ID Number

Section A

EQIA Title	Our strategy for Making a difference every day - Adult Social Care in Kent 2022 to 2027 Consultation
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Responsible Officer	Michael Thomas-Sam - ST SPRCA
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Type of Activity

Service Change	No
Service Redesign	No
Project/Programme	No
Commissioning/Procurement	No
Strategy/Policy	Strategy/Policy
Details of other Service Activity	No

Accountability and Responsibility

Directorate	Adult Social Care and Health
Responsible Service	ASCH Business Delivery Unit
Responsible Head of Service	Helen Gillivan - AH BDU
Responsible Director	Richard Smith - AH CDO

Aims and Objectives

The strategy will be informed and shaped by engagement with key stakeholders including ASCH staff, people we support including carers, partner organisations, community and voluntary groups. Key engagement activities include a behavioural study into carers in Kent conducted by a third party and, at a later stage, a formal public consultation.

This equality analysis was revisited during the strategy development work. It will be updated again after the consultation process to ensure it reflects any potential opportunities and impacts. This will be used to support the approval and decision-making process for the strategy.

The strategy will set out the vision for adult social care in Kent over the next 5 years and identify priorities for the people we support, our workforce, and other key stakeholders, making commitments to work that the ASCH directorate will undertake to deliver them. It will not set out the detail of how we deliver, design and commission services.

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?

- Roger Gough, Leader of Kent County Council
- Clair Bell, Cabinet Member for Adult Social Care and Public Health
- Richard Smith, Corporate Director, Adult Social Care and Health
- KCC Engagement and Consultation Team

- KCC ASCH MADE Workstream 4: ASCH Wide
- KCC ASCH Equality Board
- KCC Staff Groups

Has there been a previous Equality Analysis (EQIA) in the last 3 years?	No
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Do you have evidence that can help you understand the potential impact of your activity?	Yes
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Section C – Impact

Who may be impacted by the activity?

Service Users/clients	Service users/clients
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Staff	No
-------	----

Residents/Communities/Citizens	Residents/communities/citizens
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Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?	Yes
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Details of Positive Impacts

Kent County Council’s Adult Social Care Strategy describes what we want to achieve for all adults receiving social care in Kent, their carers (both formal and informal), and the ASCH workforce. It also defines how we want to work with our partners and community and voluntary organisations.

The strategy is a high-level document that is intended to be ambitious and positive about making a difference every day to the lives of the people we support and or works for adult social care services in Kent. Therefore, it has county-wide application and will have county-wide impacts.

There is also potential for the strategy to have a positive impact on people from all protected groups by aiming to improve their outcomes in relation to adult social care. We are not expecting any adverse impacts from the strategy itself at this stage. However, during the engagement and consultation process, there is potential for some adverse impacts on the following protected groups:

- People with a visual or auditory disability,
- People who live in a household where English is not the main spoken language.

The strategy project team Directorate Management Team (DMT) and Programme Board leadership will set the expectation that any specific proposals or changes arising from the delivery of the strategy will be subject to equality analysis and consideration of equality impacts.

Analysis suggests that there is a low risk of negative impact to the protected characteristic groups: disability and race/ethnicity. Negative impacts will be mitigated as outlined in the action plan in this document. There is an anticipated medium positive impact as the strategy aims to create services that are responsive to the needs of each protected characteristic group and has the potential to set out objectives that promote equality for people with all protected characteristics.

Negative impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?	Yes
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Details of negative impacts for Age

1 in 4 people aged 85 and over are supported by adult social care services in Kent, meaning the strategy is likely to impact this group.

Over a third of the people using adult social care services are working age.

Over half of the ASCH workforce are aged between 45-64, meaning the strategy has a higher potential of impacting people in this age range

Mitigating Actions for Age

When conducting engagement for the strategy, we will meet people aged 85 or over in the spaces that suit their lives and needs.

When conducting engagement for the strategy, we tailor engagement methods and timings to fit working life to ensure we capture the working age cohort of people who use adult social care services.

When conducting engagement for the strategy we will place emphasis on reaching the 45-64 age group in the staff cohort.

As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider working towards building a more age-representative workforce.

Responsible Officer for Mitigating Actions – Age

Paula Parker

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

Yes

Details of Negative Impacts for Disability

People with visual or auditory impairments may have reduced access to the online strategy document.

Proportionally, less people in the ASCH workforce have a disability (4.4%) than working age people in Kent with a disability (5.5%).

Mitigating actions for Disability

The strategy will be published online in accessible formats such as an easy-read version and a plain text version. Any videos used will have subtitles and a transcript, as well as a screen reader for those with visual impairments.

As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider promoting the employment of people with disabilities in our workforce. Potential to collaborate with The Education People to bring the ASCH directorate up to Disability Confident Level 3 as an employer [8] [9].

Responsible Officer for Disability

Paula Parker

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex

Yes

Details of negative impacts for Sex

There are more females in older age groups (particularly over the age of 70) than males, meaning any changes to services which impact older people will also be more likely to impact females.

Men are underrepresented in the forums we typically engage.

The ratio of male to female staff is roughly 1:6, a much smaller proportion of males than in the population of Kent.	
Mitigating actions for Sex	
When conducting engagement with the people we support we will place emphasis on reaching women over the age of 70.	
We will use a more innovative approach to engage men for the strategy, such as approaching men's sheds and sports groups.	
As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider working towards building a more gender-representative workforce.	
Responsible Officer for Sex	Paula Parker
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
Are there negative impacts for Gender identity/transgender	Yes
Negative impacts for Gender identity/transgender	
There is currently no data collected by KCC for the people we support on gender identity or pregnancy and maternity.	
There is currently no data collected by KCC for the people we support on gender identity or pregnancy and maternity.	
There is also no data collected by KCC for our staff on carer's responsibilities, and no breakdown of specific disabilities or different ethnicities within Black, Asian or Minority Ethnic groups.	
Mitigating actions for Gender identity/transgender	
The strategy will set a target to collect equalities data by default on all people we support and our staff for all 10 protected characteristics at point of entry into the adult social care system or employment	
Responsible Officer for mitigating actions for Gender identity/transgender	Paula Parker
23. Negative impacts and Mitigating actions for Race	
Are there negative impacts for Race	Yes
Negative impacts for Race	
2.3% of people in Kent do not live in a household where English is the main spoken language and may therefore have more difficulty engaging with the strategy.	
Gravesham has the highest proportion of people in Black, Asian and Minority Ethnic groups, meaning the strategy is likely to have a larger impact on Black, Asian and Minority Ethnic people in Gravesham than any other district in Kent.	
Mitigating actions for Race	
The strategy will utilise translation services and produce documents in multiple languages wherever possible, particularly in areas such as Gravesham which have a higher ethnic diversity.	
When conducting engagement for the strategy we will place emphasis on reaching Black, Asian, and Minority Ethnic people in Gravesham to ensure the strategy is representative of their views on services.	
Responsible Officer for mitigating actions for Race	Paula Parker

24. Negative impacts and Mitigating actions for Religion and belief	
Are there negative impacts for Religion and belief	Yes
Negative impacts for Religion and belief	
The proportion of different religions and beliefs in the ASCH workforce is not representative of Kent's population as a whole. The proportion of Muslim people in the ASCH workforce is 0.4% (less than half the proportion of Muslims in Kent).	
Mitigating actions for Religion and belief	
As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider working towards building a workforce that represents the religion and belief of Kent's population.	
Reassess workforce religion representativeness against the new 2021 Census data when it is published.	
Responsible Officer for mitigating actions for Religion and Belief	Paula Parker
25. Negative impacts and Mitigating actions for Sexual Orientation	
Are there negative impacts for Sexual Orientation	Yes
Negative impacts for Sexual Orientation	
There are large gaps in the data collected by KCC for Sexual Orientation (50% unknown),	
Mitigating actions for Sexual Orientation	
Ensure staff are trained to understand all 10 protected characteristics and feel comfortable asking the appropriate questions to collect this data.	
During engagement for the strategy, explore comfort of with reporting protected characteristic data of the people we support and our staff to understand the barriers to reporting and collecting this data.	
Responsible Officer for mitigating actions for Sexual Orientation	Paula Parker
26. Negative impacts and Mitigating actions for Pregnancy and Maternity	
Are there negative impacts for Pregnancy and Maternity	Yes
Negative impacts for Pregnancy and Maternity	
2% of staff were on maternity / adoption leave as of 17th September 2020. We need to ensure people who are on maternity / adoption leave are included in engagement for the strategy.	
Mitigating actions for Pregnancy and Maternity	
When conducting engagement for the strategy we will place emphasis on reaching staff who are on maternity / adoption leave, tailoring methods and timings of engagement to their lives to ensure this group is well represented.	
Responsible Officer for mitigating actions for Pregnancy and Maternity	Paula Parker
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships	
Are there negative impacts for Marriage and Civil Partnerships	Yes
Negative impacts for Marriage and Civil Partnerships	
A large proportion of the people who use adult social care services are married or in a civil partnership (over 1 in 4) and it is unknown how many are in relationships. Any changes to services are likely to impact on these groups, particularly couples where both partners have a care need.	
Mitigating actions for Marriage and Civil Partnerships	

When conducting engagement for the strategy we will seek to understand service requirements for couples, particularly where both partners in a marriage, civil partnership or relationship have a care need.	
Responsible Officer for Marriage and Civil Partnerships	Paula Parker
28. Negative impacts and Mitigating actions for Carer's responsibilities	
Are there negative impacts for Carer's responsibilities	Yes
Negative impacts for Carer's responsibilities	
We support just 1 in 60 of the people who have carer responsibilities in Kent. This is an opportunity for the strategy to engage with and better understand carers in Kent.	
There is currently no staff group in KCC for carers (informal or formal).	
Mitigating actions for Carer's responsibilities	
A behavioural research study into Carers has been conducted as part of the strategy development, to explore the perceptions, attitudes, and behaviours of carers in Kent with regard to awareness of and access to support.	
As part of the strategy development work, we will make a recommendation to the ASCH OD Group that a staff group should be set up for both formal and informal carers.	
Responsible Officer for Carer's responsibilities	Paula Parker

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

To: Adult Social Care Cabinet Committee – 29 September 2021

Subject: **Local Government And Social Care Ombudsman Public Report On Deprivation Of Liberty Safeguards (Dols) In Kent**

Classification: Unrestricted

Previous Pathway of report: None

Future Pathway of report: None

Electoral Division: All

Summary: This paper gives an overview of Kent County Council’s proposed response to a report published by the Local Government and Social Care Ombudsman on 2 September 2021 about a complaint received from Mr C about the decision to place his partner in a care home. The public report was issued on 2 September 2021, highlighting the Council’s failings in this matter along with a number of recommendations.

Officers believe that is not possible for the Council to comply with all the following recommendations but will be able to meet some of the recommendations made by the Local Government and Social Care Ombudsman,

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **DISCUSS** the Local Government and Social Care Ombudsman’s report to enable the Cabinet Member for Adult Social Care and Public Health, to make a decision of non-compliance to some of the recommendations set out by the Local Government and Social Care Ombudsman as the Council is unable to comply with them.

1. Introduction

- 1.1 In May 2020, Kent County Council (KCC) was informed that a complaint was made to Local Government and Social Care Ombudsman (LGSCO) by Mr C who stated that “there was fault in the decision to place his late partner Ms D in a care home...this caused both of them injustice as they are no longer able to live together as a couple”.

1.2 The LGSCO upheld the complaint, and has issued a Public Report on the organisation's failing, has recommended KCC to undertake a series of actions and to make a payment of £500 to Mr C. The LGSCO has stated that:

- ***Within one year of this report, the Council should review all cases from January 2019 to date where DOLS assessments have not been completed at all or not been completed within the prescribed timescales and consider whether any injustice has arisen because of the delay.***
- ***If so, the Council should take action to remedy any injustice in line with the principles set out in our published Guidance on Remedies.***
- ***Before starting the review and within three months of the date of this report, the Council should provide us with an action plan of how it intends to conduct the review. The action plan should set out numbers, methodology and scope of the review and should be agreed with us before the Council starts the review.***

1.3 The LGSCO also states that KCC, within three months of the date of the report, must:

- ***Ensure all current and future requests for standard authorisations are completed within prescribed timescales, including low and medium risk cases currently held as pending.***
- ***Provide us with written evidence showing it has monitored all requests for standard authorisations post-dating our final report and completed them within the legal timeframes described in this report***
- ***Review its Care Act assessment processes to ensure case managers document consideration of Article 8 rights when making decisions about care placements which separate couples***
- ***Ensure relevant staff receive training on the Human Rights Act 1998 and how it may apply to their role.***

1.4 Whilst accepting the finding of fault, Officers believe that it is not possible for the Council to comply with the recommendations noted in paragraph 1.2 and bullet 1 and 2 in paragraph 1.3. Should the decision be made to not comply with all the recommendations, a public notice of non-compliance will need to be issued in addition to the report. It is unusual for Councils to not comply with recommendations made by the LGSCO and should the decision to not comply be made, it may generate additional media and public interest.

2. Background

2.1 In May 2020, the LGSCO wrote to KCC to advise the Local Authority they were investigating a complaint. The complaint was from the partner of Ms D and the

issues arose when Adult Social Care and Health became involved with providing care and support for her in the summer of 2019.

- 2.2 The LGSCO upheld the complaint, focusing on specific aspects of the Deprivation of Liberty Safeguards (DOLS) applications process and the Council's failure to meet the requirements of the Human Rights Act 1998, specifically Ms D's Right to family life. The LGSCO made recommendations and informed KCC, that they would be issuing a public report of the findings on their website on 2 September 2021.
- 2.3 Since 2019, the DOLS Service at KCC has continued to improve its practice leading to positive performance in relation to national comparisons.

3. The Mental Capacity Act and Deprivation of Liberty Safeguards

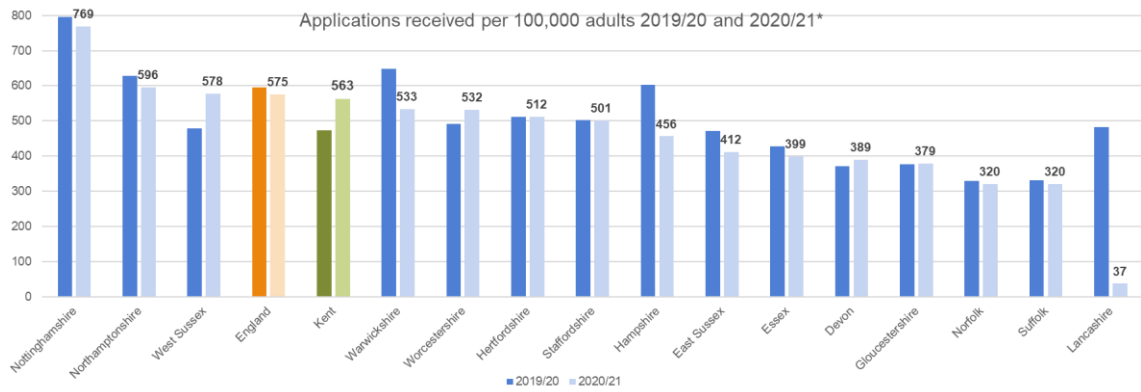
- 3.1 The Mental Capacity Act 2005 includes the DOLS for people who may have been deprived of their liberty in a care home or hospital and lack the capacity to consent to their care arrangements. The Act and its Code of Practice state that assessments must be completed within 21 days for a standard authorisation or where an urgent authorisation has been given, before the urgent authorisation expires.
- 3.2 It is a legal framework that protects the people who cannot consent to their care should those arrangements deprive them of their liberty. The process is extensive and involves a person being assessed by a doctor experienced in mental health (e.g. psychiatry) and a social care practitioner - Best Interest Assessor (BIA) who holds a formal 'Best Interest' qualification. In total the DOLS comprises of six assessments that are used to authorise the deprivation of a person's liberty.
- 3.3 If a person residing in a care home or hospital, is thought to be deprived of their liberty, the Managing Authority (for example a hospital or care home) must complete an urgent authorisation and a request for a standard authorisation to the Supervisory Body (KCC). The urgent authorisation provides the Managing Authority with the legal safeguards to continue to detain the Relevant Person in their best interests, until the Supervisory Body has completed the statutory assessments. The urgent authorisation is valid for seven days, with the ability to extend for a further seven days in exceptional circumstances
- 3.4 A Managing Authority can request a Standard Authorisation where the Relevant Person is already residing at the Managing Authority and is currently subject to a DOLS Standard Authorisation which is due to expire or when it appears likely that at some time in the next 28 days, someone will be accommodated in a hospital or care home in circumstances that amount to a deprivation of liberty within the meaning of Article 5 of the European Convention on Human Rights. An application for a Standard Authorisation must come from the Managing Authority to the Supervisory Body. Authorisation should be obtained in advance a planned move. The statutory timeframe in these cases is 21 days from application to the commencement of a DOLS Standard Authorisation.

- 3.5 In 2014, the Cheshire West Judgment in the United Kingdom Supreme Court held that far greater numbers of people met the criteria to be considered under the DOLS than had previously been thought. Despite the outcome of the Cheshire West judgement there were no changes made to the statutory timescales and the Code of Practice remains as it was with the implementation of the Act. The impact of the judgment meant KCC and local authorities across England saw a significant rise in the number of DOLS applications presented to them for consideration.
- 3.6 In Kent, DOLS is coordinated and managed by the County DOLS team. Applications are received and triaged for assessment using national recognised Association of Directors of Adult Social Services (ADASS) risk assessment tool and good practice principles. On average, Kent prioritises 55% of applications. The remaining 45% go into 'pending' and are monitored through data validation or direct contact with a setting.
- 3.7 The ADASS tool is a framework that helps Councils to respond in a timely manner to requests that have the highest priority. The tool sets out the criteria most commonly applied which indicates that an urgent response may be needed to safeguard the individuals concerned. The use of this tool is balanced against the legal criteria for the Deprivation of Liberty Safeguards which remains unchanged. The criteria is an indicative guide only as it will generally be based on information provided by the Managing Authority in the application and each case must be judged on its own facts.

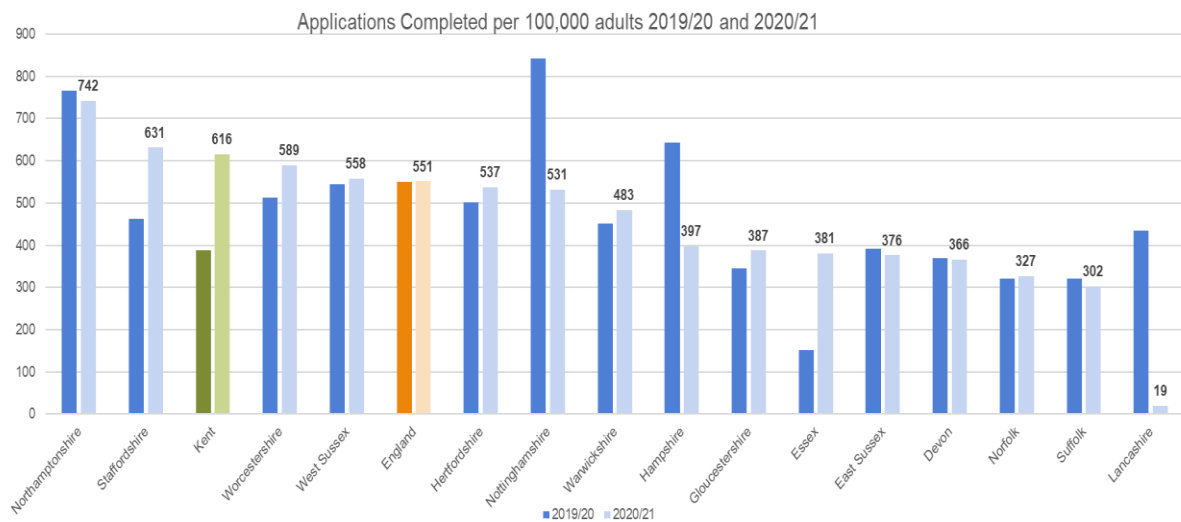
4. Response to the LGSCO Recommendations

- 4.1 As noted above, the following recommendations will be met and work has already taken place to ensure that this is done within the prescribed LGSCO timescales.
- ***Review its Care Act assessment processes to ensure case managers document consideration of Article 8 rights when making decisions about care placements which separate couples***
 - ***Ensure relevant staff receive training on the Human Rights Act 1998 and how it may apply to their role.***
- 4.2 The training offer to support practitioners to develop a greater understanding of the application of the Human Rights Act 1998 has been launched with a key message from the Corporate Director for Adult Social Care and Health. In addition to this, the Council has apologised and made a symbolic payment of £500 to recognise Mr C's distress. However, there are several recommendations that cannot be met by the Council specifically:
- ***Within one year of this report, the Council should review all cases from January 2019 to date where DOLS assessments have not been completed at all or not been completed within the prescribed timescales and consider whether any injustice has arisen because of the delay.***

- ***If so, the Council should take action to remedy any injustice in line with the principles set out in our published Guidance on Remedies.***
 - ***Before starting the review and within three months of the date of this report, the Council should provide us with an action plan of how it intends to conduct the review. The action plan should set out numbers, methodology and scope of the review and should be agreed with us before the Council starts the review.***
 - ***Ensure all current and future requests for standard authorisations are completed within prescribed timescales, including low and medium risk cases currently held as pending (within 3 months).***
 - ***Provide us with written evidence showing it has monitored all requests for standard authorisations post-dating our final report and completed them within the legal timeframes described in this report (within 3 months)***
- 4.3 Members are asked to consider and discuss the recommendations to enable the Cabinet Member for Adult Social Care and Public Health to make a decision of non-compliance to some of the conditions set out by the LGSCO, as the Council is unable to comply with the recommendations.
- 4.4 The Council is unable to comply with the recommendations, as the availability of Best Interest Assessors (BIAs) is not only limited within KCC but more broadly across London and the South-East. Should the Council seek to employ additional BIAs within the Local Authority, it would have a significant detrimental impact on KCC and neighbouring authorities' ability to complete current and new DOLS assessments, thereby increasing risks of depriving liberty and associated human rights to those waiting for an assessment. This would place a significant burden on an already fragile national system, making it an impossible or untenable condition of compliance.
- 4.5 The practitioner resource availability is a significant challenge for many other local authorities across the country, as is the availability of commissioned services such as advocacy services that are needed to support this work.
- 4.6 Recent statistics published on the NHS Digital website (19 August 2021) verify the position local authorities face about the number of applications received. Data published in August 2021 demonstrates that Kent has moved from 10th to 4th in ranking (of 16) against its Chartered Institute of Public Finance and Accountancy (CIPFA) neighbours in terms of applications received, and was one of six local authorities to experience an increase from 2019/20 to 2020/21



4.7 Despite the increase in applications the Council, in comparison to its statistical neighbours, compares positively in meeting the statutory obligations for DOLS applications. Performance data indicates that KCC has continued to strongly improve the rate at which it meets its statutory obligations and has moved from 11th to 3rd in ranking against its CIPFA neighbours. Kent now has a higher application completion rate per 100,000 adults than the England application completion rate per 100,000 adults.



4.7 In addition to the positive trends reported and the investment made in the DOLS service, there have been occasions where people who have had loved ones subject to a Best Interest assessment have reported positive experiences throughout the process.

4.8 As noted above, there are two authorisations which the Local Authority are the supervisory body for. Hospitals and Care Homes submit either an 'urgent' or a 'standard' authorisation. Reports available from our client system (Mosaic) confirm that currently 32% of applications received are for a standard authorisation. To focus on these cases as requested in the LGSCO report, could potentially create an inequitable service depending on where a person finds themselves in the system. Settings - Hospitals or Care Homes (and indeed families, carers and loved ones) who submit an urgent application will have cause to provide a further challenge to the Local Authority if a person is not seen and a deprivation of their liberty occurs. It is of note that many of the cases

will have been screened through the nationally recognised ADASS tool and this will have mitigated many immediate risks.

- 4.9 The number of historical applications that fall within the time scope of the recommendations that would need to be reviewed amounts to approximately 15,000 applications. This number does not consider the applications that continue to be made weekly.
- 4.10 In July 2021, the Council received 467 urgent applications and 111 standard applications. There are in the Council, 6.5 Full Time Equivalent (FTE) Best Interest Assessors (BIAs) in the DoLS team and approximately 44 BIAs who work on a rota basis to assist the core team by undertaking 1 assessment per month. The work is reviewed by 13 Authorisers who hold senior roles in Adult Social Care and undertake the Authoriser role in addition to their day-to-day responsibilities. To review all historical applications as recommended by the LGSCO, the Council would need to employ an additional 96¹ FTE BIAs and additionally some may need an assessment by Section 12 Doctor, who are externally contracted. It is also of note that the current advocacy service cannot meet the demands of the service.
- 4.11 After the Committee discussion, the Council must write to the LGSCO with a formal response about the recommendations following the decision that will be taken by the Cabinet Member for Adult Social Care and Public Health with regard to compliance.
- 4.12 KCC has publicised the Public Report in two local newspapers and made copies available to members of the public who are interested. If the Council is not compliant with the recommendations this will trigger a secondary Public Report. It is unusual for Councils to not comply with recommendations made by the LGSCO and should the decision to not comply be made, it may generate additional interest.

5. Change in legislation

- 5.1 Managing the demand for DOLS has become and continues to be a national challenge since the Cheshire West judgment in 2014.
- 5.2 In July 2018, the government published a Mental Capacity (Amendment) Bill, that passed into law in May 2019. It replaces the DOLS with a scheme known as the Liberty Protection Safeguards (LPS). LPS will have a significant impact on this area of work as assessments will last for a maximum of three years. Because the authorisation period will cover a longer period, it is expected that there will be fewer authorisations. Furthermore, there will be a new role for Clinical Commissioning Groups (CCG) and NHS trusts in authorisation arrangements, which will mean that there are less applications made to the Council for authorisation.

¹ The calculation is based on one BIA undertaking 3 assessment per week over 1 year.

5.3 However, the implementation of the legislation has been delayed and is now expected in April 2022, with the Code of Practice due to be published in the spring of 2021 yet to appear. Local Authorities continue to await sight of this document, which will also have a 12-week consultation period. Kent has done a significant amount of planning to prepare for the implementation of the new legislation, working with providers, partners and care settings.

6. Financial implications

6.1 As noted above, Kent has invested in the DOLS service since the inception of the Cheshire West Judgment, for example in Project DOLS and continues to allocate additional targeted resources to the delivery and improvement of the service.

6.2 There has been substantial investment made by the Council to meet its legal obligations since the Cheshire West Judgment through Project DOLS which saw the Council invest £1.54 million in services. Furthermore, in Quarter 4 of 2020/2021, £225,000 of Winter Pressures funding was agreed with a further £225,000 in Q1 of 2021/2022 agreed. All of which in addition to wider service improvement activity focused on high standards of practice driven by the Making a Difference Every Day programme, has led to an increase in the number and quality of assessments undertaken.

7. Legal implications

7.1 Once the LGSCO has published his final decision it becomes legally binding and can only be challenged in High Court, however in this case KCC does not dispute the upheld ruling but only its ability to carry out some of the recommendations.

7.2 KCC has publicised the LGSCO report in two local newspapers and made copies available to members of the public. This may be of interest to people who believe that their rights may not have been met through the DOLS process and may raise more complaints with the Council or the LGSCO.

7.3 Members will need to consider the recommendations and discuss non-compliance with some of the recommendations set out by the LGSCO.

7.4 After the Committee the Council must write to the LGSCO with its formal response to recommendations following the decision taken by the Cabinet Member for Adult Social Care and Public Health with regards to compliance.

7.5 If the Council is unable to adhere to or is not compliant with the LGSCO's recommendations, a secondary Public Report will be triggered. KCC will at that point have to publish a statement in the local press stating why it is not complying with the LGSOC's recommendations. The final decision not to comply with recommendations rests with the Cabinet member for Adult Social Care and Public Health.

8. Equality implications

8.1 Most people subject to DOLS are older people (Age) and people who have a disability (Disability). Early analysis points to there being a higher number of people with learning disabilities who receive a DOLS authorisation. Failure to manage the DOLS process will mean that this cohort of people are more likely to not have their Human Rights preserved and will also result in a breach of the Council's Public Sector Equality Duty. To undertake the review will as noted above place a significant burden on the system making it more difficult to respond to new applications within legislative timescales. Such a response would adversely impact the protected group identified.

9. Other corporate implications

9.1 In not complying with the LGSCO's recommendations, the Council may be considered as one that does not uphold the Human Rights of people who lack mental capacity in sufficient regard.

9.2 Additionally, people who see the report may believe that they or their loved ones have been unfairly deprived of their liberty and may come forward to seek remedy from the Council. The DOLS team will monitor the any financial impact in relation to the cost of reviewing cases and any potential remedy if complaints are received by the Council. Members will be kept informed.

10. Conclusion

10.1 Officers believe that it is not possible for the Council to comply with the recommendations noted in paragraph 1.2 and bullet 1 and 2 in paragraph 1.3. The availability of BIAs is limited within KCC and more broadly across the South East. This is exacerbated by the ongoing number of applications received by the service. The impact of complying with the recommendation would serve to increase the risks of the deprivation of liberty and human right breaches as it would place a significant burden on an already fragile system.

10.2 Members should note that there will be ongoing scrutiny for the work undertaken by the DOLS team. The team will submit regular reports and updates to the Kent and Medway Adult Safeguarding Board to report the DOLS position for scrutiny and challenge. The DOLS work also remains on the Council's risk register.

10.3 Managing the demand for DOLS continues to be a national challenge since the Cheshire West judgment in 2014. The impact of the LGSCO recommendations will mean that in addition to the ongoing and rising demand, approximately 15,000 applications would fall under the remit of the review, placing untenable demands on the already highly burdened system.

10.4 There has been substantial investment made by the Council to meet its legal obligations since the Cheshire West Judgment through Project DOLS which saw the Council invest £1.54 million in services. Furthermore, in Quarter 4 of 2020/2021, £225,000 of Winter Pressures funding was agreed with a further £225,000 in Q1 of 2021/2022 agreed. All of which in addition to wider service

improvement activity focused on high standards of practice driven by the Making a Difference Every Day programme, has led to an increase in the number and quality of assessments undertaken.

- 10.5 Despite the outcome of the LGSCO investigation, KCC continues to strive to meet the legislative requirement set out by the Mental Capacity Act and Deprivation of Liberty Safeguards. In addition to this, the Council will continue to work towards the changes that will be brought in by the Liberty Protection Safeguards which will help to ensure that the rights of vulnerable people at a vulnerable stage of their lives are met and they are appropriately safeguarded.

11. Recommendation

11.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **DISCUSS** the Local Government and Social Care Ombudsman report to enable the Cabinet Member for Adult Social Care and Public Health to make a decision of non-compliance to some of the recommendations set out by the Local Government and Social Care Ombudsman as the Council is unable to comply with them.

12. Background Documents

Local Government Social Care Ombudsman Public Report

<https://www.lgo.org.uk/information-centre/news/2021/sep/kent-couple-lost-valuable-time-together-because-of-council-errors>

NHS Digital Deprivation of Liberty safeguards 2020/21 Published Data-

<https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.nhs.uk%2Fdata-and-information%2Fpublications%2Fstatistical%2Fmental-capacity-act-2005-deprivation-of-liberty-safeguards-assessments&data=04%7C01%7CMaureen.Stirrup%40kent.gov.uk%7Cff032f69226c4962c91b08d95670b653%7C3253a20dc7354bfea8b73e6ab37f5f90%7C0%7C0%7C637635864350262443%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTil6lk1haWwiLCJXVCi6Mn0%3D%7C1000&sdata=7V0rCQI5gfGeYrOkwz2nHFISB3DgTcl0Dua3gm4QPOg%3D&reserved=0>

13. Report Authors

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

To: Adult Social Care Cabinet Committee – 29 September 2021

Decision No: 21/00081

Subject: **CARE AND SUPPORT IN THE HOME SERVICE PHASE 2 -SUPPORTED LIVING**

Classification: Unrestricted - Exempt Appendix (Exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially sensitive information)

Past Pathway of Paper: Adult Social Care Governance Board - 25 August 2021

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: Kent County Council Strategic Commissioning unit was commissioned to procure further provision for Supported Living Services, including the provision of Children’s services under the Care and Support in the Home ‘umbrella’. This report summarises the recent activity undertaken to add providers to the existing contract, which was initiated in June 2020, much of the detail remains the same as in the previous paper and as such this report will focus on the new information to be added, the current landscape, commissioning intentions, procurement process and evaluation.

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

- a) **AWARD** contracts to additional providers as detailed in exempt Appendix 1; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contract or other legal agreements, as necessary to implement the decision.

1. Introduction

- 1.1 Kent County Council Strategic Commissioning unit was commissioned to procure additional provision for Supported Living Services, including the provision of Children’s services under the Care and Support in the Home ‘umbrella’.

- 1.2 Care and Support in the Home - Supported Living is defined as care and support services that are delivered in a property-based model. In most cases the accommodation will be occupied by more than one tenant, with a combination of individual, one to one support and shared support, where an opportunity exists for a care and support worker to potentially support several tenants with either a defined activity or mitigating risk through their presence as a watching brief. This shared support can be delivered either within a single property or within a mews / courtyard type setting with onsite staff accommodation.
- 1.3 This report summarises the recent activity undertaken to add providers to the existing contract, which was initiated in June 2020, much of the detail remains the same as in the previous paper and as such this report will focus on the new information to be added, the current landscape, commissioning intentions, procurement process and evaluation. Links to the previous tender opportunity are included as background documents to this report.
- 1.4 The planned contract arrangements for the Care and Support in the Home Phase 2 Supported Living are anticipated to run for three years, with an option to extend, for a further three years with a total value of approximately £94m per annum, the final value will be determined through contract solution design, which is currently being progressed.
- 1.5 In-depth detailed work carried out by Strategic Commissioning, Commissioners and Finance Teams identified what is currently being commissioned from providers, what is being delivered and at what cost.
- 1.6 In line with national strategy the aim of adult social care is to reduce the number of placements to care homes and to work with the market to develop and make available a range of other appropriate alternative options, including an increase in supported living options.
- 1.7 Market and stakeholder engagement was undertaken to gather views around shaping the 2020 contracts and how services could best be managed in the future. Engagement for the recent procurement exercise included three virtual provider engagement events in March 2021 where the Council outlined its intentions for the new services, the project timeline, and the procurement process.
- 1.8 The full award report is added as Appendix A to this report as a 'Restricted Appendix' that is exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially confidential information. Section 5 contains details of the providers to award within chart 5.9 The Award Recommendations.

2. Strategic Statement and Policy Framework

- 2.1 The services in scope support the Council's strategic objective 'to help people to improve or maintain their wellbeing and to live as independently as possible' as well as assisting adults with assessed needs, to remain living independently

in their own homes and maintain their tenancies and for residential services, 'Older and vulnerable residents are safe and supported with choices to live independently'. Key supporting outcomes that this commissioning and re-procurement activity will support include the following:

- Families and carers of vulnerable and older people have access to the advice, information and support they need
- Older and vulnerable residents feel socially included
- Residents have greater choice and control over the health and social care they receive

2.2 Kent County Council Strategic Commissioning unit managed the procurement exercise for these contracts. The new contracts will replace existing services and bring the delivery of multiple services together under one contract to form an 'umbrella' of interventions. These interventions aim, wherever possible to support a person to achieve the outcomes that are important to them, in line with the Care Act and the vision set out by the Council in its strategy, 'Your life, Your Wellbeing'.

2.3 Staff from the Council's Strategic Policy and Corporate Assurance Division were part of the working group to make sure that the new contract is consistent with policy and practice and that, should any change be required, this is incorporated into all the relevant policies and guidance.

3. The Report

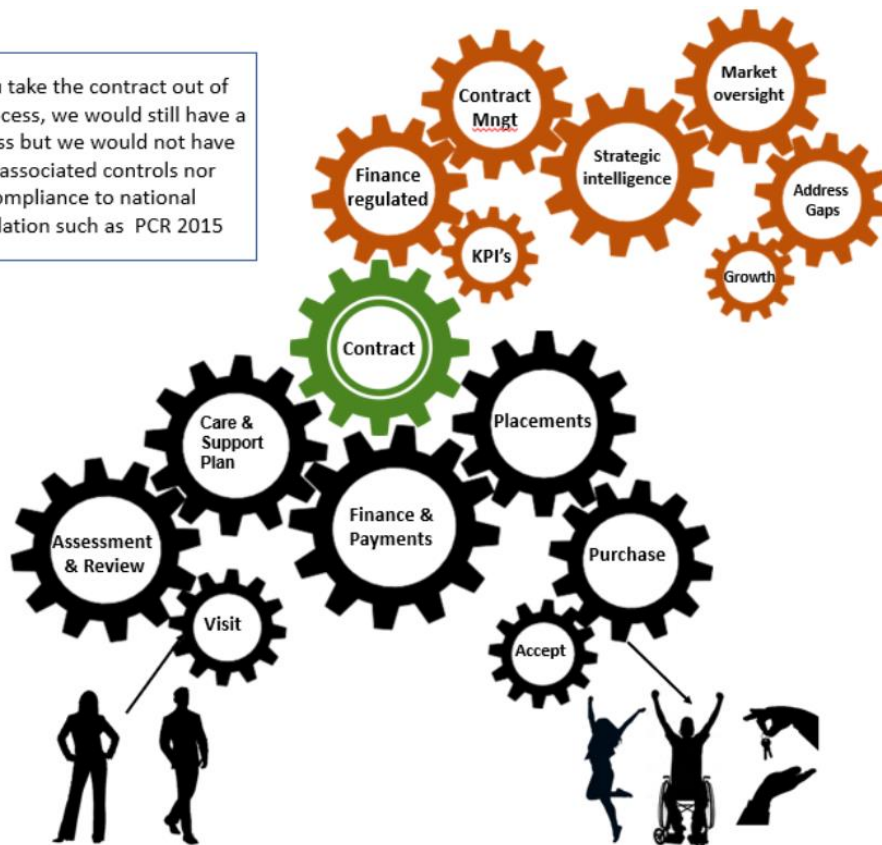
3.1 This report expands on the previous report agreed under decision 20/00031 – Care in the Home Service which gives more in-depth information with regards to the background to the new contract.

3.2 Since the award of the new contracts in June 2020 we have been able to further understand the need and availability of the Supported Living market, and from this were able to represent the opportunity to the market as part of the recent tender process.

3.3 All organisations that expressed an interest in this opportunity were invited to submit an initial Invitation to Tender (ITT) response, and then (subject to passing the selection criteria) to participate at the negotiation stage, and then re-submit a final tender response. At each stage of the process, stringent evaluation criteria were set, and tenderers were excluded if these criteria were not met, removing them from further participation at each stage. Full details of all evaluation criteria can be found in exempt Appendix A.

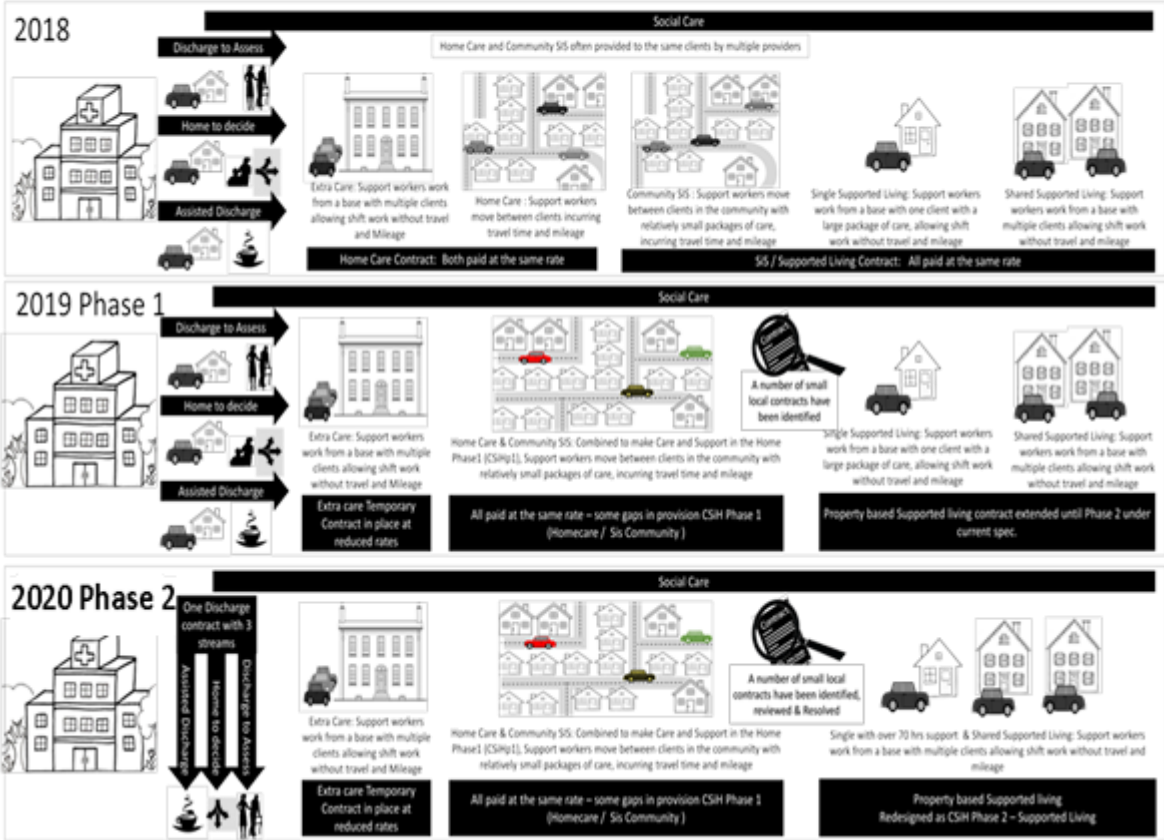
3.4 It is important to note that the contract is one part of a process and has many interdependencies, should the surrounding process and activities not change, then the contracts are unlikely to reach their potential benefits for people, providers, or the Council. There were several activities and recommendations agreed as part of the original award report which are laid out in greater detail alongside their progress within the exempt Appendix A.

If you take the contract out of the process, we would still have a process but we would not have the associated controls nor compliance to national legislation such as PCR 2015



4. Current Landscape

4.1 The current landscape has not greatly altered, however there has been a greater demand due to the COVID-19 pandemic and as such it has further developed to give us a greater understanding of the needs and availability of provision, this report allows us to add providers to the contract to further develop the future ambitions.



- 4.2 In April 2018 work commenced to analyse provision and to work with operational colleagues to devise a specification for this new Care and Support in the Home service.
- 4.3 The Care and Support in the Home programme of work will bring together under one contractual arrangement services which have historically been delivered separately.
- 4.4 The services in scope for Care and Support in the Home Phase 1 were:
 - Home Care Services
 - Supporting Independence Service (SIS).
- 4.5 These services deliver very similar tasks in people’s homes and thus provided an opportunity to improve consistency of delivery and bring services together under one contractual arrangement, with the aim to reduce silos, avoid duplication and improve outcomes through consistency of delivery.

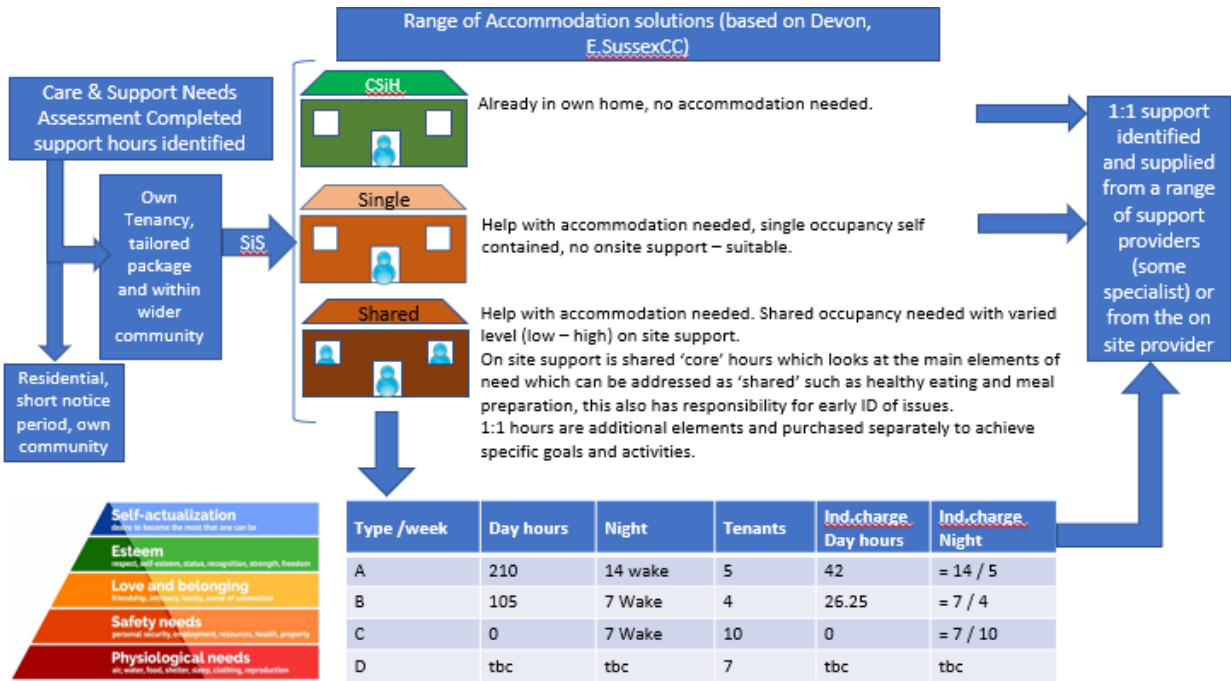
- 4.6 The existing contracts for these services were due to expire in June 2019.
- 4.7 The Supporting Independence Service (SIS) consisted of both Community Services and Property Based Supported Living Services. The decision was approved to absorb the community-based services into Care and Support in the home Phase 1, as this provision also involved care and support workers travelling between packages of care or support. The Property Based Supported Living aspect of this service was extended under its current contract terms until Phase 2 of the programme due in April 2020.
- 4.8 The tender process began on 18 September 2018 and all tenders were received into the Council by 18 October 2018 with the Phase 1 'Community' contract being implemented from April 2019.
- 4.9 Phase 2 Proposals were taken to the Strategic Commissioning Board in September 2019 for permission to approve going out to the market and to comment on the proposed Supported Living model.
- 4.10 Phase 2 was designed to bring together Supported Living Services, Discharge Services and to complete coverage of contracted providers across the cluster groups from Phase 1 of CSiH. Meals on Wheels Services were also added to this Phase 2 schedule.
- 4.11 The tender exercise for Care and Support in the Home Phase 2 Supported Living went to market in October 2019 with the award recommendations shared with Strategic Commissioning Board in February 2020.
- 4.12 The Forthcoming Executive Decision and Record of Decision were shared in May 2020 and the contracts commenced in June 2020 Contract Award Recommendations and Decision dated 5/6/2020 20/00031 – Care in the Home Service.
- 4.13 Discharge Support Services and the Community Lunchtime Services were removed from the process to be further considered.
- 4.14 The previous processes and activities were laid out in detail in the previous paper.
- 4.15 Placements were made by social workers on a case-by-case basis, resulting in no centralised information to allow understanding of need or any surplus or gap analysis and no management of off framework usage.
- 4.16 Currently the placement of supported living packages is managed by a small team hosted within commissioning and this is unlikely to change for the duration of implementation periods and remain until the various recommendations from the previous report are delivered allowing the potential of the contract to be realised and the processes and procedures to be refined.
- 4.17 In addition to initial placements, there is focus on ensuring that placements are input to the data and payment system correctly to reflect the true placement situation.

4.18 Managing the vacancy list and making the placements through Strategic Commissioning has allowed a more thorough gap analysis, this has led to the current service going back out to tender for providers to address the market gaps.

4.19 Recommissioning the Supported Living Service provided the Council with the opportunity to redesign the delivery model, maximising the potential utilisation of shared support, improve compatibility through the introduction of accommodation and client need banding categories and promote greater continuity and consistency in sourcing of support packages through the increased use of centralised Purchasing Teams.

4.20 The new model was designed to promote individual well-being and promote independence wherever possible, enabling people to do as much as they can for themselves, ensuring that people can live as independently as possible in their own home, including dedicated single or shared supported living schemes or rented accommodation.

4.21 Where possible the model focuses on the utilisation of shared hours within an accommodation setting, working towards banded provision as shown below:



5. Supported Living Services - Outcomes and Objectives

5.1 The options for the delivery of Care and Support in the Home Services have been assessed against the following objectives and critical success factors:

Objectives:	Critical Success Factors:
<ul style="list-style-type: none"> • Equitable access to Supported Living Services across the county • Equitable service quality across the county with fairer allocation of choice • Quality, sustainable provider market able to meet eligible needs • Responsive services led by the unmet needs of the individual • Providers are paid a fair cost for care which enables them to invest in workforce, quality and market sustainability • Re-commissioning of Supported Living services will support the realisation of efficiencies and will align to key strategic outcomes. 	<ul style="list-style-type: none"> • Level of risk: minimises operational risk, including risk to client, organisational and reputational risk, and risk of provider failure/ lack of appetite • Investment costs • Standardised approach to placing and procurement • Makes best use of available resources • Achieves improved outcomes for individuals • Clearly defined Supported Living services, departing from historic Supporting Independence Service definitions to a more outcome-focused operational model.

5.2 The supported living model agreed was designed to achieve the following objectives:

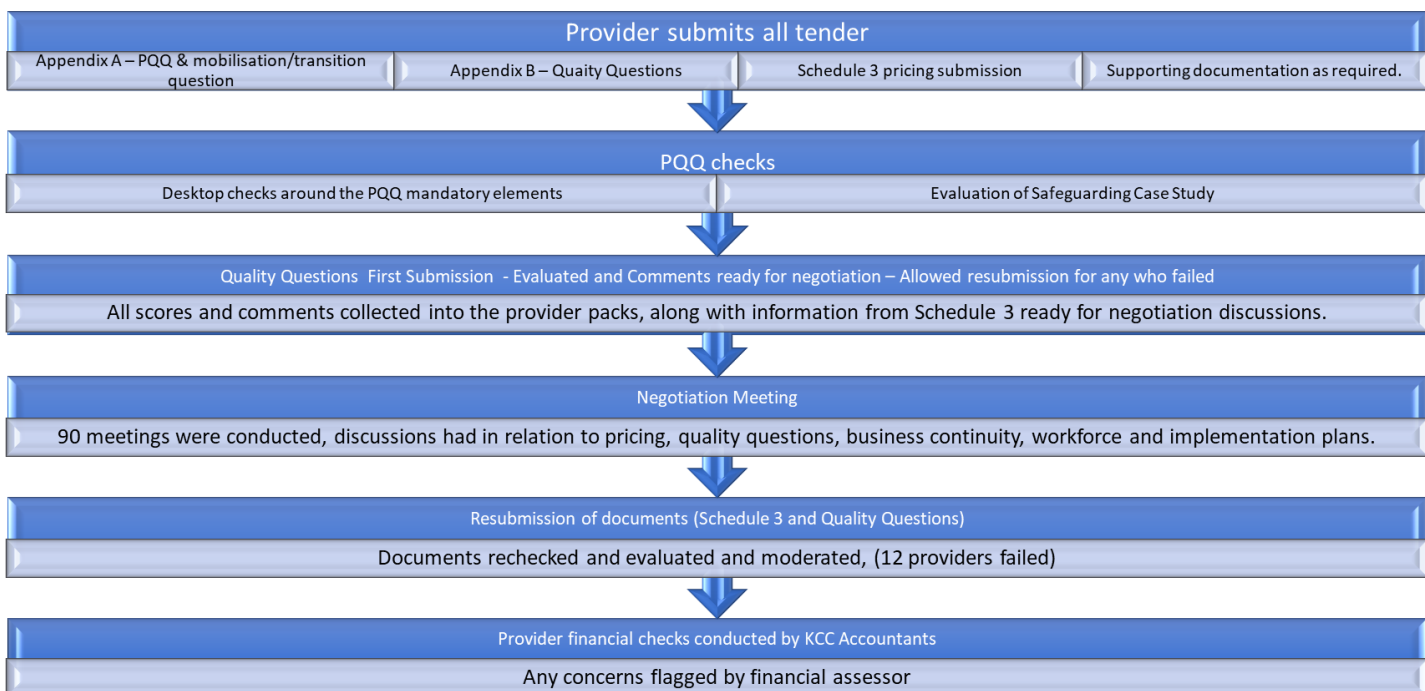
- Effectiveness – to improve the quality of Supported Living Services in terms of increased utilisation of analytics and intelligence to improve mapping of compatibility and suitability of services and accommodation by introducing banding and categorisation of properties and client needs. Improving the delivery of assessed need, promoting increased delivery of individual outcomes and goals.
- Efficiency – to improve the consistency of assessments through the standardising of assessment tool across directorates and the sourcing of Supported Living placements through a centralised Purchasing team.
- Economy – to maximise the utilisation of shared support hours across Supported Living services through the utilisation of a single assessment tool across all directorates. Potential for reduction in the number of ‘Complex’ packages of care or support through the lifetime of the contract as mapping of services and provider specialisations maximise utilisation of mandatory staff training.
- Compliance – improved contract compliance through sourcing all packages through a Central Purchasing team, reducing the referrals to non-contracted providers, and ensuring that all placements are working to the Council’s contractual service specification, terms and conditions.

- Replacement – to redesign the Supported Living Service model as the current specification, terms and conditions are no longer ensuring cost efficiency and service effectiveness for the Council.
- 5.3 Recommissioning the services has allowed us to have a greater control of the market, the properties, and their intended use.
- 5.4 On Implementation of the 2020 Supported Living contract we had 64 providers, 438 properties with a capacity of 1593 homes. 12 previously contracted providers exited from contract provision which affected 105 people across 20 properties. 16 previously off framework providers entered onto the contract gaining 321 people onto the framework across 63 additional properties.
- 5.5 Since the contract started in June 2020, despite the global pandemic, we have increased the amount of provision by adding 84 properties to the contract under framework providers increasing the capacity by 243 according to need, all of which now have tenants.
- 5.6 There are a further 29 properties in the pipeline under development and ongoing discussions with providers and developers.
- 5.7 As set out in the award report from the 2019/20 procurement exercise. The 2020 contract is one part of a process and has many interdependencies. Should the surrounding process and activities not change, then the contracts are unlikely to reach their potential benefits for people, providers, or the Council.
- 5.8 Therefore, there is a requirement as part of this further procurement exercise to incorporate the recommendations as set out in the 2020 contract award report, these include:
- **Placement Process.** Review of the existing Supported Living pilot placement process to extend to all Adult Social Care operational teams and then consider including residential care homes. Develop a more efficient, streamlined purchasing function for residential care (currently Adult Purchasing team) that minimises bureaucracy and is responsive to the levels of demand for the service.
 - **Assessment and Reviews.** Joint action plan agreed with Adult Social Care and Commissioning, to review the commissioned hours for all placements on a priority basis and to also include baselining of Supported Living Properties.
 - **Care Needs Matrix.** Review the matrix and the use of the Individual Care Tool across Mental Health and the Children and Young People Operational teams.
 - **Technology.** Identify the technology currently available in the market and in development for the future.
 - **Further Procurement Exercise.** Open the tender for Residential Care Home Services and Supported Living Services to capture the providers who did not apply in the initial tender in 2019/20.

- **Providers not on the 2020 contracts.** Establish a joint plan of action for providers not on the 2020 contracts following the two procurement exercises in 2019/20 and the recent exercise in March 2021.

6. Commissioning intentions

- 6.1 The decision was made to return to market in March 2021 to address the increased need and demand for services. Gap analysis information gained from the period June 2020 to February 2021 has fed into this second procurement exercise.
- 6.2 The procurement exercise has taken place and is now in the position to award additional contracts under the Care and Support in the Home Phase 2 – Supported Living framework.
- 6.3 To continue the progress in developing the offer of services, the 2020 Care Home Contract aligned and dovetailed with the commissioning of the Care and Support in the Home Contract - Supported Living.
- 6.4 Ongoing work and activity is needed to ensure the activities and recommendations from the first procurement exercise and award report are necessary to allow the contract to meet its potential.
- 6.5 The illustration below shows the Procurement process taken:



6.6 The table below shows the procurement timetable:

Activity	Date
Publish advert and ITT	24 March 2021
Deadline to submit requests for clarification via the Kent Business Portal	16 April 2021
Closing date and time for Tender Submissions	4pm on 23 April 2021
Tender Evaluation Period	26 April – 28 May 2021
Moderation	30 April – 28 May 2021
Negotiation Period	2 June – 30 June 2021
Tender resubmission	2 June – 9 July 2021
Award Clarification Meetings	October 2021
Contract Award* and Standstill	October 2021
Mobilisation**	N/A
Contract Commencement Date	15-November 2021

6.7 Full details of providers who took part in the procurement process can be found in exempt Appendix A. This is a Restricted Appendix that is exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially confidential information.

6.8 Following positive market engagement throughout the analysis and design phase of the commissioning and procurement cycle, it was clear that there was a shared commitment from both the Council and the market to enable greater opportunities to work together going forward. It was agreed that in previous contracts, having market providers on different contracted rates within the same contract framework had created a barrier to collaboration and joint working. The market gave a clear indication that the standardising and setting of contractual rates would mitigate some of these issues and service providers stated a commitment to working together to ensure planned and managed transitions as tenants' needs and levels of independence changed over time.

6.9 Setting contractual rates also enabled the Council to focus the evaluation stage 100% on quality and questions were developed that would provide the Council with the greatest confidence across critical topics impacting health and social care provision and person-centred practice.

6.10 Prior to April 2020 the Supporting Independence Service (SIS) Contract covered both community-based services as well as property-based supported living, with 52 providers on the contracted framework.

6.11 A further 28 non-contracted providers were supporting Kent funded people through Individual Contracts (Indis) and many of these delivered quality services but, in some cases, had either missed or not taken the opportunity to bid for a place on the original SIS contract framework.

6.12 Following the rigorous evaluation and moderation of the submissions, based on those providers that met all the required selection criteria, the post April 2020

market share provided 64 supported living service providers on the new contract.

6.13 There were also '8' providers who are new to Kent but bring experience and expertise from elsewhere and bring a commitment to working closely with other market providers and the Council going forward.

7. Financial Implications

7.1 The estimated annual costs of the Care and Support in the Home - Supported Living Phase 2 were £6.036m prior to the original contract award in June 2020. The actual cost of the award in 2020 was £5.110m in a full year, leaving a £0.926m budget centrally held until the remaining costs of this latest tender process were known.

7.2 The estimated additional cost of £5.110m also covered the inflationary uplift anticipated for the year 2020-21. An inflationary uplift was also made available in 2021-22 and will be considered as part of the budget setting process for the remaining years of the contract.

7.3 The planned contract arrangements for the Care and Support in the Home Service Phase 2 are anticipated to run until March 2024, with an option to extend, for a further three years, with a total value estimated to be approximately £94m per annum; this will be determined through contract solution design, which is currently being progressed.

7.4 This decision is sought to add providers to the existing framework, agreed under the previous decision 20/00031 - Care in the Home Service in June 2020.

7.5 Adding providers to the contract is estimated to add an additional cost of £0.322m per annum in a full year to meet the minimum rates it is considered providers will accept. The £0.322m will be funded from the centrally held budget of £0.784m.

7.6 The below table shows current Supported Living costs:

CSiH Phase 2 Additional Providers	CURRENT ANNUAL COST £m	REVISED ANNUAL COST £m	ANNUAL COST CHANGE £m	FUNDING HELD CENTRALLY £m
Adults	81.623	81.874	0.251	
Pathway Clients (18-25)	13.313	13.384	0.071	
Total Value Supported Living Provision	94.936	95.258	0.322	0.784

7.7 Assuming a contract start date of 15 November 2021, the part year funding required for 2021-22 would be £121k.

- 7.8 The contract will run within the same time scale as the contract let in June 2020, through to March 2024 with an option to extend for a further three years.
- 7.9 When the original procurement exercise was agreed, it was highlighted that the investment required to bring supported living into the Care and Support in the Home contract would allow benefits to be achieved in future years such as maximising the use of shared and background support hours within properties which would allow cost savings to be made over the longer term. These savings would then be included in the Medium-Term Financial Plan.
- 7.10 The Supported Living Service is one within which residents may remain for many years and in some cases most of their lives, and many individuals receiving the service have transitioned from young people's services, therefore the overall cost of the service is likely to continue to increase.

8. Legal Implications

- 8.1 The main legislative framework for the Care and Support in the Home Service is the Care Act 2014, and the principles of the Mental Capacity Act 2005. These are statutory duties, and the new service will be compliant with both legislations.
- 8.2 There is also the need to ensure that the Council is compliant with Public Contract Legislation which is seen to have been compromised due to the volume of 'off contract' placements.

9. Equality Implications

- 9.1 An EQIA screening was completed, there are no significant changes to the delivery of care, the only changes are to mechanisms of managing the care. No protected group is seen to be adversely affected by any decisions relating to this contract.

10. Data Protection Impact Assessment Implications

- 10.1 A Data Protection Impact Assessment was completed and approved for phase 1 and phase 2 of the Care and Support in the Home programme.

11. Conclusions

- 11.1 A thorough procurement process was undertaken in accordance with the Public Contract Regulation 2015 (PCR15).
- 11.2 Care and Support in the Home - Supported living it is recommended the providers detailed in Appendix A are added to the Care and Support in the Home – Supported Living Framework. This is a Restricted Appendix that is exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially confidential information.

12. Recommendations

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

- a) **AWARD** contracts to additional providers as detailed in exempt Appendix 1; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contract or other legal agreements, as necessary to implement the decision.

13. Background Documents

20/00031 – Care in the Home Service

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2355>

14. Report Author

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

21/00081

For publication

Key decision: Yes

Expenditure in excess of £1m

Title of Decision

CARE AND SUPPORT IN THE HOME SERVICE PHASE 2 -SUPPORTED LIVING

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

- a) **AWARD** contracts to additional providers as detailed in exempt Appendix 1; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contract or other legal agreements, as necessary to implement the decision.

Reason(s) for decision: There is a mixed economy of Care in the Home Services across Kent for older and vulnerable residents with assessed needs, predominantly contracted to external providers and spot purchasing arrangements. The scope of these services includes:

Phase 1 – Home Care Services and Supporting Independence Services (SIS)

The services in scope deliver very similar tasks in people's homes and there was an opportunity to achieve improved consistency across the market by bringing services together. Additionally, providers delivering services such as SIS are already delivering within an outcomes-focussed approach, whilst the Home Care provision remained time and task focussed.

Phase 2 – Supported Living and Care in the Home Community Vacancies

The contract was retendered in 2019 and was implemented in part in June 2020, a second tender process was opened in March 2021 to add new providers to the contract addressing the market gaps identified since June 2020.

Aligning services under one contractual arrangement has enabled the Council to take a consistent and equitable approach in shaping the market to focus on the personalisation and outcomes agendas and supporting the Council's strategic outcome that 'older and vulnerable residents are safe and supported with choices to live independently'.

Financial Implications: The estimated annual costs of the Care and Support in the Home - Supported Living Phase 2 were £6.036m prior to the original contract award in June 2020. The actual cost of the award in 2020 was £5.110m in a full year, leaving a £0.926m budget centrally held until the remaining costs of this latest tender process were known.

The estimated additional cost of £5.110m also covered the inflationary uplift anticipated for the year 2020-21. An inflationary uplift was also made available in 2021-22 and will be considered as part of the budget setting process for the remaining years of the contract.

The planned contract arrangements for the Care and Support in the Home Service Phase 2 are anticipated to run until March 2024, with an option to extend, for a further three years, with a total value estimated to be approximately £94m per annum; this will be determined through contract solution design, which is currently being progressed.

This decision is sought to add providers to the existing framework, agreed under the previous decision 20/00031 - Care in the Home Service in June 2020.

Adding providers to the contract is estimated to add an additional cost of £0.322m per annum in a full year to meet the minimum rates it is considered providers will accept. The £0.322m will be funded from the centrally held budget of £0.784m.

The below table shows current Supported Living costs:

CSiH Phase 2 Additional Providers	CURRENT ANNUAL COST £m	REVISED ANNUAL COST £m	ANNUAL COST CHANGE £m	FUNDING HELD CENTRALLY £m
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Pathway Clients (18-25)	13.313	13.384	0.071	
Total Value Supported Living Provision	94.936	95.258	0.322	0.784

Assuming a contract start date of 15 November 2021, the part year funding required for 2021-22 would be £121k.

The contract will run within the same time scale as the contract let in June 2020, through to March 2024 with an option to extend for a further three years.

When the original procurement exercise was agreed, it was highlighted that the investment required to bring supported living into the Care and Support in the Home contract would allow benefits to be achieved in future years such as maximising the use of shared and background support hours within properties which would allow cost savings to be made over the longer term. These savings would then be included in the Medium Term Financial Plan.

The Supported Living Service is one within which residents may remain for many years and in some cases most of their lives, and many individuals receiving the service have transitioned from young people's services, therefore the overall cost of the service is likely to continue to increase.

Legal Implications: The main legislative framework for the Care and Support in the Home Service is the Care Act 2014, and the principles of the Mental Capacity Act 2005. These are statutory duties, and the new service will be compliant with both legislations. There is also the need to ensure that the Council is compliant with Public Contract Legislation which is seen to have been compromised due to the volume of 'off contract' placements.

Equality Implications: An EQIA screening was completed, there are no significant changes to the delivery of care, the only changes are to mechanisms of managing the care. No protected group is seen to be adversely affected by any decisions relating to this contract.

Data Protection Impact Assessment Implications: A Data Protection Impact Assessment was completed and approved for phase 1 and phase 2 of the Care and Support in the Home

programme.

Cabinet Committee recommendations and other consultation: Market and stakeholder engagement was undertaken to gather views around shaping the 2020 contracts and how services could best be managed in the future. Engagement for the recent procurement exercise included three virtual provider engagement events in March 2021 where the Council outlined its intentions for the new services, the project timeline, and the procurement process.

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

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signed

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date

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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

Richard Smith, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 29 September 2021

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

Classification: Unrestricted

FOR INFORMATION ONLY

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

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

21/00063 – Kent Integrated Domestic Abuse Service (KIDAS) Contract Extension
21/00078 – Princess Christian’s Farm

1. Introduction

- 1.1 In accordance with the council’s governance arrangements, all significant or Key Decisions must be listed in the Forward Plan of Key Decisions and should be submitted to the relevant Cabinet Committee for endorsement or recommendation prior to the decision being taken by the Cabinet Member or Cabinet.
- 1.2 For the reason set out below it has not been possible for these decisions to be discussed by the Cabinet Committee prior to being taken by the Cabinet Member or Cabinet. Therefore, in accordance with process as set out in Part 2 paragraph 12.35 of the Constitution, the following decisions were taken and published to all Members of this Cabinet Committee and the Scrutiny Committee.

2. Decisions

- 2.1 21/00063 - Kent Integrated Domestic Abuse Service (KIDAS) Contract Extension

The current term of the Kent Integrated Domestic Abuse Service (KIDAS) contract is due to expire on 31 March 2022. The performance of the Kent Integrated Domestic Abuse Service (KIDAS) contract has been evaluated and

found to be good. The contract provides an ideal vehicle to mobilise the 2021/22 new funding allocation and effectively and compliantly to support the council in delivering its new statutory duties under the Domestic Abuse Act 2021. The contract has two options to extend. The first contract extension runs to 31 March 2024 at a value of £4,636,690.40.

The second two-year extension available will be subsequently needed, subject to good performance and market testing. This will enable the council to respond to the future government plans for this agenda. This extension will run to 31 March 2026 and its value is £4,636,690.40.

It was not possible to bring this decision to an earlier Cabinet Committee due to the timing of the Domestic Abuse Act legislation and accompanying guidance. Whilst Domestic Abuse Act legislation received Royal Assent in April, the guidance about the new legal obligations was not published until mid-June and the government's consultation period on this guidance did not conclude until 27 July. It is this guidance that enables the council to judge whether the existing contractual arrangements are best placed to meet its newly acquired responsibilities. With no cabinet committee date between July, August and most of September, taking the decision out of cycle gives members the most time to make any alternative recommendations, should they wish. A delay until the September committee would mean the decision could not be taken and implemented until the end of October which will leave members with little alternative but to extend.

2.2 21/00078 - Princess Christian's Farm

To agree to the updated service specification for the provision and to the procurement of a replacement provider, using the Urgent Procurement processes to deliver services at the Princess Christian's Farm and authorise the Corporate Director for Adult Social Care and Health to enter into the necessary contracts following the procurement process and the Director of Infrastructure to finalise the terms of any necessary legal documents including the termination and granting of lease/s to facilitate the service provision Princess Christian's Farm.

A decision was taken by North Kent College to concentrate the new Hadlow College's efforts on the provision of education. As such a decision has been made to pull back from additional aspects that the former Hadlow College was previously involved with, many of which were no longer financially viable and / or aligned to the revised direction of North Kent College. One of these has been the decision to not renew the sub-contract for Princess Christian's Farm with the current service provision coming to an end in October 2021.

Options were considered as set out in the recommendation report including sourcing other arrangements for the 70 service users who access the service by KCC. Given the current limited capacity of other provision due to COVID there is a real challenge in finding suitable alternative provision for those attending the farm, should it close. In order to meet the best interests of the current service users and ensure continued provision it is necessary to secure a new provider for the service.

Reason for Urgency - A key decision was needed to be taken via the Statutory Urgency Process because:

- The current provider's licence to run the service is due to expire on 31st October 2021. Urgent procedures are required to ensure enough time is allowed to award a contract and allow TUPE transfer negotiations before the new provider can take over running of the service.
- Awaiting results of the survey to know if the Farm was viable for procurement. There was uncertainty on the state of the Farm buildings and whether this could have an impact on interested providers. Therefore the results of the survey were required before KCC would be in a position to take an informed decision, with procurement viability having been successfully confirmed.
- It was unclear of market interest in taking over the provision / Farm. Going to market without gauging interest from the market would have been high risk, especially on the potential impact of those attending the Farm, should a new provider not be found.

3. Recommendation

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

21/00063 – Kent Integrated Domestic Abuse Service (KIDAS) Contract Extension

21/00078 – Princess Christian's Farm

4. Background documents

21/00063 - Kent Integrated Domestic Abuse Service (KIDAS) contract extension

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2513>

21/00078 - Princess Christian's Farm

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2514>

5. Report Author

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From: Ben Watts, General Counsel

To: Adult Social Care Cabinet Committee – 29 September 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 Following the most recent meeting of the committee, 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 they wish to be considered for inclusion in agendas for 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

1 DECEMBER 2021

<ul style="list-style-type: none"> Verbal Updates by the Cabinet Member and Corporate Director 	Standing Item
<ul style="list-style-type: none"> Work Programme 2022 	Standing Item
<p>Key decision items:</p> <ul style="list-style-type: none"> Community-based wellbeing next phase contract awards Adult Social Care Strategy Technology-enabled care (contract extension) Discharge services (potentially - dependant on timing) Advocacy – pre-procurement discussion Services for people with Learning Disabilities, Physical Disabilities and Mental Health needs (LDPHMD), Phase 3 DELAYED - TIMING TBC 	Added by Wayne Gough at agenda setting 22 June
<p>Page 183</p> <ul style="list-style-type: none"> update on lessons learned from the pandemic - a brief on the top 10 or 20 lessons, judged by scale and/or impact, on which sections of the population. <i>Could this be an all-Member briefing?</i> 	Added by Richard Streatfeild at agenda setting 22 June
Community Grants update	Moved at agenda setting 22 June from September to December
Procurement of Kent's People's Voice contract	email notice from Lesley Standing 25 Aug 21
TO BE RESOLVED Ongoing review of work to address loneliness and social isolation – outcomes of Select Cttee	When and to which committee? Possibly HRPH?
TO BE RESOLVED Item on a Carers strategy/renewal of charter - when?	Added by Rob Thomas on 22 June to follow on from discussion at June mtg
TO BE RESOLVED Update on use of technology – major session – *could this go with the technology-enabled care decision above?	Follow on from discussion at June mtg
TO BE RESOLVED Safeguarding Board annual report – timing tbc	Arose at 5 March mtg

ADULT SOCIAL CARE CABINET COMMITTEE – WORK PROGRAMME 2021/22

18 JANUARY 2022 *	
• Draft Revenue and Capital Budget and MTFP	Annual item
• Strategic Delivery Plan (SDP) Monitoring <i>reporting was suspended in 2020 due to covid-19 – awaiting notice of restart (25 11 20)</i>	Requested by Corporate Board in July 2019 (to be brought as 6-monthly item)
• 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
• Update on DOLs project to follow decision discussed at June meeting, incl how KCC responds to significant changes in legal reqts, and update on backlog Review of past and looking ahead – JANUARY OR MARCH?	suggested by Penny Cole at 22 June mtg
4 MARCH 2022 *	
• Annual Equality and Diversity Report	Annual Item
• Rates Payable and Charges Levied for Adult Social Care	Annual Item – <i>in 2021 this was part of the regular budget setting and not a separate key decision</i>
• 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

* future meeting dates are being reviewed