

ADULT SOCIAL CARE CABINET COMMITTEE

Tuesday, 18th January, 2022

2.00 pm

Online



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Tuesday, 18 January 2022 at 2.00 pm
Online

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

Membership (16)

Conservative (12): Mr A M Ridgers (Chairman), Mr S Webb (Vice-Chairman),
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

Green and Independent (1): Mr S R Campkin

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 1 December 2021 (Pages 1 - 8)
- 5 Verbal Updates by Cabinet Member and Corporate Director
- 6 Advocacy Hub Extension and Commissioning (Pages 9 - 30)
- 7 Deprivation of Liberty Safeguards Mental Health Assessments Contract Extension and Transition to Liberty Protection Safeguards (Pages 31 - 76)
- 8 Care Home Contracts for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs (Pages 77 - 162)
- 9 Community Based Wellbeing Services and Carers' Short Breaks Contracts (Pages 163 - 210)
- 10 Draft Ten Year Capital Programme, Revenue Budget 2022-23 and Medium Term Financial Plan 2022-25 (Pages 211 - 212)

- 11 Adult Social Care Performance Report (Pages 213 - 232)
- 12 Adult Social Care Annual Complaints Report (Pages 233 - 266)
- 13 Kent and Medway Safeguarding Adults Annual Report (Pages 267 - 338)
- 14 Social Prescribing and Care Navigation
- 15 Work Programme (Pages 339 - 342)

EXEMPT ITEMS

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

Benjamin Watts
General Counsel
03000 416814

Monday, 10 January 2022

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

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KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care Cabinet Committee held at Council Chamber, Sessions House on Wednesday, 1st December, 2021.

PRESENT: Mr A M Ridgers (Chairman), Mr S Webb (Vice-Chairman), 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, Ms L Wright and Mr P Cole

ALSO PRESENT: Clair Bell

IN ATTENDANCE: Richard Smith (Corporate Director of Adult Social Care and Health), Chris McKenzie (Director of Adult Social Care and Health North and West Kent), Michael Thomas-Sam (Strategic Business Adviser, Social Care), Lisa Clinton (Stakeholder Engagement Manager), Sharon Dene (Senior Commissioning Manager), Simon Mitchell (Senior Commissioner) and Georgina Walton (Design and Learning Centre Manager)

UNRESTRICTED ITEMS

24. Apologies and Substitutes
(Item. 2)

Apologies for absence had been received from Mr Weatherhead. Mr Cole was present as substitute for him.

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

Ms Meade declared an interest as a carer and Miss Wright declared an interest as an appointee for a family member.

26. Minutes of the meeting held on 29 September 2021
(Item. 4)

It was RESOLVED that the minutes of the meeting held on 29 September 2021 were correctly recorded and they be signed by the Chairman when this can be done safely. There were no matters arising.

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

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

Local Government and Social Care Ombudsman Public Report on Deprivation of Liberty Safeguards (Dols) in Kent - Mrs Bell had written to the Ombudsman on 11 October 2021 advising that the Council would not be complying with all of the recommendations. The Council had received a response from the Assistant Ombudsman confirming that the outcome had been

recorded 'remedy not complete but satisfied' and this had ended their involvement.

Carer Strategy Online Workshops – Mrs Bell said engagement workshops for the development of the draft Carers Strategy had taken place and Members were advised that the final online workshop would take place on 2 December 2021.

Romney Marsh Community Hub - Mrs Bell visited the Romney Marsh Community Hub in New Romney on 21 October 2021 along with local Member Mr Hills and the Vice-Chairman of the Council, Ms Game. The service had supported the local community throughout the pandemic and continued to provide, in partnership with several organisations, opportunities for the over 50s to participate in a variety of activities to aid health and wellbeing.

Mental Health Wellbeing Awards - Mrs Bell attended the Mental Health Wellbeing Awards on 22 October 2021 along with Dr Allison Duggal, Interim Director of Public Health. The event included many nominations and winners who had lived experience of mental health.

Empowercare – Empowercare, an EU funded project with 13 partners across 4 countries, was currently running a pilot to test various technology schemes and the training of volunteer digital ambassadors to provide support. The project was supported by Canterbury Christ Church University and on 8 November 2021 the Council hosted the annual partnership event.

Virtual Dementia Tour Bus Experience - Mrs Bell took part in the experience, which visited Maidstone on Tuesday 9 November 2021. The experience included practical tips on what could be done to help people living with dementia. Mrs Bell said further dates in Maidstone had been scheduled for 2022 and she would provide information on the Alzheimer's Society initiative, *Dementia Friends Information Session*, for those who were interested.

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

Future Events with Care Providers - Mr Smith said there would be a round table event on 9 December 2021 with care providers and the Council's senior leaders regarding the immediate response to challenges over the Christmas period. A Care Summit event in March 2022 would bring together national and local leaders in the care sector and would cover a medium to long term approach on how the care market could be supported in a more sustainable way.

Adult Social Care Reform White Paper – Mr Smith said this was an important milestone and the operational team were considering the Council's responses.

Operational Staff Update - Mr Smith said Ms Julie Davidson was leaving the Council after several years and recognised her invaluable contribution to the Making a Difference Every Day strategy (MADE) and her support as Principal Social Worker. Mr Carl Griffiths, Interim Senior Responsible Officer for MADE was also leaving and his role would be filled by Ms Helen Gillivan, Head of Business Development. Mr Smith said Mr James Beale had been appointed as

Director for East Kent and would be joining the team in February along with Dr Anjan Ghosh who had been appointed to the permanent role of Director of Public Health. Ms Jenny Anderton would provide interim leadership support to East Kent to ensure continuity and stability.

3. It was RESOLVED that the verbal updates be noted.

28. 21/00091 - Making a Difference Every Day: Our Strategy for Adult Social Care in Kent, 2022 - 2027

(Item. 6)

1. Mr Thomas-Sam introduced the report which presented the revised strategy for consideration following the consultation on the draft 'Making A Difference Every Day – Our Strategy for Adult Social in Kent 2022 to 2027'.
2. Mr Thomas-Sam, Ms Clinton and Mr Smith responded to comments and questions from the committee, including the following:
 - (a) Asked what the financial implications of the strategy were for the Council Mr Smith said the strategy was focused on the people's needs and their choices in meeting those needs, and that costed delivery plans would sit alongside it; and
 - (b) Asked how the views of carers would be considered in developing the Carers Strategy, and how this would interact with the larger strategy, Ms Clinton said the Carers Strategy would be steered by pre-consultation engagement which included carers and a carers research study which was commissioned to look at the relationship of the carer with the person being cared for, the wider family unit and key life stages.
3. It was RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health to:
 - a) Adopt the 'Making A Difference Every Day – Our Strategy for Adult Social in Kent 2022 to 2027';
 - b) Delegate authority to the Corporate Director Adult Social Care and Health to refresh and/or make revisions as appropriate during the lifetime of the strategy; and
 - c) 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 objectives of the strategy, be endorsed.

29. 21/00103 - People's Voice Contract (including Healthwatch Kent)

(Item. 7)

1. Mr Mitchell introduced the report and said the People's Voice Contract encompassed HealthWatch Kent, a statutory responsibility for the Council, as well as wider resident and community engagement. The current contract would expire on 31 March 2022 and a short contract of six months was required to

allow a procurement process to take place. Mr Mitchell responded to questions and comments from the committee, including the following:

- (a) Asked how HealthWatch was provided in other Councils, Mr Mitchell said HealthWatch was an independent organisation and some Councils had HealthWatch on its own or combined it with other areas. Mr Mitchell said HealthWatch produced regular reports and a work plan was being produced jointly with NHS CCGs and Medway City Council.
- (b) Asked whether Kent and Medway CCG's decision to continue with the contract would be known before the main procurement took place Mr Mitchell said Kent and Medway CCG contributed towards the peoples' voice element, specifically around mental health, and agreement was in place with Kent and Medway CCG for the next financial year;
- (c) Asked whether the contract would be changed to a longer term Mr Mitchell said the aim was to have a 5-year contract to give stability to the provider. At present a 3-year fixed term contract with two single year extensions was being considered;
- (d) Asked whether financial penalties for non-compliance would be included in the contract Mr Mitchell said incentives to perform against KPIs would be built into the procurement process; and
- (e) Asked whether one or multiple providers would be considered Mr Mitchell said the current structure included a lead provider working with smaller providers. Engagement and feedback from local communities, residents and providers would be used in determining the best model.

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

- a) Approve procurement of a new People's Voice Contract, which includes the delivery of Healthwatch Kent, for a maximum of five years (three years plus two single year extensions);
- b) Approve a direct award contract, to the current provider (EK360), for a maximum of six months (1 April 2022 to 30 September 2022) to allow procurement to progress; and
- c) Delegate authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of the contract modification or other legal agreements, as necessary to implement the decision, be endorsed.

30. 21/00104 - Older Persons Residential and Nursing Contract Extension and Variation
(Item. 8)

- 1. Mr Mitchell introduced the report and said the Older Persons Residential and Nursing Contract which would expire on 31 March 2022 allowed for a two-year extension.

2. Asked whether there was a means of aligning contracts so that extensions were not required Mr Mitchell said the arrangement for this contract extension was in place due to the Covid-19 pandemic and the two-year extension would provide care homes with a period of stability before structured engagement with the market took place.
3. 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 current contract in line with contract conditions for a further two years from 1 April 2022 to 31 March 2024;
 - b) Modify the contract to allow a separate Lot to be added that enables the purchasing of Pathway 3 Discharge Beds on behalf of NHS Kent and Medway Clinical Commissioning Group; 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 the contract modification or other legal agreements, as necessary to implement the decision, be endorsed.

31. 21/00105 - Technology Enabled Care Build and Test
(Item. 9)

1. Ms Walton introduced the report and said the Technology Enabled Care project would involve an initial one-year build and test approach with the outcomes from this used to inform the option for longer-term provision.
2. Ms Walton and Mr Smith responded to questions and comments from the committee, including the following:
 - (a) Asked about the funding of the contract Mr Smith said it would be funded from the Contained Outbreak Management Fund and a market sustainability funding stream.
 - (b) Asked about risk management and the need for robust communication Ms Walton said communication was important in raising the profile of the project and promoting the benefits of different solutions. The provider of the contract would work with the Council to develop a comprehensive communications plan.
 - (c) Asked about ensuring internet access in rural areas Ms Walton said Officers were working with the Council's Digital Inclusion Project to explore the barriers surrounding connection issues and the different options available to support individuals.
 - (d) Asked how the project would benefit someone in need of care Ms Walton said it would complement care or provide people with different options. Currently there were Technology Facilitators who were working to promote the different solutions available. Ms Walton said case studies would be included in future updates to the Committee.

- (e) Asked about the cost involved in ensuring equality and providing Wi-Fi to the elderly and vulnerable Ms Walton said this was being looked at by the Digital Kent Inclusion Project.
 - (f) Asked whether specialist charities would be involved in the procurement process Ms Walton said the Technology Facilitators were currently identifying the options of support available and engagement with partner organisations was taking place.
3. The Cabinet Member for Adult Social Care and Public Health, Mrs Bell, noted the importance of the Technology Enabled Care Build and Test project in exploring options and solutions for the future, and communication in managing understandable fear and resistance.
 4. It was RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to provide delegated authority to the Corporate Director Adult Social Care and Health, to award the contract following the outcome of the procurement activity for the Adult Social Care Technology Enabled Care build and test approach, be endorsed.

32. 21/00106 - Development of Micro Provider Market in Kent
(Item. 10)

1. Ms Walton introduced the report and said the aim was to procure a provider with the relevant experience to work closely with individuals, communities, and the workforce to gain an understanding of the gaps in the market, plan the development of micro providers and put in place a communication strategy.
2. Ms Walton and Mr Smith responded to questions and comments from the committee, including the following:
 - (a) Asked whether care workers were included as micro providers Ms Walton confirmed they were, and micro providers would provide non-regulated care. Ms Walton said some care workers may prefer to set themselves up as a micro provider as opposed to working for an organisation;
 - (b) Asked if un-regulated care would be more difficult to monitor and control Ms Walton said a framework would be developed with the provider of the contract to ensure micro providers comply with the necessary standards including safeguarding. The support provided by the micro provider would depend on the individual's care and support needs and a care and support plan would be completed by the Social Care Team;
 - (c) Asked how the project linked to social prescribing Ms Walton said the contract provider would work with communities and networks, including social prescribers, to identify gaps and opportunities for service provision; and
 - (d) Asked about the funding for the project Mr Smith said it would be funded partly from the Contained Outbreak Management Fund and partly from a market sustainability funding stream.

3. It was RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health to:
 - a) Award a contract to a provider who can support the development of a micro-provider market in Kent; and
 - b) Delegate authority to the Corporate Director of Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision, be endorsed.

33. Adult Social Care Pressures Plan 2021-2022

(Item. 11)

1. Mr McKenzie introduced the report which provided an overview of the current pressures faced by Adult Social Care and Health and the plan to mitigate those pressures to ensure service continuity and resilience. Mr McKenzie said the Covid-19 pandemic had placed additional pressures on the health and social care system and it was important to be prepared for a greater impact on the service.
2. Asked about OPEL (Operational Pressures Escalation Level) Mr McKenzie said the levels were reviewed and updated daily by each individual organisation and for the system as a whole. The current level would depend on each individual organisation, but most hospitals were currently operating at OPEL 3 or 4. Mr McKenzie said social care was under a more significant state of pressure however despite this was maintaining flow of people from hospitals into the community and was therefore typically operating at around OPEL 3.
3. It was RESOLVED that the content of the report and the Adult Social Care Pressures Plan 2021- 2022 be noted, with thanks.

34. Adult Social Care and Covid - Lessons Learned so far

(Item. 12)

1. Mr McKenzie presented a series of slides (sent to the committee before the meeting) which set out the impact the pandemic had had on Adult Social Care demand, the Social Care Market and workforce and Public Health Services, responses and solutions that had been implemented, and the lessons learnt. The presentation is attached as an appendix to the minutes. Mr McKenzie responded to questions from the committee, including the following:
 - (a) Asked about the security of personal information on platforms Mr McKenzie said the correct levels of security were used to secure the data.
 - (b) Mr McKenzie agreed to provide Members with further information on the 78 lessons learnt.
 - (c) Asked whether as many social care staff as possible had been encouraged to take the Covid-19 vaccine Mr McKenzie said the rates of take up had been good and the relevant information had been provided to staff through the provider network.

2. It was RESOLVED that the presentation on Adult Social Care and Covid - Lessons Learned so far be noted.

35. Work Programme 2021-2022
(Item. 13)

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

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 – 18 January 2022

Subject: **ADVOCACY HUB CONTRACT EXTENSION AND PERMISSION TO TENDER FOR NEW CONTRACT**

Decision Number:

Classification: Unrestricted

Past Pathway of report: Adult Social Care Governance Board – 22 December 2021

Future Pathway of report: Cabinet Member decision

Electoral Division All

Summary: The Advocacy Hub Contract is due to end on 31 March 2022, this includes the additional extension under the Procurement Policy Note (PPN 01/20)

The Mental Capacity Act (MCA) 2019 introduced Liberty Protection Safeguards as a replacement to Deprivation of Liberty Safeguards and was originally to come into force from 1 October 2020. During the pandemic Central Government announced that it would not be possible to meet the October deadline and decided that full implementation of Liberty Protection Safeguards would be April 2022. The implementation date of April 2022 hasn't changed but it takes a year to consult and implement, so there is an expectation of a further year's delay to April 2023.

The impact of the amendments on the future advocacy services that Kent County Council will need to continue to deliver to meet its statutory function needs to come from the Code of Practice which has not yet been shared.

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

- a) **APPROVE** a flexible extension to the current Advocacy Services Contract for up to 12 months from 1 April 2022 until 31 March 2023;
- b) **UNDERTAKE** market engagement in partnership with Kent and Medway Clinical Commissioning Group and Medway Council to procure a new Advocacy Services Contract; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other 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.

1. Introduction

- 1.1 The current Advocacy Hub Contract meets Kent's duties under the Care Act statutory requirements for the provision of independent advocacy under the terms of:
 - the Mental Capacity Act 2005,
 - the Mental Health Act 2007,
 - the Health and Social Care Act 2012
 - the Care Act 2014,
 - And across all categories of need, including young people in transition to adult services
- 1.2 The Advocacy Hub Contract is due to end on 31 March 2022, this includes the additional extension under the Procurement Policy Note (PPN 01/20).
- 1.3 The Mental Capacity Act (MCA) 2019 introduced Liberty Protection Safeguards (LPS) as a replacement to Deprivation of Liberty Safeguards (DoLS) and was originally to come into force from 1 October 2020. During the pandemic Central Government announced that it would not be possible to meet the October deadline and decided that full implementation of Liberty Protection Safeguards would be April 2022. The implementation date of April 2022 hasn't changed but it takes a year to consult and implement, so there is an expectation of a further year's delay to April 2023.
- 1.4 The impact of the amendments on the future advocacy services that KCC will need to continue to deliver to meet its statutory function needs to come from the Code of Practice which has not yet been shared.
- 1.5 The proposal is to flexibly extend the current contract from 1 April 2022 to 31 March 2023 this will allow for
 - the contract to be ended earlier
 - implementation of LPS requirements as necessary and in line with available information,
 - work with Providers to scope diversity aims for future workforce development for people from the marginalised groups the services aim to support
- 1.6 Commit to begin procurement in Spring 2022 for the new contract

2. Background

- 2.1 The initial contract for Advocacy Services was commissioned based on comprehensive, and award-winning coproduction and engagement. The contract and suite of services offering no wrong door access, has performed well, including during these unprecedented times.

- 2.2 During the Pandemic the current Provider has proved their ability to be flexible in diverse times, adapt to the use of technology, and consistently work to ensure the best level of support is provided for the residents of Kent.
- 2.3 At the start of the Pandemic an extension was given on the contract under Procurement Policy Note (PPN 01/20) which was released in March 2020 setting out information and associated guidance on the public procurement regulations and responding to the current coronavirus, COVID-19, outbreak. The contract was due to end 31 March 2021 but the extension moved this to March 2022, the rationale for this was due to issues related to restricted ability to engage, co-produce and network with stakeholders across Health, Social Care, Providers and people who use and refer into the service.
- 2.4 During this time work has been undertaken to understand the implications of Mental Capacity Act Amendments, Liberty Protection Safeguards and scope the opportunities for partnership approaches. Conversations with Medway Unitary Authority and Kent and Medway Clinical Commissioning Group have shown an interest to further explore the benefits and opportunities that a partnership working approach could have. Exploring the sharing of resources within the procurement and commissioning cycle alongside the ongoing contract management and the benefit of a no wrong door across Kent and Medway Social Care and Health and the person remains at the heart of what we do. A central point will ensure that people do not have to repeat their story and they can be best supported.
- 2.5 To ensure we develop a learning culture within our procurement we need to listen to others and have their thoughts on the service requirement, to do this effectively the correct time and resource needs to be allocated. We need to ensure that the direction we believe is correct for the contract is backed with evidence from all identified stakeholders to enable us to take meaningful measures and better understand the outcomes that those accessing the service are wishing to achieve. The additional time from the extension will allow us to ensure we procure a contract that has the person at the centre and will allow us to continue to make a difference every day.
- 2.6 Work with the stakeholders to review the service requirement and specification to use a strength-based approach which may involve having to challenge existing establishments.
- 2.7 Alternative options as detailed in Appendix 1, were considered including:
- Extending contract as is; with no flexibility, for 18 months
 - Do nothing; the contract will end on 31st March 2022
 - Extend only the statutory elements of the contract
 - Procure the service on a short-term basis
 - Procure the services as is for the longer term with option to include LPS once implications are understood
- 2.8 The proposal to seek up to 12 months extension will allow time for meaningful coproduction and partnership working to further develop the award-winning work, and extend the no wrong front door approach that the suite of services

has continued to deliver in Kent to include Medway and have consistency for Clinical Commissioning Group (CCG) users.

- 2.9 We have built a mobilisation period into the extension, to allow for a smooth transition should the incumbent Provider either not tender or not be successful during the procurement for the new Advocacy Services Contract.

3. Financial Implications

- 3.1 The value of 12 months contract extension (1 April 2022 to 31 March 2023) will be approximately £1.5m.
- 3.2 The approximate contract value for the newly procured advocacy services, to include the 12-month dual running period of the DoLs MH Assessors contract alongside the LPS contract, is £1,930,000 (based on current contracts as £1.5m for Advocacy Hub and £430,000 DoLS per annum)
- 3.3 The contract value is made from grants to the Local Authority which are expected to continue.

4. Legal implications

- 4.1 The Authority has statutory duties to deliver advocacy services under the Mental Capacity Act (amended 2019), the Mental Health Act (2007), the Health and Social Care Act (2012) and the Care Act (2014), across all categories of need, including to young people in transition to adult services.
- 4.2 The 2019 Amendments to the Mental Capacity Act and the effect on the Advocacy services are not yet fully understood, due to the delay in the publication of the accompanying Code of Practice.
- 4.3 Legal advice received from Invicta Law supported a 12-month extension and they recommended that we begin the process to re-let this contract in early 2022.
- 4.4 The proposed 12-month extension is flexible, in order to reserve the right for earlier termination of the contract should the Code of Practice be published and the implications understood, thus informing and expediting the development of new services specification and procurement of services.
- 4.5 The extension is proposed in view of the remaining statutory obligations to deliver statutory services, regardless of whether they are contracted or not. In the absence of a contracted service, significant inconvenience, and duplication of costs to the authority in managing spot purchased provision would likely occur. In addition, service users would likely experience inconsistent and fragmented delivery of Advocacy Services.

5. Equalities implications

- 5.1 An Equality Impact Assessment has been undertaken (attached as Appendix 2). The analysis of the proposal to extend the Advocacy Hub Contract and all services, including the non-statutory Community Learning Disability Services, considers that No change in the Advocacy hub services is the most appropriate option.
- 5.2 The evidence presented here suggests that there is no potential for discrimination and that this option is an appropriate measure to advance equality and foster good relations.
- 5.3 This EQIA will be updated further to as part of the recommissioning process to continually assess and consider the options and whether no change remains the most appropriate option.

6. Data Protection Implications

- 6.1 General Data Protection Regulations are part of current service documentation for the Advocacy Hub Contract.
- 6.2 For the new procurement of Advocacy Services, a Data Protection Impact Assessment is likely to be required.

7. Other corporate implications

- 7.1 Partnership working may offer opportunities such as a joint approach to market management, joint tendering and commissioning, and development of good coordination between new and established responsible bodies to benefit Residents
- 7.2 Liberty Protection Safeguards will apply to 16 and 17 year olds as well as Adults, therefore Children's Services will be impacted by the change in legislation. Commissioning are liaising with colleagues in Children and Young Peoples Commissioning to understand the future impacts.

8. Conclusions

- 8.1 KCC has to commission statutory services to the residents of Kent therefore a contract has to be in place on 1 April 2022
- 8.2 The current service provider and provision are working well. An extension will ensure a continued good service whilst work can continue on the review and analysis for tendering the new service
- 8.3 We have outlined work with partners to continue to present opportunities which the extension will provide
- 8.4 Partnership work will inform the commissioning and procurement for any new commissioned Advocacy services.

9. Recommendations

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

- a) **APPROVE** a flexible extension to the current Advocacy Services Contract for up to 12 months from 1 April 2022 until 31 March 2023;
- b) **UNDERTAKE** market engagement in partnership with Kent and Medway Clinical Commissioning Group and Medway Council to procure a new Advocacy Services Contract; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other 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.

10. Background Documents

None

11. Report Author

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Relevant Director

Richard Smith
Corporate Director Adult Social Care and Health
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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:

20/00004

For publication

Key decision: YES

The decision will result in expenditure of more than £1,000,000, and affects more than 2 electoral divisions

Title of Decision **ADVOCACY HUB CONTRACT EXTENSION AND PERMISSION TO TENDER FOR NEW CONTRACT**

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

- a) **APPROVE** a flexible extension to the current Advocacy Services Contract for up to 12 months from 1 April 2022 until 31 March 2023;
- b) **UNDERTAKE** market engagement in partnership with Kent and Medway Clinical Commissioning Group and Medway Council to procure a new Advocacy Services Contract; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other 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.

Reason(s) for decision: The Advocacy Hub for Adults contract, held by The Advocacy People is due to expire on 31 March 2022. With all contract extensions exhausted, an additional extension was previously made under the March 2020 Procurement Policy Note (PPN 01/20) due to the COVID-19, outbreak. The intention was to commence with procurement of new Advocacy Services during but a national lockdown remained in place. Virtual market engagement and meaningful public consultation was not ideal for the cohort of people that the contract is commissioned to support.

With hindsight, the additional one year extension was requested and approved before the unprecedented nature, and duration of the pandemic could be fully appreciated.

There are additional considerations that are not yet fully known which relate to the Mental Capacity Act amendments and the yet to be published, further delayed until at least April 2023 publication of the accompanying Liberty Protection Safeguards code of practice.

The recommendation to flexibly extend the current contract for up to 12 months with reserved right for earlier termination, reserved right for contract variation to allow for implementation of Liberty Protection Safeguards requirements as necessary, and for work with Providers to scope diversity aims and future workforce development for people from the marginalised groups the services aim to support has been endorsed.

Financial Implications: The value of 12 months contract extension (1 April 2022 to 31 March 2023) will be approximately £1.5m.

The approximate contract value for the newly procured advocacy services, to include the 12 month dual running period of Deprivation of Liberty Safeguards Mental Health Assessors contract alongside the Liberty Protection Safeguards contract, is £1,930,000 (based on current contracts as

£1.5m for Advocacy Hub and £430,000 Deprivation of Liberty Safeguards per annum).

The contract value is made from grants to the Local Authority which are expected to continue.

Legal Implications: The Authority has statutory duties to deliver advocacy services under the Mental Capacity Act (amended 2019), the Mental Health Act (2007), the Health and Social Care Act (2012) and the Care Act (2014), across all categories of need, including to young people in transition to adult services.

The 2019 Amendments to the Mental Capacity Act and the effect on the Advocacy services are not yet fully understood, due to the delay in the publication of the accompanying Code of Practice.

Legal advice received from Invicta Law supported a 12-month extension and they recommended that we begin the process to re-let this contract in early 2022.

The proposed 12-month extension is flexible, in order to reserve the right for earlier termination of the contract should the Code of Practice be published and the implications understood, thus informing and expediting the development of new services specification and procurement of services.

The extension is proposed in view of the remaining statutory obligations to deliver statutory services, regardless of whether they are contracted or not. In the absence of a contracted service, significant inconvenience, and duplication of costs to the authority in managing spot purchased provision would likely occur. In addition, service users would likely experience inconsistent and fragmented delivery of Advocacy Services.

Equalities implications: An EqIA was completed when the Kent Advocacy Services Contract was originally tendered. This has been updated to include this proposed extension to contract and will continue to be updated as throughout the recommissioning process.

The EqIA explores the implications of decommissioning non-statutory community learning disability advocacy service in any future procurement process (as recommended by the Contract Management Review Group in 2020). Presently an ongoing need for commitment to this non-statutory element in principle is indicated. However, this will be kept under review and need to flex within the context of Liberty Protection Safeguard code of practice.

Data Protection implications: General Data Protection Regulations are part of current service documentation for the Advocacy Hub Contract.

For the new procurement of Advocacy Services a DPIA is likely to be required.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 18 January 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

The Kent Learning Disability Partnership Board and The Autism Collaborative will be consulted regarding development of new services, and implementation.

Any alternatives considered and rejected:

Do nothing the contract will end on 31 March 2022 with the Authority still obligated to deliver statutory functions but these will be at increased cost, spot purchased, and deliver inconsistent and fragmented services.

Extend current contract as is for period of 18 months (30 September 2023) to allow for a

meaningful procurement without the additions of the recommended and supported option. This offers more limited scope to progress and develop the current service and future specification but Legal advice is that this may be more open to challenge.

Extend only the statutory elements of the contract for period of 18 months (30 September 2023) to allow for a meaningful procurement, without the additions of the recommended and supported option. This offers an immediate cost saving to the Council but risks further exacerbating inequalities experienced by learning-disabled people, during a time of disproportionate impact from covid-19, and risks damaging the Authority's reputation.

Procurement of the services on a short term basis would comply with public procurement regulations 2015 but create duplication of work and resource use for further procurement, award and mobilisation, risk a fragmented service delivery and poorer experience, and limits scope for more innovative service development and delivery.

Procure the services as is for the longer term with option to include Liberty Protection Safeguards once implications are understood would comply with public procurement regulations 2015 but limits scope for more innovative service development and delivery, and limits scope for financial savings or efficiencies to be found

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

.....
signed

.....
date

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Appendix 1: Options for Advocacy Services

Option Number	Option	Information
<p>1</p> <p>Recommended Option</p>	<p>Flexible Extension to current contract as is for period of 12 months (to 31 March 2023)</p>	<ul style="list-style-type: none"> • Delivered with break clause or as two 6 month extensions • Contract variation to allow for implementation of LPS requirements as necessary and in line with available information • Work with Providers scope diversity aims for future workforce development for people from the marginalised groups the services aim to support • takes into account the contract requirement will change with Liberty Protection Safeguards and allows time for the code of practice to be published • allows for market engagement – either Council only or Partnership approach • Tender to avoid seasonal periods when pressure is on the care market • Feedback from operational colleagues and people who use the service • Limited scope to progress and develop the service during this time in preparation for procuring on the basis of a better developed specification
<p>2</p>	<p>Flexible Extension to current contract as is for period of 18 months (to 30 September 2023)</p>	<ul style="list-style-type: none"> • break clause or reserved right for earlier termination • Contract variation to allow for implementation of LPS requirements as necessary and in line with available information • Work with Providers scope diversity aims for future workforce development for people from the marginalised groups the services aim to support • takes into account the contract requirement will change with Liberty Protection Safeguards and allows time for the code of practice to be published • allows for market engagement – either Council only or Partnership approach • Tender to avoid seasonal periods

		<p>when pressure is on the care market</p> <ul style="list-style-type: none"> • Feedback from operational colleagues and people who use the service • Limited scope to progress and develop the service during this time in preparation for procuring on the basis of a better developed specification
3	Extend current contract as is for period of 18 months (30 September 2023) to allow for a meaningful procurement:	<ul style="list-style-type: none"> • Safeguards and allows time for the code of practice to be published • allows for market engagement – either Council only or Partnership approach • Tender to avoid seasonal periods when pressure is on the care market • Feedback from operational colleagues and people who use the service • Limited scope to progress and develop the service during this time in preparation for procuring on the basis of a better developed specification
4	Do nothing the contract will end on 31 March 2022	<ul style="list-style-type: none"> • KCC will save the contract value <ul style="list-style-type: none"> ○ KCC will remain obligated to deliver statutory functions <ul style="list-style-type: none"> ▪ These would be sport purchased (no contractual oversight or levers) ▪ At increased costs ▪ deliver a fragmented and inconsistent service ○ KCC will not be delivering the non statutory elements (community LD)
5	Extend only the statutory elements of the contract for period of 18 months (30 September 2023) to allow for a meaningful procurement:	<ul style="list-style-type: none"> • Offers an immediate financial saving to the Council <ul style="list-style-type: none"> ○ May be increase in demand for services as people reach crisis point ○ Potential for damage to KCC reputation at a time when learning disabled people have been disproportionately impacted by the pandemic
6	Procure the service on a short term basis	<ul style="list-style-type: none"> • Complies with public procurement regulations 2015 <ul style="list-style-type: none"> ○ Duplication of work will be required for further

		<p>procurement exercise, contract award and mobilisation</p> <ul style="list-style-type: none"> ○ Potential for fragmentation of service delivery and poorer experience by people ○ Limited scope for more innovative approaches to service development and delivery
7	Procure the services as is for the longer term with option to include LPS once implications are understood	<ul style="list-style-type: none"> • Complies with public procurement regulations 2015 <ul style="list-style-type: none"> ○ Limited scope for more innovative approaches to service development and delivery ○ Limited scope for financial savings or efficiencies to be found

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Appendix 2: EQIA Submission

EQIA Submission Form
Information collected from the EQIA Submission

EQIA Submission – ID Number

Section A

EQIA Title	Advocacy Hub - Extension and ReCommissioning
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Responsible Officer	Xanten Brooker - ST SC
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Type of Activity

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

Accountability and Responsibility

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

Aims and Objectives

The proposed extension and the upcoming recommissioning of the Advocacy Hub services aims to ensure the Authority continues meeting its Care Act statutory duties in provision of independent advocacy under the terms of

- the Mental Capacity Act 2005
- the Mental Health Act 2007
- the Health and Social Care Act 2012 and
- the Care Act 2014

and across all categories of need, including young people in transition to adult services

In 2017 the current Kent Advocacy Hub Contract (held by The Advocacy People) was varied to include delivery of a non-statutory Learning Disability Community Advocacy Service to people aged 16 and over (including for learning disabled children in protection when referred by a care manager). This secured comprehensive, and fully inclusive Advocacy Service delivery, regardless of client category and aligned the services with the comprehensive coproductive consultations that took place, and which was recommended for awards (<https://www.scie.org.uk/advocacy/commissioning/study/effective-commissioning/kent>). At this point the EQIA for the service was updated.

This EQIA serves as an update to the original EQIA for the proposal to extend the current contractual arrangements and will become the working documented EQIA to inform the recommissioning of the Advocacy Services. This will therefore be updated regularly throughout the recommissioning process.

In February 2020 the Contract Management Review Group recommended analysis to avoid the cost implications associated with the delivery of the non-statutory community learning disability advocacy element of these services.

In March 2020 the Government took action to protect the NHS in response to the health threats posed by the global Covid-19 pandemic.

The 2021 CQC report Protect, Respect, Connect highlights how throughout 2020 people with learning disabilities experienced further inequity in access to healthcare and support, including premature death, blanket DNACPR, and poorer access to health services compounded by a widening exclusion of learning-disabled people from digital inequality. The report makes clear the need for partnership working with Advocacy organisations to address these.

The Equality Act (2010) places a statutory duty on Public Bodies to anticipate and prevent discrimination for those groups of people with protected characteristics. This includes people with learning disabilities.

Since the Contract Management Review group made its recommendations in February 2020, the situation has significantly changed with clear and disproportionate inequalities experienced by learning disabled people in the context of the ongoing covid pandemic. These would likely be exacerbated further if the non-statutory element of this service were to be considered for decommissioning at this time.

The analysis of the proposal to extend the Advocacy Hub Contract and all services, including the non-statutory Community learning disability services considers that No change in the Advocacy hub services is the most appropriate option.

The evidence presented here suggests that there is no potential for discrimination and that this option is an appropriate measure to advance equality and foster good relations.

This EQIA will be updated further to as part of the recommissioning process to continually assess and consider the options and whether No change remains the most appropriate.

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?	
KCC Adult Social Care including SMT on 09/11/2021 Kent & Medway Clinical Commissioning Group via Integrated Commissioning with Quality Team Medway Council Adult Social Care and Public Health meetings and conversations with Contract Officers Contract conversations with the advocacy people (current contractor) Informal conversations with members of the Learning Disability Partnership Board, and BEMIX	
Has there been a previous Equality Analysis (EQIA) in the last 3 years?	No
Do you have evidence that can help you understand the potential impact of your activity?	Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients	Service users/clients
Staff	Staff/Volunteers
Residents/Communities/Citizens	Residents/communities/citizens
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?	Yes

Details of Positive Impacts

The impact of an extension would mean that young people and adults who require advocacy services will continue to be able to access commissioned services across Kent County Council Geographical area. The impacts regarding future commissioned services are assessed below and will continue to be reviewed and assessed during the procurement and commissioning process.

Age:

The Advocacy suite of services is commissioned to deliver to people aged 16 and over and delivers positive benefits to young people, particularly those who may be transitioning from Children's to adults care services.

Older people who may require access to advocacy due to degenerative age-related health conditions such as dementia and/or care needs will also continue to benefit from advocacy under the Care Act 2014.

Disability:

Reports such as Valuing voices: Protecting rights through the pandemic (2021) and beyond and Protect, Respect Connect (2021), as well as Building the Right Support (2015) highlight the importance of independent advocacy for disabled people, including those with learning disabilities and autistic people. extending this contract will deliver positive benefits that deliver beyond the statutory requirements, arguably at a time (during the Pandemic) when it is most needed.

Disabled people are likely to have significant interactions with health and social care services as clients. The Care and support statutory guidance specifies in which scenarios independent advocacy must be provided but it's likely there are scenarios where independent advocacy would be helpful in enabling people with disabilities to make decisions about their own care. The recent impact of the covid-19 on learning disabled and autistic people provides evidence for this. In addition; the recently amended Mental Capacity Act's (MCA) Liberty Protection Safeguard (LPS) Code of Practice is due to be published imminently. The MCA amendments indicate that while people subject to LPS may not have an automatic right to Independent advocacy, this will be subject to best interest decisions being made. This may particularly impact on people with learning disabilities, autistic people and those with other mental health conditions, or neurodivergence.

There is evidence and further emerging research which highlights that neuronormative approaches and structures may be exacerbating inequalities (including mental health issues such as trauma) experienced by people in neurominority groups, including those who are learning disabled and/or autistic. The Lancet (2021) published "the neurodiversity concept viewed through an autistic lense", which reinforces a need for balance between the objective and the subjective experiences of neurodivergent people. The implications of this in terms of advocates needing to be equipped with the knowledge of this movement will be explored and assessed further throughout the procurement and commissioning process.

Sex and Gender:

During 2019/20 and 2020/21 more men have accessed Independent Mental Capacity Advocacy and

Independent Mental Health Advocacy than women. However, more women access community advocacy services, whilst access to Independent Health Complaints Advocacy Service and Independent Care Act Advocacy is relatively even between the sexes.

The different outcomes experienced between the sexes continues to be highlighted with statistics showing that women continue to live longer in poorer health, experience violence and abuse (highlighted by Refuge and Scie in 2020), whilst for Men, the ONS (2018), supported by the British Psychological Society (2018) reports that suicide remains the biggest cause of death in men under 45 years old.

There is evidence of intersectional inequality where Assigned Men at Birth (AMAB) and Assigned female at birth (AFAB) are also neurodivergent, with evidence of increased suicides in autistic AMAB, and under recognition of Autism in AFAB, underpinned by gender bias, which contributes toward poorer mental health outcomes (Bargeliela et al, 2016). Any Future advocacy services will need to be aware of these in order to effectively advocate for AFAB, AMAB, cisgender and intersex individuals, including being clear about and using people's preferred gender pronouns.

Continued, consistent Advocacy services will have a positive impact on AFAB, AMAB, intersex and cisgender individuals who need support to understand their rights and be empowered to make informed choices. However, good contractual relationships to understand the difference in access to and experience of the advocacy services between the sexes and genders, will ensure the Authority meets its statutory duties under the Care Act and with regard to the Equality Act and in addressing intersectional inequality. Any and all future commissioned service provision will be required to be accessible to all service users and providers.

Pregnancy, Maternity and those with Carer responsibilities:

As above applies with the addition the provisions and accommodation will be made where service users are pregnant and/or breastfeeding, and/or have caring responsibilities.

Sexual orientation:

Emotional, romantic or sexual feelings toward other people is part of the human condition, regardless of sex or gender. Whilst there have been huge strides in people's attitudes over the years, heteronormative expectations are systemic and there are still instances of hate crimes, prejudice and discrimination on the basis of sexual orientation.

Furthermore, due to historical hetero-normative biases and internalised bias, some older people may experience intersectional inequality for example by being estranged from their relatives and lack family support, and therefore more socially isolated.

This may also apply for younger people, particularly if those who may be from black or other minority ethnic groups, with potential for further intersectional inequality experienced by those who are disabled or with mental health needs, and/or whose gender identity is different to their assigned sex at birth.

Marriage and Civil Partnerships:

Any and all future commissioned service provision will be required to be accessible to all service users and providers.

Race:

All service provision will be required to be accessible to all service users and service providers. Data shows that usage of advocacy services is taken up by a wide range of ethnic groups and will continue to be monitored.

Advocacy can provide a vital link between services to enable marginalised and disempowered individuals to speak up about their views and concerns. However, the word advocacy can be difficult to translate into

some languages. What advocacy means and how it can help, may be difficult for some people from black and minority ethnic groups and their carers to understand.

The principles outlined under disability, and sex and gender with regard to the intersectional inequalities experienced by non-white people will continue to be assessed and addressed with people, in order to deliver effective advocacy services. This will be monitored in the recommissioned advocacy service to ensure there is proportionate referral, uptake and experience.

Any and all future commissioned service provision will be required to be accessible to all service users and providers.

Religion or belief:

Comprehensive information regarding impact of advocacy on people from different religions or beliefs is not available but it is acknowledged in the original EqIA and for any recommissioned services that Advocacy services to be aware of and address intolerances and prejudices based on this characteristic.

Any and all future commissioned service provision will be required to be accessible to all service users and providers.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?	No
Details of negative impacts for Age	
Not Applicable	
Mitigating Actions for Age	
Not Applicable	
Responsible Officer for Mitigating Actions – Age	Not Applicable

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?	No
Details of Negative Impacts for Disability	
Not Applicable	
Mitigating actions for Disability	
Not Applicable	
Responsible Officer for Disability	Not Applicable

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex	No
Details of negative impacts for Sex	
Not Applicable	
Mitigating actions for Sex	
Not Applicable	
Responsible Officer for Sex	Not Applicable

22. Negative Impacts and Mitigating actions for Gender identity/transgender

Are there negative impacts for Gender identity/transgender	No
Negative impacts for Gender identity/transgender	
Not Applicable	
Mitigating actions for Gender identity/transgender	
Not Applicable	

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

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

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

To: Adult Social Care Cabinet Committee – 18 January 2022

Subject: **Deprivation of Liberty Safeguards Mental Health Assessments Contract Extension and Transition to Liberty Protection Safeguards**

Decision Number: 20/00003

Classification: Unrestricted

Past Pathway of report: Adult Social Care Governance Board – 22 December 2021

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Summary: Deprivation of Liberty Safeguards assessments require a mental health assessment to be completed by a qualified mental health assessor. Kent County Council commissions South-East Memory Assessment Services to undertake these assessments. Liberty Protection Safeguards was planned to replace Deprivation of Liberty Safeguards legislation from April 2021. The pandemic has delayed the implementation of Liberty Protection Safeguards further. During the pandemic the current contract with South East Memory Assessment Services was extended to 31 April 2022, due to uncertainty regarding the go-live of Liberty Protection Safeguards.

The implementation date for Liberty Protection Safeguards is still the 1 April 2022, but this is unachievable as the code of practice consultation was due to start in Spring 2021 and it will take a year for the implementation. As a result, the current arrangements with South East Memory Assessment Services need to be extended by a further year to the 31 March 2023. It is expected that Liberty Protection Safeguards code of practice will be made public in the next six months, providing the detail that is required, which will also enable a new contract to be let to cover any requirements post 31 March 2023. The extensions to the current contract (first during the pandemic, and second proposed extension to 31 March 2022), place the total spend on the contract over £1,000,000 therefore requiring a key decision.

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) **EXTEND** the current contract with South East Memory Assessment Services for 12 months from 1 April 2022 to 31 March 2023, by means of a Written Justification for Exemption from the Normal Contract Procedure; 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 contracts or other legal agreements, as necessary to implement the decision; and
c) **CONSIDER** and **NOTE** the planned implementation of Liberty Protection Safeguards as a replacement to Deprivation of Liberty Safeguards.

1. Introduction

- 1.1 The Mental Capacity Act (MCA) 2019 introduced Liberty Protection Safeguards (LPS) as a replacement to Deprivation of Liberty Safeguards (DoLS) and was originally to come into force from 1 October 2020.
- 1.2 Liberty Protection Safeguards have been designed by UK Government to be a much more streamlined, efficient system which balances protection of people's rights with manageability of the system overall. LPS is expected to reduce the huge demand on the current DoLS system nationally, which for many years has been regarded as "*an administrative and bureaucratic nightmare*" (*Law Commission Report, 2017*)
- 1.3 A central premise of LPS is the person-centred, strengths-based approach to consider all options before taking the option that results in deprivation of liberty.
- 1.4 However, during the pandemic Central Government announced that it would not be possible to meet the October deadline and decided that full implementation of Liberty Protection Safeguards would be April 2022.
- 1.5 The implementation date of April 2022 hasn't changed but it takes a year to consult and implement, so there is an expectation of a further year's delay to April 2023.

2. Current Position

- 2.1 DoLS assessments were introduced in 2009 to prevent breaches of article 5 human rights ("Right to liberty and security of person"), provide a procedure in law for those deprived in accommodation to access care and treatment, and to provide legal protection to determine the lawfulness of the deprivation.
- 2.2 Under the current arrangements a DoLS requires a mental health assessment, carried out by a mental health assessor. The MCA DoLS Regulations 2008 stipulate this must be a medical doctor experienced in mental health and are section 12 approved, therefore approved clinicians under the Mental Health Act 1983. Furthermore, the local authority is responsible for ensuring that sufficient mental health assessors are available.
- 2.3 Capacity with a previous mental health assessment provider was limited – this was identified by a project group set up to clear a significant number of pending (backlog) cases. That project group worked with Commissioning to source alternative provision for DoLS mental health assessors, following due process

which led to South East Memory Assessment Services (SEMAS) being awarded the contract in April 2016, and the contract was expanded due to a key decision in May 2018 to purchase extra support to clear backlog, this was called project DoLS.

- 2.4 Since that time, the provider (SEMAS) has been able to provide the number of assessments the Kent DoLS team have requested to the standard required and within the appropriate timeframes.
- 2.5 Re-interpretations and amendments to DoLS policy have over the last decade dramatically increased the volume of applications entering the process, and the system is widely considered unsustainable in the long-term. As a result, Liberty Protection Safeguards were designed to replace DoLS. The basic premise of ensuring any deprivations placed upon a person are minimal and proportionate remains at the forefront of the legislation.
- 2.6 There are several key changes that the LPS will introduce such as
 - LPS will apply to 16 and 17 year olds, lowering the age eligibility requirement from 18 currently under DoLS
 - NHS Trusts and Clinical Commissioning Groups (CCG) will process any applications from health settings (e.g. hospitals), rather than the Local Authority
 - LPS will apply to all settings, including within the community, rather than being limited to mainly care homes and hospitals
 - A LPS application can be “transported” between locations, removing the need to complete a new assessment
 - LPS applications can be renewed for up to three years
 - ‘Best Interest Assessors’ are being replaced with ‘Approved Mental Capacity Professionals’
 - Mental health assessments are not explicitly required to complete an LPS application
- 2.7 It is expected based on current LPS guidance that new mental health assessments will not be required for people who are subject to an LPS assessment. Instead, where available, past documentation/diagnoses may be relied on in place of a new mental health assessment when completing an LPS assessment. Therefore under LPS the number of mental health assessments we our required to commission is expected to be far lower.
- 2.8 The coronavirus pandemic resulted in the Government taking the decision to delay the implementation of LPS.
- 2.9 During this period and with uncertainty around the implementation date for LPS, the contract with SEMAS was extended to 31 March 2022. UK Government will not achieve the revised go-live date for LPS of the 1 April 2022 and are expected to extend this date by a year to allow for a consultation. A project team is in place to manage this transition and implementation.

2.10 Therefore, the proposal is to extend the current SEMAS contract from 1 April 2022 to 31 March 2023 by means of a Written Justification for Exemption from the Normal Contract Procedure, in line with the change in legislation and new statutory framework (i.e. LPS)

3. Financial Implications

3.1 The value of the twelve months contract extension will be approximately £430,000 (dependant on demand).

3.2 Total spend on purchasing Metal Capacity Assessments (non-Project DOLs) through the contract will be over £1,000,000 by the end of March 2023, thereby requiring a key decision.

4. Legal implications

4.1 The extension to the SEMAS contract is procured under Procurement Policy Note (PPN 01/20) which was released in March 2020 setting out information and associated guidance on the public procurement regulations and responding to the current coronavirus, COVID-19, outbreak.

4.2 Invicta Law have reviewed the situation with the current SEMAS contract and have advised that extending the contract again raises KCC's risk exposure to challenge from other parts of the market.

4.3 It is understood that in Kent the SEMAS contract is not contested as much as others as there is no one who can provide this service.

4.4 We would agree that we need to engage the market early 2022 to re-purchase the services ready for the end of contract so a further extension is not required.

5. Equalities implications

5.1 An Equalities Impact Assessment (EqIA) covering DoLS is part of current service documentation.

5.2 An Equalities Impact Assessment (EqIA) covering LPS has been completed (attached as Appendix 1) based on current guidance, and shall be updated upon publication of LPS Codes of Practice

6. Data Protection Implications

6.1 General Data Protection Regulations are part of current service documentation.

6.2 A Data Protection Impact Assessment (DPIA) covering LPS has been completed, attached as Appendix 2, based on current guidance, and shall be updated upon publication of LPS Codes of Practice

7. Other corporate implications

7.1 Liberty Protection Safeguards will apply to 16 and 17 year olds as well as adults, therefore Children's Services will be impacted by the change in legislation. The project team is liaising with colleagues in Children's Services to ensure they are aware of the future impacts.

8. Conclusions

8.1 The delay to the implementation of LPS as a result of the pandemic resulted in an unavoidable extension to the SEMAS contract to ensure KCC continued to meet its DoLS obligations.

8.2 Now with an anticipated implementation date for LPS of April 2023, the SEMAS contract will need further extension to coincide with the implementation of the new legislation.

8.3 A new contract will be let to replace this extended contract for the time required and to include any LPS contractual requirements if the code of practice is released.

8.4 The adoption of Liberty Protection Safeguards as a replacement to DoLS is mandatory, but is expected to benefit all parties once fully bedded in, including both people subject to an application, and KCC in terms demand on resource.

8.5 A new contract is to be let from 1 April 2023 which will include any requirements post this date, or if the implementation date is delayed again the council will have a new contract to replace the current one.

9. Recommendations

9.1 Recommendation: 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) **EXTEND** the current contract with South East Memory Assessment Services for 12 months from 1 April 2022 to 31 March 2023, by means of a Written Justification for Exemption from the Normal Contract Procedure; 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 contracts or other legal agreements, as necessary to implement the decision; and

c) **CONSIDER** and **NOTE** the planned implementation of Liberty Protection Safeguards as a replacement to Deprivation of Liberty Safeguards.

10. Background Documents

None

11. Lead Officer

Maureen Stirrup
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Relevant Director

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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:

20/00003

For publication

Key decision: YES

expenditure in excess of £1,000,000

Title of Decision: Deprivation of Liberty Safeguards Mental Health Assessments Contract Extension

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

- a) **Extend** the current contract with South East Memory Assessment Services (SEMAS) for 12 months from 1 April 2022 to 31 March 2023 by means of a Written Justification for Exemption from the Normal Contract Procedure 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: The Mental Capacity Act 2005 introduced Liberty Protection Safeguards (LPS) to replace Deprivation of Liberty Safeguards (DoLS) and was originally to come into force from 1 October 2020. During the pandemic Central Government announced that it would not be possible to meet the October deadline and decided that full implementation of Liberty Protection Safeguards would be April 2022. At the time of the announcement, the view was the revised date would allow sufficient time, following publication of the final code to prepare for implementation. The required processes to implement for April 2022 have not been started, and it is expected to be a year from the point of consultation to implementation, and the consultation has not begun.

Under the current arrangements, a DoLS requires a mental health assessment, carried out by a mental health assessor. The Mental Capacity Act (MCA) DoLS Regulations 2008 stipulate this must be a medical doctor experienced in mental health and are section 12 approved, therefore approved clinicians under the Mental Health Act 1983. Furthermore, the local authority is responsible for ensuring that sufficient mental health assessors are available. Capacity with a previous provider was limited – this was identified by a project group set up to clear a significant number of pending (backlog) cases. That group worked with Commissioning to source alternative provision for DoLS Mental Health Assessors, following due process which led to South East Memory Assessment Services (SEMAS) being awarded the contract in April 2016. The contract was expanded due to a key decision in May 2018 to purchase extra support to clear the DoLS backlog, this was called project DoLS.

Since that time, the provider (SEMAS) has been able to provide the number of assessments the Kent DoLS team have requested to the standard required and within the appropriate timeframes.

The contract with South East Memory Assessment Service is due to expire on 31 March 2022. Therefore, the proposal is to extend the current contract from 1 April 2022 to 31 March 2023 by means of a Written Justification for Exemption from the Normal Contract Procedure, to allow the

contract to continue to run whilst the legislation is implemented.

If the legislation consultation has not started in April 2022, the project team will look to re-let the contract post April 2023 with a break clause, allowing time for the release of the LPS legislation and the needs of the council to continue to use this service.

Financial Implications: The value of the twelve months contract extension will be approximately £430,000 (dependant on demand). Total spend on purchasing Metal Capacity Assessments (non-Project DOLs) through the contract will be over £1,000,000 by the end of March 2023, thereby requiring a key decision.

Legal Implications: This is being procured under Procurement Policy Note (PPN 01/20) was released in March 2020 setting out information and associated guidance on the public procurement regulations and responding to the current coronavirus, COVID-19, outbreak.

The regulation states that: in responding to COVID-19, contracting authorities may enter into contracts without competing or advertising the requirement so long as they are able to demonstrate the following tests have all been met:

- 1) There are genuine reasons for extreme urgency, eg: you need to respond to the COVID-19 consequences immediately because of public health risks, loss of existing provision at short notice, etc;
 - you are reacting to a current situation that is a genuine emergency - not planning for one.
- 2) The events that have led to the need for extreme urgency were unforeseeable, eg:
 - the COVID-19 situation is so novel that the consequences are not something you should have predicted.
- 3) It is impossible to comply with the usual timescales in the PCRs, eg:
 - there is no time to run an accelerated procurement under the open or restricted procedures or competitive procedures with negotiation;
 - there is no time to place a call off contract under an existing commercial agreement such as a framework or dynamic purchasing system.
- 4) The situation is not attributable to the contracting authority, eg:
 - you have not done anything to cause or contribute to the need for extreme urgency.

Equalities implications: EQIA is part of current service documentation. An Equalities Impact Assessment (EqIA) covering LPS has been completed based on current guidance, and this will be updated upon publication of LPS Codes of Practice

Data Protection implications: General Data Protection Regulations are part of current service documentation. A Data Protection Impact Assessment (DPIA) covering LPS has been completed based on current guidance, and this will be updated upon publication of LPS Codes of Practice

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 18 January 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

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

.....
signed

.....
date

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

Directorate/ Service: Adult Social Care & Health, Disabled Children & Young People and Integrated Children Services

Name of decision, policy, procedure, project or service: Transition and Implementation of Liberty Protection Safeguards (replacing Deprivation of Liberty Safeguards)

Responsible Owner/ Senior Officer: Janice Duff (SRO), Maureen Stirrup (SOO)

Version: 1.0

V0.1	27/09/2019	Sholeh Soleimanifar	Initial draft
V0.2	23/12/2019	Akua Agyepong	Comments
V1.0	23/12/2019	Sholeh Soleimanifar	Final
V1.1	01/12/2021	Robert Underwood	Review of Final Draft

Author: Sholeh Soleimanifar

Pathway of Equality Analysis:

Adults PMO (Project Mandate) 23 July 2019

DMT (Adult Safeguarding) 13 August 2019

Adults PMO (Project Proposal) 04 September 2019

Summary and recommendations of equality analysis/impact assessment.

- **Context**

Deprivation of Liberty Safeguards (DOLS) is a statutory function of the local authority. The law governing the application of DOLS is the Mental Capacity Act 2005 which is based on Article 5 of the European Convention on Human Rights (ECHR). This legislation guarantees a person's right to personal liberty and requires safeguards to be provided to those deprived of their liberty.

The Mental Capacity (Amendment) Act received Royal Assent in May 2019. This legislation will introduce a new model for authorising deprivations of liberty in care replacing DOLS with the Liberty Protection Safeguards (LPS). The new law is expected to come into force in October 2020 running alongside the DOLS for the first year. The new legislation (LPS) was expected to be introduced from October 2020, then Spring 2021, and then late Summer 2021. We are still waiting on the code of practice to be released in December 2021 and the public consultation which will enable the implementation.

The complexity of the DOLS process and the impact of the Supreme Court ruling in 2014 on the number of applications received, has put a lot of strain on current resources, resulting on a backlog of applications pending assessment and outcome. This crisis is reflected locally, regionally and nationally.

Current DOLS legislation exclusively covers applications from registered care settings. Government has estimated there are around 53,000¹ cases nationally involving deprivations of liberty in these settings. There is no current estimate available

The Assessment Process

As soon as the local authority has confirmed that the request for a standard authorisation should be pursued, it must obtain the relevant assessments to ascertain whether the qualifying requirements of the DoLS are met.

The assessments are:

1. Age Assessment
2. Mental Capacity Assessment
3. Mental Health Assessment
4. No Refusals Assessment
5. Eligibility Assessment
6. Best Interests Assessment

Where all six requirements are met, the application is granted and this means that the individual can be legally deprived of their liberty by the hospital or care home. The authorisation can be granted for any length of time up to a year. If any of the six requirements are not met, an authorisation cannot be granted.

The introduction of LPS seeks to ensure increased compliance with the law, with robust safeguards in a cost-effective manner – in all settings.

Overwhelmingly those subject to DOLS are older people, many of whom have dementia. However, younger adults with learning disabilities, people with mental health problems and people with acquired brain injury may also be subject to DOLS. The age range under LPS is extended to include 16 and 17 year olds.

- **Aims and Objectives**

Article 5 of the European Convention on Human Rights (ECHR) guarantees the right to personal liberty and security and provides that no one should be deprived of their liberty in an arbitrary fashion. The Deprivation of Liberty Safeguards (DoLS), introduced into the Mental Capacity Act 2005 by the Mental Health Act 2007, provides a legal process in England and Wales for authorising deprivations of liberty in hospitals and care homes.

The Supreme Court judgment in 2014, (known as Cheshire West), significantly extended the scope for deprivation of liberty so that a person who lacks capacity to consent to their confinement will be deprived of liberty where they are under continuous supervision and control and are not free to leave, irrespective of whether or not they appear to object to their deprivation.

Since the judgment the DoLS system has struggled to cope with the increased number of cases:

¹ <https://publications.parliament.uk/pa/bills/lbill/2017-2019/0117/mental-capacity-IA.pdf>

- 2013/14 (prior to Cheshire West) total number of DoLS application in England was 13,715.
- 2017-18 (post Cheshire West) total number of DoLS applications in England increased to 227,400.²

These figures do not capture people who are deprived of liberty in settings not covered by the DoLS, (e.g. supported living, shared lives and private and domestic settings) where the only available mechanism to provide Article 5 safeguards is via authorisation by the Court of Protection. This number was estimated by the Law Commission's Impact Assessment at around 53,000³.

The backlog of applications that have not been approved means many numbers of individuals are left without safeguards for an extended period. To manage these historic applications, Kent secured a one-off funding in 2018 to process and complete as many applications as possible in a two-year period. A new project was set up in the DOLS unit, using a commissioned provider to undertake the assessments. In the first year of the project, all pending applications from April 2014 to March 2017 (~ 1500 applications) were processed and authorised. It is estimated a similar number will be completed by end of the project in July 2020.

- **Summary of equality impact**

This project will manage the transition from DOLS to LPS, with full implementation currently documented at April 2022.

Under the current DoLS system many people are not receiving Article 5 safeguards for significant periods of time, or in some cases at all, as a result of the backlog of cases awaiting authorisation. It is expected that LPS will be more streamlined than the existing DOLS system because of the fewer assessments and increased period by which authorisations can be renewed.

LPS will also be a more equitable system, as it will be applicable for any setting, rather than just registered care settings.

Finally the extension of the age group to include 16 & 17 years olds, means that the rights of young people transitioning to adulthood will be better safeguarded and any deprivations of liberty, where they are unable to consent to their care or treatment, is considered in the same way as those 18 and above.

The Code of Practice was expected to be published in Spring 2020, delayed to late summer 2020 and currently does not have a release date, which will set out how the new system will operate in practice.

Adverse Equality Impact Rating

Low

² NHS Digital, Mental Capacity Act 2005 Deprivation of Liberty Safeguards 2017-2018 report

³ <https://publications.parliament.uk/pa/bills/lbill/2017-2019/0117/mental-capacity-IA.pdf>

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning **the transition and implementation of Liberty Protection Safeguards** . I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service Signed:	Name: Maureen Stirrup
Job Title: Head of DOLS	Date:
DMT Member Signed:	Name: Akua Agyepong
Job Title: Assistant Director (countywide services)	Date:

Part 1 Screening

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

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

Please provide a brief commentary on your findings. Fuller analysis should be undertaken in Part 2.				
Protected Group	High negative impact EqlA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/Low Positive Impact Evidence
Age	No	No	No	<p>Impact is expected to be positive on this protected characteristic, as majority of those subject to deprivation of liberty are older adults (85+), many of whom have dementia.</p> <p>Younger people (aged 18-64) are generally supported more in the community to a greater extent than for those aged 65 and over. They will be impacted as the safeguards will now apply to this cohort of persons in domestic community settings.</p> <p>Similarly, there are benefits for 16&17 year olds being included in safeguards through LPS</p>

Disability	No	No	No	Impact is expected to be positive on this protected characteristic, as all those subject to deprivation must be assessed to lack capacity to consent.
Sex	No	No	No	The majority of DOLS applications both nationally and in Kent are for females (approx. 60%). This means that the impact is expected to be particularly positive for females.
Gender identity/ Transgender	No	No	No	Whilst gender identity/transgender information is routinely collated as part of DOLS applications, most 'decline to respond' It is unlikely to have an impact either way
Race	No	No	No	The proportion of applicants for DoLS from BAME backgrounds is lower than that compared to those who are in receipt of social care. Part of the reason is that majority of

				BAME prefer to receive care and support in their own home. In this respect the new legislation is likely to have a positive impact.
Religion and Belief	No	No	No	Most people do not respond positively to questions regarding religion and belief. The impact of LPS is likely to be positive on this group, reflective of the BAME communities, who prefer receiving care in the community.
Sexual Orientation	No	No	No	<p>Whilst sexual orientation is routinely collated as part of DOLS applications, positive identification is received on 50% of applications, who identify as Heterosexual, with the remainder either 'decline to respond' or 'Not captured'.</p> <p>It is unlikely to have an impact either way</p>

Pregnancy and Maternity	No	No	No	Pregnancy and maternity unlikely to be impacted.
Marriage and Civil Partnerships	N/A	N/A	N/A	N/A
Carer's Responsibilities	No	No	No	It is likely the impact of LPS will be positive on Carers. Currently those deprived of their liberty in the community need to go through the Court of Protection, which is lengthy and complex. LPS will make it much simpler.

Part 2

Equality Analysis /Impact Assessment

Protected groups

(Who will be directly or indirectly negatively affected by the changes?)

Analysis by protected characteristic

Age

Older people are more likely to be deprived of their liberty under the DoLS and so will feel the greatest positive impact of the changes. This is due to the higher number of older adults being in care homes compared to younger adults, compounded with the fact that age-related conditions such as dementia affect mental capacity.

Younger people (aged 18-64) are generally supported more in the community to a greater extent than for those aged 65 and over. They will be impacted as the safeguards will now apply to this cohort of persons in domestic community settings. This will be beneficial as it is a more streamlined process than having to apply to the Court of Protection.

Arrangements for 16 and 17-year olds are currently authorised through parental consent, or through the Court of Protection. Currently going through the Court of Protection is burdensome and could be distressing for a young person: this would be alleviated by having easier access to safeguards.

Disability

People with a disability, as defined in the Equality Act 2010, will be disproportionately affected by LPS (which specifically applies to people with mental disorder who lack mental capacity to consent to arrangements enabling care or treatment that give rise to a deprivation of liberty) in comparison to those without disability.

LPS is expected to have a more proportionate approach, with longer authorisations than the current system (up to 3 years after 2 initial 12 month authorisations) as well as the option to trigger a review, with the effect of reducing the burden of potentially invasive assessments upon people with long term and stable conditions and their families.

The extension of the model to deprivation of liberty in community settings removes an inequality between people with disabilities being cared for at home, versus those who are being cared for in care homes or hospitals.

Sex

The NHS Digital Report 2017/18 shows that 60% of applications for DoLS are made in relation to women⁴, across both England and Wales. This is

⁴ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-capacity-act-2005-deprivation-of-liberty-safeguards-assessments/annual-report-2017-18-england>

replicated in Kent. This may be because women have a longer life expectancy so are therefore more likely to lose capacity because of age related conditions. This means that women will be impacted more and benefit more from the increased access to safeguards provided by the Liberty Protection Safeguards.

Race

The proportion of applicants for DoLS from BAME backgrounds is lower than that compared to the proportion in social care, and of the overall 18+ population. Department of Health & Social Care conducted engagement workshops with a range of stakeholders including those from BAME backgrounds. Participants from BAME communities indicated that people from their communities have a preference to receive care in their own home.⁵

Under the current system, deprivations of liberty that occur in domestic and community settings must be authorised by the Court of Protection. These will be covered by the Liberty Protection Safeguards, meaning individuals can be assessed and authorised without going to court. This will cost less than the current process of applying to the Court of Protection, takes less time and is more straightforward which is beneficial to the individual and their family. The easier access to the LPS should advance equality of opportunity, making the authorisations representative of the overall population, and improve the experience for those of BAME backgrounds. This is a positive impact as more of this group may now benefit from the additional safeguards which they may have not previously accessed.

It is also worth observing that people from BAME groups have much higher rates of detention under the Mental Health Act than White people nationally, as reported by the CQC in their 2018 report⁶.

Religion or belief

We do not hold sufficient data on religion or belief so are unable to analyse whether the current system applies to anyone disproportionately based on this characteristic, and accordingly whether they would experience an adverse impact. All people will be subject to the same process for Liberty Protection Safeguards, regardless of religion or belief.

Other protected Characteristics:

All people subject to the Liberty Protection Safeguards will be subject to the same process for assessment and authorisation of a deprivation of liberty regardless of gender reassignment, their sexual orientation or the characteristic of pregnancy and maternity. We do not have sufficient data to make a robust analysis of the potential impact to people who share them. However, we do not expect these groups will be differentially or adversely effected by the implementation of the LPS.

⁵

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/765385/equality-impact-assessment.pdf

⁶ The rise in the use of the MHA to detain people in England.

Impacts on Carers

According to Carers UK, 58% of unpaid carers are women,⁷ so, they will disproportionately benefit from the benefits of Liberty Protection Safeguards.

Under the Mental Capacity Act people who lack capacity to consent and receive care or treatment in domestic settings (outside of the current DoLS system) must have any deprivation of liberty authorised by the Court of Protection. This is a long process which requires the person, a family member or other carer or the CCG/local authority to go to court (potentially at financial cost to themselves) and leaves them with a level of uncertainty as it can be months before some cases are heard. LPS reduces the need to escalate a deprivation of liberty to the Court of Protection, whilst ensuring that the cared-for person receives an appropriate level of safeguards.

Information and Data used to carry out your assessment

Data sources have been indicated as footnotes throughout the document.

Who have you involved consulted and engaged?

Not Applicable - The Mental Capacity Amendment Act is a new legislation and a statutory function. Department of Health conducted consultations and engagement events for the passing of the Bill. Further consultations expected for the corresponding Code of Practice.

Analysis

Overall the impact on all protected characteristics is expected to be positive.

Adverse Impact,

No adverse impact identified in relation to protected characteristics.

Positive Impact:

The overall impact of LPS is expected to be positive on protected characteristics. At present, many people who ought to be assessed under the present framework are simply not receiving these assessments. The current DoLS system is only applicable in registered care settings for adults 18+. The demand on the service after the supreme court ruling almost brought the system to a halt, resulting in a backlog of non-priority applications. This has meant that many people have been left without a legal framework to safeguard their deprivation of liberty.

LPS will enable deprivations of liberty to be authorised in any setting, particularly important for those in the community who have had to use the Court of protection.

In addition, by increasing the eligible age group to include 16 & 17 year olds, means that young people assessed to lack capacity to consent to their care and treatment will now have a route to have their applications assessed and authorised in the same way as adults.

⁷ <https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures>

Finally, LPS is expected to have a significant positive effect on human rights, and compliance with Article 5 of the European Convention on Humans Rights.

JUDGEMENT

Set out below the implications you have found from your assessment for the relevant protected group(s). If any negative impacts can be justified please clearly explain why. Identify the option to address the impact. There are four possible options:

- **No major change** - no potential for discrimination and all opportunities to promote equality have been taken

Internal Action Required NO

There is potential for adverse impact on particular groups and we have found scope to improve the proposal...

(Complete the Action Plan- please include dates for monitoring and review)

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
All protected characteristics	Standardised collection and recording of protected characteristics as part of the performance monitoring framework	Consider data collation when developing LPS forms Consider data collection as part of the 'systems' development to record protected characteristics	More robust information regarding protected characteristics to inform areas that are under represented, the reason for such instances and to develop action plans to address gaps	Project manager during the lifetime of the project	Jan – Oct 2020	None expected

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

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

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

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

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DPIA Screening Form – Liberty Protection Safeguards

Summarise what the project and proposed data processing is about		<p><i>This DPIA is for the implementation of Mental Capacity (Amendment) Act 2019, commonly referred to as Liberty Protection Safeguards (LPS). LPS will replace Deprivation of Liberty Safeguards (DoLS), which is a statutory function of the local authority as Supervisory Body for people who lack capacity to consent to their care and treatment at registered care settings. The new legislation (LPS) was expected to be introduced from October 2020, then Spring 2021, and then late Summer 2021. We are still waiting on the code of practice to be released in December 2021 and the public consultation which will enable the implementation. The proposed data processing is required, a) during the project phase to manage a timely transition and implementation., and b) to be in compliance with the legislation and related Code of Practice to effectively manage LPS applications, for those who meet the eligibility criteria, where Kent County Council is the Responsible Body.</i></p>		
1	Does the activity involve...	YES	NO	DPIA Necessary?
	Processing of personal data?	x		If no, a DPIA will not be necessary. If yes, please continue.
2	Are you planning to...	YES	NO	
	Use systematic and extensive profiling or automated decision-making to make significant decisions about people.	x		If you answer 'yes' to any of these questions, you must carry out a DPIA.
	Process special category data or criminal offence data on a large scale.	x		
	Systematically monitor a publicly accessible area on a large scale.		x	
3	Or are you planning to...			
	Make decisions on someone's access to a service, product opportunity or benefit which is based on automated decision-making (including profiling) or involves the processing of special category data.	x		If you answer 'yes' to any of these questions then you must carry out a DPIA.
	Carry out profiling on a large scale.	x		
	Combine, compare or match data from multiple sources.	x		
	Process children's personal data for profiling or automated decision-making or for marketing purposes, or offer online services directly to them.	x		
	Process personal data which could result in a risk of physical harm in the event of a personal data breach.	x		
4	Or are you planning to...			
	Process biometric data.		x	If you answer 'yes' to 2 or more of the criteria in this section 4, a DPIA must be carried out.
	Process genetic data (other than by a GP)		x	

or health professional to provide healthcare)				OR If you answer 'yes' to any of these questions, and at least one criteria from section 5 below applies, then you must carry out a DPIA. Even if no additional criteria below apply, you may still need to do a DPIA depending on the nature of the processing planned.
Use innovative technology.		x		
Process personal data without providing a privacy notice directly to the individual.		x		
Process personal data in a way which involves tracking individuals' online or offline location or behaviour.		x		
5	Are you planning to carry out any other....	YES	NO	
Evaluation or scoring.		x		Where two or more criteria are met, the activity may present a high risk to the rights and freedoms of data subjects and you should conduct a DPIA.
Automated decision-making with legal or significant effects.		x		
Systematic monitoring		x		
Processing of sensitive data or data of a highly personal nature.		x		Even if only one criteria is met, you may still need to conduct a DPIA if it is considered to present a likely high risk to the rights and freedoms of an individual.
Processing on a large scale.		x		
Matching or combining datasets		x		
Processing of data concerning vulnerable data subjects.		x		
Innovative use or applying new technological or organisational solutions.		x		If uncertain about whether the risk is likely to be high, conduct a DPIA regardless.
Processing involving preventing data subjects from exercising a right or using a service or contract.			x	
6	Other	YES	NO	
Are you planning any major project involving the use of personal data?		x		If so, you should consider carrying out a DPIA as good practice.
7	Has there been a change...			
In the nature, scope, context, or purposes of existing processing operations		x		You should carry out a new DPIA.

Conclusion	YES	NO	Rationale
Is a DPIA required?	x		
If no, will a DPIA be conducted anyway?			
Summary of DPO advice:			

When you have completed this screening tool please send it to the DPO for logging and advice: dpo@kent.gov.uk

DATA PROTECTION IMPACT ASSESSMENT - LPS

1. Document History			
Version Number	Summary of change	Reviewed by (name and role)	Date
0.1	First draft	Sholeh Soleimanifar – Project DOLS Lead	20/09/2019
0.2	Peer Review	Matt Liggins – Senior project Officer	01/10/2019
0.3	Second draft	Sholeh Soleimanifar – Project DOLS Lead	18/11/2019
0.4	DPIA office review	Kate Kremers Ben Watts	25/11/2019
1.0	DPO recommendations updated in Section 12	Sholeh Soleimanifar – Project DOLS Lead	21/01/2020
1.1	Review of DPIA	Robert Underwood – Project Manager	16/12/2021

2. Administrative information	
Name of organisation	Kent County Council
Service unit responsible for the project	Portfolio and Project Management Team Adult Social Care and Health
Senior Officer responsible for the project	Akua Agyepong – Senior Responsible Officer Maureen Stirrup – Senior Operating Officer
Project Manager	Glyn Pallister – Senior Project Manager Robert Underwood – Project Manager
Data processor (if applicable)	
Data Protection Officer	Benjamin Watts
[Other key personnel involved in the project]	Sholeh Soleimanifar – Previous Project lead

3. Executive Summary (complete this section last)
<p><u>Project Description</u></p> <p>The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. The Mental Capacity (Amendment) Act will introduce a new model for authorising deprivations of liberty in care, replacing DOLS with the Liberty Protection Safeguards (LPS). The new law is expected to come into force in October 2020 running alongside the DOLS for the first year. The new legislation (LPS) was expected to be introduced from October 2020, then Spring 2021, and then late Summer 2021. We are still waiting on the code of practice to be released in December 2021 and the public consultation which will enable the implementation.</p> <p>The Kent LPS project will manage the transition and implementation of the new legislation, in settings where Kent County Council will be the responsible body.</p> <p><u>Scope of processing, purposes of the processing and the legal basis for processing</u></p>

Article 5 of the Human Rights Act states: "*Everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty (unless) in accordance with a procedure prescribed in law.*"

The Mental Capacity (Amendment) Act became law in May 2019 and is expected to become operational from autumn 2020. This legislation will replace the existing Deprivation of Liberty Safeguards (DoLS) and Deprivation of Liberty in community settings.

Where a responsible body (care home, local authority, CCG, NHS Trust) thinks it needs to deprive someone of their liberty, they must ask for this to be authorised. The responsible body will then appoint assessors, inhouse or third party, to see if the conditions are met to allow the person to be deprived of their liberty under the safeguards. If any of the conditions are not met, deprivation of liberty cannot be authorised. If all conditions are met, the responsible body must authorise the deprivation of liberty.

Intended benefits for data subjects, third parties and KCC

The intended benefits of the Liberty Protection Safeguards (LPS) is that individuals who need to be deprived of their liberty, and lack capacity to consent to their deprivation to receive appropriate care and treatment plans, will have a legal framework to safeguard their interests.

The new legislation is wider in scope than the existing DoLS, in that it will be applicable from 16 years and above and in any setting. However, the responsible body is dependent on where the person is being deprived. For NHS hospitals, the responsible body will be the 'hospital manager'. For arrangements under Continuing Health Care outside of a hospital, the 'responsible body' will be their local CCG. In all other cases – such as in care homes, supported living schemes etc. (including for self-funders), and private hospitals, the responsible body will be the local authority.

For the responsible body to authorise any deprivation of liberty, it needs to be clear that:

- The person lacks the capacity to consent to the care arrangements
- The person has a mental disorder
- The arrangements are necessary to prevent harm to the cared-for person and proportionate to the likelihood and seriousness of that harm.

Privacy risks and any proposed solutions to mitigate them.

As with processing of any personal and special category data, using multiple platforms, always carries a risk of data security incidents or breach. Data security is taken very seriously and a number of actions are taken to mitigate risks as far as possible:

- All staff must undertake mandatory training in Data Protection (GDPR) and Information Governance – reviewed at least every 2 years, or more frequently if needed
- DoLS and LPS will follow a strict scripted process, with all those engaged in any aspect fully trained.
- Client information is only shared strictly on a need to know basis
- Documents are shared with external partners, such as the Managing Authority, Independent Mental Capacity Advocate, using password protection, Microsoft SECURE email or Egress Workspace – all of which are encrypted.
- For data analysis purposes data is anonymised to avoid risk of data breach
- In the event of data incidents or data breaches, lessons learnt are shared to avoid similar issues being repeated.

4. Identify the need for a data protection assessment (DPIA) (complete the screening tool and attach a copy to this DPIA)

What type of processing is involved?	There will be large scale use of sensitive data, data concerning vulnerable data subjects, and potential use of new technologies in the form of Artificial Intelligence to conduct limited areas of the processing, such as transferring information from online applications to the client information system, allocating work to designated workers and payment of invoices.
Reasons a DPIA is required	Features of the processing indicate a likely high risk, as indicated by the DPIA guidance.

5. Description of the Processing
(you may wish to use or attach a data flow and attach to this DPIA)

Description of the Project/Processing	<p>The LPS Project seeks to:</p> <ol style="list-style-type: none"> 1. Identify the impact of the change in legislation in local policies, practice, protocols and guidance, leading to development of new policies, processes and guidance tools to ensure Kent's compliance with the new legislation. 2. Understand the impact of the change process within the Deprivation of Liberty functions (DOLS and Community), and the interface with operational teams, for 16/17-year olds (Children Services) and 18+ adults 3. Identify what Workforce is required to undertake the work: skills, capacity <p>The above objectives, will ensure Kent will be in compliance with the new legislation, using efficient, effective and robust function(s) to ensure that the Mental Capacity Act works as intended, by providing people lacking capacity a more simplified system of authorisation and robust safeguards in a cost-effective manner, taking into consideration:</p> <ul style="list-style-type: none"> • Understand the implications of the 2018 Mental Capacity Amendment Act for Kent • Reflect on emerging national developments, particularly Association of Directors of Adult Social Services (ADASS) • Network with colleagues nationally and locally working on the transition from DOLS to LPS • Identify the demand on the LPS provision in Kent • Identify capacity requirements to meet the demand in Kent • Plan interim arrangements to run parallel DOLS and LPS • Understand what the legal and practical implications of the new system will be and what preparations are needed • Understand what the policy implications of the new system will be and what preparations are needed • Identify the performance requirements of the new system will be and what preparations are needed • Reflect on how restrictions of people's liberty can be considered as part of their care and support plans • Understand interdependencies with commissioned services • Explore impact on finance systems, Collaborative Planning, Invoicing
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	<ul style="list-style-type: none"> • Understand legal considerations. Amendments to existing contracts • Explore the implications on Children Services from applications from 16/17-year olds • Reflect on existing Systems (AIS, Lifetime Pathways (LPS), RIO, MOSAIC) • Development of a Performance Framework • Explore Workforce development • Explore Training needs for all stakeholders
What is the scope of the processing?	
Types of personal data	The types of data will include the data similar to that necessary to process DoLS application which is set out within the DoLS application Form. This would include name, date of birth, gender, disability, race, sexual orientation and religion. The application may also contact details for next of kin who need to be consulted as part of the assessment process. The purpose of collecting this information is to ensure the service is equitably accessed by all those who need it, regardless of their protected characteristics. Any protected characteristics that are found to be underrepresented through service reviews, to be investigated and action plans to be put in place to be rectified.
How many individuals will be affected and what geographical area will it cover?	Currently the DOLS office receives in the order of 100 applications per week (~5200 annually). These applications are only from registered care settings for adults of 18 years and over. Under LPS the scope is widened to include 16- and 17-year olds in any setting. However, the responsibility for authorisation will depend on where the deprivation takes place. For the local authority it will be all settings with the exception of hospitals (except private ones) and where funding awarded through Continuing Health Care. The number of applications anticipated under LPS has not yet been defined. In the project assessment phase, the project team will endeavour to calculate the impact of LPS in Kent.
How much data will be collected and used?	DPIA to be reviewed and updated once the LPS process has been mapped, following publication of the Code of Practice
Length and frequency of processing	DPIA to be reviewed and updated once the LPS process has been mapped, following publication of the Code of Practice
How long will the data be retained for?	Data will be retained according to KCC's most recent Data Retention Schedule for digital records, currently up to 7 years. Hard copies are scanned and stored electronically and immediately disposed in the blue confidential bins. All electronic records are stored on KCC servers which are backed up on a regular basis. Electronic files are deleted once they are uploaded to the client system (MOSAIC).
What is the nature of the processing?	
How will the data be collected and what is the source of the data?	It is expected to closely resemble to the data collected under Deprivation of Liberty Safeguards. The data collection process will be mapped once the Code of Practice has been published, which we are still waiting on publication.
How will the data be used and stored	The data will be collected on LPS application forms (currently under development by ADASS) and will be submitted to the appropriate Responsible Body electronically via email or an online platform

	<p>similar to the current DOLS process. The process is not yet mapped out in full, pending the publication of the Code of Practice. Application forms will be stored electronically on the universal (k) drive, until uploaded to MOSAIC, at which point it will be deleted.</p>
<p>How is the data secured and processed in a manner that ensures appropriate security (including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage)?</p>	<p>Data security is an integral part of the DOLS/ LPS business. All users, including: Admin, managers, practitioners, will have appropriate level of access to shared drives, on a strict access basis, approved by DOLS management. Every user must undertake mandatory data protection and Information Governance training, including refresher training every 2 years.</p> <p>Due diligence is applied at every stage of processing, in particular where third parties are concerned, e.g. Independent Best Interest Assessors, S12 Doctors, and commissioned providers which process data on Kent County Council as third parties.</p> <p>Where information needs to be shared with individuals external to KCC or with partner agencies, data is encrypted using Microsoft SECURE, Egress/ Egress Workspace. Email to compliant organisations, i.e. those listed on central government's 'White List', will be automatically encrypted and transmitted securely without further security measure. Whichever mechanism is used to transmit data, personal data is protected by anonymisation, where the recipient does not need the information for the purpose of the work they are required to undertake. If full personal data is required by the recipient, it will be shared as an attachment to Microsoft SECURE email or upload to Egress. To further protect identification, only initials of individuals and unique reference number (only identifiable to KCC staff) are used in the subject header, rather than a person's Full Name, date of birth or their place of residence.</p> <p>Technology Strategy & Commissioning Secure Email Policy (Version 1.2 – August 2018) sets out acceptable practice, identifies key issues that should be considered and outlines the secure email services that are available. This policy applies to all employees with an authorised KCC computer user account including individuals on temporary and contract assignments.</p> <p>Documents containing personal information are sent using Royal Mail's Signed For service.</p> <p>Every endeavour will be made to prevent loss of data or inappropriate sharing of data by our policies, good practice principles, training and general knowledge regarding data protection. However, incidents may still occur, in which case staff must follow KCC's Data Breach Policy.</p>
<p>How will the data be deleted/disposed of?</p>	<p>Data will be deleted/ disposed of based on Kent County Council's current data retention policy:</p> <ul style="list-style-type: none"> • Information Management Manual Version 3.1 May 2018, and • Retention Schedule Version 3 July 2019 for projects
<p>Will the data be shared/disclosed to third parties?</p>	<p>Yes. In order to comply with the statutory requirements of the legislation, Kent County Council, as the Responsible Body may have to share data with a number of third parties involved to conduct the necessary assessments and to ensure the rights of the person are safeguarded, such as an Independent Mental Capacity Advocate or an Approved Mental Capacity Professional. These arrangements will be monitored by the DOLS/ LPS teams, as part of the process to assess and authorise the applications.</p>

<p>What types of processing identified as likely high risk are involved?</p>	<p>The reasons processing of data is considered high risk include:</p> <ul style="list-style-type: none"> • The processing of applications involves both personal, sensitive data including special categories of data provided as necessary to the completion of a DoLS assessment as set out in the application form for a DoLS. • The Data processed will be on a large scale, both volume and geographical scope (county wide)
<p>What is the context of the processing?</p>	
<p>What are the categories of data subject, and do they include children or vulnerable groups?</p>	<p>The data subjects will include 16- & 17-year olds, and adults over 18 years old, who are assessed to lack capacity to consent to their care and treatment arrangements and are assessed to be deprived of their liberty.</p>
<p>What is the nature of the relationship with individuals?</p>	<p>KCC has a legal responsibility to complete DoLS/ LPS assessment for people who are living in care homes, private hospitals, and in community settings, who have restrictive environments and are unable to consent to their living arrangement for the purpose of receiving appropriate care and treatment. KCC is in a relative position of power to the individuals here.</p>
<p>How much control will they have?</p>	<p>Due to their vulnerability it is unlikely the data subject will have much control about the DoLS or LPS application being made. However, all interested parties are consulted, and if the person is found to be un-befriended, they have the right to be supported by an Independent Mental Capacity Advocate (IMCA) and /or an Appropriate Person. The Relevant Persons have the right to expect their data is used appropriately and securely and that it is accurate and up to date.</p>
<p>Would they expect you to use their data in this way?</p>	<p>The Managing Authority or care home should discuss the DOLS/ LPS application with the data subject however due to the fact that they lack capacity to consent to their deprivation to receive care and treatment, the person may not be able to understand or process this information. The Assessment process ensures the person's wishes and beliefs are taken into account and people involved with the person are consulted. The DoLS authorisation also provides a Representative for the person to represent their views</p>
<p>Are there prior concerns over this type of processing or security flaws?</p>	<p>The concerns are around the sharing of information with relevant parties, by email and or post. Any incidents of potential data security incidents have been shared with the Information Resilience & Transparency Team and as a result supplementary measures are in place to ensure these risks are minimised as far as possible.</p>
<p>Is it novel in any way?</p>	<p>No</p>
<p>What is the current state of technology in this area?</p>	<p>KCC has adopted the Government Secure Standard for email to other compliant government organisations using a user's standard gov.uk email address These are automatically encrypted and transmitted securely.</p> <p>For intended recipients who are not given in central government's 'White List', KCC has implemented the Microsoft Office 365 Message Encryption (OME) facility which automatically encrypts the email and its contents (attachments).</p> <p>This facility is activated by either using the Secure Mail button in Outlook or manually typing "[SECURE]" as the first word of the email's 'Subject' line.</p> <p>Data files are stored in KCC systems, with access given only to those who need access to the information as part of their work.</p>

	The Client data platform is recently migrated from AIS to MOSAIC, with access only to staff with KCC login accounts who have completed both the necessary training.
Are there any current issues of public concern that you should factor in?	The reputation of KCC as a local government body, to be compliant with statutory duties, and to be seen to be utilising public funds effectively and efficiently.
Are you signed up to any approved code of conduct or certification scheme?	No
What is the purpose of the processing?	
What do you want to achieve?	The purpose of processing the data is to ensure compliance with LPS legislation.
What is the intended effect on individuals?	People who are eligible to be assessed for DoLS/ LPS will have appropriate assessment and safeguard of an authorisation, as a result of which people will have an appointed representative to monitor their living arrangement and any restrictions.
What are the benefits of the processing for KCC, and more broadly?	Please see above. KCC will be fulfilling its statutory duty as a Supervisory Body under DOLS and Responsible Body under LPS.

6. Consultation			
Who will you consult?	When will you consult?	How will you consult?	Responses
<i>Project Steering Group</i>	At regular steering group meetings within the project lifecycle	Verbally	Responses will be collated and recorded
<i>MOSAIC lead ICT lead</i>	During project lifecycle	Direct consultation via email/ face to face meetings	Responses will be collated and recorded
<i>[Procurement]</i>	N/A	N/A	N/A
<i>[data subjects or their representatives]</i>	N/A Data will be anonymised or pseudonymised. Clients and third parties will receive relevant privacy notice to inform what information KCC will share to fulfil its statutory obligations.	N/A	N/A
<i>[Other experts, eg. IT, legal or other]</i>			

7. Assess necessity and proportionality

<p>What is the lawful basis for processing?</p>	<p>The processing of data in relation to Liberty Protection Safeguards are contained within the Mental Capacity (Amendment) Act 2019.</p> <p>Processing is necessary to undertake the necessary assessments under the Act, and to delegate certain tasks to third parties. The Care Act 2014 allows KCC to delegate responsibility to a third party.</p> <p>Article 6(1):</p> <ul style="list-style-type: none"> - processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller - processing is necessary for compliance with a legal obligation to which the controller is subject <p>For ‘special categories of personal data’, (such as health, race, ethnicity, sexual orientation) we rely on the following legal bases under Article 9(2):</p> <p>processing is necessary for reasons of substantial public interest (safeguarding of children and of individuals at risk)</p> <p>processing is necessary for the provision of health or social care or treatment or the management of health or social care systems and services</p> <p>Data Protection Act 2018 Schedule 1:</p> <p>The processing is necessary for Health and Social Care purposes including preventative or occupational medicine, medical diagnosis, the provision of health care or treatment, the provision of social care and the management of social care systems or services.</p> <p>The data processing by KCC will be carried out under the responsibility of [INSERT JOB TITLE] who is a social work professional.</p> <p>Safeguarding of children and individuals at risk</p> <p>The processing of this data will occur when necessary for the purposes of protecting the physical, mental or emotional well-being of an individual at risk (ie KCC has reasonable causes to suspect that an individual has needs for care and support (including protection), is experiencing or at risk of neglect of physical, mental or emotional harm, and as a result of those needs is unable to protect themselves against the neglect or harm or risk of it). In the circumstances consent cannot be given by the data subject, or KCC cannot reasonably be expected to obtain their consent or the provision of consent would prejudice the provision of protection.</p> <p>The legal bases also include actions that can and should be taken by local authorities, including:</p>
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	<ul style="list-style-type: none"> • the Care Act, 2014 • the Health and Social Care Act, 2015• • the Localism Act, 2011 • the Human Rights Act, 1998 <p>the Mental Capacity Act, 2005</p>
Legitimate interests	N/A
What information will you give to individuals?	<p>KCC Privacy Notices General notice to cover adult social care and health https://www.kent.gov.uk/about-the-council/contact-us/access-to-information/gdpr-privacy-notice/adult-social-care-and-health Adult Safeguarding Privacy Notice http://www.kent.gov.uk/about-the-council/contact-us/access-to-information/gdpr-privacy-notice/adult-social-care-and-health/safeguarding.</p> <p>Also, privacy notice for third parties; which makes it clear what information we collect, why and who we share it with. https://www.kent.gov.uk/about-the-council/information-and-data/access-to-information/gdpr-privacy-notice/adult-social-care-and-health/kent-adult-social-care-and-health-third-parties-privacy-notice</p>
Does the processing achieve your purpose?	Yes
Is there another way to achieve the same outcome?	No
How will you prevent function creep and preserve the second data protection principle: ‘purpose limitation’ (ie only using the data for specific, explicit and legitimate purposes (as set out in a privacy notice) and not further processing the data in a manner that is incompatible with those purposes	<p>[i.e. how will you prevent the use of the data going beyond the purpose for which it was originally intended and obtained.]</p> <p>The project will be subject to regular stage gate reviews within the project lifecycle as well as Project Management processes. Once LPS is operational, the data can only be used for the purpose of authorisation of LPS application. Once authorised, the data is uploaded to MOSAIC, pending future review/ re-authorisation.</p>
How will you ensure data quality and minimisation?	The only data collated is directly related to and necessary for the authorisations of requests for Deprivation of Liberty. Data files will be stored accordance with KCC’s retention policy. Sharing of data will be closely monitored both within KCC and external partners – on a need to know basis to ensure compliance with legislation.
How will you ensure personal data is accurate and, where necessary, kept up to date	The accuracy of information is tested at the point of assessment, through consultation with relevant partners, and Appropriate Persons. Data is cross referenced against any historic information held on client system, MOSAIC. Any conflicting information will be checked and corrected at source as soon as it comes to light.
How will you support data subject rights?	Authorisations contains safeguards for the individual including a representative to support their rights and express their views which may include making applications to the Court of Protection. Data protection laws will be upheld. Information will only be shared/ used on a need to know basis. Data will be anonymised/

	pseudonymised where required and only to ensure the data recipient is able to carry out their role.
What measures do you take to ensure processors comply?	DOLS/ LPS is a statutory function of the local authority. To comply with this legislation Kent County Council may either collect personal information directly or receive it from third parties. We only receive personal data from outside agencies or third parties where there is a legal basis for doing so. We do not share the profiles of individual service users with any other organisation or business other than those acting as data processors on behalf of Kent County Council.
How do you safeguard international transfers?	Information will not move outside of the UK.

8. Identify and assess risks (you can refer to the attached risk matrix to help assess the level of risk)			
Risks to INDIVIDUALS (Remember, a DPIA is focussed on the potential harm to data subjects and should be considered from the data subject's point of view.)			
Risk Description	Likelihood of harm	Severity of harm	Overall risk
<i>Examples (please tailor/add/delete as necessary): [Inadequate disclosure controls, increasing the likelihood of information being shared inappropriately.]</i>	<i>[Very unlikely, unlikely, possible, likely, or very likely]</i>	<i>[Minor, moderate, significant, serious, major]</i>	<i>[High, medium or low]</i>
<i>[The context in which information is used or disclosed may change over time, leading to it being used for different purposes without people's knowledge or consent.]</i>	Possible	Moderate	Medium Information will be used in accordance with defined processes following a legislative framework. If a concern is raised it could be used as part of Safeguarding process.
<i>[New surveillance methods may be an unjustified intrusion on their privacy.]</i>	N/A		
<i>[Measures taken against individuals as a result of collecting information about them might be seen as intrusive.]</i>	Possible	Moderate	Low DOLS/ LPS under the MCA is a statutory function, which necessitates collation of information to discharge a legal duty.
<i>[The sharing and merging of datasets may allow us to collect a much wider set of information than individuals might expect.]</i>	Possible	Moderate	Medium In considering a DOLS/ LPS application, any previous information held on the Client Systems that may impact on the application will be used to ensure the best outcome is

			achieved for the individual.
<i>[Identifiers might be collected and linked which prevent people from using a service anonymously.]</i>	High	Moderate	High DOLS/ LPS applications contain personal information
<i>[Vulnerable people may be particularly concerned about the risks of identification or the disclosure of information.]</i>	Possible	Moderate	Medium Identification is necessary for KCC to comply with its statutory function
<i>[Collecting information and linking identifiers might mean that we no longer use information that is safely anonymised.]</i>	N/A		DOLS/ LPS applications are never anonymous
<i>[Information may be collected and stored unnecessarily, or not properly managed so that duplicate records are created, presenting a greater security risk.]</i>	Possible	Moderate	Medium Duplicate records are rare, but possible
<i>[Failure to establish appropriate retention periods might mean information is used for longer than necessary.]</i>	Possible	Low	Low
<i>[Insert any other risk to individuals' privacy.]</i>	N/A		
Organisational risks			
<i>[Non-compliance with the GDPR or other legislation, which can lead to sanctions, fines and reputational damage.]</i>	Possible	Significant	Medium
<i>[Problems may only be identified after the project has launched and will then be more likely to require expensive fixes.]</i>	Possible	Moderate	Low
<i>[The use of biometric information or potentially intrusive tracking technologies may cause increased concern and cause people to avoid engaging with KCC.]</i>	N/A		
<i>[Information may be collected and stored unnecessarily, or not properly managed so that duplicate records are created—meaning the information is less useful to the business.]</i>	N/A		
<i>[Public/client/customer distrust about how information is used may damage KCC's reputation.]</i>	Possible	Significant	Medium
<i>[Data losses which damage individuals could lead to claims for compensation.]</i>	Possible	Minor	Low
<i>[Insert any other risk to the organisation]</i>			
Legal compliance risks			
<i>[Non-compliance with the GDPR - i.e. will the processing meet the principles in Article 5 GDPR, i.e.</i> <ul style="list-style-type: none"> • Fair, lawful, transparent 	Very	Major	Low

<ul style="list-style-type: none"> Specified, explicit, legitimate purposes Adequate, relevant and not excessive Accurate and up to date Not kept longer than necessary Processed in accordance with rights of data subjects Protection against unauthorised or unlawful processing, loss, destruction or damage Not transferred outside EEA unless adequately protected.] 	unlikely		
[Non-compliance with the Privacy and Electronic Communications Regulations 2003 (PECR 2003), e.g. if KCC wish to send electronic marketing messages (by phone, email or text), use cookies, or provide electronic communication services to the public]	Unlikely	Significant	Medium
[Non-compliance with sector specific legislation or standards.]	N/A		
[Non-compliance with human rights legislation, eg breaching an individual's Article 8 right to private and family life. You must also ensure your personal data processing has a legitimate aim]	Very unlikely	Significant	Medium
[Insert any other legal compliance risk, e.g. creating datasets may increase risks/costs through disclosing requirements under the Freedom of Information Act 2000]			

9. Identify and evaluate measures to reduce risk					
Potential solution	Which risk(s) would this action address?	Effect on risk	Residual risk	Cost/benefit/evaluation	Measure approved?
Examples (please tailor/add/delete as necessary): [Not collecting or storing [insert description] type of information.]	[State which of your identified risk(s) will be addressed by this action.]	[Is the risk eliminated, reduced or accepted?]	[Low, medium or high]	[Is the final impact on individuals a justified, compliant and proportionate response to the aims of the project?]	[yes/no]
[Introducing retention periods to keep information for only as long as necessary.]	information is retained for longer than necessary	Reduced	Low	Yes	
[Secure destruction of information that no longer needs to be retained.]	information is retained for longer than necessary	Reduced	Low	Yes	

<i>[Implementing appropriate technological security measures.]</i>	Prevent/ reduce risk of data breach	Reduced	Medium	Yes	
<i>[Properly train staff and make them aware of potential privacy risks.]</i>	Prevent/ reduce risk of data breach	Reduced	Low	Yes	
<i>[Ensure information is safely anonymised when it is possible to do so.]</i>	Applications cannot be anonymised	Medium	Medium	Risks are proportionate.	
<i>[Provide guidance to staff on how to: —use the new system, and —share data appropriately]</i>	Prevent/ reduce risk of data breach	Reduced	Low	Yes	
<i>[Ensuring the new system: —allows individuals to access their information more easily, and —makes it simpler to respond to subject access request]</i>	N/A				
<i>[Ensuring individuals: —are fully aware of how their information is used, and —can contact us for assistance when necessary]</i>	GDPR Compliance	Risk reduced	Low	Yes	
<i>[Selecting data processors who will provide a greater degree of security.]</i>	GDPR Compliance	Risk reduced	Low	Yes	
<i>[Ensuring agreements are in place with data processors to protect information processed on our behalf.]</i>	GDPR Compliance	Risk eliminated	Low	Yes	
<i>[Ensuring any data sharing agreement makes it clear: —what information will be shared —how it will be shared, and —who with]</i>	GDPR Compliance	Risk eliminated	Low	Yes	

<i>[Insert any other solution you have identified]</i>					
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10. ICO consultation	
Does this assessment indicate that the processing involved in the project would present a high risk in the absence of mitigation measures?	No
If yes, can those risks be mitigated by reasonable means in terms of available technologies and costs of implementation?	Yes <i>[If no, it is necessary to consult with the Information Commissioner's Office (ICO) prior to the processing.]</i>
If it is necessary to consult with the ICO, has this been done?	Not applicable <i>[If yes, provide further information.]</i>

11. Sign off and record of outcomes		
Item	Name/date	Notes
Measures to reduce risk approved by:		<i>Integrate actions back into project plan, with date and responsibility for completion</i>
Residual risks approved by:		<i>If accepting any residual high risk, consult the ICO before going ahead</i>
DPO advice provided:	25/11/2019	<i>DPO should advise on compliance, measures to reduce risk and whether processing can proceed</i>
<p>Summary of DPO advice: Many of the processes and procedures have not yet been fleshed out and are part of the ongoing development of the project. At this stage the advice is therefore quite generic.</p> <ul style="list-style-type: none"> • Currently, the processing in this DPIA is not high risk and measures taken to reduce risk are such that any residual risk has been sufficiently mitigated. • The DPIA does not need to be sent to the ICO as sufficient measures have been taken to reduce risk. <p>This is subject to the actions highlighted in Section 12 below being taken.</p>		
DPO advice accepted or overruled by:	accepted	<i>If overruled, you must explain your reasons</i>
Comments: <i>[if the advice is accepted, please ensure any actions recommended by the DPO are added to the DPIA and implemented].</i>		
Consultation responses reviewed by:	n/a	<i>If your decision departs from individuals' views, you must explain your reasons</i>
Comments:		

This DPIA will kept under review by:	LPS Project Manager	<i>The DPO should also review ongoing compliance with DPIA</i>
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We confirm that we have reviewed this DPIA and are satisfied that: — it is not necessary to consult with the ICO.	
Name(s)	Benjamin Watts Kate Kremers
Job title(s)	General Counsel Senior Solicitor
Date	25/11/2019

12. Actions to be integrated into project plan		
Action to be taken	Date for completion or frequency	Responsibility for action
<p>1. <i>Ensure that the corresponding condition under the Data Protection Act 2018 (health and social care purposes) can be met by identifying the responsible person overseeing the processing of any special category data under the 'health and social care purposes' condition:</i></p> <p><i>(S11(1) states 'For the purposes of Article 9(2)(h) of the GDPR (processing for health or social care purposes etc), the circumstances in which the processing of personal data is carried out subject to the conditions and safeguards referred to in Article 9(3) of the GDPR (obligation of secrecy) include circumstances in which it is carried out –(a) by or under the responsibility of a health professional or a social work professional, or (b) by another person who in the circumstances owes a duty of confidentiality under an enactment or rule of law.)' S204 provides further definition of who may be regarded as a 'social work professional':</i> <i>http://www.legislation.gov.uk/ukpga/2018/12/section/204/enacted</i></p>	Implementation date of LPS - currently 01/10/2020	LPS Project Manager
<p>2. <i>ICT Risk and Compliance should be asked to give a view on the technological risks involved in the use of Artificial Intelligence (mentioned in section 4) and on the details of how the data is used and stored (on page 5) with their recommendations fed back into the consultation section of the DPIA.</i></p>	2 months prior to implementation – 01/09/2020	LPS Project Manager
<p>3. <i>Any third parties commissioned to process data on KCC's behalf must be retained by a GDPR compliant contract containing the mandatory terms and conditions as required by Article 28.</i></p>	Implementation date of LPS - currently 01/10/2020	LPS Project Manager
<p>4. <i>The DPIA should be updated and submitted to dpo@kent.gov.uk once the LPS process has been mapped, to obtain further advice as necessary.</i></p>	3 months prior to implementation - 01/08/2020	LPS Project Manager

Risk Matrix

Likelihood	Very likely	5	5 Low	10 Medium	15 Medium	20 High	25 High
	Likely	4	4 Low	8 Medium	12 Medium	16 High	20 High
	Possible	3	3 Low	6 Low	9 Medium	12 Medium	15 Medium
	Unlikely	2	2 Low	4 Low	6 Low	8 Medium	10 Medium
	Very Unlikely	1	1 Low	2 Low	3 Low	4 Low	5 Low
			1	2	3	4	5
			Minor	Moderate	Significant	Serious	Major
			Impact				

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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 – 18 January 2022

Decision No: 21/00102

Subject: **CARE HOMES CONTRACTS FOR PEOPLE WITH A LEARNING DISABILITY, PEOPLE WITH A PHYSICAL DISABILITY AND PEOPLE WITH MENTAL HEALTH NEEDS**

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

Past Pathway of Paper: Adult Social Care Governance Board - 26 October 2021

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: To inform the Adult Social Care Cabinet Committee on the outcome of the recent procurement activity to add providers to the existing contract for care home services for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs and to request approval to award new contracts from March 2022

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 provide residential care for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs to the successful bidders as identified following a procurement process and 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 contracts or other legal agreements, as necessary to implement the decision.

1. Introduction

- 1.1 Kent County Council's (KCC) Strategic Commissioning unit was commissioned to procure further provision under the Residential Care Services for Adults with a Learning Disability (LD), Adults with a Physical Disability (PD) and Adults with

Mental Health (MH) Needs 2020 contracts. Following a previous procurement exercise in 2019/20 Residential Care Home contracts were awarded in June 2020 under decision number 20/00030, however provision was not made in that decision to allow new services to join the contract.

- 1.2 Before the 2019/20 procurement exercise, Residential Care Contracts for People with a Learning Disability and People with a Physical Disability were last let in 2002 while contracts for People with Mental Health Needs were let in 2004. For services that did not tender in 2019/20, most placements are linked to historic Terms and Conditions, which do not reflect current KCC practise and do not meet the current more stabilised pricing of placements.
- 1.3 Recommissioning of these contracts comes with a risk in terms of financial impact, however when balanced with the risk to the council on the legality of the existing contracts, it is necessary to understand full exposure of the council's liability.
- 1.4 The council has statutory duties to ensure that there is sufficient and fit for purpose provision of care services to Kent residents who are eligible under the Care Act 2014 and that a sustainable market is maintained. Residential Care Home Services contribute to the offer of services to meet assessed need.
- 1.5 These contracts represent approximately £108m of spend on care home provision, but no guarantee is given as to the actual value of the Contract Lot for each provider due to fluctuations in demand for the Service and any National Living Wage and inflationary increases that may be applied during the lifetime of the contract.
- 1.6 Owing to the complexity of the various Service Specifications and in line with Commissioning for Success guidelines, it was agreed that the Competitive Procedure with Negotiation would be used.
- 1.7 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.
- 1.8 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 alternative options, including an increase in supported living options.
- 1.9 To progress in developing the offer of services, the 2020 LDPDMH Care Home Contract aligned and dovetailed with the commissioning of Phase 2 of the Care and Support in the Home Contract - Supported Living. This gave a clear message to the market and reduced unnecessary duplication internally as well as with providers who chose to tender for both service types.
- 1.10 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.

- 1.11 This report summarises the commissioning intentions, procurement process and evaluation, together with recommendations for the award of this contract.

2. Strategic Statement and Policy Framework

- 2.1 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 strategic direction for delivery of adult social care services in Kent.
- 2.2 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, there is incorporate across into all the relevant policies and guidance.

3. Commissioning Intentions

- 3.1 The 2020 Care Homes Contracts brought a well-managed contract for adult social care and to have systems and measures in place to manage its day-to-day operational requirements. This includes:
 - Key Performance Indicators (KPIs). Ongoing management and monitoring of quality ensures that all providers remain compliant to their contractual commitments
 - Purchasing. A requirement for a more efficient, streamlined purchasing function, that minimises bureaucracy and is responsive to the levels of demand. Efficiency could be enhanced with improved procedures and processes.
 - Systems. More effective use of systems to record the contracts and fees and to enable automated payments to providers.
 - Contract Management. Regular communication with the market continues to strengthen the relationship. With over 200 care homes the resource is very intensive to contract manage this service. Regular analysis of KPI's, and management information for quality of care and improved contract monitoring.
- 3.2 The contract scope included both long term and short-term placements and the ability to contract with care homes that are based outside of Kent. During the lifetime of the contract it will be open to include our strategic health partners e.g. Clinical Commissioning Groups (CCG) and the commissioning and contracting

of Continuing Healthcare (CHC) placements. The integration of commissioning and contracting arrangements is a key priority to release efficiencies and better manage the whole market.

- 3.3 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 alternative options, including an increase in supported living options.
- 3.4 To accelerate the shift in the market two contracts have been established. A Framework Contract with Cost Model for providers of lower-level services that are in ample supply, to reduce and control supply and a Dynamic Purchasing System (DPS) Contract with Cost Model for specialist homes to address gaps in the market. Should a lower-level home wish to re-model, they will be able to access a specialist contract through the DPS.
- 3.5 To continue to progress in developing the offer of services, the new Care Home Contract aligned and dovetailed with the commissioning of Phase 2 of the Care and Support in the Home Contract - Supported Living.
- 3.6 The diagram below illustrates the aims and intentions to change services to meet future needs and demand and to shape the market to respond to the demand.



- 3.7 Work is underway between the Adult Social Care and Health Directorate and the Strategic Commissioning Division to deliver a plan to grow a joint culture for change in approach and to review the current internal procedures and processes to support the new contract

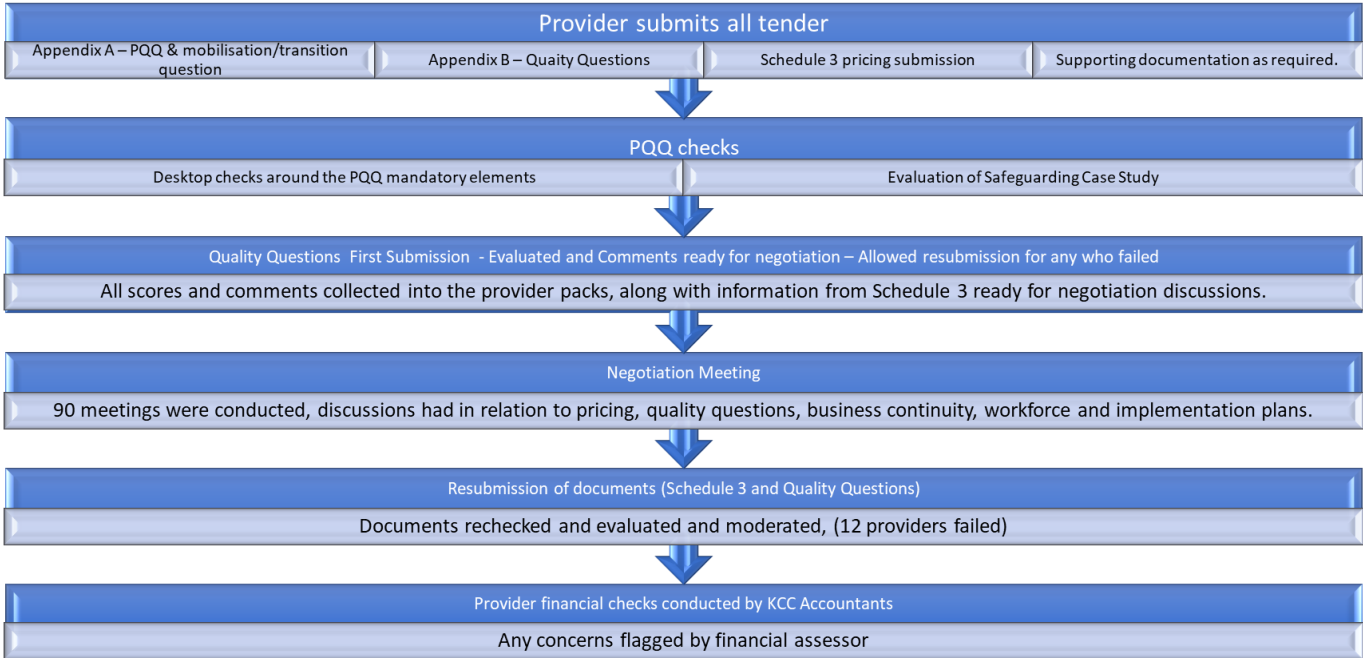
3.8 Procurement process

3.8.1 This procurement process was divided into the following lots:

3.8.2 Lots 1 & 2 form the basis of the Learning Disability, Physical Disability and Mental Health Care Residential Home Services.

- Lot 1 (LD, MH & PD Residential Care Home Services – Specialist & Specialist Plus Needs)** includes those individuals aged 18+ who have been assessed as requiring a residential care service, whose primary assessed need is in relation to a Learning Disability, Physical Disability, or Mental Health, and whose level of need has been assessed as Specialist. Full details for this requirement can be found in the service specification. The Council wishes to establish a Dynamic Purchasing style System for these services.
- Lot 2 (LD, MH & PD Residential Care Home Services – Mid and High Level Needs)** includes those individuals aged 18+ who have been assessed as requiring a residential service, whose primary assessed need is in relation to a Learning Disability, Physical Disability, or Mental Health, and have been assessed as having mid to high level needs. Full details for this requirement can be found in the service specification. The Council intends to enter into a Framework Agreement with selected providers for these services.

3.8.3 The illustration below shows the Procurement process taken



3.8.4 Table 1 below shows the Procurement Timetable

Table:1 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
Negotiation Period	17 May – 28 June 2021
Tender resubmission	2 June -9 July
Moderation	30 April – 28 May 2021
Award Clarification Meetings	February 2022
Contract Award* and Standstill	February 2022
Contract Commencement Date	14 March 2022

3.8.5 Following closure of this opportunity:

- 130 providers submitted a response; many providers submitted for multiple lots.
- 23 providers withdrew from the process ahead of the tender deadline.
- 282 providers who had initially expressed an interest in the tender process at the Expression of Interest stage prior to the ITT did not go on to submit a response.
- Of the 130 providers who submitted a response, 99 of these passed the initial selection criteria evaluation.
- 66 providers passed the Quality Question criteria in the first instance. Providers who did not meet these requirements were allowed to resubmit within a set timeframe.

* Note: the responses above are responses for all lots advertised in the opportunity including, Phase 2 of the Care and Support in the Home Contract - Supported Living.

3.8.6 Full details of providers who took part in the Procurement process can be found in Appendix 1. **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.**

4. Financial Implications

4.1 In-depth detailed work carried out by Strategic Commissioning, Commissioners and Finance Teams identified the potential cost to move services from the recent tender onto the 2020 contracts.

4.2 Table 2 (below) shows the estimated maximum cost increase to move services from the recent tender on to the 2020 contracts.

Summary	Maximum Potential Increase
	£000's
Annual increase tendered services	£2,542

4.3 A detailed breakdown of all tendered, placements and costs can be found in the exempt appendix.

5. Legal Implications

5.1 The Strategic Commissioning Division enlisted the support of Legal Services through the development of the contract specification and Terms and Conditions, although the standard Care Services Terms and Conditions will be used. There will need to be resource allocated at the end point of the contract award for contracts to be signed and sealed. The new contracts will be taken forward in a way which ensures the Council's statutory responsibilities are discharged accordingly.

6. Equality Implications

6.1 The Equality Impact Assessment is updated as part of the project plan when changes have occurred and have been fully considered. All the significant changes will be approached in a manner that respect and adhere to the Council's equalities responsibilities. All appropriate advice will be sought from the Strategy, Policy, Relationships and Corporate Assurance Division.

7. Data Protection Impact Assessment Implications

7.1 A Data Protection Impact Assessment has also been developed and will be updated as the work to deliver the new contracts is progressed.

8. Conclusions

8.1 The council has statutory duties to ensure that there is sufficient and fit for purpose provision of care services to Kent residents, who are eligible under the Care Act 2014 and that a sustainable market is maintained. Care home services contribute to the offer of services to meet assessed need.

8.2 Before the 2019/20 procurement exercise, Residential Care contracts for People with a Learning Disability and People with a Physical Disability were last let in 2002 while contracts for People with Mental Health Needs were let in 2004. For services that did not tender in 2019/20, most placements are linked to historic Terms and Conditions, which do not reflect current KCC practice and do not meet the current more stabilised pricing of placements.

8.3 Comprehensive work has been carried out in developing the new contract to minimise the disruption to individual affected by these contracts and to minimise the risk to the council.

8.4 To accelerate the progress in developing the offer of alternative services, such as Supported Living, consistent with national strategy. The 2020 Care Home Contract aligned and dovetail with the commissioning of phase two of the Care and Support in the Home Contract - Supported Living. The procurement process worked in parallel for both contracts. This gave a clear message to the

market and reduced unnecessary duplication internally, as well as for providers who choose to tender for both service types.

- 8.5 A thorough procurement process was undertaken in accordance with the Public Contract regulation 2015 (PCR15).
- 8.6 Develop the work that is underway between the Adult Social Care and Health Directorate and the Strategic Commissioning Division to deliver a plan to grow a joint culture for change in approach and to review the current internal procedures and processes to support the new contract

9. Recommendation(s)

9.1 Recommendations: 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 provide residential care for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs to the successful bidders as identified following a procurement process and 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 contracts or other legal agreements, as necessary to implement the decision.

10. Background Documents

Decision 20/00030 - Residential Care for People with Learning Disabilities, Physical Disabilities and Mental Health Needs

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2354>

11. Lead Officer

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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:

20/00102

For publication

Key decision: YES

Expenditure in excess of £1m

Title of Decision CARE HOMES CONTRACTS FOR PEOPLE WITH A LEARNING DISABILITY, PEOPLE WITH A PHYSICAL DISABILITY AND PEOPLE WITH MENTAL HEALTH NEEDS

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

a) AWARD contracts to provide residential care for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs to the successful bidders as identified following a procurement process and 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 contracts or other legal agreements, as necessary to implement the decision.

Reason(s) for decision: Contracts for Residential Care Home Services for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs were awarded under decision number 20/00030, however provision was not made in that decision to allow new services to join the contract

Care homes form part of the services to meet statutory requirement for provision of services across Kent for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs. 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 strategic direction for delivery of adult social care services in Kent.

Financial Implications: In-depth detailed work carried out by Strategic Commissioning, Commissioners and Finance Teams identified the potential cost to move services from the recent tender onto the 2020 contracts.

The table below shows the estimated maximum cost increase to move services from the recent tender on to the 2020 contracts.

Summary	Maximum Potential Increase
	£000's
Annual increase tendered services	£2,542

Legal Implications: The Strategic Commissioning Division enlisted the support of Legal Services through the development of the contract specification and Terms and Conditions, although the standard Care Services Terms and Conditions will be used. There will need to be resource allocated at the end point of the contract award for contracts to be signed and sealed. The new contracts will

be taken forward in a way which ensures the Council's statutory responsibilities are discharged accordingly.

Equality Implications: The Equality Impact Assessment is updated as part of the project plan when changes have occurred and have been fully considered. All the significant changes will be approached in a manner that respect and adhere to the Council's equalities responsibilities. All appropriate advice will be sought from the Strategy, Policy, Relationships and Corporate Assurance Division.

Data Protection Implications A Data Protection Impact Assessment has also been developed and will be updated as the work to deliver the new contracts is progressed.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 18 January 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

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

.....
signed

.....
date

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 Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 18 January 2022

Subject: **Community Based Wellbeing Services and Carers' Short Breaks Contracts**

Key decision no: 21/00110

Classification: Unrestricted - Restricted Appendices (Exempt from publication by Schedule 12A to the Local Government Act 1972, as they contain commercially sensitive information)

Past Pathway of report: Adult Social Care Governance Board

Future Pathway of report: Cabinet Member decision

Electoral Division:All

Summary: To inform the Adult Social Care Cabinet Committee on the progress to establish the remaining new contracts for Community Based Wellbeing Services (Phases 2/3).

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) **APPROVE** the Direct award of a year contract until 31 March 2023 for the provision of Carers' Short Breaks;
- b) **APPROVE** the contract awards (as detailed in the exempt appendices 1 and 2) for the provision of Community Based Wellbeing Services funded by Kent County Council for a period of three years with the option to extend for further periods of up to two years, and Dementia Coordinator Services funded by the NHS Kent and Medway Clinical Commissioning Group and Kent County Council for a period of two years; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other 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.

1. Introduction

- 1.1 Adult Social Care has historic grant arrangements in place with voluntary and community sector providers across the county. These grants provide a contribution towards the costs of services that support older people, people living with dementia, people with a physical disability and people with sensory impairments.
- 1.2 There are issues related to use of historic grant arrangements including an inconsistency in the type of support and services funded across the county, lack of correlation between spend and demographic factors, limitations in the ability to monitor the performance of services and therefore to understand the impact that services have on people.
- 1.3 The project in 2017-18 to commission a Core Offer of community-based wellbeing support for older people, people living with dementia and people with a physical disability was halted to achieve savings against the voluntary sector budget. Recognising the impact that the reduced budget would have on existing proposals, the Adult Social Care Cabinet Committee on 23 November 2017 endorsed the new approach to end the remaining grants and commission wellbeing support.
- 1.4 The new approach proposed moving separate core offers into one commissioned service, aligning timelines, reducing duplication, maximising value for money, providing more holistic support for vulnerable adults in Kent and their Carer's as well as measuring and evidencing the benefit of these preventative services.
- 1.5 On 27 September 2018, the Adult Social Care Cabinet Committee endorsed, under decision number 18/00041, that this new approach would be undertaken in two stages. Specifically, commission Community Navigation services that connect people to the support that they need, and commission the support that people are navigated to - Community Based Wellbeing Services.
- 1.6 On 16 January 2020 the Adult Social Care Cabinet Committee approved the timetable for the phased procurement programme for all the following Community Based Wellbeing Contracts in a three phased approach with all contracts live by April 2022 (contracts faded in the diagram have already been awarded):



- 1.7 Market and stakeholder engagement was undertaken to gather views to shape the new contracts and the provision of services in the future. Engagement has included a public consultation in 2019 a number of provider workshops held in 2019 and 2020, engagement with borough and district councils, and a Project Board was set up including relevant representatives from across the Council and Clinical Commissioning Group commissioners.
- 1.8 Work undertaken with Clinical Commissioning Group commissioners also identified the need for a Dementia Coordinator service funded by the Clinical Commissioning Group to support individuals diagnosed with dementia throughout their journey. The Dementia Coordinator service and the Post Diagnostic Support Services will work closely together to achieve the biggest impact for Kent residents, so it was decided to procure the services together, with Kent County Council leading on behalf of the Clinical Commissioning Group.
- 1.8 As a result of the amount of interest in the contracts gauged through market engagement, it was agreed that the Restricted Procedure would be used.
- 1.9 The phased procurement process started in early 2020 to award contracts to replace the historic grant arrangements. Three contracts were awarded in Phase One, for services to support older people (55+) in West Kent, support older people in Thanet and South Kent Coast, and support people with sensory impairments across the county which commenced in April 2021.
- 1.10 The procurement process for this Phases Two and Three began in mid 2021 and was complete by the end of 2021.
- 1.11 The contracts will enable the council to meet its duties under the Care Act 2014 by promoting wellbeing for individuals and their Carers, through the provision of information and advice that enables people to make choices about their care, by preventing or delaying people deteriorating to the point where they require health or social care support and through supporting market sustainability.

- 1.12 This report summarises the commissioning intentions, procurement process and evaluation, together with recommendations for the award of these contracts.
- 1.13 In addition to the Kent County Council funded contracts, in June 2021 Kent & Medway Clinical Commissioning Group also approved £1.8million funding for two years for a Dementia Coordinator Service starting in April 2022. Due to the high level of integration between the Dementia Coordinator service and the Kent County Council Community Based Wellbeing Post Diagnostic Support Service for People with Dementia, the contracts were procured together by Kent County Council on behalf of the Clinical Commissioning Group.
- 1.14 For the Dementia Coordinator Service Contracts Kent County Council will enter into the contracts with the successful providers on behalf of the Clinical Commissioning Group, managed via a 'Section 256' agreement with the Clinical Commissioning Group.
- 1.15 There is work underway to develop a new Carers Strategy for Kent. As such there is the need to continue with the current contractual arrangements for supporting Carers until the new Strategy is approved and adopted.

2. Commissioning Intentions

- 2.1 To introduce well-managed contracts for adult social care and to have systems and measures in place to manage its day-to-day operational requirements, including:
- Key Performance Indicators (KPIs). Ongoing management and monitoring of quality ensures that all providers remain compliant to their contractual commitments; and
 - Contract Management. Regular communication with providers continues to strengthen the relationship. Regular analysis of KPIs, and management information for quality of services and improved contract monitoring.
- 2.2 The scope of Community Based Wellbeing Services included universal wellbeing services for older people (55+), specialist dementia services, specialist physical disability services, and specialist services for people with sensory impairments.
- 2.3 As the scope of services was so large it was decided that a total of nine contracts will be awarded, with the contracts split up by service type and geographical area (as depicted in Paragraph 1.6) to allow smaller providers in the market to bid for the contracts.

3. Procurement Process

- 3.1 The Community Based Wellbeing Service contracts are being procured in three phases, with these final two phases resulting in the following contract awards:
- 3.2 Kent County Council funded contracts:
- Lot 4 – Universal Wellbeing Services in Ashford, Canterbury & Swale

- Lot 5 – Universal Wellbeing Services in Dartford, Gravesham & Swanley
- Lot 6 – Wellbeing Services in the Community for People with a Physical Disability
- Lot 7 – Post Diagnostic Support Services in the Community for People with Dementia and their Families in West Kent
- Lot 8 – Post Diagnostic Support Services in the Community for People with Dementia and their Families in East Kent
- Lot 9 – Post Diagnostic Support Services in the Community for People with Dementia and their Families in North Kent

3.3 Kent County Council and Clinical Commissioning Group funded contracts:

- Lot 10 - Dementia Coordinator Service in West Kent
- Lot 11 – Dementia Coordinator Service in East Kent
- Lot 12 - Dementia Coordinator Service in North Kent & Medway

3.4 Table 1 shows the procurement timetable:

Table 1: Procurement timetable

Event	Phase 2	Phase 3
Selection Questionnaire (SQ) dispatch	7 Jul 2021	2 Aug 2021
SQ return	12 Aug 2021	27 Aug 2021
SQ evaluation	13 Aug – 24 Sept 2021	31 Aug – 21 Sept 2021
Issue of Invitation to Tender (ITT)	27 Sept 2021	22 Sept 2021
ITT return	4 Oct 2021	13 Oct 2021
Evaluation of ITT	5 – 15 Oct 2021	14 Oct – 15 Nov
Adult Social Care Cabinet Committee	18 Jan 2022	18 Jan 2022
Issue award letters	31 Jan 2022	31 Jan 2022
Standstill period complete	11 Feb 2022	11 Feb 2022
Contract award	14 Feb 2022	14 Feb 2022
Mobilisation	Feb – 31 Mar 2022	Feb – 31 Mar 2022
Service Commencement	1 April 2022	1 April 2022

- 3.5 The successful providers for each Contract Lot (Lots 4-12) can be found in Exempt Appendix 1 (Lots 4 to 6) and Exempt Appendix 2 (Lots 7 -12). These are Restricted Appendices which are exempt from publication by Schedule 12A to the Local Government Act 1972, as they contain commercially confidential information.

4. Financial Implications

4.1 In-depth detailed work carried out by the council's Strategic Commissioning and Analytics and Finance Teams at the pre-procurement stage identified the following budgets across the three Kent County Council Contract Lots:

Kent County Council funded contracts:

Lot 4 – Universal Wellbeing Services in Ashford, Canterbury & Swale

Financial Envelope Contract Year 1	Financial Envelope Contract Year 2	Financial Envelope Contract Year 3	Financial Envelope Contract Year 4 (optional)	Financial Envelope Contract Year 5 (Optional)	Total
£997,350.68	£998,000.00	£ 975,000.00	£ 950,000.00	£930,000.00	£4,850,350.68

Lot 5 – Universal Wellbeing Services in Dartford, Gravesham & Swanley

Financial Envelope Contract Year 1	Financial Envelope Contract Year 2	Financial Envelope Contract Year 3	Financial Envelope Contract Year 4 (optional)	Financial Envelope Contract Year 5 (Optional)	Total
£734,460.80	£700,000.00	£660,000.00	£630,000.00	£600,000.00	£3,324,460.80

Lot 6 - Wellbeing Services in the Community for People with a Physical Disability

Financial Envelope Contract Year 1	Financial Envelope Contract Year 2	Financial Envelope Contract Year 3	Financial Envelope Contract Year 4 (optional)	Financial Envelope Contract Year 5 (Optional)	Total
£148,616.20	£148,616.20	£155,000.00	£155,000.00	£160,000.00	£767,232.40

Lot 7 – Post Diagnostic Support Services in the Community for People with Dementia and their Families in West Kent

Financial Envelope Contract Year 1	Financial Envelope Contract Year 2	Financial Envelope Contract Year 3	Financial Envelope Contract Year 4 (optional)	Financial Envelope Contract Year 5 (Optional)	Total
£239,500.00	£250,000.00	£280,000.00	£310,000.00	£330,000.00	£1,409,500.00

Lot 8 – Post Diagnostic Support Services in the Community for People with Dementia and their Families in East Kent

Financial Envelope Contract Year 1	Financial Envelope Contract Year 2	Financial Envelope Contract Year 3	Financial Envelope Contract Year 4 (optional)	Financial Envelope Contract Year 5 (Optional)	Total
£200,000.00	£227,000.00	£275,000.00	£330,000.00	£380,000.00	£1,412,000.00

Lot 9 – Post Diagnostic Support Services in the Community for People with Dementia and their Families in North Kent

Financial Envelope Contract Year 1	Financial Envelope Contract Year 2	Financial Envelope Contract Year 3	Financial Envelope Contract Year 4 (optional)	Financial Envelope Contract Year 5 (Optional)	Total
£235,000.00	£240,000.00	£245,000.00	£250,000.00	£270,000.00	£2,821,500.00

Clinical Commissioning Group funded contracts:

Lot 10 – Dementia Coordinator Service in West Kent

Financial Envelope Contract Year 1	Financial Envelope Contract Year 2	Total
£317,286.00	£317,286.00	£634,572.00

Lot 11 – Dementia Coordinator Service in East Kent

Financial Envelope Contract Year 1	Financial Envelope Contract Year 2	Total
£639,318.00	£639,318.00	£1,278,636

Lot 12 - Dementia Coordinator Service in North Kent & Medway

Financial Envelope Contract Year 1	Financial Envelope Contract Year 2	Total
£564,064.00	£564,064.00	£1,128,128.00

- 4.2 The budget for each Kent County Council contract (Lots 4-9) was reached using financial modelling based on a number of variables, including population estimates by age, rurality, and those affected by dementia and by deprivation, domiciliary care spend and disability benefit claimants.
- 4.3 The term of each of the Kent County Council contracts will run for a minimum of 3 years with the option to extend for further periods of up to 2 years. Based on five years duration the estimated lifetime value of all the Phase 2 contracts is £8,949,043.88 and of the Phase 3 contracts is £5,643,000.00.
- 4.4 Work has been undertaken in conjunction with Finance colleagues to ensure that the value of all Community Based Wellbeing Services contracts (across Phases 1,2 and 3) will remain within the allocated budget for the contract periods.

5. Legal implications

- 5.1 The Strategic Commissioning Division used the standard Care Services Terms and Conditions of contract. There will need to be resource allocated at the end point contract award for contracts to be signed and sealed. The new contracts will be taken forward in a way which ensures the Council's statutory responsibilities are discharged accordingly.
- 5.2 The direct award of the Carers short breaks' contract is in line with PCR Regulation 32 (2) (c). Direct award due to urgency related to the ongoing impact of the COVID-19 pandemic and the inability to complete appropriate engagement with Kent residents and the Provider Market.

6. Equalities implications

- 6.1 The Equality Impact Assessment has been updated as part of the project plan when changes have occurred and have been fully considered. All the significant changes will be approached in a manner that respect and adhere to the Council's equalities responsibilities. All appropriate advice will be sought from the Strategy, Policy, Relationships and Corporate Assurance Division.

7. Data Protection Implications

- 7.1 A Data Protection Impact Assessment has been developed and will be updated as the work to deliver the new contracts is progressed.

8. Other corporate implications

- 8.1 This decision supports Kent County Council's Strategic Statement through supporting key providers that deliver services to older and vulnerable residents that will ensure they are safe and supported with choices to live independently. This decision relates to the proposal within the Strategic Delivery Plan of moving organisations from grants to contracts.
- 8.2 This decision supports the Strategic Reset programme by implementing Asset Based Commissioning.
- 8.3 These contracts have a connection with Community Navigation services already commissioned.

9. Conclusions

- 9.1 The council has duties under the Care Act 2014 to promote wellbeing for individuals and their Carers, through the provision of information and advice that enables people to make choices about their care, by preventing or delaying people deteriorating to the point where they require health or social care support and through supporting market sustainability.
- 9.2 The historic grant arrangements currently in place provide inconsistency in the type of support and services funded across the county, lack of correlation between spend and demographic factors, as well as limitations in the ability to monitor the performance of services and therefore to understand the impact that services have on people.
- 9.2 Comprehensive work has been carried out to develop the new contracts and a thorough procurement process was undertaken in accordance to the Public Contract regulation 2015 (PCR15) to award these contracts.

10. Recommendations

10.1 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) **APPROVE** the Direct award of a year contract until 31 March 2023 for the provision of Carers' Short Breaks;
- b) **APPROVE** the contract awards (as detailed in the exempt appendices) for the provision of Community Based Wellbeing Services funded by Kent County Council for a period of three years with the option to extend for further periods of up to two years, and Dementia Coordinator Services funded by the NHS Kent and Medway Clinical Commissioning Group and Kent County Council for a period of two years; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other 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.

11. Background Documents

Community Based Wellbeing Services (Grants to Contracts) Report to Cabinet Committee on 27 September 2019.

<https://democracy.kent.gov.uk/documents/s92294/Item%208%20-%20Community%20Based%20Wellbeing%20Services%20Contract%20Update.pdf>

Community Based Wellbeing Services (Grants to Contracts) – Procurement Programme and Grant Extension Approvals Report to Cabinet Committee on 16 January 2020.

<https://democracy.kent.gov.uk/documents/s95362/Item%209%20-%20Community%20Based%20WellBeing%20Services%20-%20Procurement%20Programme%20and%20Grant%20Extensions.pdf>

Community Based Wellbeing Services Procurement Restart (Decision Number 20/00098).

<https://democracy.kent.gov.uk/documents/s99062/Item%206%20-%20Community%20Based%20Wellbeing%20Service%20Restart.pdf>

12. 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:

To be allocated by Democratic Services

For publication

Key decision: YES

Expenditure in excess of £1m

Title of Decision: Community Based Wellbeing Services and Carers' Short Breaks Contracts

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

- a) **APPROVE** the direct award a year contract until 31 March 2023 for the provision of Carers' Short Breaks;
- b) **APPROVE** the contract awards (as detailed in the exempt appendices) for the provision of Community Based Wellbeing Services funded by Kent County Council for a period of three years with the option to extend for further periods of up to two years, and Dementia Coordinator Services funded by the NHS Kent and Medway Clinical Commissioning Group for a period of two years; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other 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.

Reason(s) for decision: Adult Social Care has historic grant arrangements in place with voluntary and community sector providers across the county. These grants provide a contribution towards the costs of services that support older people, people living with dementia, people with a physical disability and people with sensory impairments.

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

A phased procurement process was undertaken in 2020 to award three contracts to replace the historic grant arrangements. The three contracts in Phase 1 were awarded in December 2020. The nine contracts in Phases 2 and 3 to be awarded are:

- Older Peoples' Wellbeing Services in Ashford, Canterbury & Swale
- Older Peoples' Wellbeing Services in Dartford, Gravesham & Swanley
- Specialist Support in the Community for People with a Physical Disability
- Post Diagnostic Support in the Community for People with Dementia and their Families in West Kent
- Post Diagnostic Support in the Community for People with Dementia and their Families in East Kent
- Post Diagnostic Support in the Community for People with Dementia and their Families in North Kent
- Dementia Coordinator Service in West Kent (procured on behalf of NHS Kent & Medway)

CCG)

- Dementia Coordinator Service in East Kent (procured on behalf of NHS Kent & Medway CCG)
- Dementia Coordinator Service in North Kent (procured on behalf of NHS Kent & Medway CCG)

The direct award of the contract for Carers' Short Breaks will provide continued support for Carers across Kent while the new Kent Adult Carers strategy is developed and the procurement process for a new contract, which will align to the new strategy, is undertaken.

This decision supports KCC's Strategic Statement through supporting key providers that deliver services to older and vulnerable residents that will ensure they are safe and supported with choices to live independently. This decision relates to the proposal within the Strategic Delivery Plan of moving organisations from grants to contracts.

This decision supports the Strategic Reset programme by implementing Asset Based Commissioning.

The contracts will enable the Council to meet its duties under the Care Act 2014 by promoting wellbeing for individuals and their Carers, through the provision of information and advice that enables people to make choices about their care, by preventing or delaying people deteriorating to the point where they require health or social care support and through supporting market sustainability.

Financial Implications

This decision will result in the total expenditure of £15,505,437.89 for KCC.

The KCC funded contracts to be awarded as a result of the procurements carried out will result in the following expenditure for KCC (five-year contract values):

Older Peoples' Community Wellbeing Services in Ashford, Canterbury & Swale:

£4,850,350.68

Older Peoples' Community Wellbeing Services in Dartford, Gravesham & Swanley:

£ 3,324,460.80

Specialist Support in the Community for People with a Physical Disability:

£767,232.40

Post Diagnostic Support in the Community for People with Dementia and their Families in West Kent:

£1,409,500

Post Diagnostic Support in the Community for People with Dementia and their Families in East Kent:

£1,412,000

Post Diagnostic Support in the Community for People with Dementia and their Families in North Kent:

£1,240,000

The KCC funding value of extending the Carers' Short Breaks contract agreement from 1 April 2022 to 31 March 2023 will be £2,501,894.01. This is not additional funding, just extending the duration of the arrangements during the procurement period, until a new contract is put in place from 1 April 2023.

Legal Implications: The procurement process has been followed in accordance with Public Contracting Regulations 2015.

The direct award of the Carers short breaks' contract of is in line with PCR Regulation 32 (2) (c). Direct award due to urgency related to the ongoing impact of the COVID-19 pandemic and the

inability to complete appropriate engagement with Kent residents and the Provider Market.
Equality Implications: An EqIA has been carried out. Potential for adverse impact on some groups with protected characteristics as a result of this project were identified. Actions have been identified to mitigate these effects, including a contractual performance framework that will ensure outcomes of the contract are monitored and delivered for all groups of people with protected characteristics.

An Equality Analysis/Impact Assessment (EqIA) will be included the decision paperwork.

Data Protection Implications: A DPIA was required and has been completed.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 18 January 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

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

.....
signed

.....
date

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

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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: Peter Oakford, Deputy Leader and Cabinet Member for Finance, Corporate & Traded Services

To: Adult Social Care Cabinet Committee – 18 January 2022

Subject: Draft Ten Year Capital Programme, Revenue Budget 2022-23 and medium term financial plan 2022-25

Classification: Unrestricted

Summary:

The budget report published on 5 January 2022 sets out the background to and draft budget proposals for the capital programme, revenue budget for the forthcoming year and medium term financial plan. The report is a standard report for the whole council focussing on the key strategic considerations underpinning the decisions necessary for County Council to agree the budget at the Budget Meeting in February

Recommendations

The Committee is asked to:

- a) NOTE the draft capital and revenue budgets including responses to consultation
- b) SUGGEST any changes which should be made before the draft is presented to Cabinet on 27th January 2022 and full County Council on 10th February 2022

Contact details

Report Author(s)

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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 - 18 January 2022

Subject: Adult Social Care and Health Performance Q2 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 activity and performance during Q2 for 2021/22. Adult Social Care and Health continues to monitor, manage, and assess the long-term changes in demand and activity caused by the pandemic and the following easing of lockdown restrictions including the effect on the Care Market and ASCH Staff. Some of the significant changes seen during the pandemic, such as decreases in the provision of residential and nursing care appear to now be reversing although the significant increase in demand for homecare seen throughout the pandemic has continued to remain high in this quarter.

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 12 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 Q2 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 and where appropriate 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 over the last 12 months. Four were RAG rated Green, having met and exceeded the target.
- 2.2 ASCH continues to monitor and manage the changes in demand and activity caused by the pandemic and the following previous easements of lockdown restrictions. Some of the significant changes seen during the pandemic, such as decreases in the provision of residential and nursing care, have now shown signs of change although the significant increase in demand for homecare seen throughout the pandemic has continued to remain high in this quarter.
- 2.3 There were waves of higher demand for short-term services during the Pandemic, particularly when hospitals discharged patients in order to increase capacity in preparation for anticipated increases in demand for beds. Although Quarter 2 has seen a decrease in demand for short term services, it is anticipated this will increase with the onset of winter pressures. ASCH are working closely with the NHS, Clinical Commissioning Group (CCG) and Providers to ensure plans are in place to deal with the increase with a system-wide response.
- 2.4 A key area that has seen significant growth is demand for mental health support. The increase accelerated during the pandemic and continues to grow with over 1,200 people receiving support in Quarter 2, the majority being supported through Supporting Independence Services and Supported Living. Not only has the number of people requiring assistance increased, but so has the amount of support per week required: on average 25.4 hours per week were provided compared with 18.4 for the same period last year
- 2.5 Work continues to be undertaken to increase the number of carers who are receiving a service but have not had a review in the last 12 months. This includes our commissioned carers organisations receiving refresher training on delivering and recording reviews while a programme of work to undertake reviews across our services is being implemented which will see the number of reviews undertaken increase. A new Carers Strategy will be consulted on and work on the National Carers Survey will be used to inform the strategy as well

as other work using feedback provided by Carers on their experiences over the last 12 months.

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, decreased in Quarter 2. However, a similar reduction in people using the service occurred during the same quarter last year. Over 1,200 people received these services and of these, over 800 people left this service either needing a lower level of support than they received initially or needing no further support from ASCH. 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 stayed consistent into Quarter 2 at 24%. National benchmarking information for 2020/21 (which includes direct payment usage by younger adults aged 18-24) shows that Kent is ranked 59th out of 150 nationally at 28.0% compared with the National average of 26.6%.
- 3.3 The proportion of people with learning disabilities who live in their own home or with family remains above the target of 77% at 82%. In 2020/21 the national average was 78.3% and for the South East it was 75.6%.
- 3.4 During Quarter 2, there was an increase in the proportion of people placed by ASCH in CQC Rated Good or Outstanding residential or nursing homes; there was a particular decrease in the proportion of those in homes rated "Requires Improvement" which decreased from 19% to 15%.
- 3.5 The 89% of older people (those aged 65+) who accessed a reablement/ rehabilitation service following a hospital discharge were still at home 91 days later. ASCH continues to work closely with NHS and CCG colleagues to ensure pathways are clear and effective for people moving across different types of service provision. Kent was in a strong position on this measure in 2020/21 being ranked 34th of 150 nationally, and being higher than both the South East region and National averages.

5. Conclusion

- 5.1 The present environment and the fast pace of changes means that predicting and planning for activity in the longer term is extremely difficult. Pressures on NHS, lockdowns and easements have all had a significant impact on social care activity and the services KCC provide and commission. At the time this report was written, the rapid rise in Covid cases as a result of the Omicron variant mean that a further impact on social care is likely. KCC's Adult Social Care and Health Services continue to work closely with NHS partners to ensure pathways between Health and Social Care remain effective as possible and that capacity can be flexed as much as possible in order to meet demand as and when it occurs.

6. Recommendation

6.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q2 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

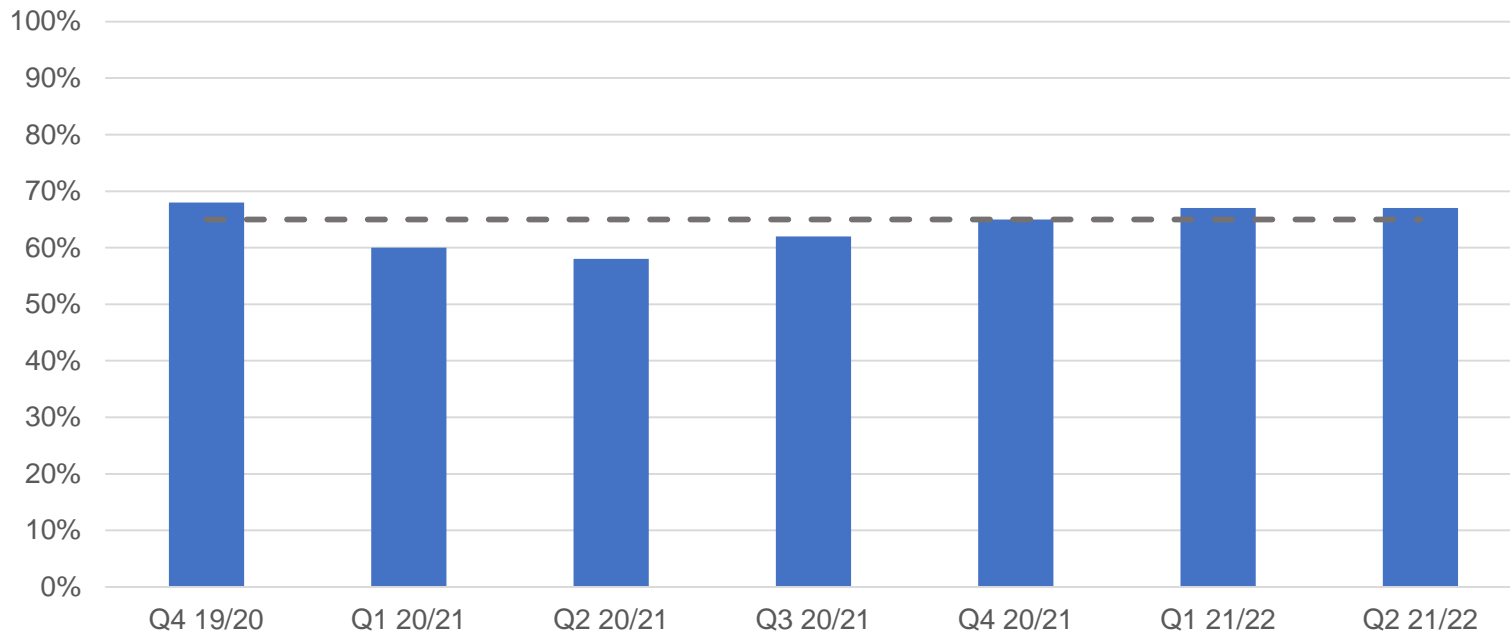


Technical Notes:

Target set at 65% (dotted line)

Short term services include Short Term Beds and Enablement services.

The Direction of Travel is significant.



Commentary:

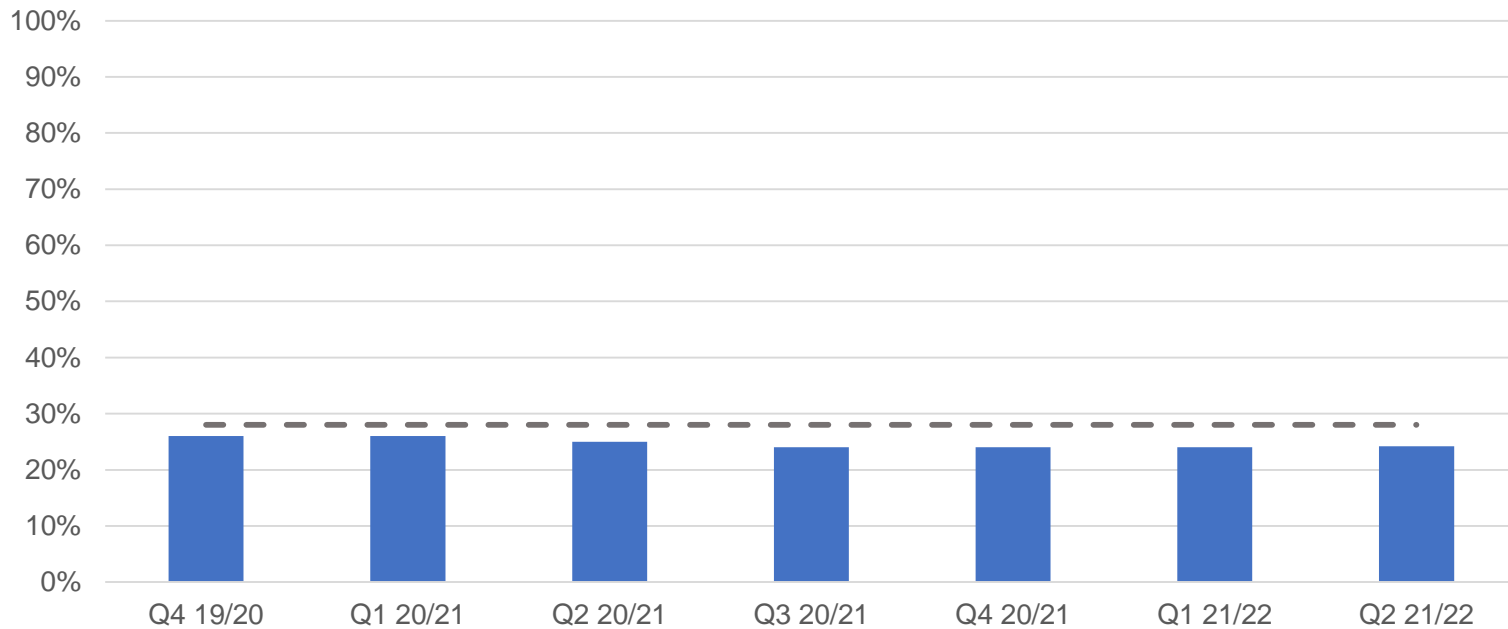
The proportion of people needing either no support or support at a lower level having received Short Term Services has remained at 67% in Q2 21/22.

1,245 people accessed Short Term Services during this quarter, a decrease of those in Q1 which was 1,429, However, a similar reduction in people using the service occurred during the same quarter last year. 831 people did not need further support or needed support at a lower level.

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)

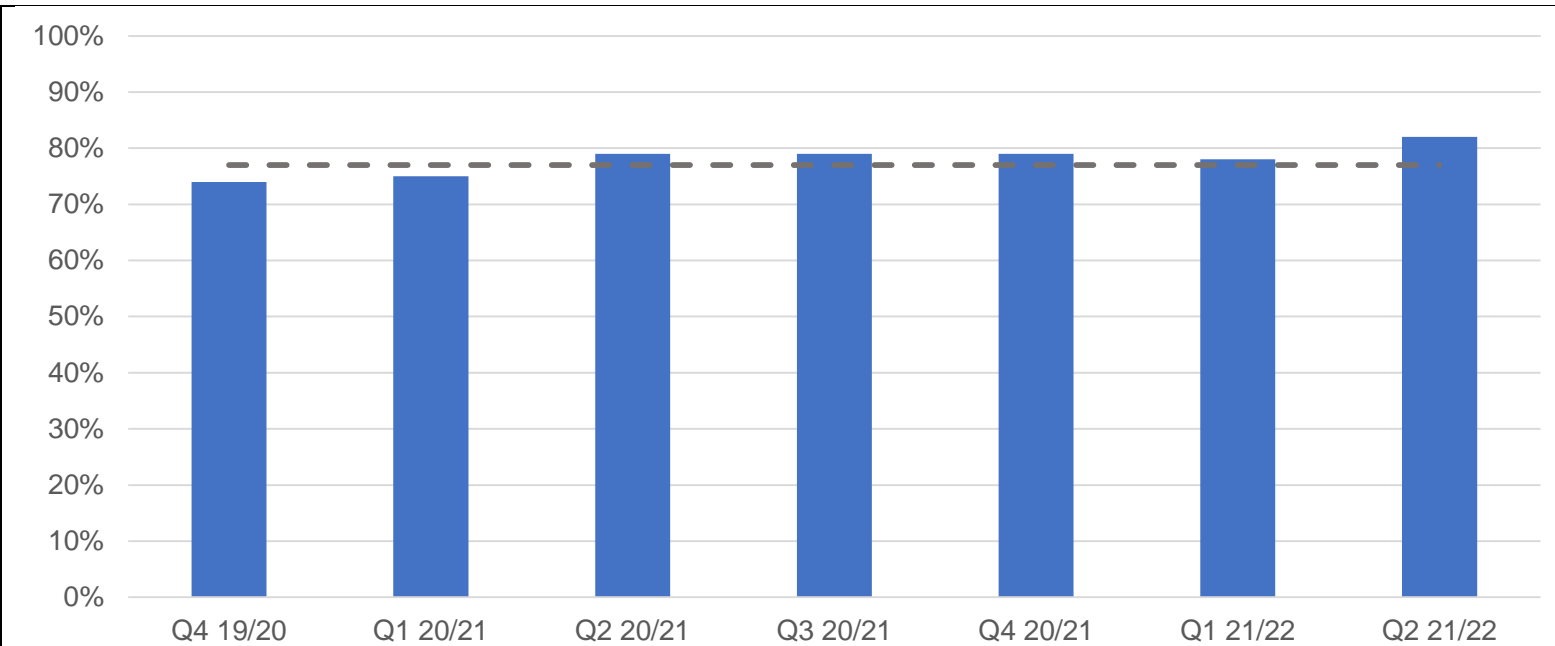
Currently does not include Learning Disability clients aged 18-25 with CYPE.

Overall the downward Direction of Travel is significant.

Commentary:

The proportion of people in receipt of a Direct Payment remained consistent from Q1 to Q2. There is a review being planned in ASCH to simplify the Direct Payment process with the intention to increase the numbers accessing it.

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

GREEN


Technical Notes:

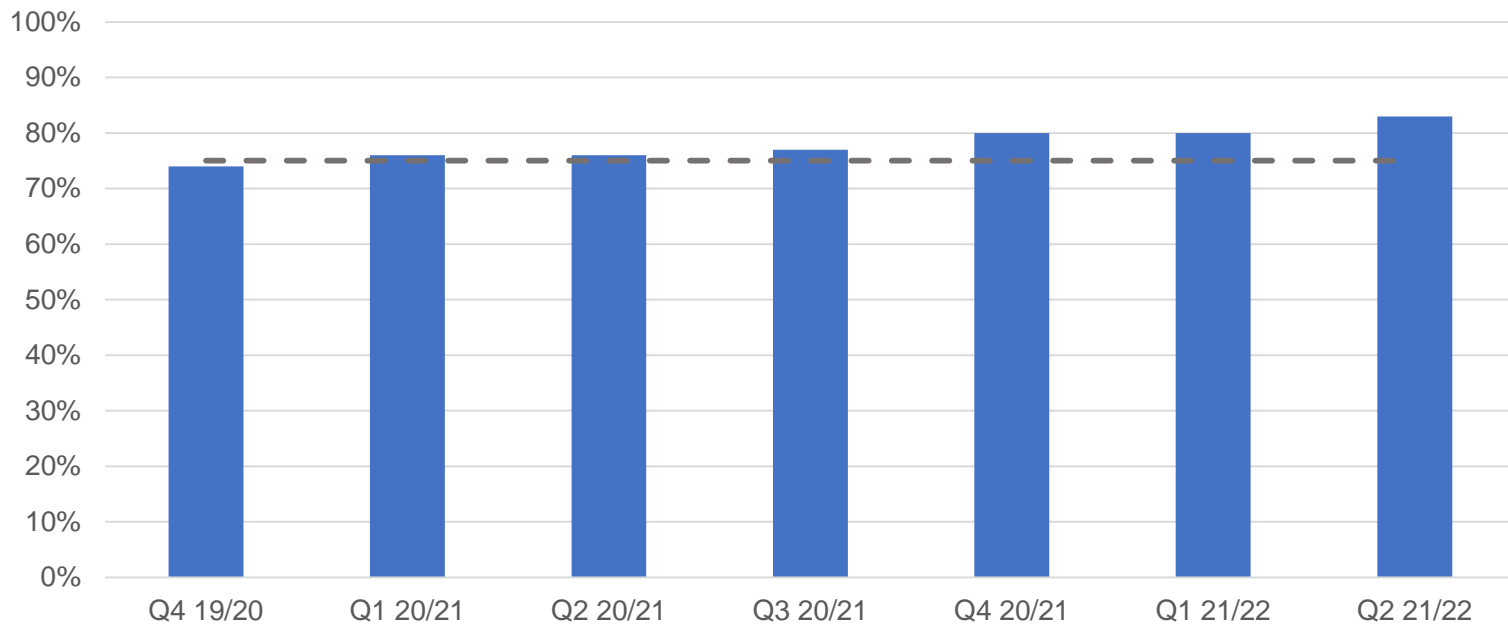
Target set at 77% (dotted line)

The Direction of Travel is not significant.

Commentary:

The proportion of people with learning disabilities in settled accommodation increased to 82% in Q2.

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.

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

Technical Notes:

 Target set at 75%
(dotted line)

 The Direction of
Travel is significant.

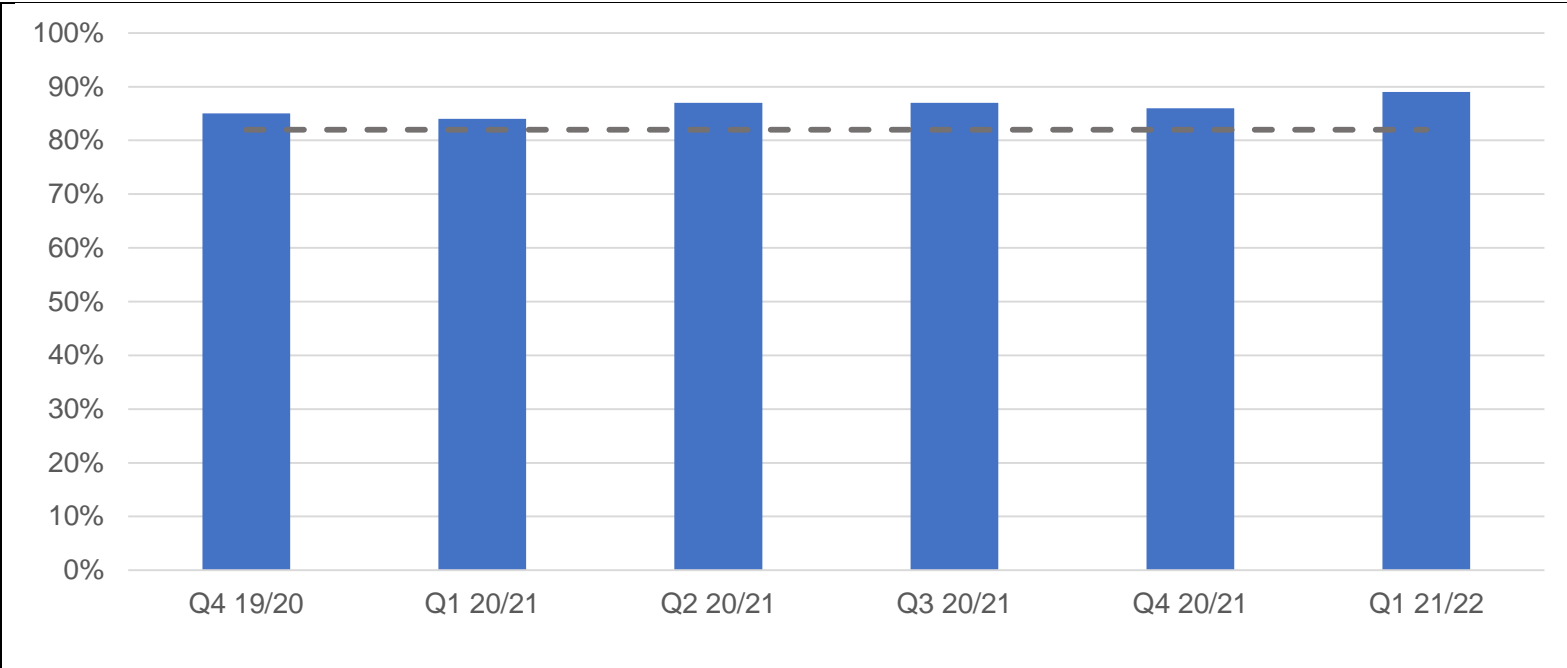
Commentary:

There was an increase in the numbers of people in short term or long term residential/nursing services in Q2, and with this there were increases in those in Good homes from the previous quarter, from 79% to 81%. The number and proportion of people in a home rated as Requires Improvement decreased in Q2.

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 had tapered significantly across the care home market and providers had 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.

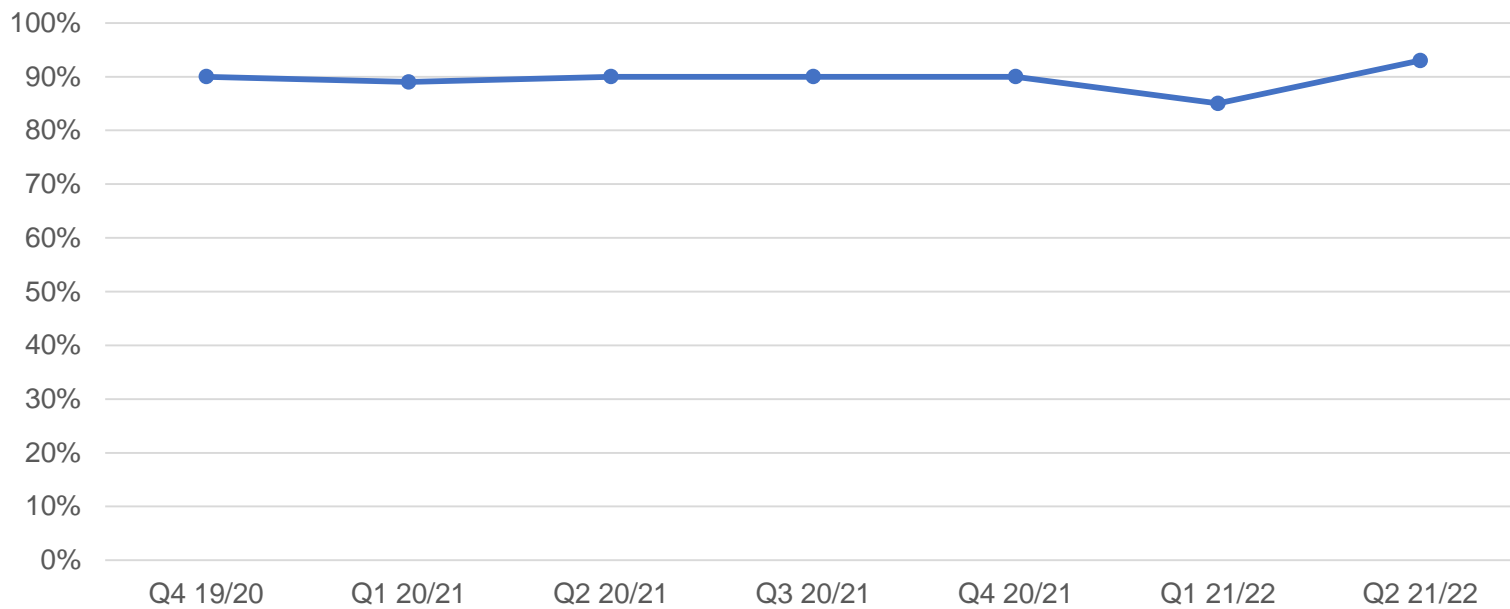
The direction of travel is not significant.

Commentary:

894 older people had remained at home 91 days after a discharge from hospital into an enablement service in Q1 21/22 (measure runs a quarter in arrears due to the 91 days)

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:

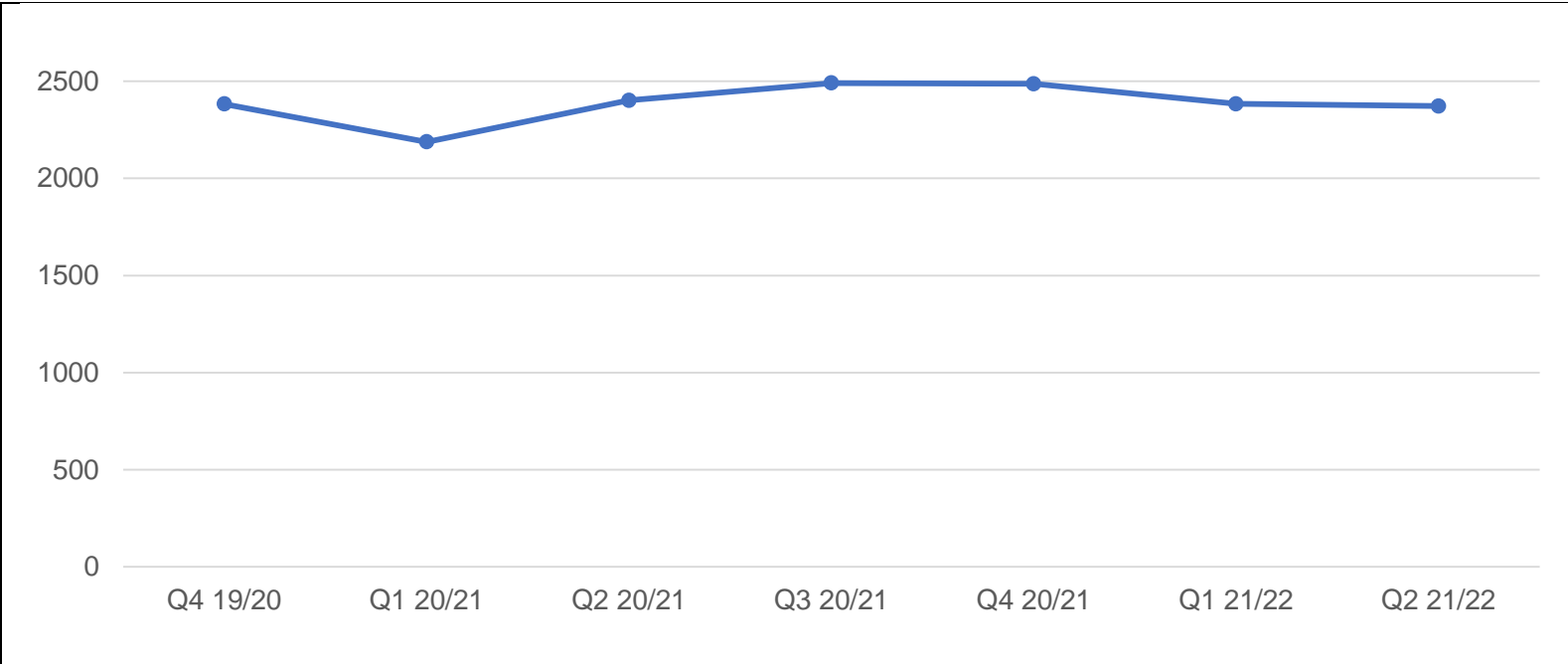
Activity measure, no specified target

Commentary:

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 undertaking a review of safeguarding practices to ensure they remain as effective as possible, identified and agreed actions are being implemented.

ASC7: Number of Carers



Technical Notes:

Activity measure, no specified target.

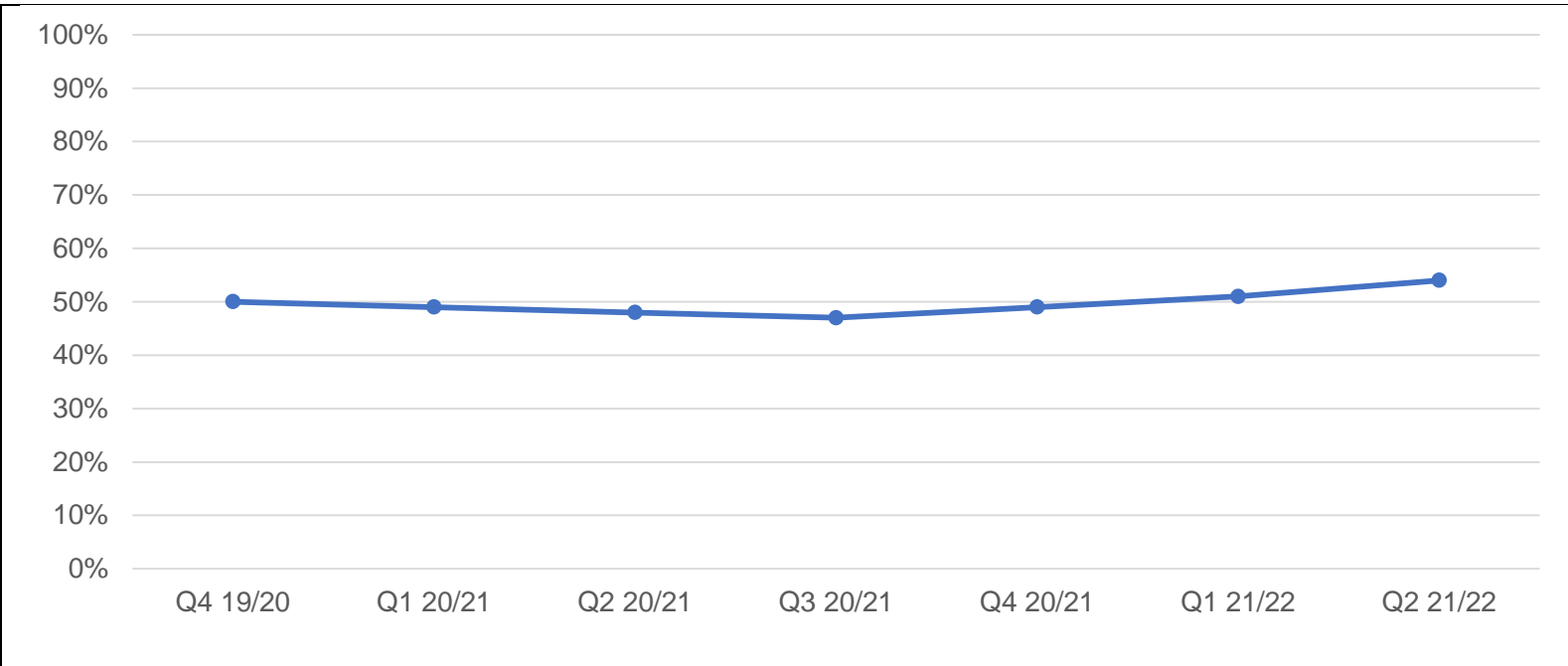
Carers with an open carer relationship where the cared for is in receipt of service.

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 contracting arrangements.

A review of the Kent Carers Strategy, which details how Carer’s Support is provided, is underway and due to be concluded in early 2022. ASCH are keen to ensure there is a wide range of options available for unpaid carers and to make sure that they are supported. The deadline for responses to the National Carers survey has passed and analysis of the responses is underway, initial findings will help inform the Carers Strategy.

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



Technical Notes:

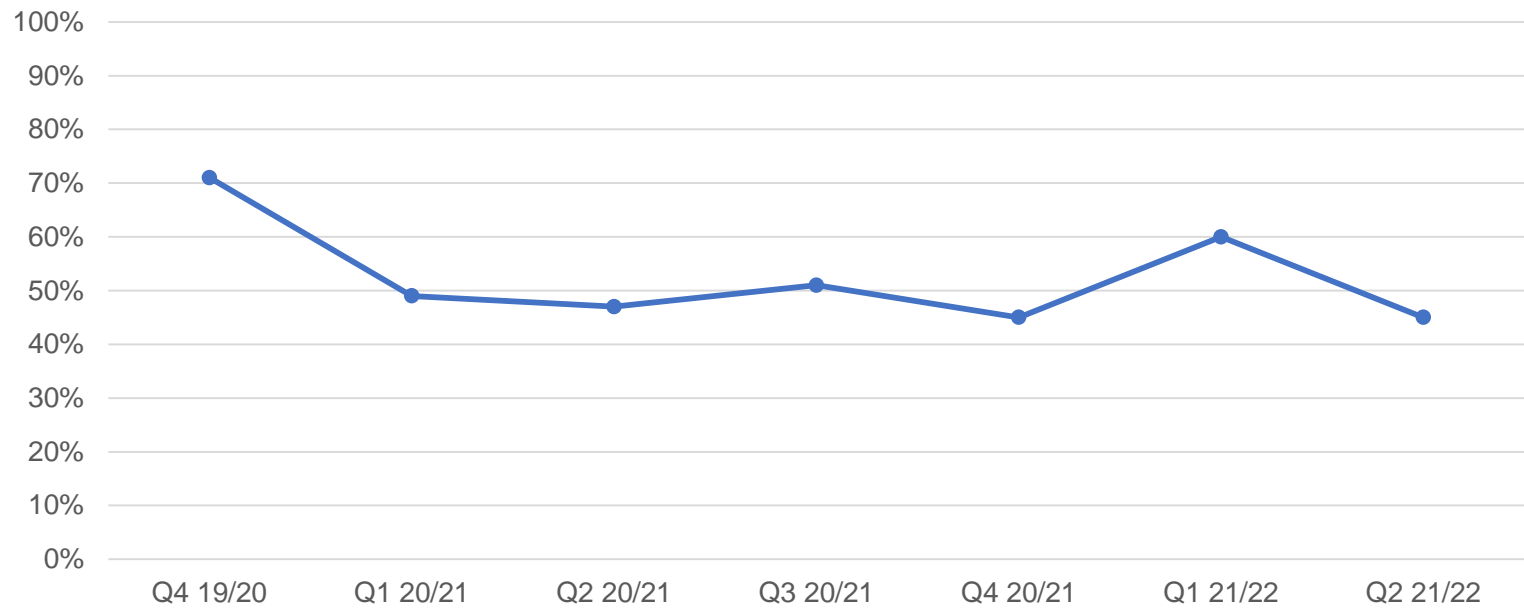
Activity measure, no specified target

All Statutory assessments and reviews included.

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

Commentary:

The proportion of carers with either a review or assessment in the last 12 months continues to steadily increase and is now at 54%. Training provided to the commissioned Carer's Organisations on updating Mosaic will continue to ensure all assessments and reviews are recorded appropriately will continue.

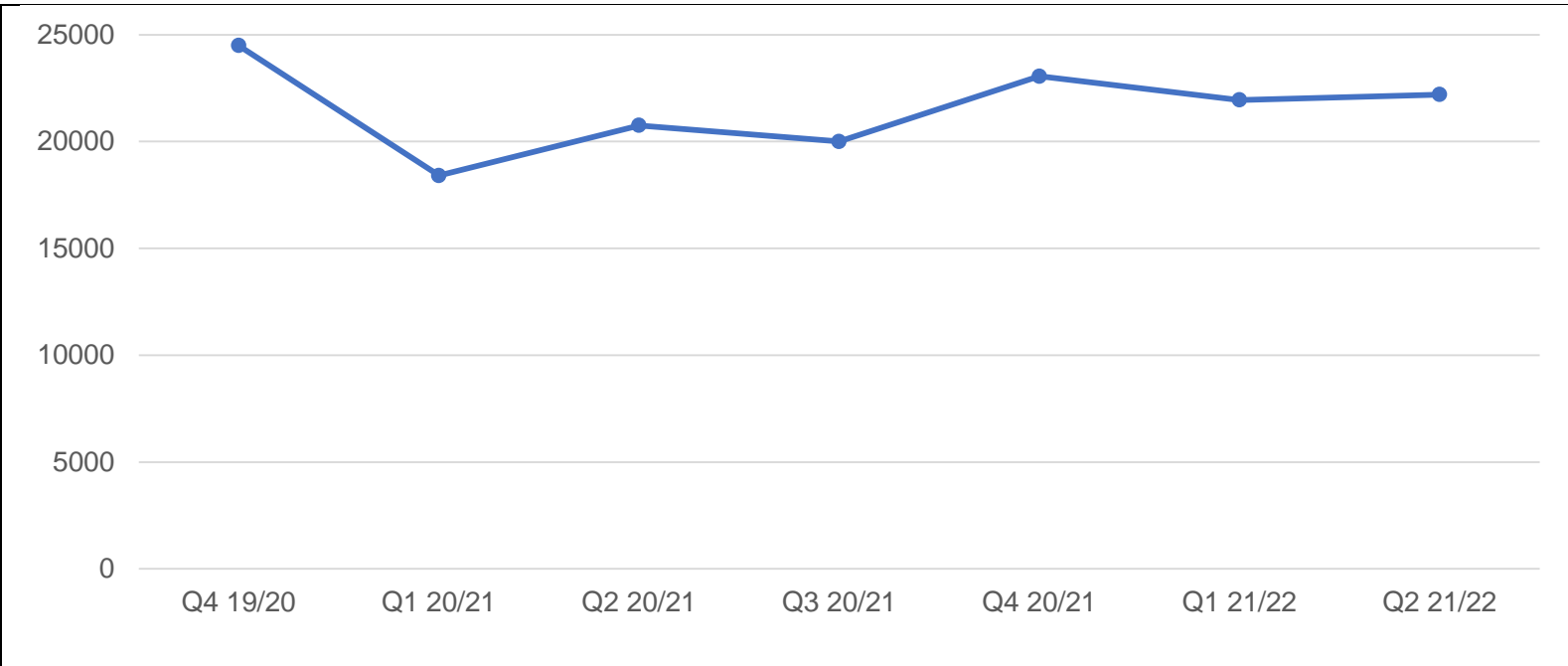
ASC9: Proportion of complaints upheld (upheld and partially upheld)**Technical Notes:**

Activity measure,
no specified target

Commentary:

In Q2 there was an increase in the number of complaints resolved upon receipt, and of the 202 closed complaints 62 were not upheld. The proportion of complaints partially or totally upheld reduced to 45% from 60% from the previous quarter.

ASC10: Number of people making contact with ASC



Technical Notes:

Activity measure, no specified target

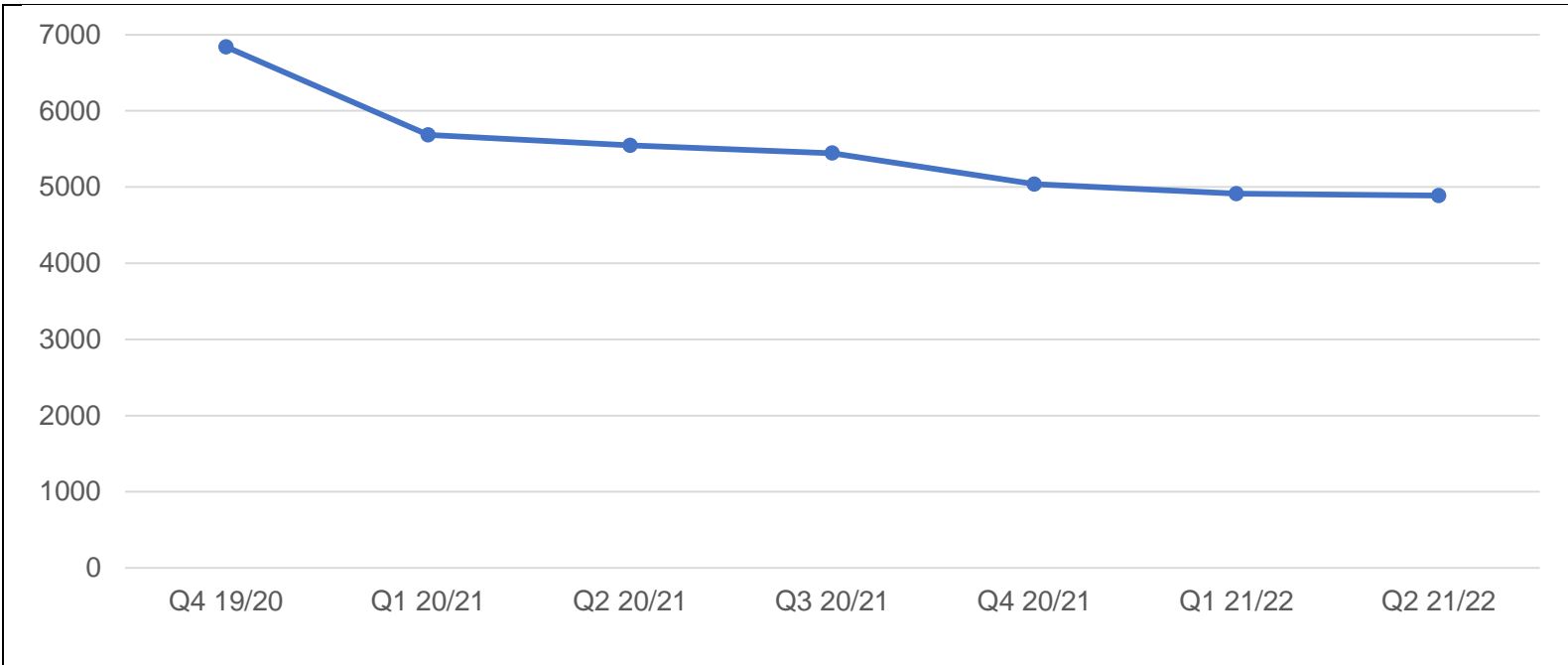
Includes all forms of contact

Commentary:

The number of people making contact with ASCH has increased slightly from the previous quarter although activity remains relatively consistent over the last 2 quarters.

The number of people contacting the Area Referral Management Service has continued to increase and in Q2 21/22 over 9,300 people had been in contact with the service, the largest number experienced since reporting on Mosaic began, and a 7% increase on the previous quarter.

ASC11: Number of assessments delivered (care needs assessments)



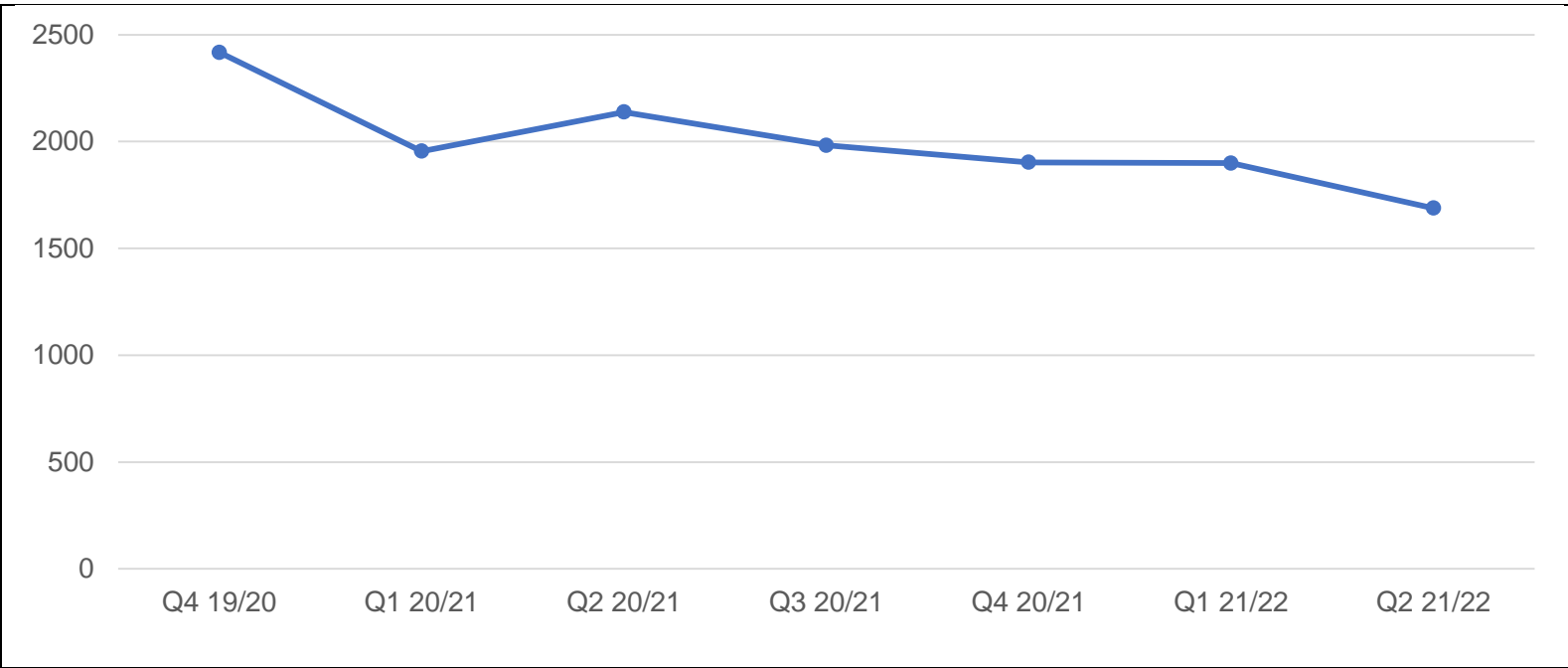
Technical Notes:

Activity measure,
no specified target

Commentary:

The number of Care Needs Assessments completed within the quarter has continued to decrease. Since the move to reporting from Mosaic in October 2019, 90% of Care Needs Assessments are completed within 29 days.

ASC12: Number receiving enablement



Technical Notes:

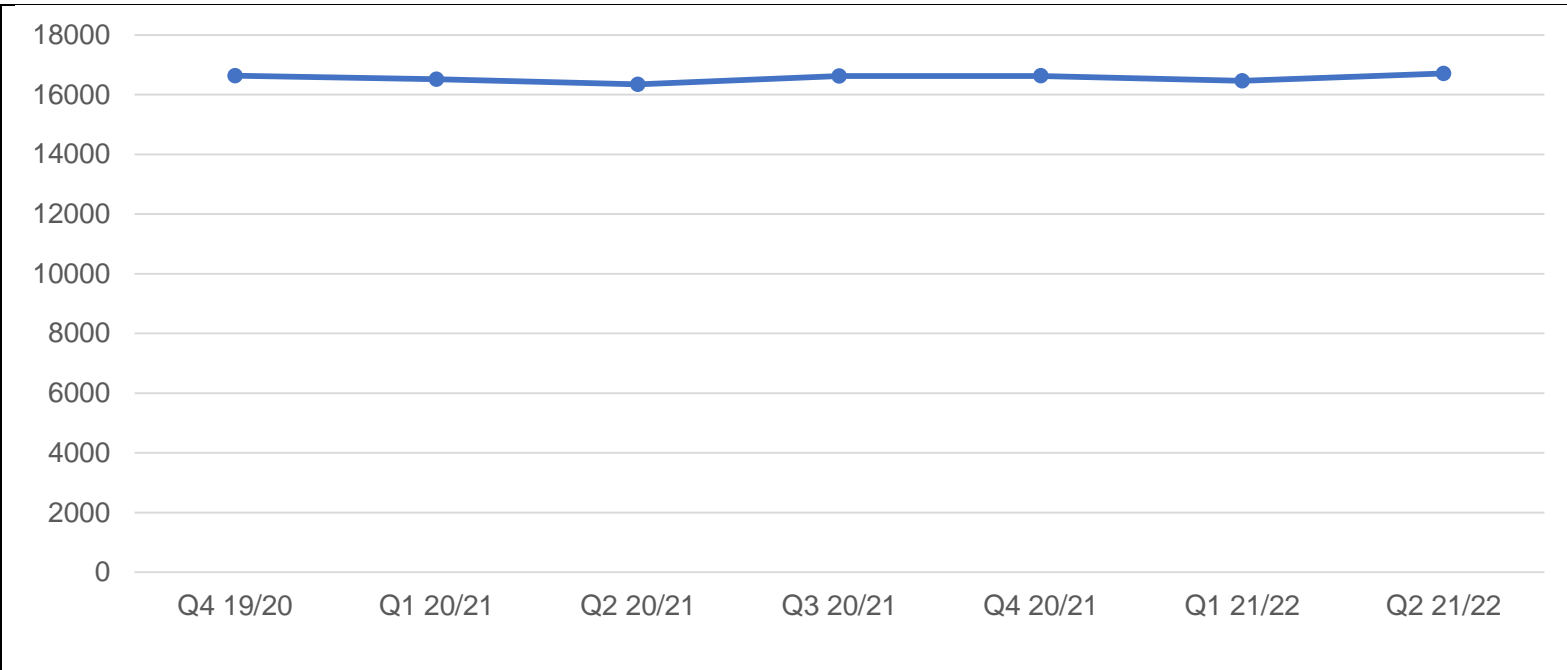
Activity measure, no specified target

People receiving services with Kent Enablement at Home (KEaH)

Commentary:

Fewer people have been receiving Kent Enablement at Home support (KEaH), but capacity of the KEaH teams is being fully utilised. KEaH continue to demonstrate good outcomes with reductions in the level of ongoing needs by an average of 74%. KEaH is reshaping how they work to manage pressures within market capacity, and to ensure discharge from hospitals are as beneficial as possible for patients.

ASC13: Number receiving long term services



Technical Notes:

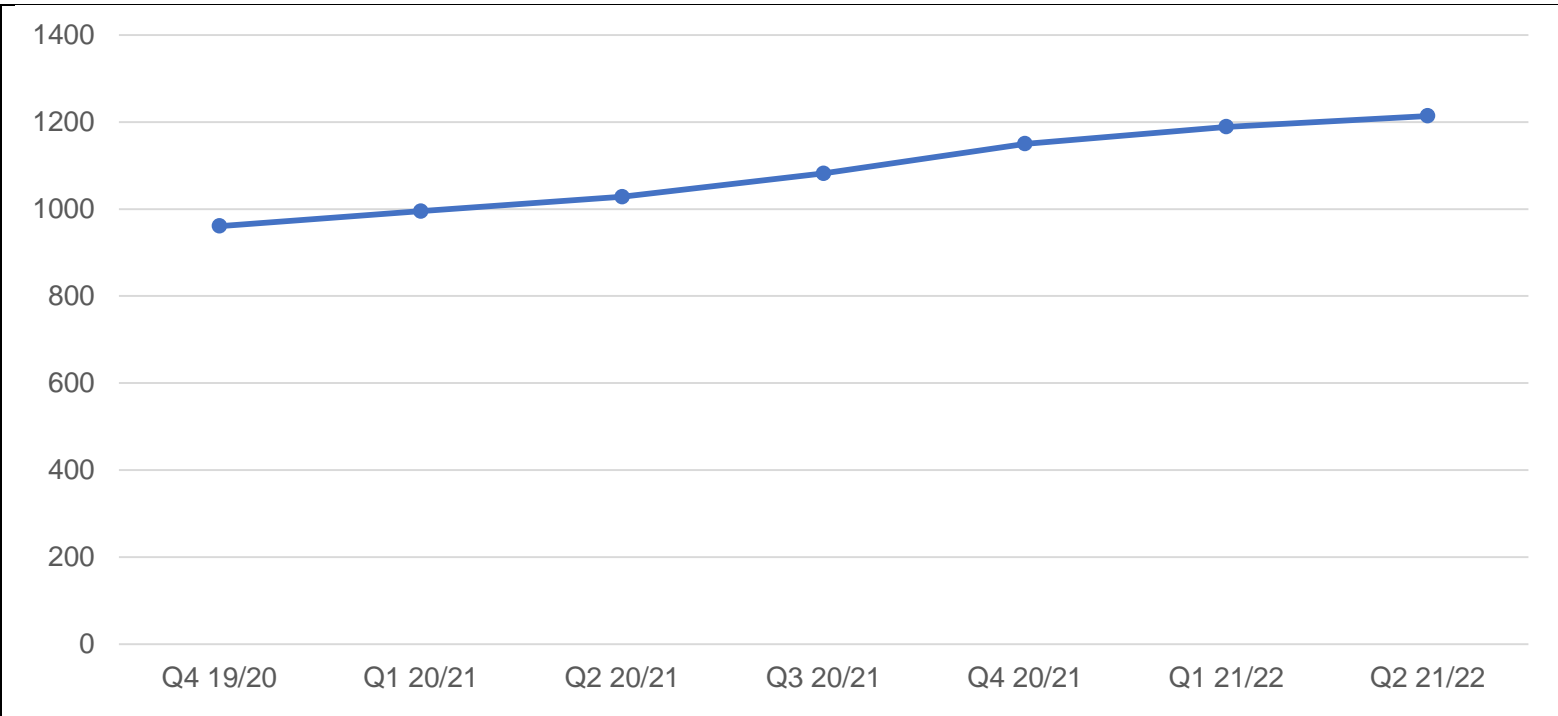
Activity measure, no specified target

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

Commentary:

There was an increase in Q2 of the number of people receiving long term services, with an increase in the numbers of people having long term residential or nursing. Homecare numbers showed a decrease although number of people in supported living continued to increase.

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

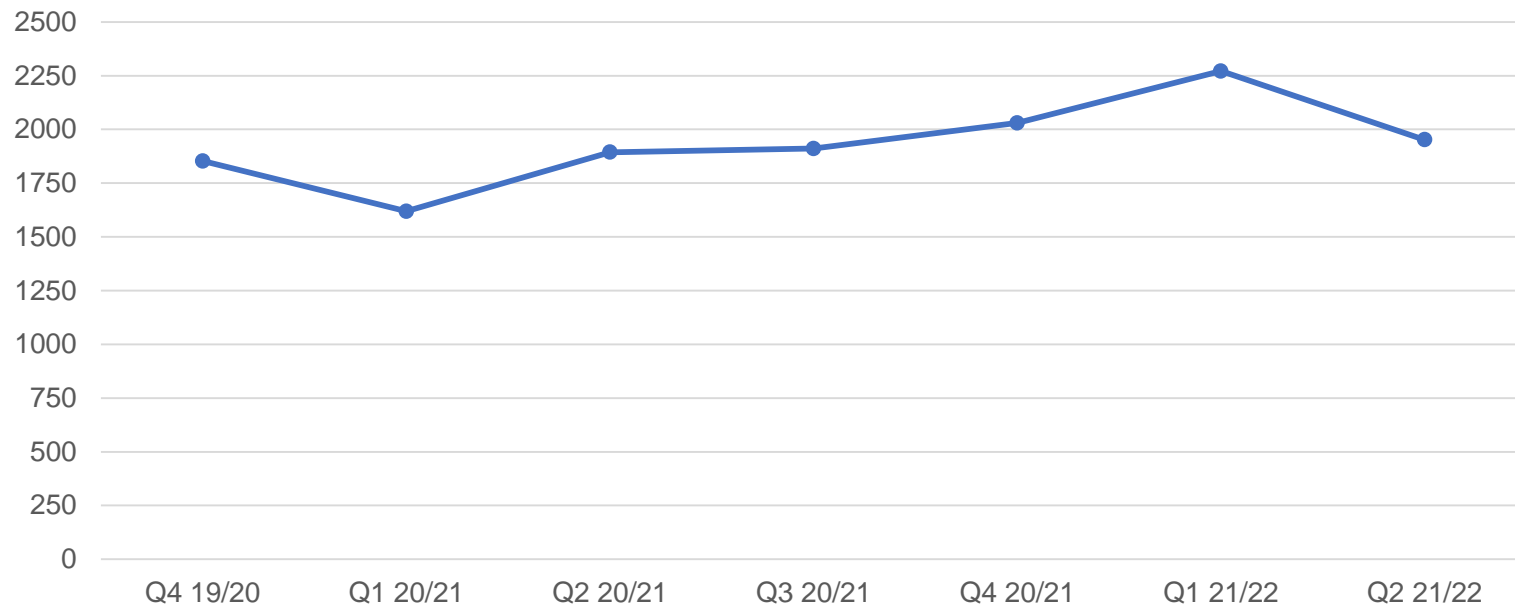


Technical Notes:

Activity measure,
no specified target

Commentary:

The numbers of people accessing ASCH Services who had a Mental Health need continues to increase, and there have been more people accessing SIS / Supported Living. Although much smaller in volume when compared to the numbers in SIS/Supported Living, there have been increases in those accessing long term Residential.

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

Activity measure,
no specified target

Commentary:

This decrease in the number of DoLS applications received in Q2 21/22 is due to the time of year with staff on leave from July to September, along with people taking leave for caring responsibilities. Even with the lower number of applications in Q2 compared to the 2 previous quarters, it remains at a higher volume compared to earlier quarters.

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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 - 18 January 2022

Subject: **ADULT SOCIAL CARE AND HEALTH ANNUAL COMPLAINT'S REPORT 2020/21**

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Directorate Management Team – 15 December 2021

Future Pathway of Paper: None

Electoral Divisions: All

Summary This report provides Members with information about the operation of the Adult Social Care and Health Complaints and Representations' Procedure between 1 April 2020 and 31 March 2021.

Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of this report

1. Introduction

1.1 This report provides an overview of the operation of the complaints and representations procedure for Adult Social Care and Health during 2020/21. The report includes summary data on the complaints, enquiries and compliments received during the year with additional information in Appendices 1-5. It also provides examples of the actions taken and improvements made from complaints which are used to inform future service delivery.

2. Policy Context and Procedures

2.1 The “Local Authority Social Services and National Health Service Complaints (England) Regulations 2009” places a duty on Local Authorities to have arrangements in place for dealing with complaints.

2.2 Associated with the Regulations, guidance was issued which outlines the three key principles of the procedure, **Listening** – establishing the facts and the required outcome; **Responding** – investigating and making a reasoned decision based on

the facts/information and **Improving** – using complaints data to improve services and inform the business planning and commissioning processes.

2.3 Complaints contain valuable feedback from the people we support and their representatives and create opportunities to review how services are working. Investigations into the concerns allow us to listen to the person’s experience and to put things right if a mistake has occurred. All feedback is taken seriously and acted upon appropriately, recognising that Adult Social Care is often provided to vulnerable people during a time of crisis. It is important that we have a procedure that is flexible and puts the person at the heart of the investigation.

3. Total Representations received by Adult Social Care and Health (ASCH)

3.1 A total of **754 complaints** were received during 2020/21 about services delivered or commissioned in relation to ASCH. Appendix 1 contains information about the number and type of complaints.

3.2 The number of **complaints** received during 2020/21 has reduced by 30% from the previous year and the principal reason for this an exceptional high number of complaints relating to the Blue Badge Service during 2019/20 due to a change in eligibility criteria. Without this increase, the number of complaints received is fairly consistent with previous years:-

Year	Complaints received	% increase/decrease on previous year	People receiving a service	% of people or their representative raising a complaint
2020/21	754	-30%	67,212*	1%
2019/20	1,072	+41%	36,455	3%
2018/19	780	+24%	35,385	2.2%

** The figure of “people receiving a service” is much higher than that we have previously shown due to improved reporting capability on our new client database, Mosaic. The figure includes the total number of people that we have provided a service to throughout the year, rather than a snapshot of people receiving a service on a particular day which the previous figures related to. This is a more accurate number of people who had the opportunity to raise a complaint.*

- 3.3 A total of **381 Enquiries** were received in 2020/21 which is a very slight increase from the previous year. The majority of these Enquiries were from a MP or Member on behalf of a constituent about an aspect of the service they received. This represents a steady increase in the previous three years:-

Year	Enquiries received	% increase / decrease
2020/21	381	0%
2019/20	379	+10%
2018/19	345	+25%

- 3.4 In 2020/21, **512 compliments** were received which represents an 11% decrease from the previous year. The compliments provide useful feedback where people have written to ASCH with positive comments about their experience of using the service. Compliments are usually received via the operational teams and staff are encouraged to complete a form with details of the message and staff associated with the good work. A few examples from compliments received are found in Appendix 4.

Year	Compliments received	% increase / decrease
2020/21	512	- 1%
2019/20	518	+ 8%
2018/19	480	- 5%

- 3.5 In 2020/21, **242 informal concerns** were received which represents an 18% decrease from 2019/20, which saw a significant increase from previous years. These are concerns that were locally resolved, within a short period of time, usually within 24 hours, by the Customer Care and Complaints Team, in consultation with the operational service. Someone raising an informal concern does not wish this to be logged as a formal complaint and is happy for their concern to be resolved via this route.
- 3.6 An example of an informal concern, was when someone called to chase up actions in respect of urgent adaptations to their home following an Occupational Therapist visit. The Occupational Therapist contacted the Borough Council to chase up the referral and then provided an update to the person to reassure them that progress was being made with the Disabled Facilities Grant.

Year	Informal concerns	% increase / decrease
2020/21	242	-18%
2019/20	298	+146%
2018/19	121	+17%

4. Coroner's Inquest Requests

- 4.1 From October 2020, the Customer Care and Complaints team started to manage and co-ordinate the requests from the Coroner's Office for reports or information to support the work they are taking forward with inquests. From October to end of March we managed **23** Coroner's requests.
- 4.2 A process was put in place to manage these requests and to ensure effective communication and sign off between the Coroner's Office, our operational teams and Invicta Law. There is continual learning taking place to ensure all staff are following the process and engaging the Customer Care and Complaints team in communication with the Coroner's Office to enable effective tracking and management of the requests.
- 4.3 A flow chart and guidance notes have been produced, in liaison with Invicta Law and a template report is to be used for the completion of the requests.

5. Performance against timeframes

- 5.1 KCC aims to respond to 85% of complaints within KCC's Key Performance target of 20 working days. ASCH complaints can be complex and therefore additional time is required to either meet with the complainant or liaise with other agencies; when this happens and with the agreement of the complainant, an extension to the deadline is agreed; **123** complaints had their timescales extended.
- 5.2 The response time achieved within target during 2020/21 for ASCH was 60%. To allow operational teams time to focus on the priorities of protecting vulnerable people during the first six months of the COVID-19 pandemic, complaints were triaged. This was supported by a Council wide temporary policy. This meant that in practice some complaints were responded to quicker, whilst other less urgent ones were not given the usual deadline of 20 days to respond. The Customer Care and Complaints Team managed this process with flexibility and liaised with the complainants to realistically manage expectations.

Year	Complaints closed	% responded to within 20 days
2020/21	783	60%
2019/20	1,063	60%
2018/19	746	61%

- 5.3 99% of complaints were acknowledged within three working days.

6. Complaint outcomes

- 6.1 An individually prepared response is provided for each complaint received following an investigation into the concerns raised. The response letter provides the opportunity to fully explain the findings from the investigation, detail what has been done to put things right and offer an apology, where appropriate. Some complaints lead to lessons being identified and these are also explained within the response so that the complainant is reassured that we are taking the issue seriously and have shared good practice as a result. A summary of the outcome of the complaints is recorded in the table below:-

Year	Complaints closed	Upheld and partially Upheld	Not upheld	Resolved upon receipt/ withdrawn/suspended/ another procedure
2020/21	783	48%	31%	21%
2019/20	1,063	66%	26%	8%
2018/19	716	66%	30%	4%

- 6.2 The number of complaints upheld or partially upheld has reduced from 66% to 48%. This pattern shows a steady decline over the years in the number of complaints upheld. This could indicate that recording has improved enabling us to defend and explain the actions taken in respect of complaints raised.
- 6.3 There is an increase in the percentage of those complaints “resolved upon receipt” which demonstrates that flexibility is applied if a complaint can easily be rectified upon receipt by liaising with operational teams to resolve the complaint quickly.

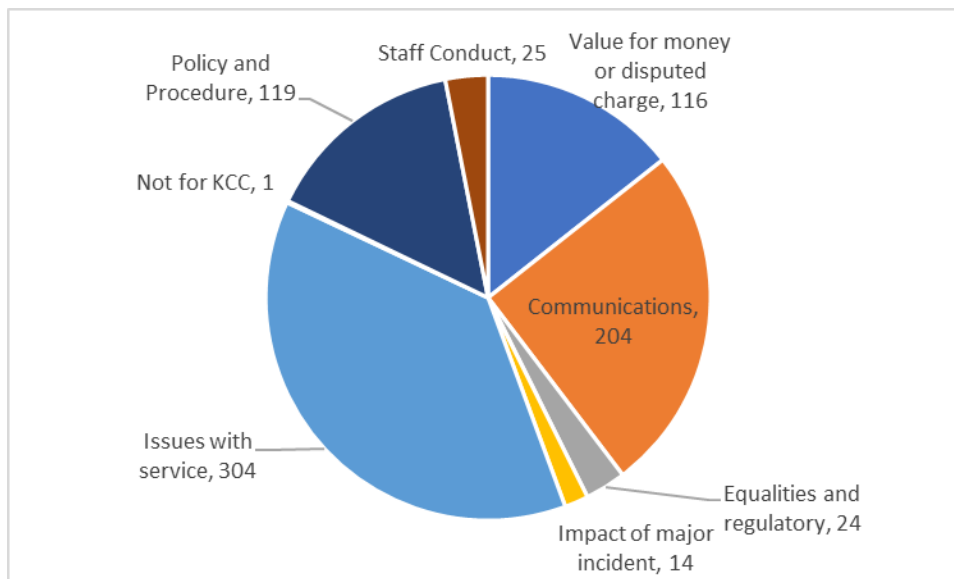
7. Methods of engagement

- 7.1 Communication, in whichever form is encouraged and accepted, so that people can complain in the way they feel most comfortable. There has been a further decline in the receipt of postal complaints with only 5% being received, with both email, 50% and telephone, 26%, being the most common forms of communication with the self-service via the website and online methods equating to 13% and the Contact Centre sending through 5% of complaints.

Method	Volume
Comment Card	3
Contact Centre	35
Email	379
Fax	1
Online	13
Post	39
Self service	89
Social Media	0
Telephone	194
Webchat	1
Total	754

8. Themes identified arising from complaints

8.1 The complaints are categorised under the following main corporate headings:



Policy and procedure	119
Staff Conduct	25
Value for money or disputed charge	116
Communications	204
Equalities and Regulatory	24
Impact of major incident	14
Issues with service	304
Not for KCC	1
Policy and Procedure	119
Staff Conduct	25

- Covid-19** had a significant impact on how we deliver services during 2020/21. With some services needing to amend or suspend services following government guidance. Examples of complaints received include communications regarding day centres opening as well as disagreements with day centres being closed during lockdown, some felt these services should remain open, as the closure had an impact on wellbeing. Complaints were also received as services began to re-open with some service users expressing concerns. There were also several complaints about residential homes and visiting restrictions as well as staff not following the guidelines.
- A delay in contacting the customer** is when someone we support perceives a delay in communicating with them. An example is that we have informed a

someone that their Blue Badge application would be processed within 10 weeks, but they feel that this timescale is excessive or goes over that deadline. Another example is when someone requested an assessment for care or equipment had to chase for a response.

- People we support, or their representatives, who pay for all, or part of their care following a financial assessment sometimes **disagree with the charge received**, themes of these complaints include charges that are considered to be excessive, where we have not taken all of someone's circumstances into account or an invoice that the someone feels is incorrect as they have been charged for care that was not provided or was a poor standard.
- **Disagree with the decision.** Examples include when a person has completed a financial assessment and feels that a specific policy should apply, for instance someone may ask us to disregard a property they own from a financial assessment, but the criteria for this is not met. Another example is a someone requesting a care needs assessment, and they feel they either require more or less support than we have identified.
- **Failure to contact** example complaints include people we support who have not been informed of changes in care providers, not received contact from their case manager, or feel they have not been kept up to date with changes in the way in which a service is being delivered.
- **Failure to do something** is listed when an issue occurs which results in the service failing for some reason, for example is when a care provider is unable to provide care, which could be due to staff availability, or there has been a perceived miscommunication between parties. A further example of this could be the lack of alternative arrangements available whilst a day centre service has been suspended due to lockdown.
- **Incorrect/insufficient advice given** is selected when a person we support, or their representative, reports that they have not been provided with sufficient information regarding the services provided. For example, the provision of information regarding payment for care. In some cases, this information was provided but it may not have been understood, in these circumstances, we are working to make our correspondence clearer. Another example could be when someone feels that they were not asked sufficient questions regarding a care assessment to identify their needs.
- **Quality of communications**, this could be the way a decision has been communicated to someone using our service, whilst they might not disagree with the outcome, they feel that the information could have been made clearer. For example, a letter declining a Blue Badge that someone does not feel adequately explains the reason they were not eligible.

- Some complaints raise issues about the **quality of service** and these often relate to the quality of care provision by a third party. For example, when someone feels that the timings of their care calls are not consistent. Other examples would be of care that is commissioned and provided by private care homes not meeting the expected standard
- Complaints relating to **staff conduct** are taken seriously and where there is fault, these matters are addressed through supervision and training. Example complaints under this category could include people who feel that someone was not helpful, was dismissive of the issues raised or did not conduct a conversation in a professional manner.

9. Putting things right and improving– creating opportunities

- 9.1 A complaint investigation provides a vital source of insight about people's experiences of Adult Social Care and enables us to put things right. The outcome of an investigation can highlight practice issues to enable improvement and the sharing of experiences.
- 9.2 Lessons or corrective actions are identified when a complaint is upheld or partially upheld. These actions are tracked to ensure completion and sharing takes place with the relevant teams. The lessons are also shared with the Strategic Safeguarding, Practice and Quality Assurance team so that they are highlighted and linked with the good practice work taken forward by the team. Reminders are sent out to staff on issues identified where practice needs improving.
- 9.3 Many of the corrective actions recorded relate to communications, for example in respect of delays or in the accuracy and quality of communications experienced by the people we support, their representatives, and other agencies. A summary of corrective actions undertaken by Division is found in Appendix 2.
- 9.4 Examples of how we have put things right and shared the learning is contained in Appendix 5 and a summary of these are below:-

You said – we had let your son down by not providing sufficient support for his mental health

We did – we reviewed our processes to send assessment reports to GPs within 72 hours of completion and to ensure that the reports were clear and concise

You said – we did not keep you informed during your mother's assessment and did not engage with you in finding her a residential home

We did – we reviewed our procedures for continuity during staff changes and implemented a buddy system to ensure consistency around communicating with family members

You said – we did not progress your son's care plan because his worker was absent which caused a delay in the provision being arranged.

We did – we reviewed the process and the team now regularly reviews and re-allocates outstanding work when a member of staff is absent for a length of time

You said – that we did not tell you that your formal review was taking place during a telephone conversation in place of a face-to-face visit which left you uncertain if it had taken place

We did – we reminded staff to ensure people are clearly informed that a review is taking place over the telephone so that they could raise relevant queries

You said – we did not tell you when temporary government funding for residential care under Covid-19 had ceased

We did – we apologised and waived the charges and sent out letters to those affected to explain the changes to the charges

You said - that the invoices you received were not accurate or easy to understand

We did – we are reviewing the invoicing system and have made initial improvements to the content of the Kentcare invoices, further improvements are being developed

10. Financial

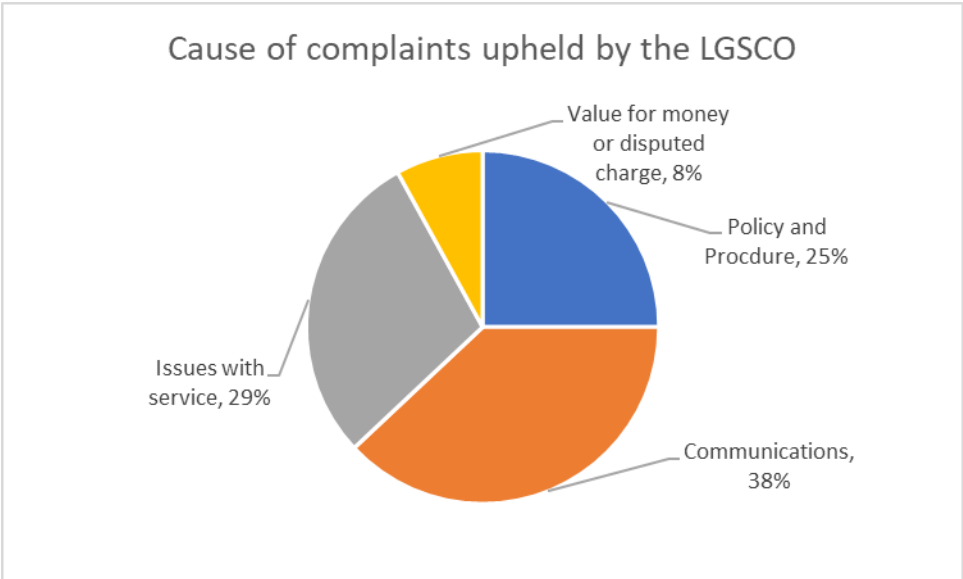
- 10.1 In 2020/21 a total of £60,887 was paid to complainants as gesture of goodwill payments, financial settlements or adjustments. Gesture of goodwill payments made up £3,300 which was paid in recognition of the impact of errors or where a delay had occurred that resulted in some injustice to the person we support or their family. The financial adjustments relate to where errors had occurred over charges, a lack of communication about a charge or an overpayment and it was considered appropriate to waive the charge as part of the resolution to the complaint.
- 10.2 This figure includes payments recommended as part of the Local Government and Social Care Ombudsman enquiries. Most of the gesture of goodwill payments are under £500 and are in line with the financial remedy guidance set out by the LGSCO as part of complaint resolution.

11. Complaints received via the Local Government and Social Care Ombudsman

- 11.1 Responding to enquires from the Local Government and Social Care Ombudsman (LGSCO) is the second stage of the Adult Social Care process. Where a complainant is not satisfied with the response, they can contact the LGSCO to ask for their complaint to be independently investigated. The LGSCO will then request information and comments from the Council to enable them to conduct their investigation. The LGSCO gives the Council four weeks to respond to a full investigation request.
- 11.2 It should be noted that the LGSCO halted the progression of their investigations at the start of the Covid-19 pandemic and re-opened their investigations from the end of June 2020. There was an influx of new cases in the following nine months, which put additional pressure on teams to provide the information requested within the timescales.
- 11.3 The table below explains that the LGSCO raised an investigation on 45 cases during 2020/21. This represents 6% of complaints that progressed to the LGSCO. The LGSCO found fault and upheld the complaints in 19 of these cases which represents 42% and is an increase of 14% from the previous year:-

Year	Complaints received	Complaints closed that progressed to LGSCO	% of cases progressed	Not upheld (no further action / no maladmin.)	Upheld (maladmin./ injustice / no further action)	Other outcome (closed after enquiries/ premature/ withdrawn/	% of upheld against those cases investigated
2020/21	754	45	6%	6	19	20	42%
2019/20	1,072	53	5%	7	15	31	28%
2018/19	780	38	5%	7	16	15	69%

11.4 The diagram below demonstrates the main causes of the upheld complaints:-



Policy and Procedure	25%
Communications	38%
Issues with service	29%
Value for money or disputed charge	8%

11.5 Information about some of the cases are summarised in Appendix 3 and below are a few themes and highlights to consider:-

- 38% of complaints upheld related to communication issues, it is important to highlight that someone’s specific communication and support needs must be considered. One case highlighted that expert advice should have been considered where someone was diagnosed with Autism and a hearing impairment. In another the LGSCO concluded that insufficient detail and explanation was provided to an applicant when their request for a Blue Badge was declined.
- The need to keep accurate and timely documentation was raised as an issue to improve. In one case a social worker was asked to join an informal hospital ward discussion but did not sufficiently record the discussion. Another investigation highlighted that a team had not chased up the hospital in respect of a Deprivation of Liberty application.
- We were able to defend our actions on one investigation with sufficiently robust record keeping and response when a long-term resident was required to be moved to safeguard her well-being as her needs had increased and the family disputed this was necessary.

11.6 Remedies are issued by the LGSCO that need to be taken forward and include sending apology letters to the person we support or their family, offering financial remedy, reviewing policies or procedures in recognition of the error and staff training. All recommendations have been taken forward in a timely manner.

12. Report Conclusion

12.1 It has been a challenging year however the team has continued to operate a robust and effective complaints procedure. Flexibility in our approach enabled the frontline operational teams to focus on the priorities that the Covid-19 pandemic presented. We successfully triaged the complaints that were received to allow this to happen. Throughout this time, we continued to respond to people's concerns and kept them informed to manage expectations from the beginning. Whilst we would have preferred our response times to be quicker the circumstances faced by services have been unprecedented. We have, however, improved the response times so far this year from April 2021 to 69% for the first six months, which we will continue to build upon.

13. Recommendations

13.1 Recommendations: The Adult Social Care Cabinet Committee is asked to CONSIDER and COMMENT on the content of this report
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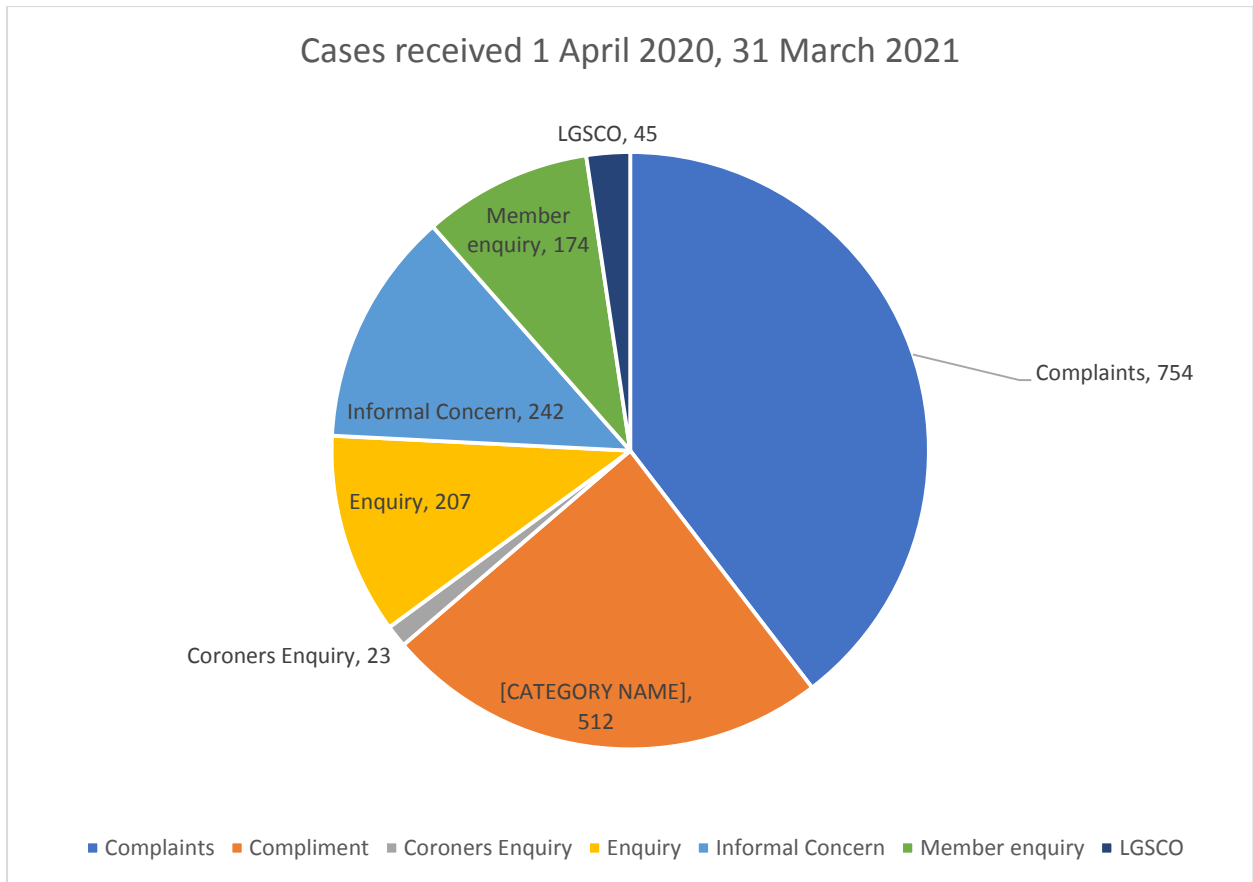
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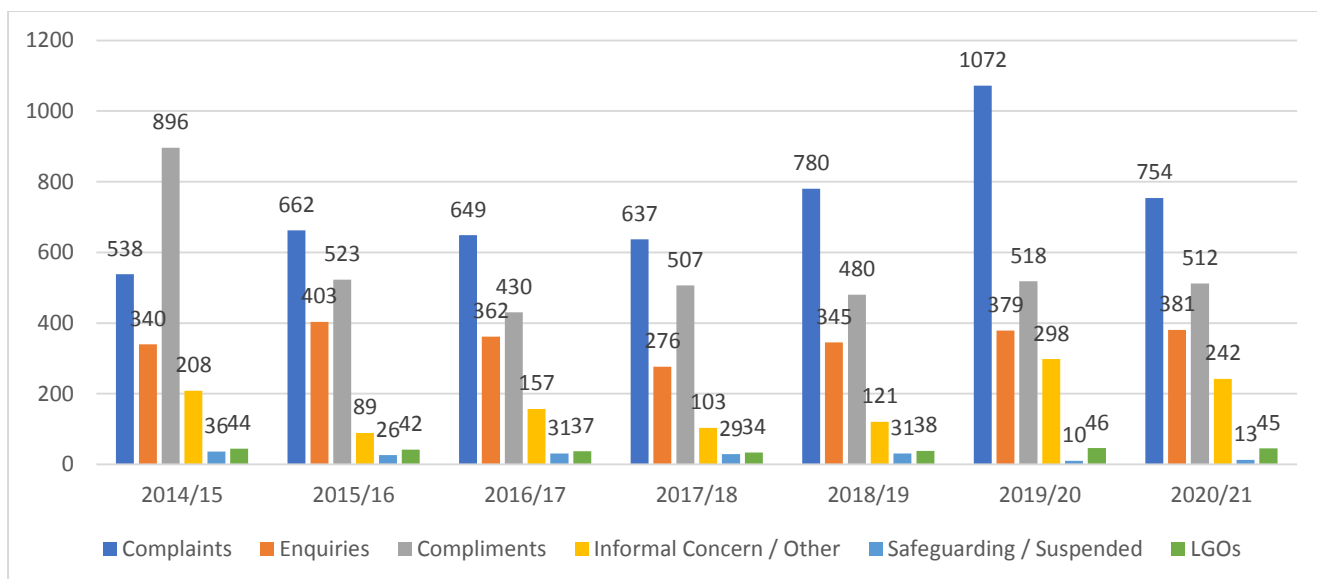
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APPENDIX 1 - DATA FOR ANNUAL COMPLAINTS REPORT 2020/21



Case type	Total
Complaints	754
Compliment	512
Coroners Enquiry	23
Enquiry	207
Informal Concern	242
Member enquiry	174
LGSCO	45
Total	1905

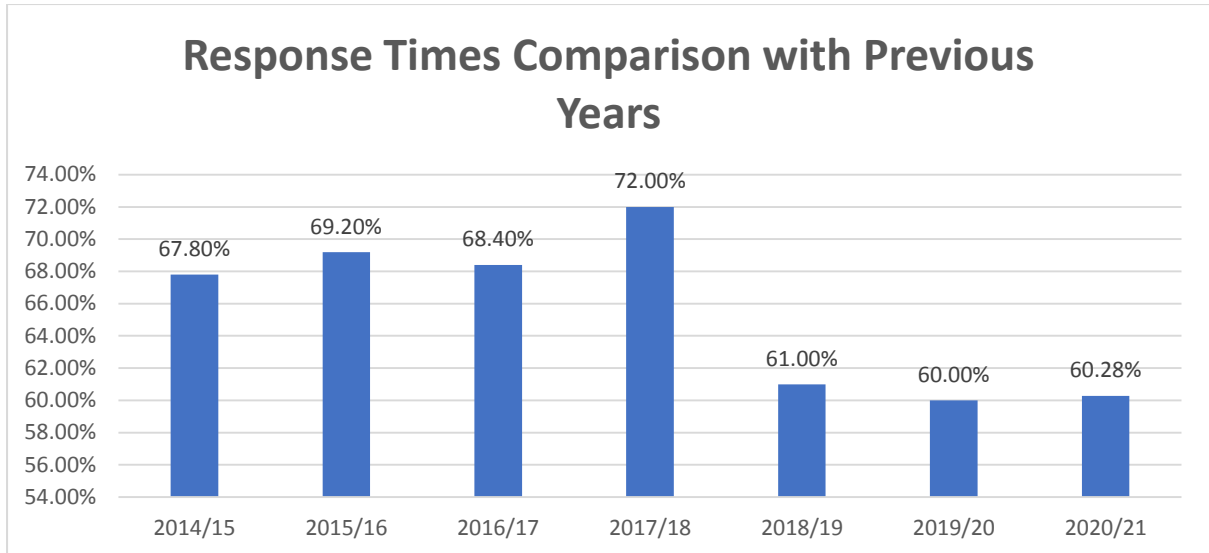
APPENDIX 1 - DATA FOR ANNUAL COMPLAINTS REPORT 2020/21



Year	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Complaints	538	662	649	637	780	1072	754
Enquiries	340	403	362	276	345	379	381
Compliments	896	523	430	507	480	518	512
Informal Concern / Other	208	89	157	103	121	298	242
Safeguarding / Suspended	36	26	31	29	31	10	13
LGOs	44	42	37	34	38	46	45

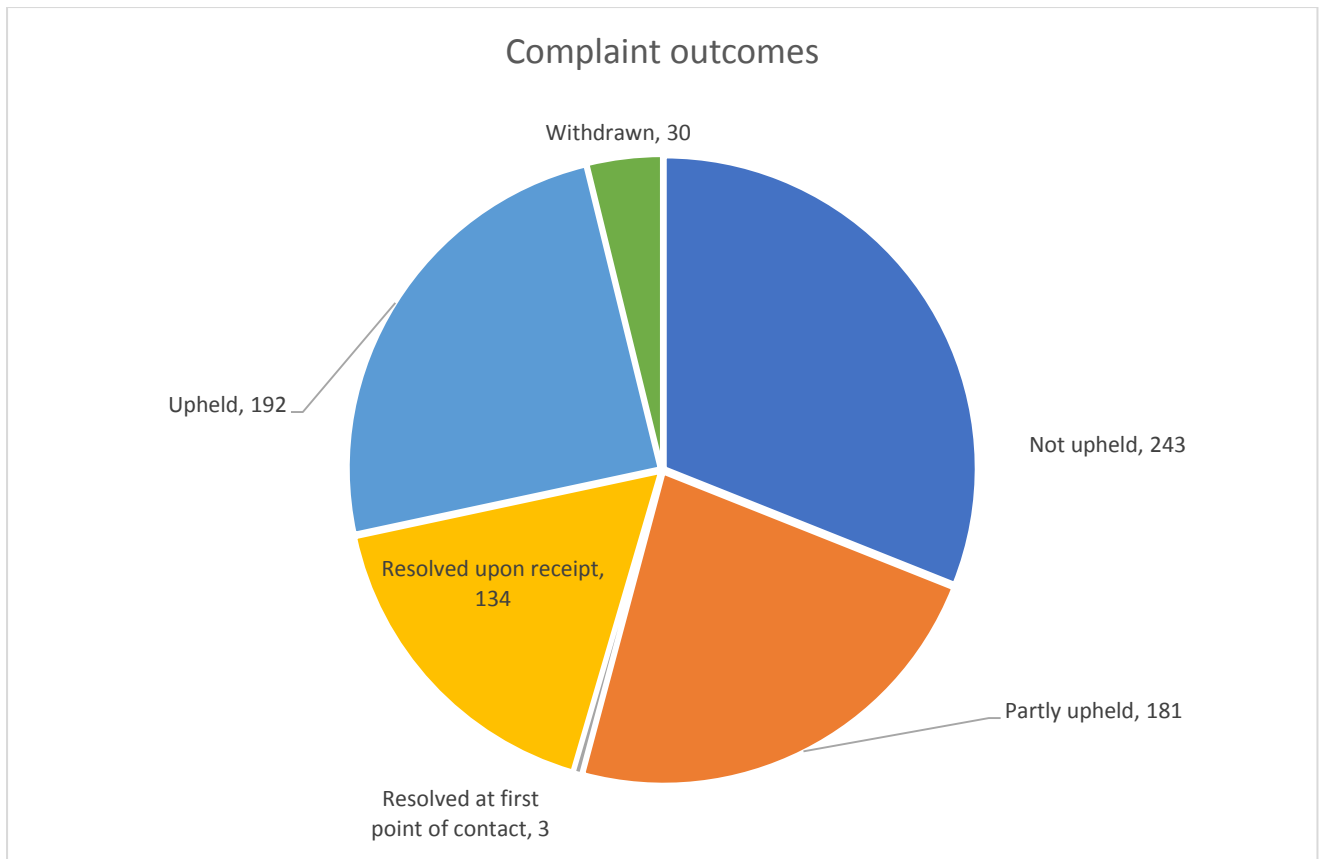
Responses for Closed Cases in 2020/21	Total
Response within target	472
Late Response	311
Open/Suspended	13
Total	783
Percentage Within Target	60%

APPENDIX 1 - DATA FOR ANNUAL COMPLAINTS REPORT 2020/21



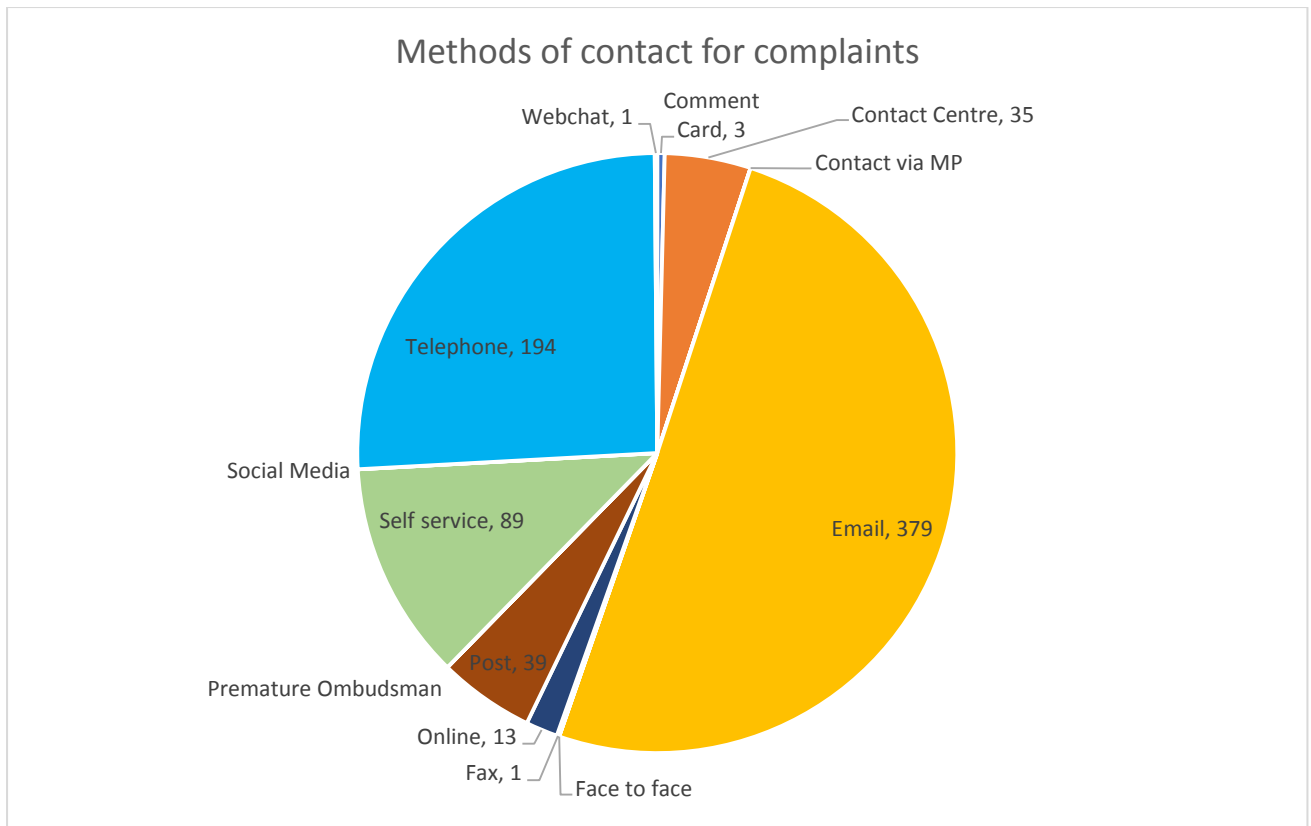
2014/15	67.80%
2015/16	69.20%
2016/17	68.40%
2017/18	72.00%
2018/19	61.00%
2019/20	60.00%
2020/21	60.28%

APPENDIX 1 - DATA FOR ANNUAL COMPLAINTS REPORT 2020/21



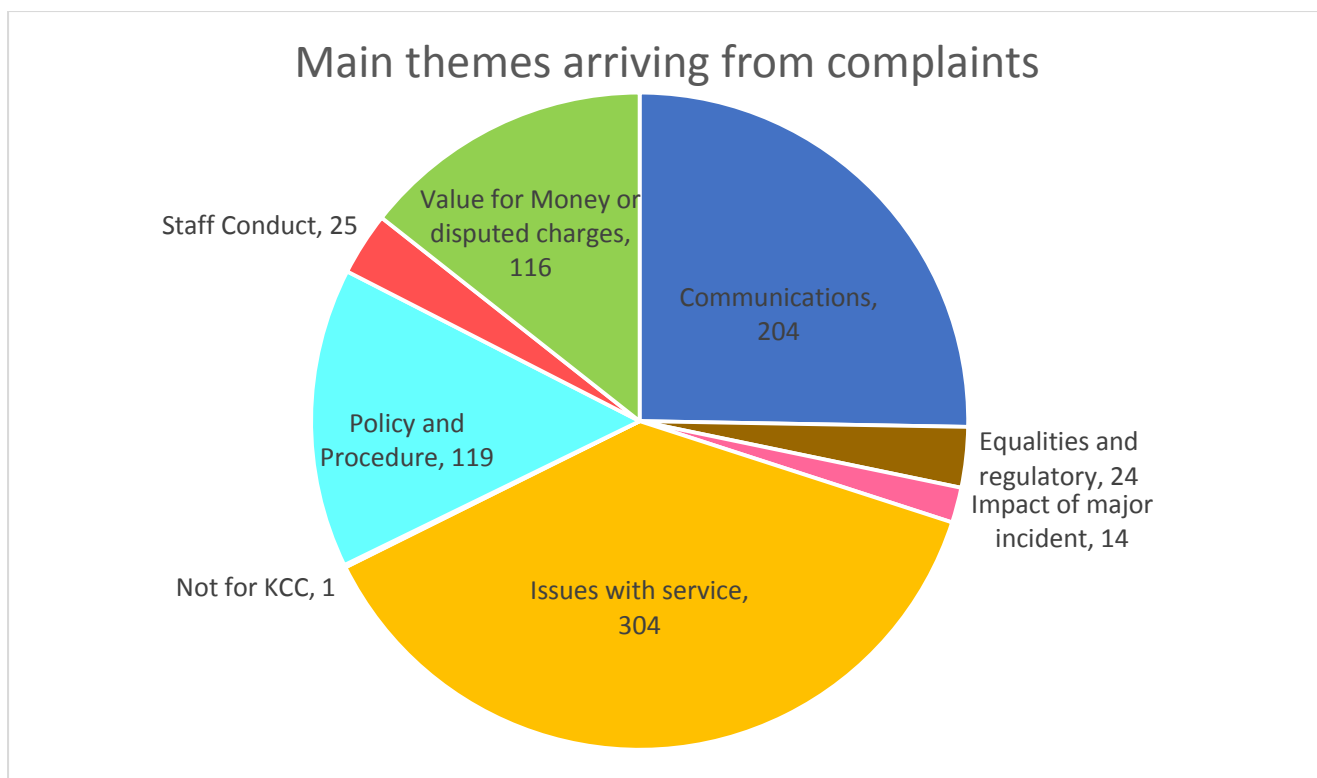
Decision	No of cases	%
Not upheld	243	31%
Partly upheld	181	23%
Resolved at first point of contact	3	0%
Resolved upon receipt	134	17%
Upheld	192	25%
Withdrawn	30	4%
Total	783	

APPENDIX 1 - DATA FOR ANNUAL COMPLAINTS REPORT 2020/21



Method	Volume
Comment Card	3
Contact Centre	35
Email	379
Fax	1
Online	13
Post	39
Self service	89
Social Media	0
Telephone	194
Webchat	1
Total	754

APPENDIX 1 - DATA FOR ANNUAL COMPLAINTS REPORT 2020/21



Problem category	Total	Upheld/ partly upheld	% Upheld/ partly upheld
Communications	204	103	50%
Equalities and regulatory	24	11	46%
Impact of major incident	14	5	36%
Issues with service	304	142	47%
Not for KCC	1	0	0%
Policy and Procedure	119	32	27%
Staff Conduct	25	11	44%
Value for Money or disputed charges	116	84	72%

*Some complaints have multiple problem categories.

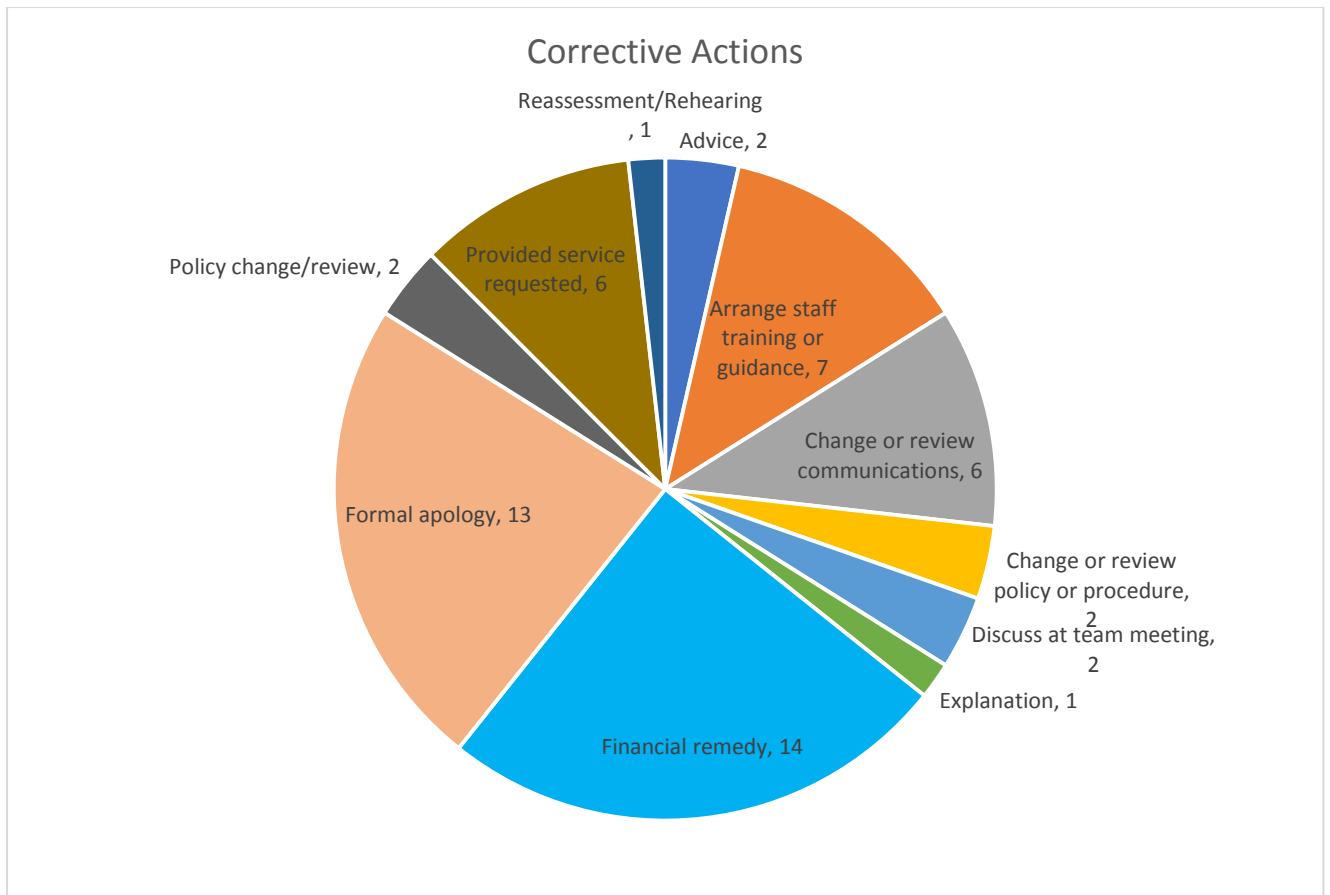
APPENDIX 1 - DATA FOR ANNUAL COMPLAINTS REPORT 2020/21

Local Government Ombudsman

Details for Cases CLOSED in the 1 April 2020 to 31 March 2021

Decision	Cases
Closed after initial enquiries - no further action	16
Closed after initial enquiries - out of jurisdiction	2
Not upheld: No further action	2
Not upheld: No Maladministration	4
Referred back for local resolution	2
Upheld: Maladministration and Injustice	16
Upheld: Maladministration, No Injustice	1
Upheld: Maladministration, No further action	2
Total	45

APPENDIX 1 - DATA FOR ANNUAL COMPLAINTS REPORT 2020/21



Corrective Actions LGSCO	Cases
Advice	2
Arrange staff training or guidance	7
Change or review communications	6
Change or review policy or procedure	2
Discuss at team meeting	2
Explanation	1
Financial remedy	14
Formal apology	13
Policy change/review	2
Provided service requested	6
Reassessment/Rehearing	1
Total	56

*Please note some cases may record more than one corrective action.

Appendix 2 A few examples from compliments received during 2020/21

- **Area Referral Management Service:** Customer contacted us to let us know that they were grateful for the way the call was handled. They felt that the person they spoke to was patient and took time to make sure they understood what was going on. The call handler was polite and professional and recognised the complexity of the situation.
- **Promoting and Supporting Independence Team:** Member of the public called to say thank you for the way that the staff member dealt with their enquiries, they took the time to listen to what was going on and helped identify what they needed and also got them get in contact with other agencies who could also assist.
- **Safeguarding:** Family member calling to let us know that the member of staff was kind and caring, very professional and understanding of the situation.
- **Kent Enablement at Home:** Family member wants to thank the team as they felt we took into account their father's needs and have kept them updated with what was going on. Very grateful for the assistance provided at a difficult time.
- **Mental Health Team:** Family member wanting to thank her son's social worker for the support he has received. They understand that the case is complex, and he requires a lot of assistance. Has had bad experiences in the past but feels that Social Worker has taken the time to deal with him with compassion and has truly shown that she has his best interests at heart.
- **Short Term Pathways Team:** Family member reporting that her father was placed in a care home after being discharged from hospital. This was a very difficult time for the family, as he had previously been cared for at home. The Social worker was empathetic and understood how this was affecting the family. The social worker took the time to understand their father as a person, he is now settled in a home that meets his needs.
 - **County Placement Team:** The team helped a family find a suitable placement during a very stressful period.
 - **Sensory:** The person we support explained that they were now able to hear their son properly. The personal amplifier machine provided has been life changing. The person didn't realise how bad their hearing was until using the machine.
 - **Lifespan Pathway 26+ Team:** Family grateful for the way Social Services have assisted the person we support to have a full and active life. Very thankful for the assistance provided by colleagues in the team.
- **Blue Badge team:** Person grateful for the way that their application was handled, although they found it challenging to complete the online form and also found it difficult describing their conditions without feeling upset. The assessor who they dealt with handled their call with empathy and put a smile on their face.

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APPENDIX 3 –

CORRECTIVE ACTIONS AND IMPROVEMENTS / LESSONS LEARNT FOR ANNUAL COMPLAINTS REPORT 2020/21

Action	Total	%
Formal apology	203	30%
Change or review communications	156	23%
Arrange staff training or guidance	93	14%
Discuss at team meeting	57	8%
Financial remedy	46	7%
Change or review policy or procedure	36	5%
Review contract or partner arrangements	18	3%
Explanation	16	2%
Performance management - staff member	14	2%
Policy change/review	11	2%
Change or review service	8	1%
Procedure change	8	1%
Advice	2	0%
Provided service requested	3	0%
Reassessment/Rehearing	1	0%
Supervision discussion	2	0%
Total	674	

APPENDIX 3 –

Corrective actions by Division 2020-21

Division	A & C	T & SKC	North Kent	West Kent	County	Provision	BDU	SSPQ A	Finance	SC	Misc	Total:
Advice	0	0	0	0	0	0	2	0	0	0	0	2
Arrange staff training or guidance	11	17	16	12	5	5	13	0	1	4	4	88
Change or review communications	12	36	16	29	12	21	19	0	8	6	0	159
Change or review policy or procedure	3	10	2	4	3	5	7	0	1	2	0	37
Change or review service	0	1	2	1	2	1	3	0	0	0	0	10
Discuss at team meeting	16	11	8	10	1	3	3	0	4	1	1	58
Explanation	1	2	2	3	0	0	3	0	2	2	0	15
Financial remedy	6	3	9	9	6	2	8	0	7	1	0	51
Formal apology	20	34	30	31	12	20	30	1	24	4	1	207
Performance management - staff member	3	2	3	4	0	1	0	0	1	0	0	14
Policy change/review	1	2	1	0	2	1	1	0	1	2	0	11
Procedure change	1	2	0	2	0	0	1	0	1	0	0	7
Provided service requested	0	0	1	0	0	0	0	0	0	0	0	1
Review contract or partner arrangements	2	5	3	1	2	2	1	0	1	4	0	21
Supervision discussion	0	1	1	0	0	0	0	0	0	0	0	2
Total	76	126	94	106	45	61	91	1	51	26	6	683

APPENDIX 3 –

The Council has paid a total of £60,887 in financial remedies in 2020-21. Including £3,300 in goodwill payments to recognise the distress and inconvenience to complainants.

Many of the corrective actions recorded relate to communications, for example in respect of delays or in the accuracy and quality of communications experienced by service users, their representatives, and other agencies.

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Appendix 4 - A few examples of complaints that have lead to us putting things right and improving our services:-

- A family member raised a complaint after a service user passed away and a joint investigation was instigated by KMPT to look into the circumstances. The complaint investigation by the Approved Mental Health Professionals (AMHP) Service concluded that there had been a delay in a record being shared with the service user's GP following an assessment. As a result, a corrective action to ensure that the AMHP team send reports to GP within 72 hours of completion was implemented. It was also agreed that the content of these reports would be reviewed to ensure that the information shared with GPs is clear, concise and accurate.
- A complaint investigation acknowledged that there was a breakdown in communications between the Promoting and Supporting Independence Team and the service user, in part because they had experienced a change of allocated worker three times over a relatively short period. The team reviewed their procedures in consideration of the need for service users to have continuity during the assessment and placement process. As a result, the team instigated a 'buddy' system for their social workers to ensure consistency, so if a member of staff is unavailable the client is able to speak with another team member who is familiar with their case.
- A complaint raised delays in progressing care plans due to the absence of the allocated worker and this absence resulted in a breakdown of communication and a delay in care provision being arranged. This led to the Lifespan Pathways 26+ Management Team being reminded to review and reallocate outstanding work when a member of staff is absent for a length of time.
- The restrictions instigated by the government as a result of the Covid-19 pandemic triggered a great many changes in the way in which Adult Social Care worked, particularly during the height of the restrictions during the summer of 2020. Many people we support and their families were understanding of the need for the changes, this ranged from staff working from home resulting in most care needs assessments and reviews being conducted virtually via telephone or video call, to the temporary restrictions and sometimes closure of services across the county. There were, however, a number of complaints received which, again, related to the communications people received, or did not receive, about these changes, which ultimately meant that they were not provided with realistic expectations or the information they required to make informed choices.
- In a complaint, a service user raised that they were not aware that a telephone call from the social care team was being conducted as a formal review of his care needs in place of a face-to-face visit. Following this complaint, staff were reminded to ensure that service users were made aware that a formal review was taking place, even if it is happening by telephone rather than in person.

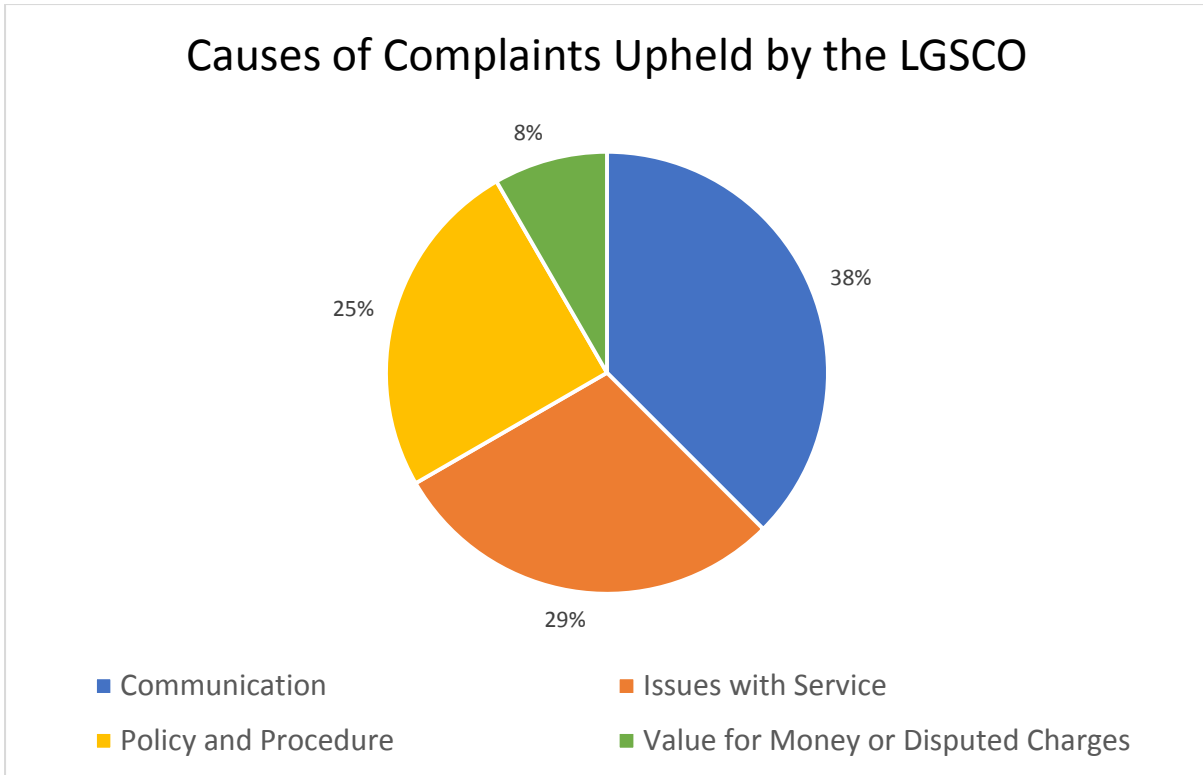
Appendix 4 - A few examples of complaints that have led to us putting things right and improving our services:-

- Many complaints and enquiries were received from the parents and carers of people with learning disabilities who usually attend day care centres. Under varying government guidelines, day services were at times closed and at others restricted, in order to comply with the guidance around social care 'bubbles' and to reduce the risk of infection to service users. The lack of communication was the principal issue within these complaints as service users and their families generally felt they were not informed of what was happening with their services and why.
- Alongside communication issues, disputed charges are one of the other main themes of complaints that are received by Adult Social Care. Communication often plays a part in these complaints also, both between the Council and service users, and with our partners. Several complaints during 2020-21 related to incorrect fees being applied to someone's accounts due to miscommunications between service providers and the Council when services were not supplied according to the usual schedule. For example, a break was not recorded on the client record system for a someone who was admitted to hospital, which led to them being charged in error for services they did not receive.
- There were also some cases where there was confusion around the temporary funding provided by the government under Covid-19 measures for residential care. One person was not informed that the funding had ceased until receiving a letter stating the charges would be backdated for nearly a month. The backdated charges were waived as a result of the complaint, which highlighted the need to ensure that charging letters were sent out in a timely way to ensure transparency.
- Numerous cases raising concerns about the way in which KentCare Invoices are presented led to a review of these which is still underway. A Governance Group meets on a regular basis to discuss the progress of the current changes. These include adding a current cost of care to the invoice to make this more transparent and providing a front summary sheet in a larger font. The team are also looking to work closely with a range of citizens in receipt of care over the next few months to better understand and develop the KentCare Invoice content further.

APPENDIX 5 – LGSCOs for ANNUAL COMPLAINTS REPORT 2020/21

Kent Adult Social Care and Health completed a total of 45 complaints which were escalated to the Local Government and Social Care Ombudsman (LGSCO) in 2020-21. Of these, 18 were closed following initial enquiries as no further action or because the complaint fell outside of the LGSCO’s jurisdiction, and two were referred for local resolution as they had not previously been through the Council’s own complaints process. A further six cases were closed with an outcome of Not Upheld, and 19 complaints assessed by the LGSCO were found to be Upheld.

Division	Closed after initial enquiries	Referred back for local resolution	Not upheld: No Maladmi-nistration	Upheld: Maladmi-nistration	Upheld: No further action	Total
Ashford & Canterbury	3	0	0	3	0	6
Thanet & South Kent Coast	3	2	2	2	0	9
North Kent	1	0	3	6	0	10
West Kent	4	0	1	2	0	7
County	3	0	0	1	0	4
BDU	4	0	0	2	1	7
Finance	0	0	0	1	1	2
Total	18	2	6	17	2	45



Problem category	Upheld Cases
Communication	9
Issues with Service	7
Policy and Procedure	6
Value for Money or Disputed Charges	2
Total	24

*Some complaints have multiple problem categories.

38% of complaints upheld by the LGSCO related to communications issues. Two of these cases were in relation to Blue Badge applications which had not been successful. The LGSCO found that the communications with the applicants lacked sufficient detail to explain why their applications, which related to ‘hidden’ disabilities, had been refused. As a result, the Blue Badge Team reviewed its communications and, in particular, the contents of refusal letters, to ensure that these are specific to the individual’s circumstances and to enable the applicant to provide relevant additional information, if applicable, in support of their Blue Badge Appeal.

In order to communicate effectively with service users, it is important for practitioners to consider individuals’ specific communication and support needs. In a

APPENDIX 5 – LGSCOs for ANNUAL COMPLAINTS REPORT 2020/21

case where the complainant was supported by an advocate to make their complaint the LGSCO found that the Council was at fault for failing to seek expert advice to inform the care needs assessment for the client, who was diagnosed with both autism and impaired hearing. Around the time that the complaint was raised by the LGSCO a new social worker was assigned to conduct a further assessment of the client's care and support needs. This social worker worked tirelessly with the client, his mother, and the independent advocate, to ensure that all of his eligible social care needs were fully met and that the entire process was transparent and understood by the client. This enabled a new and comprehensive care and support plan to be completed to the satisfaction of all parties, and the Council has since received the thanks of the client for this.

Another complaint upheld by the LGSCO related to concerns raised about the Deprivation of Liberty Safeguards (DOLS) procedure and record keeping. In this case, the client was admitted to hospital and the ward submitted an incomplete DOLS application, however the DOLS Team did not chase this up with the hospital in a timely manner to ensure that it had sufficient information to appropriately prioritise and progress the application. In addition, a social worker who was attending the hospital in relation to another client was asked on an ad hoc basis by the ward staff to attend the discharge meeting, and that social worker did not make any record about the meeting, which later led to some confusion over whether it was a member of Council or hospital staff that attended. This case highlighted the need to keep accurate records, to ensure that information is documented in a timely manner, and to maintain good communication with other organisations such as hospitals, to be able to provide the best service for clients and their families.

One case where the LGSCO found that the Council was not at fault related to an elderly lady who had been residing in Gravesham Place Care Centre for several years. She became a resident in the home at a time when long-term residents were accepted, and initially when the remit of the home changed it was decided that she would be allowed to remain, as long as her care needs did not significantly increase. However, when her needs began to increase significantly, Gravesham Place were unable to continue safely meeting her care and support needs, and therefore, following a care needs assessment, it was decided to make arrangements to move the client to a home where her higher needs could be met. Unfortunately, the client's family were concerned about this decision and escalated their complaint to the LGSCO, however following a robust response detailing all of the Council's actions to meet this lady's needs and safeguard her wellbeing, the LGSCO found that there was no evidence of fault.

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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 – 18 January 2022

Subject: **KENT AND MEDWAY SAFEGUARDING ADULTS BOARD ANNUAL REPORT APRIL 2020 – MARCH 2021**

Classification: Unrestricted

Past Pathway of report: Kent and Medway Safeguarding Adults Board 7 December 2021

Electoral Division: All

Summary: This report introduces the Kent and Medway Safeguarding Adults Board's (KMSAB) Annual Report for April 2020–March 2021. The Annual Report sets out the responsibilities and structure of the Board and details how the multi-agency partnership delivered against its priorities for the year. The report also provides information pertaining to Safeguarding Adults Reviews, funding arrangements and safeguarding activity information. An easy read version of the report will be commissioned and will be made available on the Board's website. The Annual Report was endorsed by the Kent and Medway Safeguarding Adults Board on 7 December 2021.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **NOTE** the Kent and Medway Safeguarding Adults Board Annual Report, 2020 – 2021, attached as appendix A.

1. Introduction

- 1.1 The Care Act 2014 made it a requirement for each local authority to establish a Safeguarding Adults Board (SAB). Kent County Council's duty is met through a joint Board with Medway Council; the Kent and Medway Safeguarding Adults Board (KMSAB).
- 1.2 The KMSAB does not provide frontline services, it has a strategic role which is "greater than the sum of the operational duties of the core partners"¹. The KMSAB sets the strategic direction for adult safeguarding in Kent and Medway and seeks assurance and provides challenge to ensure that adult safeguarding arrangements in Kent and Medway are in place, are effective and are person centred and outcome focused. The KMSAB membership works collaboratively to raise awareness of adult safeguarding and prevent abuse and neglect.

¹ [Care and Support Statutory Guidance](#) (14.134)

- 1.3 Under the Care Act 2014, the KMSAB has three core duties, it must:
1. Publish a strategic plan to set out how it will meet its main objectives and what members will do to achieve this. The KMSAB Strategic Plan is available on the link below:
<https://kmsab.org.uk/p/about-kmsab-1/annual-report-and-strategic-plan-1>
 2. Publish an Annual Report detailing what the Board has done during the year to achieve its main objectives and implement its Strategic Plan, and what each member has done to implement the strategy, as well as detailing the findings of any Safeguarding Adults Reviews and subsequent actions
 3. Conduct any [Safeguarding Adults Review](#) in accordance with Section 44 of the Care Act.
- 1.4 The Care Act 2014 states that, once the Annual Report is published, it must be submitted to:
- the Chief Executive (where one is in situ) and Leader of the Council
 - the local Police and Crime Commissioner and Chief Constable
 - the local Healthwatch
 - the Chair of the Health and Wellbeing Board.
- 1.5 The supporting statutory guidance states that “it is expected that those organisations will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board”. As such, this report presents the 2020 - 2021 Annual Report to Kent County Council’s Adult Social Care Cabinet Committee.

2. Kent and Medway Safeguarding Adults Board Annual Report 2020 – 2021

- 2.1 The Annual Report details how the Board delivered against its strategic priorities of ‘prevention’, ‘awareness’ and ‘quality’ during 2020 – 2021. Some of the key achievements during the reporting period include:
- The Board’s Business Unit developed and promoted a Coronavirus advice section on its website, providing a central repository and to share relevant information, advice, support and guidance in relation to adult safeguarding and the COVID pandemic. Key messages were also shared through the Board’s newsletter
 - The Board’s multiagency training programme was adapted so it could be delivered through a video conferencing platform, rather than classroom based. For the seven-month timeframe from September 2020 to the end of March 2021 a total of 51 training workshops took place with 576 delegates participating. The training was closely

aligned to the Board's priorities and learning from safeguarding adult reviews. Feedback from delegates presented a positive picture in relation to the quality of training, increase in knowledge and how learning is embedded into practice

- In response to the learning gained from ongoing Safeguarding Adults Reviews (SARs), the Practice, Policy and Procedures Working Group strengthened the "[Kent and Medway multi-agency resolving practitioner differences; escalation policy for referrals and adult safeguarding](#)" document to cover differences of opinion when agencies are referring clients between each other. It emphasised that, in situations where the escalation process is required, the agency making the original referral should maintain case oversight until resolution is agreed. A flow chart was added for ease of reference
- It is a requirement of the Care and Support Statutory Guidance that all relevant Safeguarding Adults Board (SAB) partners must have policies and procedures, in line with those of Safeguarding Adults Boards, for responding to concerns against any person who works with adults, in either a paid or unpaid capacity, in positions of trust. Previously the Board's main policy document included a section on this, however due to changes in working practices and to offer more guidance for all agencies, the Board developed a stand-alone policy 'Managing Concerns around People in Positions of Trust (PiPoT)' to set out agencies' responsibilities
- Kent and Medway Safeguarding Adults Board members chose to align with the national Safeguarding Adults Awareness Week, established by the [Ann Craft Trust](#). The purpose of the week was to share messages with the public on how to recognise and report abuse and neglect, and to highlight the support and services available for those at risk or experiencing abuse. Unlike previous years, the pandemic response meant that the Board was mainly reliant on social media, such as Twitter and Facebook, to raise awareness. A social media content plan, setting out the messages to be sent by partner agencies' communication teams, was developed and shared
- The new Kent and Medway Safeguarding Adults Board website was launched as part of Safeguarding Adults Awareness Week. This significantly improved the accessibility and availability of Board information, as previously information was on different pages on Kent County Council's website, making it hard for practitioners and members of the public to find. As at November 2021, the home page had been accessed 494,006 times
- Two 'virtual' safeguarding adults awareness briefings, hosted by the then Independent Chair of the Board, Deborah Stuart Angus, were held in October 2020. The briefing sessions were aimed at non-

partner organisations who work closely with their local communities (e.g. charities, faith organisations, advocacy, businesses). Again, the emphasis was on raising awareness about the types of abuse, channels for reporting concerns, and to encourage agencies, organisations and businesses to evaluate their internal processes to safeguard adults at risk. Case studies were used to generate discussion and to help embed the knowledge shared. The events attracted over 60 attendees and feedback received during and after the event was very positive

- The Board's main leaflet, which explains how to recognise and report abuse, was translated into the 18 languages most commonly spoken across Kent and Medway, to help all communities raise awareness of the signs of abuse and how to report it. The leaflet is also available in easy read.

2.2 Eight Safeguarding Adults' Reviews (SARs) have been published since the last annual report. Further details of the reviews, and learning from these, are set out in section three of the annual report, but in summary priority learning for partner agencies relates to:

- Legal literacy – in particular the application of the Mental Capacity Act and Mental Capacity Assessments for individuals who may have fluctuating capacity
- Professional curiosity - the capacity and communication skill to explore and understand what is happening rather than making assumptions or accepting things at face value
- Making Safeguarding Personal - professionals working with adults at risk to ensure that they are making a difference to their lives. Considering, with them, what matters to them so that the interventions are personal and meaningful
- Agency collaboration/multiagency working - how agencies work together to support adults at risk with complex needs.

2.3 In addition, the annual report contains examples of work being undertaken by the Board, and partner agencies, to address other recommendations arising from SARs, including:

- Exploring the reasons why people may not wish, or feel able to, engage with services
- Raising awareness of the escalation policy
- Exploring the barriers to the use of the Kent and Medway Multi-agency policy to support people that self-neglect or demonstrate hoarding behaviour

- Ensuring that organisations recognise the rights of carers to a carers assessment
- Safe discharge from hospitals.

3. Financial Implications

- 3.1 The KMSAB Annual Report is funded by the KMSAB. There are no direct financial implications for the Council arising from this report.

4. Conclusions

- 4.1 During 2020-2021, KMSAB and our partner agencies have built on the good work from the previous year. The Board has continued with its scrutiny and challenge role and continues to share vital messaging on how to recognise and respond to adult safeguarding concerns.

5. Recommendations

5.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **NOTE** the Kent and Medway Safeguarding Adults Board Annual Report, 2020 – 2021, attached as appendix A.

6. Background Documents

Care and Support Statutory Guidance. [Care and Support Statutory Guidance \(14.134\)](#)

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Kent and Medway Safeguarding Adults Board

Annual Report

April 2020 – March 2021

Table of Contents

Table of Contents	2
Section 1. Role of the Kent and Medway Safeguarding Adults Board (KMSAB)	3
<i>About us</i>	3
<i>Our Responsibilities</i>	3
<i>Our Membership</i>	4
<i>Our Structure</i>	4
Section 2. Priorities and Achievements	7
<i>Coronavirus (COVID-19) Pandemic</i>	7
<i>Priority One: PREVENTION</i>	7
<i>Priority Two: AWARENESS</i>	24
<i>Priority Three: QUALITY</i>	33
Section 3. Safeguarding Adults Reviews	41
3.1. <i>Criteria for Conducting a Safeguarding Adults Review</i>	41
3.2. <i>Purpose of a Safeguarding Adults Review</i>	41
3.3. <i>Safeguarding Adults Review Activity</i>	41
3.4. <i>Completed Safeguarding Adults Reviews</i>	42
3.5. <i>SAR Priority Learning</i>	45
3.6. <i>SAR Recommendations</i>	45
Section 4. KMSAB Funding	50
Appendix 1 - Safeguarding Activity	51
<i>Background to Data</i>	51
<i>New Safeguarding Concerns and Enquiries</i>	51
<i>Number of Safeguarding Concerns</i>	51
<i>Number of Safeguarding Enquiries and Rate of Change</i>	52
<i>Age of People at Risk of Harm</i>	54
<i>Gender of People at Risk of Harm</i>	54
<i>Ethnicity of People at Risk of Harm</i>	55
<i>Primary Support Reason of Person at Risk of Harm</i>	56
<i>Location of Alleged Abuse</i>	57
<i>Category of Alleged Abuse</i>	59
<i>Closed Referrals</i>	60
<i>Outcome of Closed Enquiries</i>	60
<i>Risk Outcomes for Closed Enquiries</i>	61
Glossary	63

Section 1. Role of the Kent and Medway Safeguarding Adults Board (KMSAB)

About us

The Kent and Medway Safeguarding Adults Board (KMSAB) is a statutory multi-agency partnership which assures adult safeguarding arrangements in Kent and Medway are in place and are effective. We do not provide frontline services but oversee how agencies, who have a responsibility for adult safeguarding, coordinate services and work together to help keep adults who are, or may be, at risk, safe from harm. We promote wellbeing, work to prevent abuse, neglect and exploitation, and help to protect the rights of the residents of Kent and Medway. Our work also includes the development of multi-agency adult safeguarding policies and procedures, providing consistency and setting high safeguarding standards, which all our partner agencies sign up to.

For the purposes of this report the terms 'Board' and 'KMSAB' will be used interchangeably to refer to the Kent and Medway Safeguarding Adults Board.

Our Responsibilities

Our responsibilities include:



developing and publishing a Strategic Plan to set out our priorities and how these will be met;



assuring safeguarding practice continuously improves, to bring about better outcomes for those experiencing, or at risk of, abuse, ensuring that we make safeguarding personal, person centred and outcome focused;



promoting multi-agency training;



holding our partners to account, gaining assurance that effective safeguarding arrangements are in place;



producing multi-agency policies and procedures, and monitoring their impact ;



undertaking Safeguarding Adults Reviews to establish what happened, and what we can learn;



producing an Annual Report to explain how we have achieved the priorities set out in our Strategic Plan;



working collaboratively and with effective governance to promote wellbeing and prevent abuse and neglect;



setting the strategic direction to protect and empower adults at risk across Kent and Medway.

Our Membership

In 2020 - 2021 our Board was led by an Independent Chair.

Our statutory partners are:

- Medway Council
- Kent County Council (KCC)
- Kent Police
- Kent and Medway NHS Clinical Commissioning Group

In addition to the statutory members, the Board and/or its Working Groups include representation from the following agencies:

- Advocacy People
- Dartford and Gravesham NHS Trust
- District and Borough Councils
- East Kent Hospitals University NHS Foundation Trust
- HM Prison Service
- Kent and Medway NHS and Social Care Partnership Trust
- Kent and Medway Healthwatch
- Kent Autistic Trust
- Kent Community Health NHS Foundation Trust
- Kent Fire & Rescue Service
- Kent Integrated Care Alliance
- Kent Surrey and Sussex Community Rehabilitation Company
- Maidstone and Tunbridge Wells NHS Trust
- Medway Community Healthcare
- Medway NHS Foundation Trust
- National Probation Service
- NHS England
- Rapport Housing and Care
- South East Coast Ambulance NHS Foundation Trust
- Virgin Care

Engagement is not limited to the agencies listed above. We are committed to inviting contributions from other organisations and groups across Kent and Medway, such as faith groups and service user groups.

Our Structure

Our structure is set out on the next page. The terms of reference and membership for each group are reviewed annually, and can be found on the [KMSAB Website](#) .

We work closely with other strategic groups and partnerships, such as local Safeguarding Children Partnerships, Community Safety Partnerships and Health and Wellbeing Boards, to ensure key priorities are shared to promote efficiency, encourage joint working and to reduce duplication.

Our Board is supported by the KMSAB Business Unit, which comprises a part time Board Manager, two full time equivalent Senior Administration Officers and a Business Development and Engagement Officer.

Kent and Medway Safeguarding Adults Board – Executive Group

Responsibilities

- Oversee the governance arrangements and budget of KMSAB.
- Seek assurance that safeguarding arrangements are in place and partners act accordingly, to help protect adults at risk in Kent and Medway.
- Challenge each other and other organisations if there is a belief that actions or inactions are increasing the risk of abuse and/or neglect.
- Work together to promote the prevention and protection of adults with care and support needs, by making strategic decisions and ensuring that effective systems and processes are in place.
- Ratify and adopt the Strategic Plan and ratify the Annual Business Plan and ensure its delivery.
- Ratify and share the Annual Report and consider how to improve contribution to safeguarding.
- Take overarching responsibility for Safeguarding Adults Reviews, ensure that learning is shared and that remedial actions are robust and lead to practice improvement and improved outcomes for adults at risk.
- Adopt the principle of continuous learning and improvement across the partnership to collaborate, safeguard and promote the wellbeing and empowerment of adults.



Medway Safeguarding Adults Executive Group (MSAEG)

This group brings together senior representatives from the key agencies responsible for the effective delivery of adult safeguarding in Medway. MSAEG works collaboratively to deliver the strategic priorities of the Kent and Medway Safeguarding Adults Board, strengthening local delivery, oversight and governance. KMSAB's Business Group is regularly updated on both Medway's and Kent County Council's progress.



Kent and Medway Safeguarding Adults Board - Business Group

Responsibilities

- Hold the Working Groups to account for the delivery of the Strategic Plan, Business Plan and their annual work plans, by scrutinising update reports, monitoring progress and identifying and addressing gaps or risks.
- Accountable for decision making to implement the Strategic Plan and delivery plans.
- Receive update reports from partners and other Boards to share learning and identify development areas.
- Make recommendations to the Board where decisions require higher level scrutiny and or agreement, or if there are likely to be budget implications.

The Board's Working Groups	Responsibilities
Communications and Engagement (CEWG)	The CEWG develops, and ensures organisations implement, a communications strategy across the partner agencies with the intention of raising awareness of the Board and adult safeguarding issues, both within organisations and with the residents of Kent and Medway, to incite change, improve practice and prevent abuse.
Learning and Development (LDWG)	Coordinates the commissioning, delivery and evaluation of the Board's multi-agency safeguarding adults training programme.
Practice, Policy and Procedures (PPPWG)	Reviews and updates the "Multi-agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway", and associated documents - maintaining a modern approach with a continuous review cycle.
Quality Assurance (QAWG)	Coordinates the delivery of quality assurance activity to evaluate and assess the effectiveness of safeguarding activities from our partner agencies, to safeguard and promote the welfare of adults at risk of abuse or neglect

Joint Exploitation Working group (JEG)	This is a joint group with Kent's and Medway's Safeguarding Children Multi-Agency Partnerships. It oversees activity around; sexual exploitation, gangs/county lines, human trafficking/modern slavery, online safeguarding and radicalisation/extremism, to understand current trends and to protect and safeguarding the welfare of children and adults at risk.
Safeguarding Adults Review (SARWG)	Delivers our statutory responsibility to conduct Safeguarding Adults Reviews and holds agencies to account for improvement in practice.

Section 2. Priorities and Achievements

This section details how we delivered against our priorities for 2020 – 2021. It is recognised that activity can cut across more than one priority. For example, Safeguarding Adults Awareness week met both the priorities for Prevention and Awareness.

Coronavirus (COVID-19) Pandemic

The impact of the Coronavirus pandemic during 2020 must be acknowledged. The virus and measures put in place to seek to control it, affected everyone, but particularly the most vulnerable in our society and those caring for them. In writing this report, Board members wish to acknowledge the devastating impact of this virus and express their condolences to those who have experienced the loss of a loved one or are managing the long-term effects of the illness and pandemic response. They also wish to thank all key workers who worked tirelessly and selflessly to support those who needed it most.

The government published the “Care Act easements: supporting guidance” which allowed local authorities to streamline assessment arrangements and prioritise care, if needed, so that the most urgent and acute needs were met. It is a credit to both Kent County Council and Medway Council that they did not need to enact these easements and were able to maintain their existing service offer.

In recognition that KMSAB agencies were at the forefront of the Coronavirus response, Board members met in March 2020 to determine what KMSAB work was able to continue and what needed to be put on hold, to allow staff to be deployed to frontline activity. It is testament to the partnership that, during this unprecedented year, members managed to make the progress set out in the remainder of this report.



Priority One: PREVENTION

"I want to feel and be safe in the community where I live"

Our priority is to deliver a preventative approach in all that we do. We will:

- assure that agencies are clear about their obligation to deliver safeguarding and that they understand that this constitutes the prevention of abuse, crime, neglect and self-neglect;
- assure accountability of our partners;
- raise public awareness of the work of the KMSAB and of adult safeguarding; and
- listen to the voice of the adult at risk, making sure safeguarding is made personal, wherever possible.

What we have achieved

1. KMSAB Meetings and Related Coronavirus Response Meetings

Board meetings continued throughout the pandemic; they were held virtually through Microsoft Teams. When the pandemic was first confirmed, members were asked to provide assurance in relation to the following;

- How statutory safeguarding requirements would be met during the pandemic.
- Whether there had been any changes in the 'minimum' offer for adults at risk.
- How agencies would work together, with limited resource, to ensure the safeguarding function continued.
- How they would mitigate any potential increase in, and susceptibility to, risk factors such as pressure sores, crime, hunger, and any emotional deprivation which could be incurred by isolation.

In addition to the KMSAB meetings, Board members attended meetings established as part of the Emergency and Resilience response. Various group meetings, known as 'cells', such as the multi-agency and community cells, were established to coordinate the response across Kent and Medway.

A specific 'Safeguarding and Partnership Impact of COVID 19' meeting was established for key partner agencies involved in safeguarding, which offered the opportunity to provide updates, share intelligence and seek support to ensure they were able to identify and respond to those individuals who needed it most.

Example – how sharing intelligence made a positive difference

During a 'Safeguarding and Partnership Impact of COVID-19' meeting, the then Independent Chair of the KMSAB, Deborah Stuart-Angus, advised the membership that safeguarding leads in other counties had reported that some people attending COVID testing centres were using the opportunity (of being out of the house) to disclose incidences of domestic abuse.

As a result of this, support and information were made available at testing centres across Kent and Medway.

The Kent and Medway Clinical Commissioning Group also developed a domestic abuse training pack for colleagues working in vaccination sites across Kent and Medway. This was subsequently rolled out by NHS England and Improvement (NHSEI) across the south east region as a "good practice" document.

The Board's Business Unit developed and promoted a Coronavirus advice section on its website, providing a central repository and to share relevant information, advice, support and guidance in relation to adult safeguarding and the COVID pandemic. Key messages were also shared through the Board's newsletter.

[Kent and Medway SAB - Coronavirus Advice \(kmsab.org.uk\)](https://kmsab.org.uk)

2. KMSAB Review

The [Care and Support Statutory Guidance](#) states that Safeguarding Adults Boards must make arrangements for self-audit and peer review. To fulfil this obligation, in December 2020 members commissioned Siân Walker McAllister¹ to undertake a review of the Board. The methodology chosen was to hold informal interviews with 36 members, with differing levels of experience and engagement with the Board, who were asked what they felt worked well and any areas for improvement. The findings of the review were presented to KCC Cabinet and the Kent and Medway Safeguarding Adults Board in March 2021.

Strengths highlighted by the review included:

- Great team supporting the Board with considerable emphasis on great communication from them, providing information to partners.
- Kent and Medway having a joint Safeguarding Adults Board - and there is a demonstrable commitment for this to continue.
- Good partner engagement with particular strong engagement in the work of the sub-groups (and good engagement in the review).
- Good links with Community Safety.
- Great relationships across the partnership with an effective forum for multi-agency discussion.
- Good multi-agency attendance at the Board and its sub-groups.
- Positive responses on KMSAB training and the work of the working groups, and how they are developing the training offer
- Effective work plans.

The review made 12 recommendations for change, these included:

- Review the Board Structure with a tighter, smaller Executive Group.
- Ensure the right representation on the Business Group with senior strategic operational leaders.
- Additional resources for the KMSAB Business Unit.
- Establish a task and finish group to deliver how diversity and equalities issues are addressed by the KMSAB, with particular reference to the Kent and Medway demography and any specialist provision across both local authorities.
- Establish greater clarity within the Board structure, in terms of how the KMSAB works in partnership with the large number of NHS providers.
- Ensure better consultation with people with lived experience and consider how Healthwatch can support the Board to engage with those who have received a safeguarding intervention.
- Use a development day to present learning from data, from SARs and from this review to refresh the KMSAB Strategy, ensuring that aims and objects are achievable and deliverable. Utilise the output of this to frame the agendas for the KMSAB.

An action plan has been developed to address the recommendations, progress against this is reported to the Executive.

¹At the time of the review Siân Walker, a registered social worker, worked as an Independent Chair of two Safeguarding Adults Boards for Lambeth in London and for Devon. She was also the Independent Chair of the Bath and NE Somerset Community Safety & Safeguarding Partnership. A former Director of Health and Social Care in the UK, Siân had 40 years' experience of working in social care in London, the South-West of England and in Wales, for local authorities and the supported housing sector.

3. Delivery of our Training Offer

The Kent and Medway Safeguarding Adults Board has six aims for its multi-agency training

1. Ensure that the learning is accessible.
 2. Ensure that multi-agency staff are legally literate in relation to safeguarding and their associated duties and responsibilities.
 3. We will be pro-active in the delivery of learning to enhance early intervention and prevention.
 4. Ensure that the delivery of learning and development is person centred following Making Safeguarding Personal protocols.
 5. Ensure that collaborative working across agencies is enhanced.
 6. Learning will be current, relevant and represent the local situation.
-

During 2019, the Board's Learning and Development Working Group (LDWG) designed a new suite of face-to-face multi-agency training workshops. The contract for recommissioning this programme went out to tender in late 2019. Five new course topics were developed and a considerable amount of work subsequently undertaken, in conjunction with the successful training provider, to prepare for the delivery of these new courses from April 2020. However, due to the Coronavirus pandemic and associated national restrictions, the planned programme was suspended, and it was agreed that all immediate training should be offered as remote virtual sessions rather than be classroom based.

During the spring and summer of 2020, members of the LDWG, as well as the KMSAB Business Unit and other colleagues, continued to work closely with the selected training provider to mobilise the contract. Detailed course handbooks were developed for each of the modules, as well as a comprehensive learning agreement and 'on the day' evaluation form, all tailored to meet the requirements of online remote learning. The programme was finally launched to start in September 2020, using the Zoom video conferencing platform, with the following courses:

One day multi-agency safeguarding adults workshops:

- Adult Legal Literacy
- Domestic Abuse

Half-day multi-agency safeguarding adults workshops:

- Collaborative Working in Multi-agency Section 42 Enquiries
- Self neglect and Hoarding
- Exploitation

The training is funded for staff from statutory partner agencies which contribute financially to the operation of the Board, and proved very popular amongst multi-agency colleagues, with more than 700 applications for places. The workshop on Self neglect and Hoarding was the most popular and, to meet the demand for places, the Board Business Unit continued to liaise with the training provider, making adjustments to the planned timetable of workshops to reflect this trend.

For the seven-month timeframe from September 2020 to the end of March 2021 a total of 51 training workshops took place with 576 delegates participating. The tables below provide a summary analysis for this period:

September 2020 to March 2021 – analysis of attendance by agency	Total	Adult Legal Literacy	Domestic Abuse	Collaborative Working in Multi-agency Section 42 Enquiries	Exploitation	Self neglect and Hoarding
No of Workshops	51	9	8	11	10	13
Kent County Council	339	52	53	62	73	99
Medway Council	30	7	4	5	2	12
Health – combined	166	21	26	55	24	40
Kent Police and Kent Fire & Rescue Service	34	2	4	6	5	17
Other agencies	7	2	0	0	2	3
Delegate completed attendance	576	84	87	128	106	171
No of Applications for Training	712	108	112	155	128	209

A set number of places per course is allocated to agencies according to the ratio of their contribution to the Board budget and organisational need.

It is the responsibility of each agency to provide the introductory/foundation training, often referred to as level one and two training, which sits below this training. Agencies also supplement the Board offer with their own ‘level three’ training programmes.

To ensure that the training offer remained reflective of the local issues, the training provider was notified of any policy updates and other relevant information, such as learning from Safeguarding Adults Reviews, so that training could be updated accordingly.

4. Evaluation of Training

In line with the KMSAB Training Evaluation Framework, delegates were asked to provide immediate feedback on the day of the training, with an opportunity to provide more reflective comments six weeks later. These are important elements of our training evaluation and quality assurance mechanism, which helps the Board maintain and improve the quality of the training provided.

One of the disadvantages of the virtual delivery has been a reduction in the number of on the day feedback forms completed and submitted. However, of the 264 returns received and analysed the increase in self-reported knowledge and skills, following course completion, is impressive. The Board is reliant on managers within each service to measure how this shift in knowledge impacts on service delivery and collaborative, multi-agency working in practice.

Knowledge and skills self-assessment

Quarter 3 (Sept to Dec)	Low	Satisfactory	Good	Excellent
Before the training	23%	49%	27%	0.5%
After the training	0%	7%	84%	9%

Knowledge and skills self-assessment -

Quarter 4 (Jan to April)	Low	Satisfactory	Good	Excellent
Before the training	20%	57%	23%	<1%
After the training	0%	10%	76%	15%

Analysis of feedback provided by delegates, six weeks following course completion, presents a similar positive picture, in relation to the quality of the training, increase in knowledge and how learning is embedded into practice. Some examples of the feedback received include:

- “It enabled me to recognise more easily when I need to raise a safeguarding because one of my patients is at risk or could be at risk of abuse”.
- “Having an increasing number of safeguarding cases this training helps to reflect and see where I can improve my practice and the huge benefits of collaborative working”.
- “Having improved my knowledge I feel I will be able to use what I have learnt in my practice on a daily basis.”
- “I use the knowledge I gained in my everyday practice that also supports professional curiosity.”
- “It has informed my day-to-day practice and refreshed my legal knowledge.”
- “Used it to inform my supervision of my student and to provide learning examples.”
- “I am currently working in the [team] and have found the learning from this course has improved my knowledge in this area and also enhanced my confidence that I understand and am able to effectively apply the legislation in my practice.”
- “The course gave me time to reflect on my current practice and to think about what I'm currently doing and how I can improve that in the future.”
- “I have completed some multi-agency enquiries and used the training as part of this. I have also spoken to colleagues about transitional safeguarding and non-statutory enquiries”.
- “I have recently completed a safeguarding inquiry which involved liaising with other professionals and I was able to put things learnt into practice.”
- “I am currently working in our team's safeguarding hub. We have received a higher number of safeguarding concerns in recent month which involve domestic abuse. The training has informed my knowledge and made me more confident asking questions I may have avoided before.”
- “The information has enabled me to have a deeper understanding of the support needs for those who may be from different backgrounds - and to explore other areas of abuse that may be more prevalent within the backgrounds of those individuals. It has also provided a better knowledge base in seeking support and how best to consider the needs of those people and the families as a whole.”
- “Cascaded information back to colleagues, discussed at team meeting regarding some clients we link with.”
- “I have used this knowledge to impart on my colleagues at team meetings.”

- “It has improved my understanding of different types of exploitation and has aided me when working with a client who has been a past victim.”

5. Kent and Medway Safeguarding Adults Board Policy and Procedures

All Board members, and relevant partners, are required to work to the Board’s main policy document [“Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway”](#) This document sets out: legal responsibilities in relation to adult safeguarding; arrangements for working together across Kent and Medway; and provides guidance on how to recognise and respond to actual or suspected abuse against adults at risk. “Making Safeguarding Personal”, hearing the voice of the adult, is a central theme throughout the document.

The policy is supported by a number of [additional policies](#), which are updated in accordance with a policy update schedule to ensure that they continue to incorporate relevant: legislative change; national advice; thematic learning from Safeguarding Adults Reviews, Complex Case Audits, Domestic Homicide Reviews and outcomes from Children’s reviews.

Whilst some policy updates were put on hold due to the pandemic, the following documents were created/updated as they were linked to emerging Safeguarding Adults Review themes or legislative requirements, so to delay may have been detrimental.

[Kent and Medway multi-agency resolving practitioner differences; escalation policy for referrals and adult safeguarding](#) In response to the learning gained from ongoing Safeguarding Adults Reviews (SARs), the Practice, Policy and Procedures Working Group strengthened the existing document to cover differences of opinion when agencies are referring clients between each other. It emphasised that, in situations where the escalation process is required, the agency making the original referral should maintain case oversight until resolution is agreed. A flow chart was added for ease of reference.

[Protocols for Kent and Medway to Safeguard Adults who are at Risk of Sexual Exploitation Modern Slavery and Human Trafficking](#) This policy was reviewed and updated in accordance with the update schedule, and due to an ongoing project within KCC on Serious and Organised Crime. During the process, Practice, Policy and Procedures Working Group members linked in with members of both the Kent and the Medway Safeguarding Children’s Partnerships as they were updating their “Safeguarding Children Who May Have Been Trafficked” guidance.

[When Adults at Risk Abuse Each Other Protocol](#) This policy was created to replace the previous “Additional Guidance for Health and Care Service Providers in Kent and Medway. When Adult (s) with Care and Support Needs or Support Needs Alone Abuse Each Other” document, following feedback from practitioners that it was no longer fit for purpose.

[Managing Concerns around People in Positions of Trust \(PiPoT\)](#)

It is a requirement of the [Care and Support Statutory Guidance](#) that all relevant Safeguarding Adults Board (SAB) partners must have policies and procedures, in line with those of Safeguarding Adults Boards, for responding to concerns against any person who works with adults, in either a paid or unpaid capacity, in positions of trust. Previously the Board’s main policy document included a section on this, however due to changes in working practices and to offer more guidance for all agencies, the Board developed a stand-alone policy to set out agencies’ responsibilities.

The quality assurance measures used to assure the dissemination and impact of these policies are set out under Priority Three.

Putting policy, training and learning from SARs into practice - anonymised case example 1

A customer was referred to safeguarding following concerns for self-neglect and high levels of hoarding. They wanted help and support but didn't know where to seek this. The customer disclosed that they had poor mental health and had not engaged with services in the past. The Kent Fire & Rescue Service (KFRS) Designated Safeguarding Officer (DSO) who was assigned to the case worked with the customer to build a rapport, through weekly phone check ins. A Safe and Well visit was carried out.

The DSO worked with other agencies, chasing to ensure that the referral was allocated to a social worker. Adult social care carried out an assessment. A cleaning company came in to clear the property and make the environment much better for the customer.

A telephone call was received from the customer in Feb 2021. They wanted to thank KFRS. Through KCC, their house had been cleared and an industrial cleaning company commissioned. The customer said they would send some photographs to show the difference it had made to their home. The customer felt that 'everything has fallen into place' and, following an assessment, they were now being assisted with Kent Enablement at Home (KEaH). They now had a carer who attended daily to help with self-care needs.

The customer explained that they now had a social worker, who has been helping, and their diabetes medication is working well. Their diet is improving and the environment at home had been such a positive change. They also received support from community mental health as a result of the referrals submitted by KFRS. The customer reported feeling more positive and wanted to say thank you to KFRS for being persistent and getting them the help and support which had changed so much. The customer explained that they were in such a better place and "can't believe how my life has changed".

Kent Fire & Rescue Service

Responding to changes in legislation - a preventative safeguarding approach

A designate nurse from the Clinical Commissioning Group (CCG) explored whether any work was being undertaken nationally in respect of vulnerable groups and the EU Settlement Scheme (EUSS)'s [right to remain deadline](#). Specifically she asked how/if health practitioners were being supported to identify and signpost vulnerable individuals who may need support with the application process. This was particularly important as the process was entirely online, which could prove difficult, and disadvantage some of the most vulnerable individuals.

The designate nurse produced a '7-minute bulletin' for providers and primary care services across the region which set out the issue, how vulnerable individuals may be impacted and how practitioners could signpost and support. The health bulletin was further adapted and shared with KCC and Medway Council and through the Kent and Medway Safeguarding Adults Board Newsletter - April/May 2021 [newsletter](#).

This work was picked up at national level both by Health and at the National Chairs' Network.
Kent and Medway Clinical Commissioning Group

6. Prevent Duty across Kent and Medway

The Counter Terrorism and Security Act 2015 sets out a legal duty for specified authorities, including local authorities and other organisations which also have adult safeguarding responsibilities in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism. The Prevent Duty Guidance for Local Authorities published in 2015 provides further guidance and sets out sector specific expectations, including; partnership working, risk assessment, Prevent action planning, and training. KCC, as the upper tier authority for Kent, is expected to lead and coordinate Prevent activity across the county, liaising with district local authorities as appropriate.

In September 2020, Kent County Council (KCC) and Medway Council received additional funding from the Home Office for local Prevent resources, bringing the addition of a second Prevent Education Officer and a Prevent Community Engagement Officer for Kent and Medway to support the other Prevent posts working to the KCC Prevent and Channel Strategic Manager. The team covers both KCC and Medway Unitary areas. Kent was also one of the original Dovetail pilot areas. The Dovetail pilot sought to test the efficacy and capability of local authorities taking responsibility for the administration and management of Prevent referrals suitable for Channel consideration and adopted Channel cases, which had previously been a Police function. The Dovetail arrangements came into effect in KCC in September 2016 and have continued beyond the original 12-month pilot.

Despite working remotely during the COVID pandemic, Prevent training continued to be delivered virtually in 2020 - 21 to a wide number of organisations. Concern has been expressed nationally in relation to extremism and radicalisation via online grooming, as vulnerable individuals may spend excess time online. It has been very important to ensure Prevent training incorporates this challenge, providing information to partner organisations to enable them to have the confidence to make a Prevent referral.

The Kent and Medway Prevent Team continued to deliver a wide range of activity throughout 2020 - 21 despite the new ways of remote working, as an example the Kent and Medway Channel Panel continued to meet virtually on a regular basis, and excellent attendance at the panel by partner agencies was maintained.

The Kent and Medway Prevent Duty Delivery Board (PDDB,) established in 2015, is the strategic partnership board that agrees levels of risk and coordinates Prevent activity across Kent and Medway. The PDDB connects to the KMSAB and other strategic partnership boards across Kent and Medway. PDDB also continued to meet as per its schedule in 2020/21.

Some of our Partner Highlights

As part of our quality assurance framework, agencies report on how they are meeting our three strategic priorities. The next section reflects some of the good work taking place.

Case Study of collaborative working

Mr A arrived in the (local) district during the winter and was taken into the winter provision of accommodation, delivered by the Council in partnership with the YHA and Catching Lives.

Staff at Catching Lives carried out extensive enquiries and discovered that Mr A was missing from home in a foreign country and that there was a forensic psychiatric history. Mr A was assigned to a member of the Rough Sleeper Initiative (RSI), a Council led partnership with Catching Lives and Porchlight.

The officer assessed Mr A to be acutely mentally unwell and raised concerns with Adult Safeguarding, Community Safety, Community Mental Health teams and previous professionals who were found to have had contact with Mr A in other authority areas. Mr A chose to return to sleeping rough but the RSI continued to maintain contact and as a result was able to facilitate an initial mental health assessment and a subsequent Mental Health Act Assessment, resulting in Mr A being admitted to hospital for treatment. Mr A had been suffering acute untreated mental illness for many years but is now safe and receiving essential care with the RSI remaining involved in order to ensure that a full course of rehabilitation continues to be provided.

Local District Council

Ashford Borough Council (ABC)	Dementia Friends sessions are embedded as part of the corporate induction programme for all new staff and some ABC officers are trained as Dementia Champions who can deliver the training internally as well as to partner organisations. The Designated Safeguarding Officer is a Home Office accredited 'Workshop to Raise Awareness of Prevent (WRAP)' trainer and this can be delivered to relevant staff who carry out site visits or are customer-facing as part of their role (this can also be delivered to partner organisations).
Ashford Borough Council (ABC)	The Lifeline Service, Additional Support is a service provided by the ABC Monitoring Centre. Operators' safeguarding knowledge has been improved through bespoke training and this has encouraged referrals and support for our clients. Additional welfare calls to clients have also been instigated as part of the COVID-19 response, which were not only key during times of social isolation, but also gave clients an opportunity to raise any concerns.
Ashford Borough Council (ABC)	Collaborative working remains strong with virtual partnership meetings such as: District Contextual Safeguarding; Ashford Vulnerabilities; Complex Adolescent Risk Management (specific to a murder case); Kent Safeguarding Children Multi-Agency Partnership's District Council Safeguarding Leads Meeting; MARAC (multi-agency risk assessment conference for domestic abuse); and Ashford Community Safety Unit and Community Safety Partnership. This has ensured that knowledge, skills and information is shared and that our communities are listened to. Although adolescent, a good example of this is the multi-agency work carried out around a gang related murder, not only in respect of criminal justice but also in safeguarding those families affected.
Canterbury City Council	In addition to the mandatory 'Basic Awareness Adult Safeguarding' training for all front-line staff, the Council has focused this year on Adverse Childhood Experiences (ACE) and trauma informed practice. ACE Ambassadors have been recruited and are rolling out training to front-line staff. The aim is to have a fully trained ACE Aware front-line workforce who are confident in responding to vulnerability. Consideration of ACEs will also be given in service development to better understand the impact of trauma on communities.

Canterbury City Council	The Assisted Moves Scheme was developed as a response to support vulnerable adults who were living in Council properties that were too large and unsuitable for their needs. For many of these adults there were multiple barriers to them moving such as hoarding, and physical and mental health problems. This scheme works with tenants to help them overcome barriers and move to accommodation that better suits their needs. Feedback from the Scheme has been overwhelmingly positive.
Dartford & Gravesham NHS Trust (DGT)	DGT invested in DGT carers who were specifically employed for the care and support of patients. They were able to sit and talk to patients and get them shopping. DGT also created the Compassionate Care Team, having recognised that patients were in hospital and may not have any visitors. The team supported patients to make phone calls or Zoom calls.
Dartford Borough Council (DBC)	The DBC Safeguarding Policy is a living document and continuously reviewed to ensure it remains up to date. The Policy was last updated in June 2021. This was in response to actions identified in DBC's Self-Assessment Framework (SAF) submission to the KMSAB, which identified the importance of raising awareness to staff of signposting carers to carer's assessments and of signposting adults with care and support needs to advocacy services, where appropriate. The 'managing allegations against staff' process within the Policy was also updated to ensure it aligned with the KMSAB's Managing Concerns around People in Positions of Trust (PiPoT) Protocol. The Safeguarding Policy had previously been updated in February 2021 to ensure that the escalation procedure was aligned with the updated KMSAB's 'Resolving Practitioner Differences: Escalation Policy for Referrals for Adult Safeguarding'.
Dartford Borough Council (DBC)	DBC uses a tiered approach to safeguarding training to ensure that all staff receive the most appropriate training that is proportionate and relevant to their roles and responsibilities. There are three categories of safeguarding training – A, B and C. These categories are based on specific roles and also on the level of contact staff have with children and adults at risk in their day-to-day job. Additional training is also provided where a need is identified. For example, Prevent awareness training was recently delivered to approximately 40 attendees. Modern slavery awareness training is ongoing and training is planned in other key areas and is constantly reviewed by the Council's Safeguarding Steering Group.
Dartford Borough Council (DBC)	The Safeguarding Steering Group is a group of DBC designated safeguarding leads. The group provides a platform for the discussion of all aspects of safeguarding issues and ensures liaison and, where appropriate, joint working internally between DBC Departments/Directorates and externally with Kent County Council's Children's Social Services and Adult Social Services Departments. The Group includes the monitoring of safeguarding referrals as a standing item on its quarterly agenda. The local Team Manager for Safeguarding Adults is an external representative on the Safeguarding Steering Group and provides a valuable contact to discuss and solve any day-to-day operational issues that may arise between DBC and the local Adult Social Services Teams. This representative is a key contact to forward any concerns where, for example, DBC has not received an update on whether a safeguarding referral has been actively considered, and to discuss any other issues with regards to referrals.
Folkestone and Hythe District Council (F&HDC)	As a result of the COVID-19 Pandemic, F&HDC led the County in its response by implementing three community hubs across the district to support vulnerable adults (both shielding and non-shielding). Examples of support given include; engagement by volunteers with all of the adults on identified lists providing befriending, addressing loneliness and mental health concerns, in addition to supplying emergency food parcels, collecting medication, etc. Figures of adults supported are below – this work commenced in March 2020 (current totals shown):

	<ul style="list-style-type: none"> • GP surgery calls made – 26250 • (CEV) Shielded patients contacted – 9867 • Food provision (incl. shopping baskets, hot meals and free food parcels from the hubs) 68437
Gravesham Borough Council (GBC)	The Council's Safeguarding Policy details the GBC 'Safeguarding Pledge' ensuring all staff are aware that the safeguarding of children and vulnerable adults is everyone's responsibility. The policy details clear instruction of the reporting of concerns and key points of contact within the council.
Gravesham Borough Council (GBC)	Due to the pandemic, face-to-face training was put hold, with all staff accessing the online training in both adult and child safeguarding via the Kent Safeguarding Children Multi-Agency Partnership's website. To add an element focused on safeguarding in a council officer's role, staff also watched the videos produced by Haringey Council, available on YouTube. Feedback from staff has been that these were really helpful in applying a safeguarding perspective to their roles
Gravesham Borough Council (GBC)	<p>The Community Safety Partnership (CSP), which was previously a combined Gravesham and Dartford group, has been separated this year, with each district now having their own. The meetings are interactive and well attended with partners helping shape agendas, which can involve discussions and intelligence around child sexual exploitation, safeguarding awareness and local concerns, etc. Importantly, the CSP develops a network of key officers amongst local agencies, helping remove barriers and aid effective working towards the safeguarding theme. Many CSP projects, from taxi licencing and training to addressing domestic violence and other risk issues, are delivered in the borough through a variety of collaborative projects, groups and initiatives.</p> <p>One such initiative is the multi-agency meeting addressing Violence Against Women and Girls (VAWG). GBC bid for, and received, funding for this 3-year project to address and reduce violence against women and girls through youth projects, direct support, etc. Meetings are quarterly.</p>
Healthwatch	Both Healthwatch Kent and Healthwatch Medway had concerns raised from their helpline in relation to 'hidden harm' and these were escalated with the relevant providers such as the South East Coast Ambulance Service and NHS Hospital Trust along with the Kent and Medway Clinical Commissioning Group.
Healthwatch	Healthwatch has representation at many boards and meetings including: Rough Sleepers, Carers Partnership; local Community Faith Forum; and Voluntary Sector Leaders meetings. This provides the opportunity to share any safeguarding information that may be relevant to those organisations and to hear any concerns from those organisations, which can, in turn, be raised to the Kent and Medway Safeguarding Adults Board.
Kent Community Health NHS Foundation Trust (KCHFT)	At the start of the Coronavirus pandemic, the safeguarding team developed a weekly safeguarding update. This well received resource, aimed to raise awareness of: key areas of concern prompted by the pandemic; support services available; and new guidance. It progressed to an established monthly newsletter with sections on: general safeguarding; updates on existing and emerging safeguarding topics; themes, learning from incidents and case reviews; sharing of multi-agency information; and promotion of internal and external training. The newsletter is shared with all staff via service leads and on the Trust's intranet. This virtual way of promoting awareness further supported key campaigns during the pandemic such as "at home should not mean at risk" and access to support for victims of domestic abuse.

Kent Community Health NHS Foundation Trust (KCHFT)	Internally the Trust worked closely with both the Mortality Review Team and Learning Disability LeDeR Team to ensure that mortality reviews undertaken had considered the criteria for SAR. This helped to ensure good inter-agency working was promoted, to provide a seamless service to the service user, recognising that by changing practice it can prevent harm to the service user.
KCC - Kent Community Warden Service	The Kent Community Warden Service (KCWS), based in communities, provides a proactive and visible presence to improve residents' quality of life and promote stronger and safer communities. The KCWS met the challenges of the pandemic from the outset. Able to use local knowledge, the Community Wardens ensured those most vulnerable were supported with essential needs during the first lockdown. Wardens liaised with charities, food banks and pharmacies and made vital deliveries of food, medication and personal protective equipment (PPE), and connected residents and communities with services and support. Sightings of Wardens brought comfort to residents and their welfare checks to isolated, lonely individuals, were lifelines. This news article captures a Warden's work during the pandemic: Kent County Council community warden shares what it's like working during coronavirus crisis (kentonline.co.uk)
Kent County Council (KCC)	KCC Adult Social Care and Health (ASCH) has provided many varied training opportunities for staff over the last year and has worked proactively and dynamically to ensure that training was accessible via various virtual platforms, providing consistent learning and development to staff during the pandemic. Some of the courses provided by KCC included - domestic abuse training with the KCC commissioned domestic abuse provider, Mental Capacity and Safeguarding for the Designated Senior Officers, self-neglect with Suzy Bray, Section 42 Safeguarding Enquiries and transitional safeguarding, all of which are in-line with current legislation, guidance and reflect the themes highlighted within the Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs). Courses are quality assured by both staff and senior managers, including the Level 3 Kirkpatrick Model (one of the key planks of learning and development that gives a sense of the impact of a training intervention).
Kent County Council (KCC)	KCC also worked very closely with the Kent Integrated Domestic Abuse Service (KIDAS) to provide a virtual conference 'Domestic Abuse: It's Everybody's Business' comprising of 16 days of virtual events to inform, educate and inspire action. Many aspects of domestic abuse were covered, including 'coercion and control', which has also been highlighted as a theme within Domestic Homicide Reviews (DHRs). Over 4,266 multi-agency colleagues were able to attend the event and the feedback received showed a high satisfaction rating of excellent/good, stating that the conference was useful to their work or personal life, many feeling they had an increased understanding of domestic abuse.
Kent County Council (KCC)	KCC continued to support Dementia Friendly Communities through The Design and Learning Centre during the pandemic. Virtual Dementia Friendly Community Meetings were held in some areas, often reaching a wide audience, and initiating projects that eased the isolation.
Kent Fire & Rescue Service (KFRS)	The Safeguarding Manager delivered modern slavery training to all Designated Safeguarding Officers, Call Representatives, the 'Safe and Well' team and Building Safety. This was a train the trainer package from Stop the Traffik.
Kent Fire & Rescue Service (KFRS)	The KFRS Collaboration Team worked alongside other partners in Kent and Medway, especially last year during the outbreak of COVID-19 when more joint working with other agencies was exercised. For example, delivering hot meals in conjunction with Age UK and working with NHS, and delivering training for care home staff within Kent.

Kent and Medway CCG (KMCCG)	In addition to the training provided to KMCCG staff, the safeguarding team provided safeguarding training to approximately 1800 primary care colleagues through online and bespoke webinar training events. The use of virtual events with primary care was very well attended and colleagues reported that this mode of delivery made it easier for Practices to engage.
Kent and Medway CCG (KMCCG)	The KMCCG safeguarding team also provided collaborative preventative support and guidance with regard to: the ethical dilemmas of testing; vaccinating adult residents in care homes who did not have mental capacity to give consent; advising about associated potential ligature risks of personal protective equipment (PPE); and additional support to the vaccination hubs with regard to safeguarding supervision. The team also ensured that communication of guidance was undertaken and additionally raised awareness and confidence for teams to respond better to Domestic Abuse.
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	Self-neglect is discussed in all adult safeguarding training and the multi-agency policy and protocol for managing self-neglect and hoarding is accessible from the KMPT safeguarding intranet. Bite-size training, video/webinars and other self-neglect resources have been added to the KMPT internal 'iconnect' safeguarding adults page for easily accessible information. The referral rate identifying self neglect during the pandemic (when people had been less visible and modes of working were adapted to meet the pandemic guidance) evidenced the responsiveness of front line staff and thoughtfulness in their practice, and they were responding to self -neglect and hoarding concerns in line with policy.
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	The KMPT safeguarding team developed a 'Make Safeguarding Personal' leaflet to meet the needs of staff and patients when discussing safeguarding, both proactively and in response to abuse. This leaflet is included in the patient welcome pack, and is accessible for all staff to request copies or to download. The leaflet explains what safeguarding is and what 'Making Safeguarding Personal' looks like.
Kent Police	Dedicated Hate Crime Teams have been established on each Division to ensure that vulnerable victims who are targeted and subjected to crime are provided with a bespoke and first-class service dependant on their individual needs.
Kent Police	Operationally, investigations are managed by the Divisionally based Vulnerability Investigation Teams (VIT). In total, there are 205 officers and 4 police staff working within the VIT Vulnerable Adult/Child teams in Kent. In order to ensure that staff and officers are appropriately trained to investigate crimes against adults at risk, a perfect training profile has been introduced with a target of 75% of those working in the VIT to be nationally accredited detectives. This has been a real focus of Divisions and Kent Police Learning and Development, and has seen the levels rise from 29% to 66%.
Kent Police	Dedicated Vulnerable Adult Police Community Support Officers (PCSOs) are based in Community Safety Units on each Division, who can offer guidance to officers on local or community-based advocacy services. PCSOs have been a vital line of communication to adults at risk living in the community. Normally their work involves visiting those they know are at risk in the community and offering signposting advice or making referrals. During COVID they adapted to ensure that COVID associated risks were managed, but that contact was still maintained with those at risk. This adaptation included use of phone calls or virtual calls to adults at risk, and strengthened liaison with community support groups, to ensure consistent advice was given or risks identified. Where Community Policing involvement is beneficial, vulnerable people can be referred for discussion and monitoring at the multi-agency District Vulnerability Panels, which allows for action to be set and results monitored to ensure that positive change is being effected.

Kent Police	Proactive visits to families most at risk of domestic abuse were conducted as a response to COVID and concerns regarding hidden harm. The cohorts for these visits were identified through business analysis and coordinated by the Domestic Abuse Manager in the strategic Protecting Vulnerable People Command. This work was repeated in December 2020, when over 130 couples or victims were seen, and their welfare established. Due to feedback from victims these visits will continue in the future beyond COVID-19.
Kent Police	Launch of the dedicated County Lines and Gangs Team (CLGT) - the CLGT provides a proactive and preventative capability to reduce the harm caused to Kent communities from the criminality connected to 'County Line' Class A drug supply. The Team focuses not only on combatting the supply of drugs (and therefore the vulnerabilities due to drug abuse) but also on identifying adults who are being exploited or may be victims of cuckooing. Proactive visits to those believed to be at most risk of cuckooing are completed by the Community Policing Teams to offer intervention and support to those at risk of abuse.
Maidstone and Tunbridge Wells NHS Trust (MTW)	The level of Kent Adult Safeguarding Alert Forms (KASAFs) raised by Trust staff increased during the pandemic and so staff were continuing to fulfil their obligations under the Care Act 2014 in relation to highlighting to the local authority their concerns about adults at risk. The number of Deprivation of Liberty Safeguards (DoLS) applications completed by staff increased by 236 to 537 during the pandemic.
Maidstone and Tunbridge Wells NHS Trust (MTW)	The MTW Named Nurse for Safeguarding Adults liaised with the KCC KARA project team (the KARA service provides vulnerable people with virtual care and support via video carephones), enabling the start of the roll out of KARA Tablets on hospital wards so that social care colleagues could continue with their safeguarding duties, albeit remotely. Going forward, It is hoped each of the wards will have a static KARA Tablet so that social care colleagues can engage effectively with adults at risk when they are inpatients at MTW.
Maidstone and Tunbridge Wells NHS Trust (MTW)	Even within the COVID pandemic, in the last year training levels remained consistently above 90% compliance for Levels 1 and 2 safeguarding adults; this is within the Trusts current compliance level set at 85%. Quality assurance of training delivery is via participant feedback and through the activity in MTW in relation to raising safeguarding alerts, responding to concerns and completing robust investigations into safeguarding concerns raised about hospital practice. The Named Nurse for Safeguarding Adults built a Mental Capacity Act E-Hub, which is a resource available to staff on the MTW learning and development platform to further staff's knowledge about applying the Mental Capacity Act (2005) into their practice. Webinars have been recorded at Level 3 for safeguarding adults, MCA and DoLS for staff to access
Medway Community Healthcare (MCH)	MCH is working with the Medway and Swale Integrated Care Partnership and Healthwatch Medway in regard to views and experiences of patients on discharge processes. MCH Customer Experience Team is also considering how to ensure the voice of the adult at risk of harm is heard when seeking feedback on services provided.
Medway Community Healthcare (MCH)	As part of the new clinical records system used by Medway Community Healthcare, the views of carers are considered during the assessment process, including a fuller mental capacity assessment window which prompts clinicians to seek the views of carers and also prompts them to consider making an application for a carer's assessment to access carer support.
Medway Community Healthcare (MCH)	Throughout the height of the pandemic, fear caused some individuals to disengage with services. Medway Community Healthcare was aware of this and implemented a list to flag high risk vulnerable adults, to ensure they were not forgotten and support could still be provided. This was also added as an alert on the clinical record to

	ensure consistency throughout services. There was also an increase in communication with local authority partners and referral to the integrated locality review to increase collaborative working.
Medway Council	Social care staff have access to monthly supervision, which was conducted remotely during this year. The staff teams across the 3 localities are divided into hubs with each hub having a senior social worker to provide the supervision, they then have supervision with the team manager. The senior social workers in the safeguarding hubs meet with the operational safeguarding lead monthly, to share information and learning and for group supervision.
Medway Council	The views of the adult at risk are sought and considered throughout the safeguarding intervention. At the concern stage, the individual is asked what action they want to take in relation to the safeguarding concern (if they lack capacity around this an appropriate representative will be asked). At the enquiry stage it is confirmed with the individual that they are aware the concern has been raised and they have consented to this. Independent advocacy is arranged as required (Care Act guidance). It is confirmed that the individual has been asked about any desired outcomes from the investigation. The outcomes are recorded. The desired outcomes can be changed. At the closure stage it is confirmed that the individual has been asked about any desired outcomes from the investigation. The individual is asked if the desired outcomes were achieved. For concerns where others may be at risk the individual's desired outcome may not be actioned. Compliance with asking people about their views is measured on the adult social care dashboard. Quarter 3 2020 - 21 showed 76% of adults at risk were asked about their desired outcome and 88% had the desired outcome fully or partially met.
Medway Council	People making unwise decisions continues to be a challenging area for practice where this leads to risk to the person. Medway Council has developed an internal high-risk panel, the purpose being to have senior management oversight of those known to adult social care who are assessed as being at high risk.
Medway NHS Foundation Trust (MFT)	A restriction on visitors and those accompanying vulnerable patients was applied, which created additional challenges as staff could not liaise with families and carers as they would previously have done. The introduction of 'Skype Angels', to support patients in communicating with their families, helped patients and families feel connected. In addition, the learning disability nurses provided vital liaison between doctors, patients and carers during this time, supporting best interest decision making and ensuring the Mental Capacity Act was adhered to for those with a learning disability.
Medway NHS Foundation Trust (MFT)	The safeguarding team was invited to be a member of the ethics committee to provide support and advocate for patients during the pandemic. This allowed patients to have representation to ensure that their rights were upheld at a time of difficult decision making.
Medway NHS Foundation Trust (MFT)	During this time all face-to-face training was stopped and was moved to e-learning. The training compliance across the Trust remains above our key performance indicators; which has been a huge achievement during such challenging times. In addition to e-learning, staff have been encouraged to attend the KMSAB multi-agency training opportunities delivered via video conferencing.
Tonbridge and Malling Borough Council (TMBC)	The TMBC new policy for taxi drivers requires all drivers to undertake safeguarding training within 12 months, and all new drivers must take a safeguarding course before receiving their licence.
Tonbridge and Malling Borough Council (TMBC)	Community safety meetings take place weekly, with police and partner agencies, to share concerns. Safeguarding, hoarding, exploitation, and vulnerable adults are standing items on the agenda. TMBC has a Safeguarding Task Group which meets quarterly to share relevant safeguarding information, and minutes of these meeting

	are discussed at Management Team and cascaded to all teams. A monthly Vulnerable Persons Board (which is linked to the community safety partnership, with Borough Council reps attending), ensures that appropriate information in relation to vulnerable people can be shared. A Rough Sleepers Task and Finish Group also meets to identify rough sleeping in the borough and look at what actions/support can be offered to help them into accommodation and off the streets.
Tunbridge Wells Borough Council (TWBC)	Annual refresher training is delivered by two practicing social workers who provide training on safeguarding as a substantive part of their role; they have common-sense checked the internal training TWBC provides and provided comments/suggestions for improvement.
Tunbridge Wells Borough Council (TWBC)	Relevant webinars and online training have been attended by other members of staff – for example, the 12 days of domestic abuse training that was organised by Look Ahead Care and Support was attended by members of the housing team, and in February and March 2021 the health team provided sessions on Making Every Contact Count, also attended by several members of the housing team.
Tunbridge Wells Borough Council (TWBC)	A local hotel in Tunbridge Wells made the decision to remain open, when most other hotels had closed, in order to provide accommodation for rough sleepers. The manager of the hotel worked closely with the housing team at TWBC to ensure the guests had food. A local charity, Tunbridge Wells Street Teams, provided an evening meal each night for the residents. During this time, two schemes set up by Maidstone BC's housing team for homeless people across the 4 West Kent councils, were also in place. A nurse who specialised in providing support to rough sleepers, visited the residents at the hotel to ensure they were linked in with a GP and otherwise able to access healthcare. A team of mental health specialists provided a similar service to the hotel guests. This continued throughout the lockdowns, as did support from the rough sleeper outreach teams who are employed by Porchlight.
Virgin Care	A new guidance under safeguarding was released in 2019 - 'Working With People Who Are Reluctant To Engage'. Colleagues found working with this guidance helpful as it is used alongside the self-neglect policy to support service users with complex needs. This policy is due to be reviewed in 2021 - 22.
Virgin Care	Ligature and Self harm risk management policy was launched in January 2021, this policy supports colleagues in the inpatient units to identify and assess patients appropriately when risk of self-harm is identified. This policy came into force following a KMSAB SAR recommendation.



Priority Two: AWARENESS

“I know what abuse is and where to get help”

Our priority is to improve awareness of adults at risk and safeguarding within, and across, our partner agencies and communities. We will:

- improve awareness across Kent and Medway;
- improve engagement with local communities; and
- assess the effectiveness of the work we do, and review and share the learning.

What we have achieved

1. National Safeguarding Adults Awareness Week - 16 – 22 November 2020

Kent and Medway Safeguarding Adults Board members chose to align with the national safeguarding adults awareness week, established by the [Ann Craft Trust](#). The purpose of the week was to share messages with the public on how to recognise and report abuse and neglect, and to highlight the support and services available for those at risk or experiencing abuse.

The following themes were highlighted during the week:

- Monday – Safeguarding and Wellbeing
- Tuesday – Adult Grooming
- Wednesday – Understanding Legislation
- Thursday – Creating Safer Places
- Friday – Organisational Abuse
- Saturday – Sport & Activity
- Sunday – Safeguarding in Your Community

Unlike previous years, the pandemic response meant that the Board was mainly reliant on social media, such as Twitter and Facebook, to raise awareness. A social media content plan, setting out the messages to be sent by partner agencies’ communication teams, was developed and shared.

Following the campaign, the Communication and Engagement Working Group (CEWG) reviewed the social media analytics. Unfortunately, due to the pressures of the pandemic response, not all agencies were able to report on their analytics. However, of the analytics that were returned, a total of 56,478 impressions (number of times the content is displayed) and 1075 engagements (likes, shares, comments etc) were reported.

Although analytics did not evidence huge engagement, a large number of people/services had been reached. Members of the CEWG identified that there was a notable increase in engagement with posts that included details of the new KMSAB website and specific posts around grooming. It is not clear if the increase in engagement was due to the wording of these posts or due to the subject matter.

Other areas of targeted awareness raising during the week included:

- Sharing a short film produced by Mencap which included Covid-19 Q&A session for adults with Learning Disabilities.
- Regular circulation of safeguarding bulletins to community groups and staff
- Dissemination of leaflets and posters.
- Targeted Hubs to support volunteers/staff with escalating safeguarding concerns.

Example 'tweet'



Ann Craft Trust – Twitter Statistics for Safeguarding Adults Awareness Week

12 Million+ people reached through hashtags, over twice as many as 2019

3000+ individuals and organisations talked about the week on twitter

7000+ tweets made using the hashtags on 23 November alone.

2. Promotion of Communication and Engagement Toolkit

To support safeguarding adults awareness week and to enable agencies to raise awareness of adult safeguarding during the pandemic, the Communications and Engagement Working Group continued to update and promote their Communications toolkit. This included:

- Posters –these were designed as 'conversational moments' to promote a more personal, everyday feel and to highlight that safeguarding is everyone's responsibility. The toolkit included copies which could be tailored to each organisation's specific needs.
- Social media graphics – in varying sizes, to accompany adult safeguarding related posts on each organisation's social media channels.
- Signature banners – to use in email signatures or on social media.
- Video files –short, 20 second graphics to be used on social media to catch attention.

3. New Safeguarding Adults Board Website

The new Kent and Medway Safeguarding Adults Board website was launched as part of safeguarding adults awareness week. This significantly improved the accessibility and availability of Board information, as previously information was on different pages on Kent County Council's website, making it hard for practitioners and members of the public to find.

A formal accessibility audit was undertaken by the KCC Digital Accessibility Team to ensure the website was compliant with the accessibility duty. As at November 2021, the home page has been accessed 494,006 times.



4. Independent Chair's Safeguarding Adults Awareness Briefing

Two 'virtual' safeguarding adults awareness briefings, hosted by the Independent Chair of the Board Deborah Stuart Angus, were held in October 2020. The briefing sessions were aimed at non-partner organisations who work closely with their local communities (e.g. charities, faith organisations, advocacy, businesses). Again, the emphasis was on raising awareness about the types of abuse, channels for reporting concerns, and to encourage agencies, organisations and businesses to evaluate their internal processes to safeguard adults at risk. Case studies were used to generate discussion and to help embed the knowledge shared. The events attracted over 60 attendees and feedback received during and after the event was very positive.

"Thank you to everyone involved in bringing the briefing, I found it very valuable and is an important part of our safeguarding training and awareness. Please pass on my thanks and I look forward to the next one."

5. Newsletter

The Board's business development and engagement officer continued to produce and circulate a monthly [newsletter](#) sharing updates in relation to: Board activity; Covid guidance and support; and relevant local and national safeguarding information. Covid specific articles included:

- Details of the 24-hour mental health crisis text service
- Public Protection - COVID-19 Scams and Guidance
- Counter Terrorism Police – Radicalisation and COVID-19
- Adolescent to Parent Violence during COVID-19
- supporting autistic people and people with learning disabilities,

- Domestic Violence and Abuse: Safeguarding during the COVID-19 crisis,
- Alcohol Change UK – Supporting the most vulnerable drinkers during COVID-19

Over 290 people subscribe to the KMSAB newsletter, with many cascading this further within their organisations.

The newsletter is also one of the tools used to share findings and themes arising from Safeguarding Adults Reviews, Domestic Homicide Review and other relevant reviews. We do not wait until SARs are published to share any identified areas for improvement, as this would lead to unnecessary delay.

Example newsletter article to share SAR/DHR learning - published January 2021

Are you requesting Carers' Assessments?

Carers' assessments have been a prevalent theme within Safeguarding Adult Reviews (SARs) and it is vital, especially during the COVID-19 pandemic, that carers are receiving the support that they need before they reach crisis point. Caring for someone covers different things, including:

- Helping with washing
- dressing
- eating
- Taking them to regular appointments
- Medication
- Housework
- Financial Support
- Keeping them company when they feel lonely or anxious

A person is entitled to a carers assessment in their own right, even if the person that requires care does not get any help from the council. For more information on support for carers, how to request a carers assessment and useful links and resources, visit the [KMSAB website](#).

6. Engagement with local communities

The KMSAB is continuously pursuing ways to engage with service users, carers and the public. The ambition is to provide ways for them to influence the work of the Board and empower and enable them to contribute to safeguarding in Kent and Medway. Whilst this remains a top priority for the Board, it is also an area of challenge. Many approaches have been trialled, but the impact of these have been hard to quantify.

Members of the Communication and Engagement Working Group have recognised that within the organisations/communities they represent there is a great deal of activity being undertaken to raise awareness of adult safeguarding at a local level, but this can be difficult to capture. Members developed a form for agencies to complete when such awareness raising has taken place. The information can then be considered at the working group to identify any gaps.

In addition, the self-assessment framework (SAF) developed by the quality assurance working group includes the following questions:

- How does your agency take into consideration the views of those at risk of abuse and neglect and how and when is this information analysed?

- What are the themes and trends from feedback and how has this information been used?
- Can your agency demonstrate that service users are invited and supported to attend S.42 meetings? (Local Authorities Only)
- How are messages and feedback from staff and service users reported to the Working Groups and the Board?

The SAF process is covered in the next section of the report.

Healthwatch Kent and Medway and the Advocacy People have begun discussions with other Healthwatch areas to consider best practice and the potential development of a ‘citizen’s panel’.

7. Translated KMSAB leaflet – How to recognise and report abuse.

The Board’s main leaflet, which explains how to recognise and report abuse, was translated into the 18 languages most commonly spoken across Kent and Medway, to help all communities raise awareness of the signs of abuse and how to report it. The leaflet is also available in easy read.

Annual report readers please help us to raise awareness - if you would like to know more about the types of abuse or would like to receive the newsletter and/or communication toolkit to share within your networks, please email KMSAB@kent.gov.uk or visit our [website](#).

8. Some of our Partner Highlights

As part of our quality assurance framework, member agencies report on how they are meeting the Board’s three delivery priorities. Below are some examples of the good work taking place.

Safeguarding Messaging on Prescription Bags - Working with health partners, Kent Police developed bags for use by Pharmacies when delivering medication. This was introduced at the beginning of the first lockdown, when many other services were closed and only essential shops and pharmacies were open. The messages focused on crimes that people may be more vulnerable to due to the pandemic. This advice included guidance around courier fraud and how to seek help around domestic abuse.	
Ashford Borough Council (ABC)	The newly identified Modern Slavery and Human Trafficking Safeguarding Officer completed the Council’s Modern Slavery statement and an action plan was put together; this has included a passionate, specialist councillor (member) Group. Completed tasks from the action plan include: Modern Slavery referral guidance produced and shared with staff, elected members and parish councillors; an article in the Council’s magazine (distributed to the whole borough); and a Kent Police presentation at an Ashford Community Safety Partnership meeting.
Ashford Borough Council (ABC)	The Council’s internal ‘Smart Hub’, which all staff and elected members have access to either via a desktop and/or mobile phone app, has a page outlining that Safeguarding is Everybody’s Business and which contains various information such as: who the themed safeguarding leads are; how and where to make a referral; and has links to our safeguarding policy and other sources of information. Specific safeguarding awareness raising articles are also posted on the Smart Hub.
Canterbury City Council	The communications team continue to use social media platforms to reach residents in the District. Posts this year have included short awareness raising videos on domestic abuse and cuckooing and avoiding scams for the elderly.
Canterbury City Council	The resettlement team provides information in Arabic, for Syrian families, on who to contact. They also arranged for PCSOs to visit to talk about services and reporting hate crime.

Canterbury City Council	<p>The Council's resettlement team spoke to a number of refugees who were hesitant about the COVID vaccine, having read social media posts that worried them, to better understand their concerns. The team and a voluntary sector partner (Canterbury Welcomes Refugees) arranged for the Chair of the Mosque, who is a medical doctor, to lead a question-and-answer session in Arabic. As a result, vaccinations have been taken up across all refugee families the Council supports.</p> <p>Having heard about this example of good practice, Kent Community NHS Foundation Trust has approached us to assist with an area of low vaccine take up elsewhere in the District.</p>
Dartford Borough Council	<p>DBC has produced a safeguarding poster, which is displayed around DBC's offices. The poster reminds staff that safeguarding is everyone's responsibility; where to find the procedures for reporting concerns; and, the contact details of members of the Safeguarding Steering Group if advice is required on a safeguarding matter. KMSAB posters and leaflets are also displayed in DBC's Civic Centre reception area.</p>
Dartford Borough Council	<p>The impact of Covid has raised concerns that vulnerable people and people with limited contact with the outside world, due to social distancing and self-isolation, may be at an increased risk of abuse. DBC has promoted national and Kent-wide campaigns, both internally through the Intranet and externally through posters and social media, in order to raise awareness of the risks of different types of abuse and the support available for victims – including for domestic abuse, radicalisation, modern slavery, and Covid scams.</p>
Dartford Borough Council	<p>DBC hosts an 'Elders Forum', which is a means of two-way communication with the elder community and provides information specifically relevant to this higher risk group. The Elders Forum meetings have been postponed over the last year due to the impact of the Covid pandemic, however it is hoped they will resume in the future. Despite this, some initiatives have been communicated and shared with members of the Forum, such as fraud prevention advice from Kent Police, and free crafting courses which were offered by KCC. In 2020, DBC also carried out an initiative to hand deliver puzzle book packs to approximately 2,000 residents over the age of 70, who live alone.</p>
Dover District Council	<p>We work with minority groups to raise safeguarding awareness, for example, controlling migration funded project to build community cohesion between Roma and British communities in Folkestone Road Area.</p>
Gravesham Borough Council	<p>Each department within the council has its own Safeguarding Champion. There is a shared email address for this group so questions can be asked and issues raised. These champions feedback on Safeguarding issues within their areas. This information is used to highlight training needs, develop training, and escalate issues if necessary</p>
Gravesham Borough Council	<p>Local work on 'violence against women and girls' highlighted the importance of hearing from women and girls in the Black, Asian and ethnic minority communities regarding safeguarding issues that impact them, so the annual "Listen To Our Voices" conference was organised; feedback from questionnaire completed by attendees has driven the agenda for the following year each time. Attendees are speaking up more as the years go on. Translators are available at the conference to ensure that all can share their voice.</p>
Healthwatch	<p>Mental Health Forums received this feedback following support given from the team - "We have forged a stronger relationship with Victim Support in relation to signposting around services for customers affected by Hate Crime and Safeguarding issues where we have some correlation with BAME customers".</p>
Kent Community Healthcare NHS Foundation Trust (KCHFT)	<p>KCHFT's safeguarding service facilitates an annual safeguarding conference, this includes a range of speakers from partner agencies, including lessons learnt from case reviews and practical demonstration of topical safeguarding issues i.e. self-neglect. The delivery is varied to support a wide range of learning styles.</p>

Kent Community Healthcare NHS Foundation Trust (KCHFT)	The safeguarding team has raised awareness of the impact of Coronavirus pandemic on individuals and families through various mediums including question-and-answer virtual sessions, blogs, bespoke updates and within training. Key thematic topics included domestic violence and abuse, risks of isolation, self-neglect, hoarding, exploitation and the importance of application of Mental Capacity Act in practice, especially the challenges of its application in practice during the pandemic and use of virtual assessments. Staff were provided with Prevent updates as released and an annual Prevent briefing was published.
Kent Community Healthcare NHS Foundation Trust (KCHFT)	KCHFT was commissioned to deliver Covid Vaccination programme in Kent and Medway through mass vaccination centres. This included development of safeguarding processes and ensuring the workforce was safeguarding aware and had robust process in place for identification and reporting.
Kent Community Healthcare NHS Foundation Trust (KCHFT)	Self-neglect consultations from staff to the safeguarding service have continued to rise from 60 in 2016/17, to 112 in 2018/19 to 126 in 2019/20 and 130 in 2020/2021. This demonstrates an increase in staff recognising and acting upon concerns of self-neglect, following continued efforts to raise awareness of this topic across the organisation.
Kent County Council	The Kent Community Safety Team led on the review and refresh of the Kent and Medway Domestic Abuse Services website, working with partners to ensure the directory of services and content was up to date and provides the best experience for visitors to the site. During 2020/21 the refreshed website moved onto a new platform to make it more user friendly. The public facing element of the website went live in November 2020, in-line with the 16 Days of Activism Against Violence Against Women and Girls (VAWG). In addition to the above, throughout the COVID-19 pandemic the website was updated with changes to services to ensure those in need had access to current and up to date information on service provision in the county.
Kent County Council	In order to improve engagement, KCC launched the “Kara” service as part of our response to the pandemic and to support other priorities such as Winter Pressures. Kara enables KCC to continue to deliver elements of care and support to residents remotely, connect people with their friends and family safely and securely, as well as enable the ability for us to continue to work with providers and partners across the county.
Kent County Council	We started rolling-out video carephones to many of our residents to enable us, and care providers, to continue to deliver elements of care and support to residents remotely. The video carephone allows a person to stay in touch with care workers, family members and other approved services through a video call. Only approved responders who have access to the system can use the video carephone. The carephone is a tablet device that has a SIM card to make it instantly usable, even for people with little or no WiFi connection. Over 2,000 devices have been sent out, not only connecting people to their paid care services, but also to friends or family members.
Kent Fire and Rescue Service	To raise the awareness to our customers about partnership working and the types of situations and incidents whereby we identified safeguarding concerns, the Engagement team and Safeguarding Manager have created a ‘Together Video’ showing collaborative working. This has been published on Kent Fire and Rescue Website and shared on numerous social media platforms to reach our customers. The video is available here .
Kent and Medway CCGs	The CCG organises Primary Care Protected Learning Time events, these events are always well received and reached approximately 1800 people in 2020. The event covers topical safeguarding issues such as Mental Capacity Act in Pandemics, Mental Capacity Assessment and Do Not Attempt Resuscitation, Liberty Protection Safeguards, Domestic Abuse and Think Family. Feedback from the events showed the value of these events and how they are appreciated by our primary care colleagues. This is a significant

	increase in uptake of training in this area from the previous 12 months.
Kent and Medway CCGs	As part of Safeguarding Adults Awareness Week the CCG authored daily safeguarding bulletins on different topics and disseminated across CCG staff and distributed social media content.
Kent and Medway CCGs	Development of multi-agency toolkit for all front-line staff to help support young people and adults where exploitation is suspected.
Kent and Medway CCGs	During the COVID-19 response the CCG had a multiagency care home cell. The CCG safeguarding team assisted in the provision of support directly to care home cells, including input on planning of systems to enable remote assessment, sharing of national guidance across providers /primary care /care homes and CCG, and supporting rapidly developing COVID-19 response systems to include Mental Capacity Act statutory guidance for staff going out to undertake swabbing and later consent to vaccinations, along with ligature risks of personal protective equipment and do not attempt CPR, This work has increased the safeguarding team's input into the engagement work with care homes and resulted in a Designate being identified to support care home work going forward.
Kent and Medway NHS and Social Care Partnership (KMPT)	KMPT has a Partnership and Engagement team which engages with patients and the community to get involved with a wide and diverse range of activities. The patient voice supports KMPT in improving or developing services. Patients and the public can register their interest in joining on the public facing webpage.
Kent Police	Launch of AWARE principle – AWARE (Appearance, Words, Activity, Relationships and dynamics, Environment) is designed to support the development of professional curiosity in identifying vulnerability in both children and adults. This principle can be used in any context and provides guidance around signs to look out for and be aware of to identify early safeguarding opportunities and support voice of the child and voice of the vulnerable adult information gathering within Kent Police.
Maidstone and Tunbridge Wells NHS Trust	In safeguarding adults week 2020 we took this as an opportunity to raise awareness with staff. The Named Nurse for Safeguarding Adults recorded a short video that was communicated out to staff on our usual communications platforms and social media. Good use was made of the “Ann Craft Safeguarding Materials” with daily communications throughout the week publicised in the Trusts edition of the staff briefing – The Pulse. The Named Nurse for Safeguarding Adults authored a question and answer section about safeguarding adults for the Governance Gazette, this included information about what MTW staff are good at in relation to safeguarding adults, what would we like to improve, and asking what is the one change in practice that would make the biggest difference and a piece about applying the Mental Capacity Act into their practice.
Medway Community Healthcare	Medway Community Healthcare has dedicated safeguarding pages on the staff intranet with all links to KMSAB page and relevant documentation, tools and referral forms. The page is managed by the Safeguarding Team and updated regularly. The Safeguarding Team has also produced short bulletins throughout the pandemic to ensure staff are not bombarded but still made aware of safeguarding information in a bitesize format. The KMSAB newsletter is disseminated throughout the organisation via the Communications team.
Medway Community Healthcare	Medway Community Healthcare has a social value working group that was established in the wake of the COVID-19 pandemic as an emergency response to support MCH and the wider community. During the pandemic, the group helped to coordinate volunteers to respond to the demand for support across the NHS, as well as working with Medway Voluntary Action to help recruit volunteers to support the wider community response.
Medway Council	In January 2021, in response to a Medway Safeguarding Adult Review, an audit was

	completed of those people where Medway had received more than 3 contacts, that had been closed, in a 6- month period. The outcome was that most contacts had been managed appropriately.
Medway Foundation Trust	The Head of Safeguarding chairs a monthly operational safeguarding meeting attended by matrons, security and therapy staff. This meeting not only shares information regarding current and ongoing safeguarding cases but also learning from reviews, outstanding actions and the support required to ensure that learning takes place. This meeting continued virtually during the pandemic and enabled the sharing of information for attendees to take back to their teams, this included the expected rise on Domestic Violence, mental health and self-harming cases as lockdowns eased. This meeting provides support, supervision and guidance in addition to being a point of escalation.
Sevenoaks District Council	Safeguarding cards were produced to raise awareness of key safeguarding issues for all staff.
Tonbridge and Malling Borough Council	Staff from several Council teams delivered emergency food parcels throughout the lockdown periods. On one occasion a disabled gentleman was found to have had a fall from his wheelchair and had been unable to call for help. The staff member called an ambulance and supported him until the paramedics arrived. Following his stay in hospital, his housing needs have been reassessed and he has been allocated suitable housing that better meets his needs.
Tonbridge and Malling Borough Council	Community development meetings have been held virtually with partners working in our deprived communities. Action plans are in place to support vulnerable people and assist them engage with services.
Tonbridge and Malling Borough Council	The weekly Community Safety meetings (virtual) also enable shared learning and discussion of cases with all partners (police, KFRS, KCC, Porchlight, etc).
Tonbridge Wells Borough Council	The Safeguarding Operational Lead has presented reports to the Council's Overview and Scrutiny Committee and Covid Recovery Panel about homelessness, which has included information about adults at risk of homelessness and those at risk of self neglect through hoarding and what actions TWBC is taking to safeguard these vulnerable groups.
Virgin Care	The Covid-19 pandemic lockdown made it difficult to undertake the safeguarding awareness week in the usual way we normally do however, we used various platforms and the new way of meeting, which is the virtual approach, to reach out for the safeguarding awareness. members of the public were not involved in the last year's awareness, but the workshops held virtually helped colleagues and equipped them to understand their safeguarding responsibilities and by doing so they were able to promote safeguarding to the wider public.
Virgin Care	The community hospitals and all service user areas have posters of how to report abuse, some posters were taken down due to infection control policy on covid-19 pandemic but safeguarding posters such as domestic abuse posters and the KMSAB report abuse posters remained visible to service users who are able to visit clinical areas.



Priority Three: QUALITY

“I am confident that professionals will work together and with me to achieve the best outcome for me”

Our priority is to quality assure our work, learn from experience and consequently improve practice. We will:

- ensure agencies are accountable for having competency and quality in practice;
- ask for feedback, learn from people’s experiences and put learning into practice; and
- define our quality parameters and measure performance accordingly.

What we have achieved

1. Continued to Implement our Quality Assurance Framework

As a Board, one of our main responsibilities is to hold our partners to account. This involves gaining assurance that safeguarding arrangements are in place, that they are effective and they deliver the outcomes people want. It also involves respectfully challenging partners. During 2020/2021 Quality Assurance Working Group (QAWG) members implemented the quality assurance framework, which sets out the measures and tools we use to measure effectiveness of partners’ safeguarding activity.

The tools detailed in the framework include:

Annual Self-Assessment Framework (SAF)

All agencies represented on the Board are asked to complete an annual ‘self-assessment framework’, a series of questions to measure progress against key quality standards. The purpose is to enable them to evaluate the effectiveness of their internal safeguarding arrangements and identify and prioritise areas needing further development.

Agencies are required to assess and provide evidence to demonstrate how well their organisation is achieving each standard/requirement using the following RAG rating:

- Green (consistently meeting the standard)
- Amber (part meeting the standard)
- Red (not meeting the standard)
- Not applicable (with reasons why).

Agencies are required to complete a SAF action plan for any requirements graded red or amber, detailing how compliance will be achieved. These are monitored by the QAWG and shared at Kent and Medway Safeguarding Adults Board Business Group meetings.

The standards are informed by factors such as; learning from safeguarding adults reviews, any new legislation and guidance, policy and practice and feedback from service users and carers.

To help mitigate against different interpretation of requirements, to instil more rigor in the process and to ensure greater consistency, agency leads are required to present their completed SAF analysis and evidence to a panel of ‘peer’ reviewers.

The 2020/21 SAF was due to be sent to agencies for completion in March 2020, but this was delayed due to the pandemic and was instead circulated in January 2021. The submission deadline was also extended until 30 April 2021.

To ensure that they were seeking assurance from the most relevant agencies with a responsibility for safeguarding adults, Board members reviewed the agencies required to complete the SAF. This led to the additional inclusion of the 12 district/local councils. North East London NHS Foundation Trust and G4S, increasing the number of returns from 16 to 30.

The 2021 SAF was comprehensive and included the following sections:

- **Participation** – Standards include:
 - the availability and accessibility of adult safeguarding information.
 - how agencies take into consideration the views of those at risk of abuse or neglect and how this information is used to improve services.
 - How staff are made aware of advocacy services.
 - How agencies assure that they meet their legal obligations so that carers are referred for a Carer’s Assessment, or the need for a Carer’s Assessments is highlighted to the Local Authority (SAR finding)
- **Leadership** – Standards include:
 - Whether there are accountable leads for safeguarding and the impact they make.
 - Whether the organisation has an escalation policy and if this incorporates the new KMSAB escalation policy (SAR finding)
 - How well the organisation participates with, and promotes, the work of the Board, how messages from the Board are disseminated and how the impact of this is measure/evidenced.
 - How are messages from staff and service users are reported to the working groups.
- **Service Delivery and Effective Practice** – Standards include:
 - How the organisation ensures that commissioned, subcontracted, agency or locum services are compliant with KMSAB Safeguarding Adult Policy and Procedures.
 - How the organisation identifies people who may have challenges in transitioning between services and what is in place to manage and support this (SAR Finding).
 - How the agency takes into account the potential increased vulnerability of previously looked after children in provision of care? (SAR finding)
 - What self-harm risk controls are in place (SAR finding)
- **RECRUITMENT AND SUPERVISION** – Standards include:
 - Whether safer recruitment policies and procedures in place, are monitored and the frequency of any staff vetting checks.

- What the criteria is for carrying out and recording management oversight for individuals who are at risk of harm.
 - Whether the organisation has a clear policy in place for dealing with allegations against people who work, in either a paid or unpaid capacity, with adults with care and support needs.
 - Whether the agency has a Whistle-blowing Policy and how systems and processes encourage staff to raise concerns about internal provision and/or performance.
- **Training - Standards include: -**
- What systems and or processes are in place to ensure that staff training is commensurate with their safeguarding duties and lawful responsibilities.
 - What processes are in place to support learning from SARs, DHRs and Child Safeguarding Practice Reviews in order to integrate learning into practice and training.
 - What process/training is in place for employees to enable them to identify any potential allegations against staff.
- **Performance Management – Standards include: -**
- How the agency uses safeguarding performance data and other feedback to inform safeguarding or other strategy and service delivery.
 - How the organisation uses safeguarding performance and quality information to hold services to account.

Annual Agency Reports

All KMSAB partner agencies are required to complete an annual agency report to detail actions taken to improve effectiveness, identify good practice and issues for their organisation over the previous 12 months. The 2019/2020 report also sought information on how agencies were delivering the three priorities of awareness, prevention and quality, as set out in the Board’s strategic plan.

A total of 31 reports were submitted by the deadline of July 2020. Quality assurance working group members reviewed the submissions, highlighting areas for clarification, good practice, and areas of concern to be raised to the Board.

Members were impressed with the good practice examples provided and these were included in the 2019/2020 annual report.

2. Monitoring of Safeguarding Adult Reviews (SAR) Action Plans

Following the completion of a Safeguarding Adults Review (SAR), agencies involved must detail the actions they will take to respond to any recommendations made for improvement. SAR Working Group members quality assure these action plans at every meeting, requesting remedial actions if required, and escalate concerns to the KMSAB Business Group. The SAR Working Group also monitors actions arising from out of area SARs that have involved KMSAB agencies.

It is important to reiterate that the Board and its working groups do not wait until a SAR is complete to begin to make improvements identified as the review progresses. For example, a recurring theme from

SARs is the need to 'hear the voice of the adult' and embed 'making safeguarding personal'². This information was shared with all the working groups, resulting in the practice policy and procedures working group developing a dedicated webpage on the new Board website, providing guidance and links to useful resources. This was promoted by the communication and engagement working group and re-iterated in all the training modules. The quality assurance working group's SAF included standards to measure how successfully this approach had been embedded.

3. Sharing of Good Practice

Safeguarding Adult Reviews are a critical tool to help identify areas for improvements with multi-agency partnership working. It is helpful to balance the findings against examples of good practice as these can also be a powerful way of learning. Many of the quality assurance tools designed by the Board ask agencies to highlight good practice examples so that these can be shared.

Examples of 'making safeguarding personal' making a difference to an adult at risk

Examples of good practice include:

The Community Nursing Team were incredibly responsive to a complex and high-risk case where a patient was making unwise decisions regarding their health care and treatment. The team followed KMSAB Self-Neglect policy and proactively coordinated care in a multi-agency way to reduce risk where possible. The team were patient centred throughout and ensured they made safeguarding personal, they involved the patient every step of the way and the patient described feeling thankful and appreciated that the team cared.

Kent Community Health NHS Foundation Trust

The Respiratory Nursing Team were responsive to a high-risk concern where a patient who lacked capacity regarding a particular health decision, was in turn placing themselves and others at significant risk. They supported the patient in a caring and sensitive way, applying the principles of the mental capacity act in practice. They coordinated and led both best interest and multi-agency meetings and as a result the risk was resolved

Kent Community Health NHS Foundation Trust

² Making Safeguarding Personal (MSP) is about professionals working with adults at risk to ensure that they are making a difference to their lives. Considering, with them, what matters to them so that the interventions are personal and meaningful. It should empower, engage and inform individuals so that they can prevent and resolve abuse and neglect in their own lives and build their personal resilience. It must enhance their involvement, choice and control as well as improving quality of life, wellbeing and safety. It is not a 'process' it underpins all interaction and involvement.

4. Evaluation of Level One and Two Safeguarding Adults Training

KMSAB partner agencies are required to deliver level one and two (foundation) adult safeguarding training which is aligned to their professional bodies' competency/capability framework, or should they not have one, the Board's competency framework. Whilst the Board does not hold responsibility for level one and two training, the Learning and Development Working Group (LDWG) does have a quality assurance function, as level one and two training should equip those attending subsequent KMSAB training with a sufficient and consistent knowledge base. Due to the pressures of the pandemic, partners were not able to formally evaluate their level one and two training, using the Board's standards tool. They did however, provide a verbal update at a learning and development working group meeting.

5. SAR methodology

Due to the pressures of the pandemic and the number of safeguarding adult reviews being managed by the Board, members of the Safeguarding Adults Review Working Group (SARWG) trialled different methodologies to expediate the learning, whilst still retaining a rigorous process. SAR working group members will be updating the SAR policy in 2021/2022 and will use the evaluation of these trials to inform this.

6. Some of our Partner Highlights:

As part of our Quality Assurance Framework, agencies report on how they meet the Board's priorities some examples are set out below.

Ashford Borough Council (ABC)	The Council's Lifeline service is accredited through the professional body; Telecare Standards Authority and was audited in February 2021; a pass was received.
Canterbury City Council	The new KMSAB self-assessment tool and follow up peer review endorsed the good practice we already have and challenged us to identify areas where improvements can be made.
Canterbury City Council	As a result of working through the list of vulnerable adults, a number were identified with significant unmet support needs. The Council formed a cross service working group to review cases and ensure robust appropriate measures were taken to safeguard them. The key themes were: <ul style="list-style-type: none"> • Mental health – for some with existing mental health issues these worsened during lockdown as people found it harder to access ongoing support and medication. Others were experiencing stress and trauma as a result of the pandemic. • Elderly people with care needs that hadn't been identified were referred into relevant statutory services for Care Act assessments and support. • Financial hardship, exploitation and cuckooing were variously referred to appropriate support All cases were followed up with welfare calls to ensure no one 'slipped through the net'.
Canterbury City Council	The elected members have been robust in requesting further information around safeguarding data throughout the pandemic to better understand the Council's responses.
Kent Community Health NHS Foundation Trust	Safeguarding referrals audit - An initial audit was developed to review processes involved as part of the safeguarding consultations duty line, this has resulted in the processes being refined and a follow-on audit looked at the quality of referrals in to social care. Key areas of good practice included; the adult at risk or their representative was consulted about the referral, safeguarding referrals were completed electronically, there was clear

	reference to 3- part eligibility criteria in referrals, and an incident report was completed following a Safeguarding referral.
Kent Community Health NHS Foundation Trust	The safeguarding peer review audit showed for adults that there is evidence that following the audit there is improved assessment of need, sharing of information with partners to ensure timely and appropriate support, compliance with Care Quality Commission domains and that learning has been embedded into practice following CR/SCR/SARs and DHRs. The audit also showed there is evidence of good understanding of what constitutes safeguarding concern, self-neglect, MCA and consent. The majority of staff knew how to contact the KCHFT safeguarding duty line and sought support about safeguarding concerns. Those who submitted data evidenced compliance to demonstrate learning from reviews or that practice is developing and meets quality standards. A new capacity assessment was completed for each intervention where the person lacked capacity to consent, best interests meetings were documented in majority of cases. Another improvement and impact of training and advice for front line staff was regarding MCA assessments with 93 per cent documented who was involved in the decision making.
Kent Community Health NHS Foundation Trust	In 2020/2021 KCHFT Specialist safeguarding team provided 617 consultations to staff through a dedicated duty line and processed 427 adult safeguarding referrals raised into the local safeguarding process, 349 adults safeguarding referrals raised by KCHFT staff alone. The main category of abuse raised was neglect, followed by the category of self-neglect.
Kent County Council	KCC Adult Social Care has a safeguarding competency framework in place to ensure that adult social care staff are fully equipped to identify, and have the right skills to support, adults at risk. The framework consists of levels from A-D, and it includes the requirement to discuss Safeguarding within supervision. This framework is for everyone (registered and unregistered) who has contact with adults within the Adult Social Care and Health Directorate and staff are required to evidence their developing competence, using the observed practice approach.
Kent County Council	The KCC Strategic Safeguarding and Quality Assurance Manager chairs our internal strategic County Safeguarding Group meeting, which provides a forum and clear governance route for raising any safeguarding issues and sharing intelligence with senior colleagues within Safeguarding and Adult Social Care. An Assistant Director and Service Manager's from each Service area (Mental Health, Older Persons and Physical Disabilities, Learning Disabilities and Sensory Services), Strategic Safeguarding, Performance, Commissioning and Deprivation of Liberty Safeguards attend.
Kent County Council	KCC Adult Social Care undertook a "Peer Challenge" in November 2020. This was not an inspection but rather an external assessment by critical friends who have experience of delivering an equality/diversity agenda in their own councils. However, it provided vital feedback to inform future activities. The peer review was undertaken by the Local Government Association (LGA), using the LGA's Equality Framework for Local Government. A strength identified within the review was in relation to Adult Social Care having a good understanding of the makeup of the community including ethnic minorities such as asylum seekers, Gypsy, Roma and Travellers, the Nepalese community and the different Asian communities in Gravesend and North Kent. The team and others know where the pockets of disadvantage are as well as the trends around other needs such as mental health, autism and learning disability and rural isolation.
Kent Fire and Rescue Service	Every three months a comprehensive safeguarding report is completed for Corporate Management Board. Data is reviewed for the previous 3 months on how many safeguarding cases were opened, which ones are still open, providing justification, and how many cases were closed. We look at details of what the outcome of the safeguarding case was i.e., referral to mental health, adult social care, child social care or safe and well visit. There is detail of quality assurance procedure and if cases were re-opened what was

	the reason and how many were closed with satisfied actions first time.
Kent and Medway CCGs	Designates continue to support the Adults Health Reference Group (HRG); the overarching purpose of the HRG being to provide a means for safeguarding health leads and commissioners across the Kent and Medway health economy to collaborate and share good practice, consider emerging themes from statutory reviews and case law. The Designates also utilise 7-minute briefings to share learning and information. These briefings are shared by the Designates with the providers in their portfolios. The briefing are also shared with GP Practices via the weekly GP bulletin, 7-minute briefings are uploaded to the safeguarding web page as a resource for all to access.
Kent and Medway CCGs	The participation of Designated Nurse/Professionals in the 'Serious Incident' (SI) panels has been reviewed and strengthened with the introduction of a safeguarding / SI database designed to identify SIs with a primary safeguarding element and those where safeguarding concerns were identified as a secondary or unidentified element of the SI. The database allows the Designates to theme and trend the safeguarding elements of SIs by category, provider and outcome. This data informs quarterly returns to NHSEI and provides triangulation with other sources of soft data related to an organisation's safeguarding competence, risk and good practice. The data can be used within the QRGs as evidence that improvements are needed, at Safeguarding Committees to challenge perceptions of safeguarding practice, to strengthen assurance and to celebrate areas of good practice or where organisations have made sustainable change to practice.
Kent and Medway NHS and Social Care Partnership (KMPT)	An independent internal audit by TIAA (audit company) on consent was completed in January 2021. The objective of this review was to establish the effectiveness of the processes in place within the Trust regarding obtaining consent from patients. The review included the process for consent for diverse patient groups, consent to treatment under the Mental Health Act (MHA) and for where a person lacks mental capacity to make an informed decision, or give consent. The assurance level applied was 'reasonable assurance', this level is from one of the four categories which can be applied, No, Limited, Reasonable, Substantial. Meeting this level of assurance is an achievement reflecting the MCA training and consent training which is delivered by the safeguarding team.
Maidstone and Tunbridge Wells NHS Trust	The Trust completes a quarterly report to the CCG to provide evidence against key performance indicators that have been developed Kent wide. These are scrutinised by the Trust's Strategic Safeguarding Committee and by the Designated Nurses for Safeguarding within the CCG.
Medway Community Healthcare	Medway Community Healthcare uses the CCG Safeguarding Metrics document to measure safeguarding activity. This document includes numbers of referrals made, training compliance, DoLs applications, SAR involvement, contacts to the safeguarding team and attendance at MARAC amongst other parameters. This information is shared and discussed at the Quality Assurance Committee and with commissioners
Medway Council	We adapted and use the KMSAB safeguarding competency framework to ensure our staff have the required knowledge, skills, values and experience to undertake their roles, in collaboration with strategic partners.
Medway Council	Adult Social Care has a safeguarding dashboard to monitor performance. This is scrutinised by senior managers. If any issues are identified then an action plan will be agreed to address this, for example, audit activity, learning sessions. This forms part of our internal assurance process.
Medway Foundation Trust	The Chief Nursing and Quality Officer has initiated divisional assurance reporting into the quarterly Safeguarding Assurance Board. This has not been affected by the pandemic. The Trust uses the safeguarding board escalation policy as required. Most escalations do not progress beyond the informal escalation route.
Virgin Care	Safeguarding activities are measured through different means and by auditing all our clinical services. We conduct annual safeguarding audit, monthly clinical governance

	score card, we recently added our consent and mental capacity audit question to our annual health record audit. The business unit quality strategy is reviewed quarterly with the contribution of the safeguarding lead.
Virgin Care	Non- concordance personalised care plan is put in place to support individuals who may or may not lack capacity, so that they are involved with their care and support and guidance is given with their decisions.

Section 3. Safeguarding Adults Reviews

3.1. Criteria for Conducting a Safeguarding Adults Review

KMSAB must arrange for there to be safeguarding adults review for an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs), if:

- An adult at risk dies (including death by suicide), **and** abuse or neglect is known or suspected to be a factor in their death;
- An adult at risk has sustained any of the following:
 - A life threatening injury through abuse or neglect
 - Serious sexual abuse
 - Serious or permanent impairment of development through abuse or neglect;

Or

- Where there are multiple victims
- Where the abuse occurred in an institutional setting
- A culture of abuse was identified as a factor in the enquiry;

And

The case gives rise to concern about the way in which professionals and services worked together to protect and safeguard the adult(s) at risk.

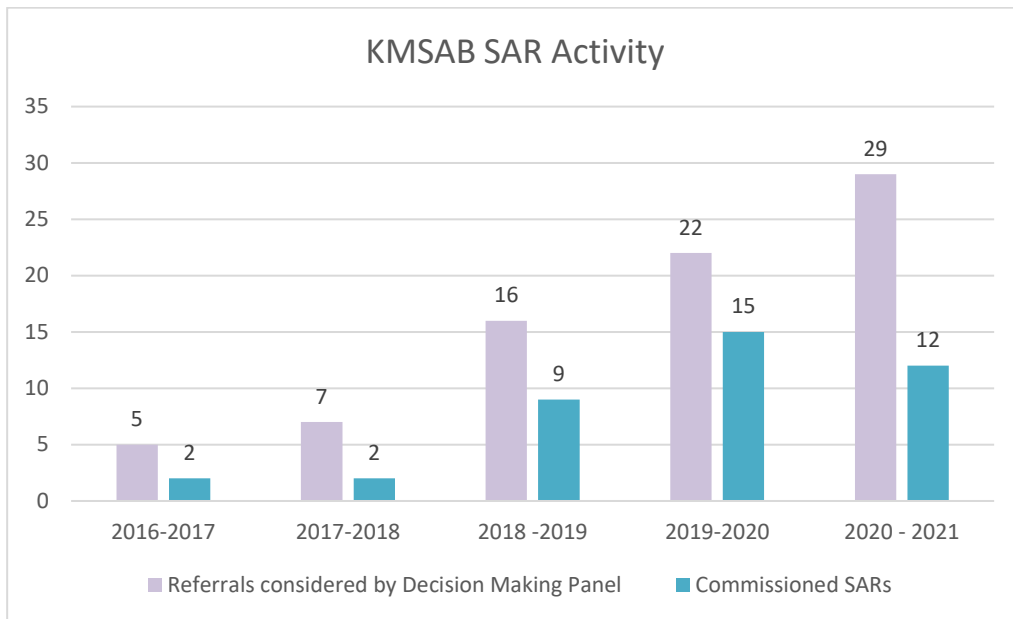
KMSAB must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice. More information on the SAR process is available [here](#).

3.2. Purpose of a Safeguarding Adults Review

A Safeguarding Adults Review (SAR) is not an enquiry or investigation into how someone died or suffered injury and it does not allocate blame. It stands separately to any internal organisational investigation, or that from Police or a Coroner. The SAR scrutinises case and system findings and analyses whether lessons can be learned about how organisations worked together, or not, as the case may be, to support and protect the person.

3.3. Safeguarding Adults Review Activity

To ensure a robust and consistent process for determining whether a case referred for a Safeguarding Adults Review meets the criteria, a multiagency decision-making panel, chaired by a member of the SAR working group, is convened when a new referral is received. Each agency brings a summary of their involvement, these are considered to assess if the referral meets the criteria for a SAR or whether any other review or action is required. The recommendation of the panel is sent to the Independent Chair of the KMSAB for a final decision.



The KMSAB received 29 new SAR applications between April 2019 and March 2020, of these:

- 12 SARs were commissioned
- 17 cases did not meet the criteria and no further action for the Board was required.

The summary of agency involvement returns allow members to consider information that may not have been available to the person who made the SAR referral. In many cases, the additional information evidenced that agencies did work together, so the criteria was not met.

3.4. Completed Safeguarding Adults Reviews

Completed reviews are available on the [KMSAB website](#). Since the last annual report, the following SARs have been published:

All names are pseudonyms to protect the identity of those concerned

Harrold Garrett

Harold, aged 66 at the time, was admitted to hospital in January 2018 after suffering a fall and a suspected bleed to the brain. His medical and psychological needs were complex in that he was alcohol dependent, smoked and had dementia-like symptoms, with episodes of aggression, confusion and agitation. His needs were such that he was attended by a Registered Mental Nurse on a one-to-one basis whilst in hospital. By early February 2018 he was considered to be well enough, medically at least, to be discharged from hospital. The placement identified for him was a nursing home specialising in looking after those with acute dementia. Harold at that time had no clear diagnosis of dementia, although he was exhibiting some of the symptoms. It was apparent very early on that this placement was unsuitable and after four weeks he was asked to leave. Staff took him to the Housing Department where he was accepted as homeless. Within hours he was admitted to psychiatric care and remained so until he died.

Malcolm Foreman

Malcolm Foreman, a white British male aged 42 was found deceased in a wooded area near his home. He had reportedly been diagnosed with illnesses related to psychosis in 2000 and had sporadically engaged with health and welfare services for eighteen years. Leading up to his death, Malcolm's mother had raised concerns on numerous occasions regarding Malcolm's mental health. Despite at least ten welfare checks being undertaken by a variety of agencies Malcolm had not engaged with services.

Thematic Case Review

This Safeguarding Adults Review related to four individuals, where self-neglect was considered to be a factor in their death. Each had been found deceased at their home addresses. As very little information was known about these individuals it was agreed that a combined thematic SAR should take place. Pre-pandemic, a practitioner event was held, where agencies who knew the individuals, and other relevant agencies, met to discuss the key lines of enquiry and consider ways to work with people who may be self-neglecting, who may refuse services and to discuss ways to raise awareness to prevent self-neglect.

Denise

Denise was a 62-year-old lady residing in Town A. She had a medical history of type 2 diabetes treated with insulin. She also had retinopathy (an eye condition that can cause vision loss and blindness) and chronic kidney disease, both of which are recognised complications associated with diabetes. Due to the lack of information each agency had over a two-year period prior to her death, the chronologies demonstrated earlier information to support the review. It was clear that Denise had become isolated and disengaged from society; however the reasons for this were not clear to each agency nor were they explored.

John

John was a 62 year old man living in Town C when he was found deceased. He had a medical history of hypertension and an eye condition, 'Pigment Dispersion Syndrome', which can cause a form of glaucoma for which he was receiving repeated medication. John was noted to consume high volumes of alcohol, sometimes stating he was an alcoholic. John was known to environmental health due to complaints about the state of his property.

Betty Taylor was aged 91 years and her daughter **Susan Taylor**, was 63 when they were found deceased in their home in August 2018. On 11 October 2017 Kent Adult Social Care contacted Susan and Betty's neighbours as they had expressed concerns to the police that they had not seen Mrs Taylor for some time. It was reported that Mrs Taylor had recently had an accident, where she had told the neighbours that she had fallen in her house a couple of weeks earlier, however she still had bruises on her face. The neighbours felt that Mrs Taylor was "in a bit of a state" and she needed some attention. The neighbours were advised to ask for her consent for a referral. A little later the neighbour called adult social care back to explain that he went to see Mrs Taylor to tell her of the referral and she stated that she did not want any help from social services. She refused to give him her contact number or GP details. The adult social care worker demonstrated good practice by phoning GP surgeries in the area to establish the surgery Mrs Taylor was registered with. Had they persevered with speaking to a GP they may have established a greater concern however they emailed the GP surgery with the details they had been given regarding Mrs Taylor having a fall. Unfortunately, no further action was recorded and the contact was closed 11 October 2017.

As very little information was known about these individuals it was agreed that a combined thematic SAR should take place. Pre-pandemic, a practitioner event was held, where agencies who knew the individuals, and other relevant agencies, met to discuss the key lines of enquiry and consider ways to work with people who may be self-neglecting and ways to raise awareness to prevent self-neglect.

Robert Bolton

Following a threat to take his own life in 2012, Robert was supported in different settings within the community until 2016. In March 2016, after concerns raised about his declining wellbeing, a Mental Health Act assessment was arranged. Robert did not engage, so a section 135 warrant to gain access was progressed and he was subsequently detained in hospital, initially under section 2 for assessment and later section 3 for treatment. This was recorded as non-engagement to treatment, delusional disorder and depressive episode which was in remission. Robert remained in hospital for six months until September 2016 when he was discharged to a temporary placement, supported by the local Community Mental Health Team (CMHT). In December 2016 he moved into supported accommodation. He continued to be supported by family members, CMHT, and local support services. In January 2019 Robert died by suicide.

Trevor

Trevor, a white British male, was aged 51 when he died by suicide in June 2019. He had suffered for some years from a number of physical and psychological problems and was significantly disabled, having had both legs amputated. Trevor had little family contact since the death of his wife 'Jennifer' in 2012 and was reliant on agencies and one close friend for support. By all accounts, Trevor was a quiet and unassuming man who liked to live independently and, latterly at least, did this beyond his safe capabilities. He was not someone who demanded help and he received less help towards the end of his life than he needed.

Ian

Ian, a white British man aged 54, lived alone. He was separated from his wife and had no immediate family living nearby, he did not seem to have any close friends. He died by suicide on 6 March 2019. Ian was known to services as he was a former Class A drug user who had been diagnosed with long standing physical and mental health problems which included leg ulcers, depression and anxiety. He was undergoing treatment for all these conditions at the time of his death.

Gordon Fields

Gordon's wife died in 2012, following which his granddaughter moved into the property, with her husband and child, to provide care for her grandfather. Gordon died on the 29 June 2019, he was aged 69. He had been admitted to hospital on 20 June 2019 in a severely malnourished state with multiple ulcers on his right leg. His left leg was badly ulcerated with maggots present and was described by the hospital as "non-viable". He was very poorly and passed away a few days later.

Simon

Simon was a white British male, who died due to sepsis, pneumonia and malnutrition. He was 61. His mother had previously been to his GP to outline her concerns regarding Simon, she advised that he had falls, was extremely unkept, unable to go to the shops and she believed he was self-neglecting.

Consequently, a referral was made by the Health and Social Care Coordinator, based at the GP practice, and the staff from Intermediate Care Team visited Simon. The Intermediate Care Team was concerned with the appearance of Simon, the odour coming from the property and Simon’s refusal for them to look at his leg wounds. Advice was given to the Intermediate Care Team staff to submit a safeguarding referral to the Local Authority, liaise again with the GP and raise this case at the multidisciplinary team (MDT) hub. When the local authority Central Referral Unit received the safeguarding referral, they acted immediately by liaising with the local community health trust staff. Contact was made to Ambulance Service who visited Simon on 6.9.2019. Tragically, on 09.9.2019 Simon was found deceased at his property.

3.5. SAR Priority Learning

In recognition of the number of the number of SARs the Board was progressing, the Independent Chair of the Board hosted a meeting with the independent SAR authors leading the reviews. The intention of the meeting was to establish the priority work-streams for the Board in relation to addressing the lessons learned. The following priority areas were identified:

- **Legal literacy, Mental Capacity Assessments and fluctuating capacity**
- **Professional Curiosity and the voice of the person (include Think Family).**
- **Agency collaboration/multiagency working**

A task and finish group developed an action plan to address these complex areas. The intention was to build on the work that had already been completed. The action plan was approved by Business Group members and actions have been allocated to working groups to progress.

3.6. SAR Recommendations

Other recommendations from the SARs, listed in section 4, include:

Recommendation/theme	Actions taken by the Board
<p>Exploring barriers to engagement</p> <p>One of the common themes across Domestic Homicide Reviews, SARs and Serious Case Reviews is the issue of successful contact with a service user, to engage them in services. There may be a number of reasons why people choose not to engage, and professionals have a responsibility to work with individuals and to be inquisitive as to the reasons why people may not wish to engage.</p>	<ul style="list-style-type: none"> • The SARWG, jointly with the Community Safety Partnership and Children’s partnerships developed a learning document and circulated it widely. • Establishing people’s communication preferences and any other barriers forms part of the ‘professional curiosity and voice of the person’ priority workstream.
<p>Ensuring awareness and appropriate use of the “Multi-Agency Resolving Practitioner Differences - Escalation policy for Referrals and Adult Safeguarding”.</p> <p>The intention of this policy is to provide a formal process for resolving differences and</p>	<ul style="list-style-type: none"> • The Practice, Policy and Procedures Working Group strengthened the Kent and Medway multi-agency resolving practitioner differences; escalation policy for referrals and adult safeguarding policy to cover differences of opinion when agencies are referring clients between each other. It emphasised that in these

<p>escalating concerns, should agencies not be in agreement with each other.</p>	<p>situations, if the escalation process is required, the agency making the original referral should maintain case oversight until resolution is agreed. A flow chart was also included for ease of reference.</p> <ul style="list-style-type: none"> • The revised document was shared widely, including at the time the report was published and in the KMSAB newsletter. • The quality assurance working group developed a standard for the 2021 self assessment framework, requiring agencies to report on how they have shared this policy and how they know that this was effective and is being used. • The training providers were advised of the SAR findings and asked to refer to the updated document during training.
<p>Exploring barriers to the use of the Kent and Medway Multi-Agency Policy to Support People that Self Neglect or Demonstrate Hoarding Behaviour</p> <p>Self-neglect is a factor in many safeguarding adult reviews.</p> <p>‘Self-neglect is an extreme lack of self-care, it is sometimes associated with hoarding and may be a result of other issues such as addictions. Practitioners in the community, from housing officers to social workers, police and health professionals can find working with people who self-neglect extremely challenging. The aim is to engage with people and offer all the support possible, without causing distress, and to understand the limitations to interventions if the person does not wish to engage.’³</p>	<ul style="list-style-type: none"> • Members of the Performance Policy and Procedures working group held focus groups within their agencies to discuss the self-neglect policy, what works well and what can be improved. As a result of this a shorter ‘practitioner’s guide was developed, to complement the main document. The use and impact of this will be monitored by the QAWG. • The KMSAB training programme includes a module on self-neglect.
<p>Recognising the rights of carers to a carers assessment.</p> <p>Carer stress and the impact of this, has been a feature of many reviews. The reviews found that not all agencies were aware that carers are entitled to a carers assessment even if the person they care for does not get any help from the council. Carers are entitled to an</p>	<ul style="list-style-type: none"> • Communication relating to the carers has been sent to agencies and promoted using different media. The self-assessment framework included a requirement that agencies evidence how this information has reached staff. • The business unit developed and promoted a specific webpage for carers found here. The page includes links to useful links and resources for carers.

³ SCIE [Self-neglect: At a glance](#) | SCIE

<p>assessment in their own right and do not have to have the permission of the person they are caring for. A carers assessment provides the opportunity to consider what support may be needed to help someone in their caring role.</p>	<ul style="list-style-type: none"> • Since the webpage was added, there have been 4753 ‘hits’ to the page.
<p>The importance of providing context and specific information when agencies request a police welfare check.</p> <p>Reviews found that expectations in relation to welfare checks vary.</p> <p>Professionals may request that Kent Police undertake a ‘welfare check’ on an adult at risk, to establish if the person is alive, breathing and conscious. Officers attending are not trained or equipped to carry out clinical assessments on the mental health or wellbeing of an individual, so it is important that professionals requesting the check have plans in place to provide an assessment and/or medical care once the individual has been located.</p>	<ul style="list-style-type: none"> • Kent police is developing a framework, setting out clear expectations, to share with practitioners who contact Kent Police to request a welfare check. The framework will be followed by control room staff and will include a prompt to ask about the context of the request and will emphasise the expectation for the requesting agency to request feedback and follow up on actions.
<p>The importance of making safeguarding personal and strength-based practice.</p> <p>A theme of many reviews, both within Kent and Medway, and nationally, is the lack of the individual’s voice and wishes and feelings throughout contact with agencies. Making Safeguarding Personal (MSP) is about professionals working with adults at risk to ensure that they are making a difference to their lives. Considering, with them, what matters to them so that the interventions are personal and meaningful. It should empower, engage and inform individuals so that they can prevent and resolve abuse and neglect in their own lives and build their personal resilience. It must enhance their involvement, choice and control as well as improving quality of life, wellbeing and safety.</p>	<ul style="list-style-type: none"> • The practice policy and procedures working group developed a Making Safeguarding Personal webpage for the KMSAB website. It includes links to best practice and further tools and guidance. It is available here • Since the webpage was added there has been 3347 ‘hits’ to the page. • The self assessment framework sets out a standard on making safeguarding personal, assurance on how MSP is embedded is also sought in agencies’ annual reports. • To further embed the learning and to build on the actions completed, Professional Curiosity and the voice of the person (include Think Family) have been identified priority SAR learning. •
<p>Circulate the findings of a thematic SAR review by Alcohol Change: “Learning from Tragedies – an analysis of alcohol related safeguarding adults reviews”</p> <p>Although this recommendation was specific to one</p>	<ul style="list-style-type: none"> • The document was circulated to all KMSAB and working group members, it also was added to the KMSAB newsletter, to reach a wider audience.

<p>review, alcohol misuse is a feature of many of our reviews, so this was pertinent reading.</p>	
<p>The need for practitioners and others to know who to contact when someone is in a mental health crisis.</p>	<ul style="list-style-type: none"> • Mental health crisis contact information was shared with Board and working group members, it was also added to the KMSAB newsletter. • Communication and Engagement working group members continue to raise awareness of this and other useful resources for the public and practitioners.
<p>Transition between services and teams</p> <p>It is important that there remains continuity of care and support for individuals at risk who move between different districts, local authorities, or services. Equally, transition from children’s services to adulthood needs to be delivered in a well-managed, coordinated and client focused way.</p> <p>Some of the SAR reviews identified issues in the transfer of care and support for the individuals concerned, especially if they moved frequently.</p>	<ul style="list-style-type: none"> • Learning from SARs has been shared across the partnership. • To measure the impact of this, the 2021 SAF included the following standard: <ul style="list-style-type: none"> ○ How does your agency identify people who may have challenges in transitioning between services and what is in place to manage and support this. Prompts included: Transition between children and adult services, Continuity of Care for people who move across localities and/or defined areas of service. For example; how are people supported if they move frequently over several districts? • All agencies completing the SAF will need to provide sufficient evidence for this requirement to be graded green.
<p>Supervision, Reflective Practice and Quality Assurance</p> <p>SARs have referenced the importance of agencies providing effective practice supervision and opportunities for staff to reflect on practice, both in a meeting with their manager or as a team. Agencies should have a quality assurance process to evaluate the extent to which supervision is applied consistently and makes a positive difference to the worker and for people who use services. Many SARs have also identified the need to improve recording of discussions on individual’s care records.</p>	<ul style="list-style-type: none"> • Learning from SARs has been shared across the partnership. • Statutory partner agencies have their own policies and guidance documents in relation to staff supervision. • To measure the impact of these, the 2021 SAF included the following standard: <ul style="list-style-type: none"> ○ What the criteria is for carrying out and recording management oversight for individuals who are at risk of harm. In particular, please advise how your performance framework arrangements ensure: <ul style="list-style-type: none"> • that safeguarding is a standing item in supervision and appraisal systems. • that staff are able to debrief for individuals with complex needs • Ensure safeguarding decisions are fully

	<p>recorded</p> <ul style="list-style-type: none"> •Oversight of risk
<p>Awareness of KMSAB policies and procedures</p> <p>Whilst the SARs published during this period have not identified any issues of concern in relation to the content of the KMSAB policies and procedures, some have highlighted a lack of awareness of these multi-agency policies amongst frontline staff.</p>	<ul style="list-style-type: none"> • The new KMSAB website has made it easier for practitioners and others to locate and access the KMSAB policies. • Agencies have been asked to highlight and promote the KMSAB policies and procedures. • The 2021 SAF asks agencies to explain how they have shared the KMSAB policies and procedures and how they measure that these have been received and understood by staff.
<p>Safe discharge from hospital</p> <p>Several SARs have identified issues in relation to discharge planning and safe discharge of individuals with care and support needs from hospital. One author escalated this to the Board as a matter of concern, prior to the report being finalised.</p>	<ul style="list-style-type: none"> • The Independent SAR Chair wrote to the 4 acute hospital trusts, 3 community trusts and the Director of Adult Social Services, for both Kent County Council and Medway Council. The letter outlined the concerns raised by the SARs and requested they attend an Extraordinary Meeting of the KMSAB to provide assurance and to detail any improvement activity.

The table above provides a summary of some of the actions taken by the Board to address the recommendations made in SAR reviews. These are in addition to activity that individual agencies undertake.

It is recognised that it is easier to explain what action has been taken to address a recommendation than to evidence the impact these interventions make in practice. The quality assurance working group is mindful of this challenge and takes this into account when designing assurance tools. The good practice examples provided throughout this report provide one such measure.

Section 4. KMSAB Funding

The Kent and Medway Safeguarding Adults Board is funded by Kent County Council, Medway Council, Kent Police, Kent Fire & Rescue Service, Clinical Commissioning Groups and commissioned Health provider organisations. Each of these agencies made the following percentage contributions in 2020 - 2021:

- Kent County Council – 40.4%
- Medway Council – 8.2%
- Kent Police – 14%
- Kent and Medway NHS – 35.8%
- Kent Fire & Rescue Service – 1.7%

The budget covers Board salaries for the Independent Chair, Safeguarding Adults Board Manager, Business Development and Engagement Officer and Senior Administration Officer posts. It also covers the administration costs, Safeguarding Adults Reviews, including the commissioning of Independent Authors/Chairs, and covers the whole provision of the multi-agency training programme.

The table below sets out the budget contributions for the past three years

	2018-2019 Agreed contribution (£000's)	2019-2020 Agreed contribution (£000's)	2020-2021 Agreed contribution (£000's)
KCC	105.6	111	111
Medway Council	21.6	22.6	22.6
Local Health Commissioners and Providers	93.6	98.2	98.2
The Office of the Police and Crime Commissioner	36.7	38.6	38.6
Kent Fire & Rescue Service	4.3	4.5	4.5
Reserve	0	9	48.2
Total	261.0	283.9	323.1

In addition to the above, in 2019/20 HMPS Kent provided a one-off payment of £4,000.

Appendix 1 - Safeguarding Activity

This section is provided by Kent County Council and Medway Council.

Background to Data

The data for this report was extracted from the Kent County Council social care system (SWIFT prior to 16 October 2019, MOSAIC thereafter) and the Medway Council Adult Social Care Database Framework (Framework-I and MOSAIC from July 2019).

Data included in this report is consistent with the NHS [Digital Safeguarding Adults Collection](#) (SAC) for, 2018-19, 2019-20 and 2020-21.

The first part of the report looks at new adults Safeguarding Concerns, which is a sign of suspected abuse or neglect that is reported to the local authority or identified by the local authority, and new Safeguarding Enquiries. Safeguarding Enquiries are defined as the action taken, or instigated, by the Local Authority in response to a concern that abuse or neglect may be taking place.

The second part of the report summarises the outcome of Safeguarding Enquiries in Kent and Medway.

National comparator data has been included, it is also available on the [NHS Digital website](#).

New Safeguarding Concerns and Enquiries

Number of Safeguarding Concerns

This section presents the number of Safeguarding Concerns that have been reported to each local authority. Anyone may report concerns regarding actual, alleged or suspected abuse or neglect and reports can be made by phone, e-mail or in writing. Safeguarding Concerns can include all types of risk, including domestic abuse, sexual exploitation, modern slavery, and self-neglect. Each local authority will then need to engage with referrers to determine whether the concerns raised constitute the need to undertake a Safeguarding Enquiry.

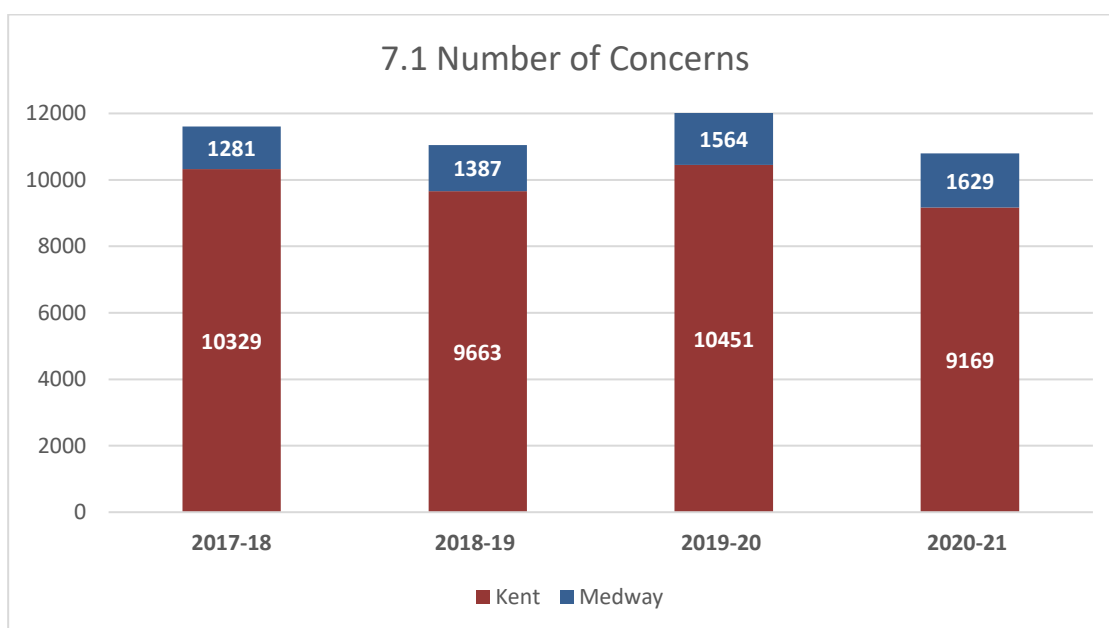


Fig 7.1: Number of Safeguarding Concerns received in Kent and Medway for 2020/2021

A total of 10,798 Safeguarding Concerns were raised across Kent and Medway during 2020/21, representing an overall decrease of 10.1%. Increases in the number of Concerns were observed in Medway (up 4.2%) whereas a decrease in Kent was seen (-12.3%).

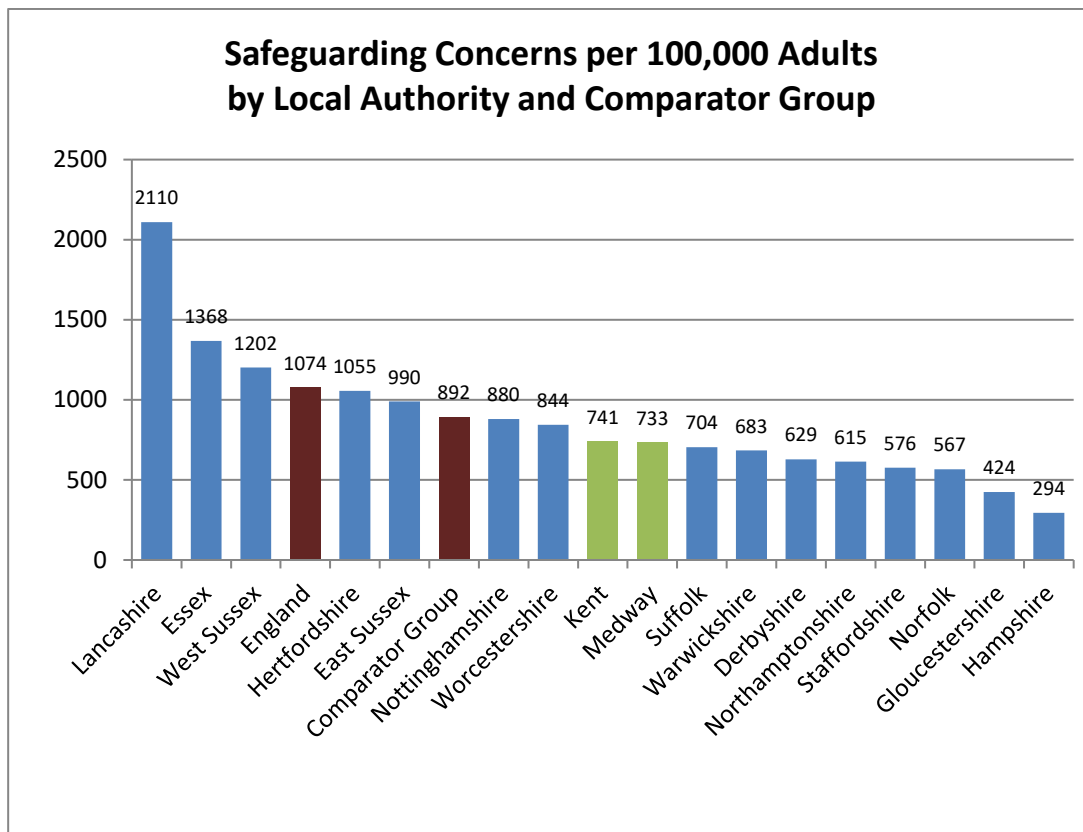


Fig 7.1a: Number of Safeguarding Concerns per 100,000 adults by Local Authority and Comparator Group
Source NHS Digital 2020-2021 Safeguarding Adults Collection.

Number of Safeguarding Enquiries and Rate of Change

6,127 new Safeguarding Enquiries were started in Kent and Medway during 2020/21, a 16.9% decrease from the year before.

- Kent - the number of Enquiries initiated during 2020/21 was down by 15.8%, 1030 less than the year before.
- Medway – saw a 25.5% decrease compared to the previous year, down by 216.

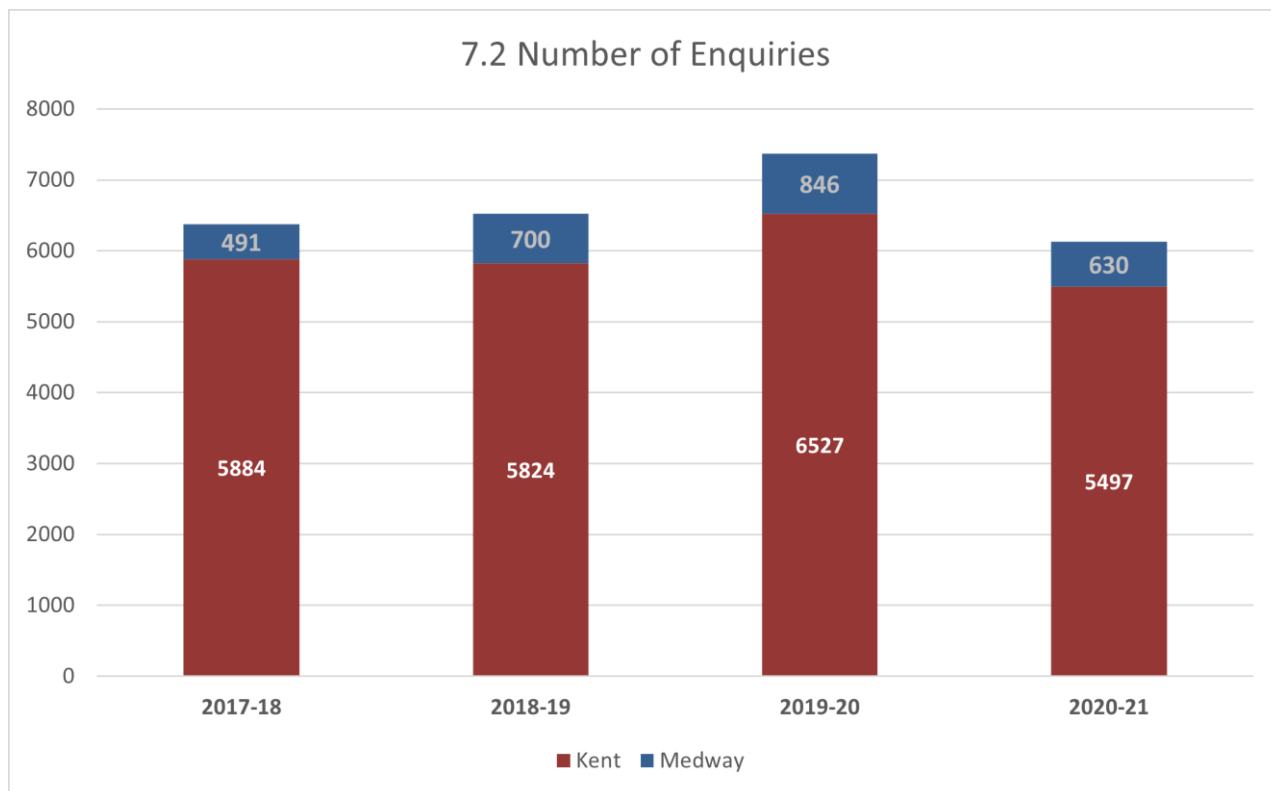


Fig 7.2: Number of Safeguarding Enquiries carried out in Kent and Medway for 2020/2021

The overall conversion rate for Kent and Medway (i.e. the proportion of Safeguarding Concerns that progress to Enquiries) has also decreased, from 61.4% in 2019/20 to 56.7% in 2020/2021.

National comparator:

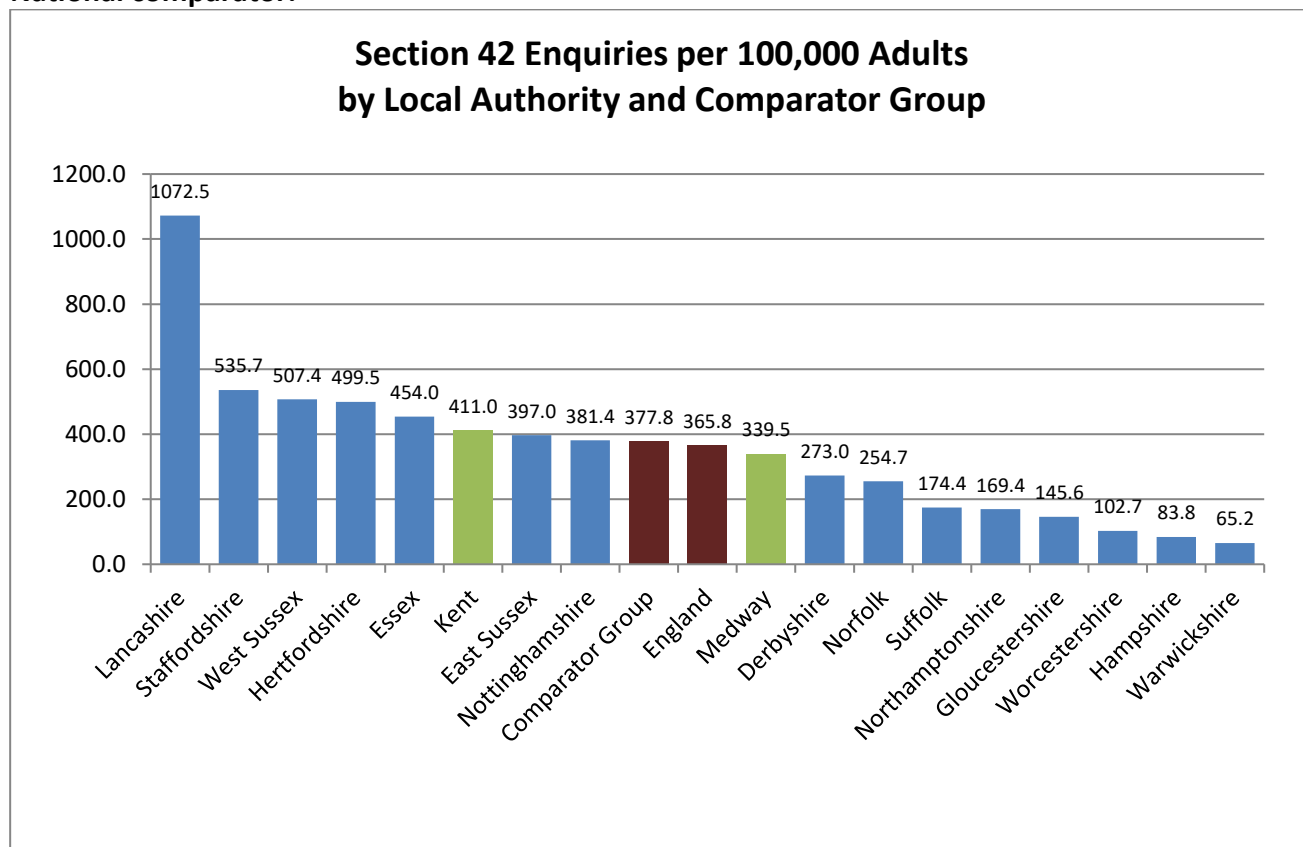


Fig 7.2a: Section 42 enquiries per 100,000 adults by Local Authority and Comparator Group
Source NHS Digital 2020-2021 Safeguarding Adults Collection

Age of People at Risk of Harm

In the past year, 42.8% of individuals involved in Safeguarding Enquiries fell into the 18-64 age banding, slightly down from 43.4% in 2019-2020. Within this banding, the highest proportion of adults are within the 55-64 age group with 11.7% (635 individuals) represented here followed by the 45-54 age group at 9.6% (520), consistent with last year. The 18-24 age band accounts for 7.3% (397 individuals), reflecting a slight increase of 0.4%.

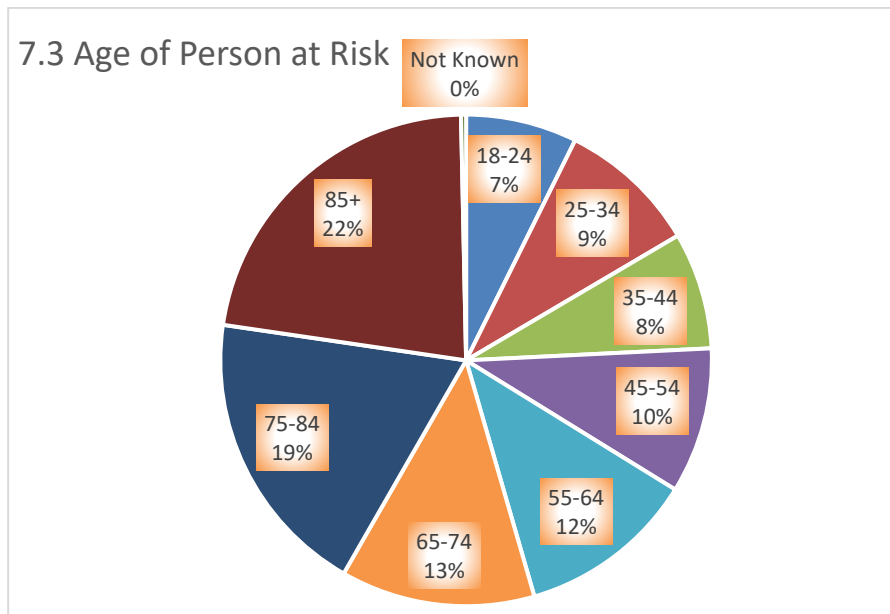


Fig 7.3: Age breakdown of people at risk of harm for 2020/21 in Kent and Medway

NB: Caution should be taken if comparing the 18-24 age group, as this age group represents a smaller age band than all other age bands

The percentage of individuals aged over 65 has decreased by 2.2% compared to last year, distributed evenly between the three age bandings 65-74 (12.8%, 693 individuals, down 0.1%), 75-84 (19%, 1031 individuals, down 1.3%) and 85+ (22.4%, 1212 individuals, down 1%). The percentage of enquiries where the age of the person at risk of harm is unknown has remained level at 0.3% for the fourth consecutive year.

Gender of People at Risk of Harm

In 2020-2021 the highest proportion of people at risk of harm remains female, with a fractional increase of 0.3% observed (3,181) and a decrease in the male category of 0.6% (2,062). Individuals having a Not Known gender value recorded (including Indeterminate Gender) rose (0.3%) to 0.6% (33).

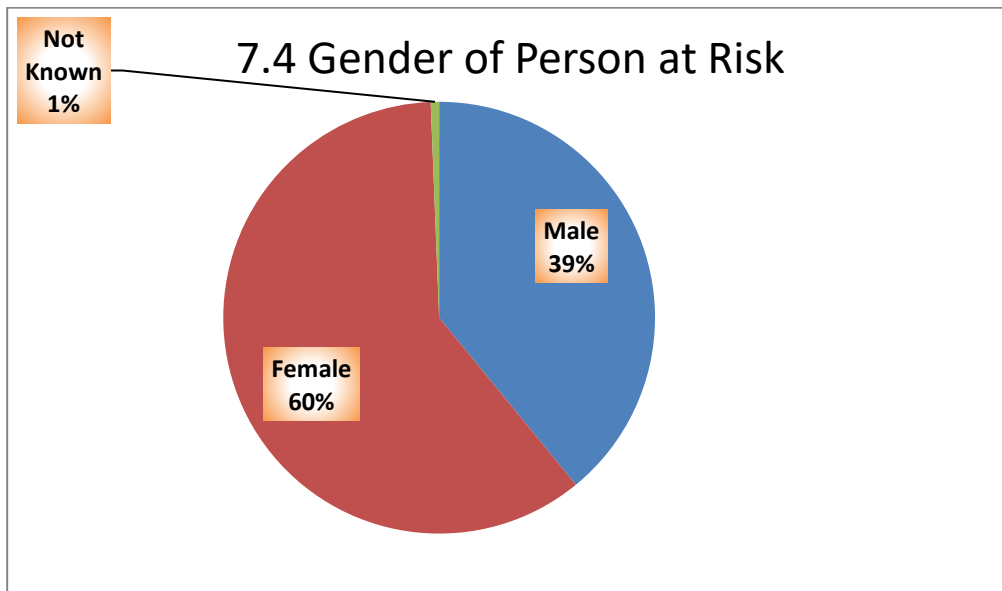


Fig 7.4 Gender of people at risk of harm for Kent and Medway in 2020-2021

Ethnicity of People at Risk of Harm

Of all the Safeguarding Enquiries initiated during 2020-2021, Enquiries related to people from a white ethnic background, have decreased by 493 compared to 2019-2020. An increase has been observed in the percentage of enquiries relating to people from a black and minority ethnic background, increasing 0.7% to 5.2% (figures in the table below). There remains a cohort of Enquiries where ethnicity data was unavailable (14.5%), however this has decreased by 165 compared to 2019/2020, and a continued improvement is expected to be observed for future reporting with the ongoing use of the Mosaic system.

Ethnic Group	2018-19		2019-20		2020-21	
	Number	%	Number	%	Number	%
White*	4,658	80.3%	4,729	79.8%	4,236	80.3%
BME **	232	4.0%	268	4.5%	276	5.2%
Not stated/ obtained	911	15.7%	929	15.7%	764	14.5%
Total	5,801	100.0%	5,926	100.0%	5,276	100.0%

Table 7.5: Breakdown of Ethnic Group for the periods 2018-19 to 2020-2021

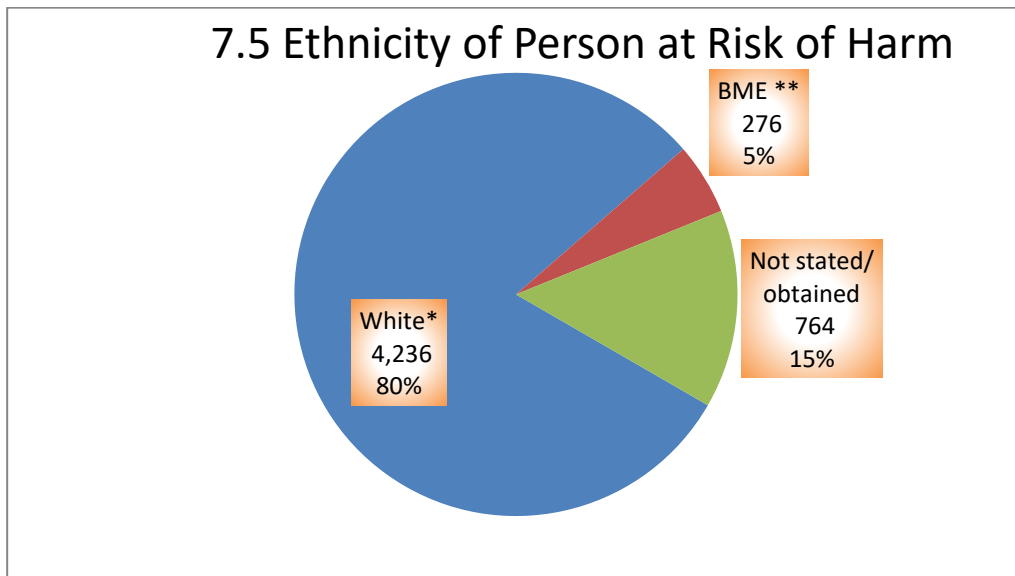


Table 7.5: Breakdown of Ethnic Group for the periods 2018/19-20 to 2020/21

* 'White' contains the Department of Health ethnic groups of White British, White Irish, Traveller of Irish Heritage, Gypsy/Roma, Other White Background

** 'BME' includes all Asian or Asian British, Black or Black British, Mixed and Other groups

Primary Support Reason of Person at Risk of Harm

As in previous Annual Reports, in both Kent and Medway the most prevalent support reason remains Physical Support. This is then followed by No Support Reason at the time of the alleged incident, with Kent and Medway reflecting 18.9% (996). The category No Support Reason is likely to relate to instances where the investigating authority is not providing direct support to the person at risk of harm and information on support needs is not captured; this category does represent a notable increase for both authorities when compared to 2019/20, highlighting a need to ensure that support needs of vulnerable individuals is captured.

Primary Support Reason	Kent	%	Medway	%	Aggregated
Physical Support	2,220	47.3%	258	44.3%	47.0%
No Support Reason	793	16.9%	203	34.9%	18.9%
Learning Disability	393	8.4%	44	7.6%	8.3%
Mental Health	839	17.9%	48	8.2%	16.8%
Memory & Cognition	275	5.9%	17	2.9%	5.5%
Social Support	83	1.8%	10	1.7%	1.8%
Sensory	86	1.8%	2	0.3%	1.7%
Total	4,695	100%	582	100%	100%

Table 7.6 Breakdown of Primary Support Reason (PSR) for the period 2020/21

7.6 Primary Support Reason

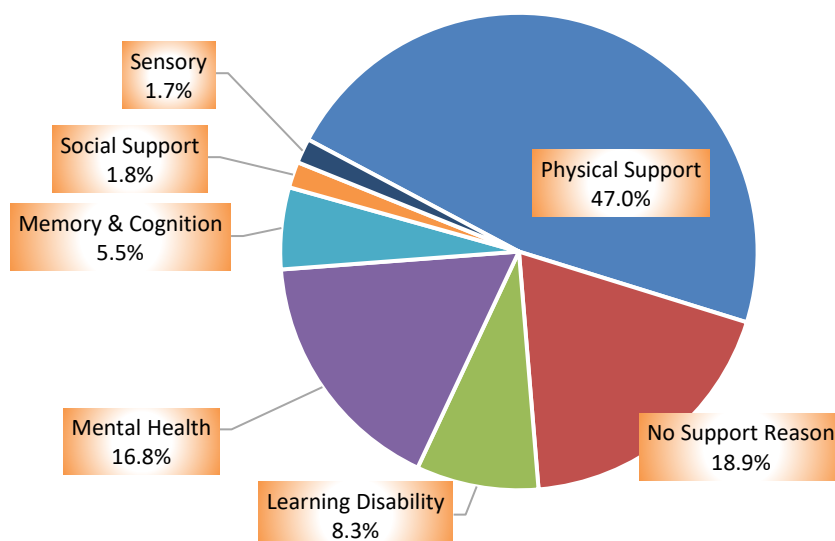


Fig 7.6 Breakdown of Primary Support Reason (PSR) for the period 2020/21 (aggregated)

Location of Alleged Abuse

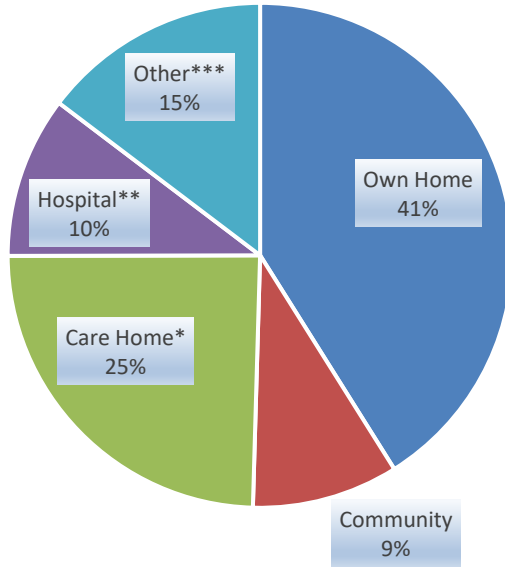
Please note that the method of calculating the location of alleged abuse is based on closed enquiries in the reporting year. Therefore, the total number of enquiries will not correlate with earlier sections of the report which detail number of enquiries received within the reporting period.

In 2020/21 the most prominent location for incidents of alleged abuse remained within the alleged victim's own home, representing 41.1% (2,658), although this figure has reduced by 250 compared to 2019/20. The care home setting is the second main setting of alleged incidences of abuse at 24.5% (1586), for a second year this has seen a consistent decrease.

Location	2018-19		2019-20		2020-21	
	Number	%	Number	%	Number	%
Own Home	3424	43.9%	2908	40.4%	2658	41.1%
Community (excluding community services)	257	3.3%	278	3.9%	283	4.4%
In a Community service	261	3.3%	310	4.3%	324	5.0%
Care Home	2423	31.1%	1925	26.8%	1586	24.5%
Care Home - Nursing	623	8.0%	412	5.7%	313	4.8%
Care Home - Residential	1800	23.1%	1513	21.0%	1273	19.7%
Hospital	450	5.8%	697	9.7%	670	10.4%
Hospital - Acute	384	4.9%	398	5.5%	309	4.8%
Hospital - Mental Health	4	0.1%	252	3.5%	271	4.2%
Hospital - Community	62	0.8%	47	0.7%	90	1.4%
Other	979	8.3%	1076	15.0%	950	14.7%
Total	7,794		7,194		6,471	

Table 7.7: Location of alleged abuse for the periods 2018/19 to 2020/21

7.7 Location of Alleged Abuse

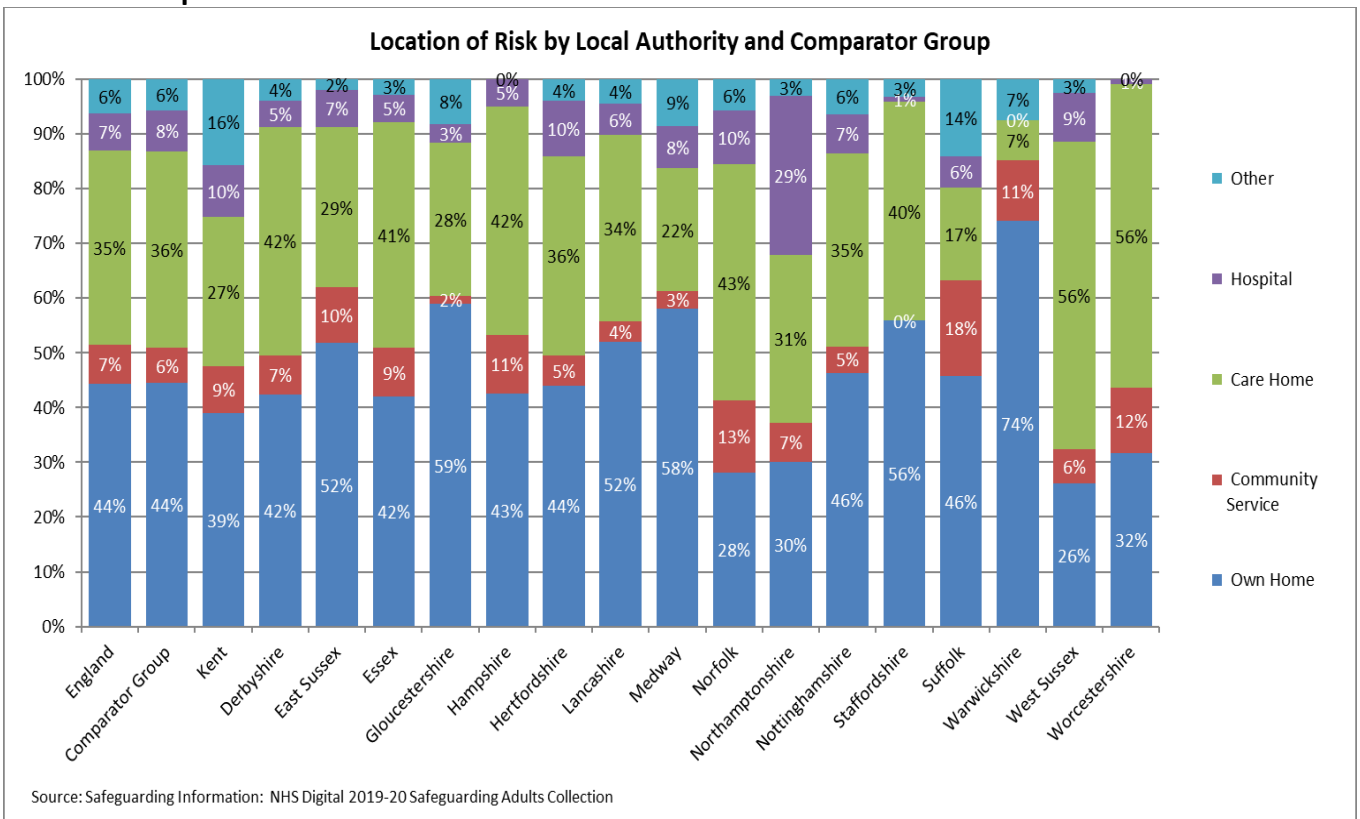


* All care home settings, including nursing care, permanent and temporary

** Acute, community hospitals and Mental Health settings

*** Includes any other setting that does not fit into one of the above categories including Not Known

National comparator:



Category of Alleged Abuse

Based on concluded Safeguarding Enquiries, the most predominant type of risk overall has remained physical abuse over the past five reporting years, with a slight increase in this category for 2020/21 of 1.4%. However, looking at data individually, for Medway, Neglect and Acts of Omission is the highest category of Abuse (40%). Psychological Abuse has replaced Neglect and Acts of Omission as the second most prevalent type of abuse, accounting for 29.8%.

There has been a notable increase in the recording of Domestic Abuse in 2020/21, more than doubling as a proportion of Safeguarding Enquiries (an increase of 14.9%). This is likely to be attributable in part to increased awareness among staff of domestic abuse as a safeguarding issue, and to the improved recording of the embedded forms within the MOSAIC system meaning that this domestic abuse recording is more prominent, and recording continues to be improved as a result.

Categories of alleged abuse	2018-19		2019-20		2020-21	
	Number	%	Number	%	Number	%
Physical Abuse	2,661	34.1%	2,230	39.1%	2,297	35.5%
Neglect and Acts of Omission	2,092	26.8%	1,688	29.6%	1,716	26.5%
Psychological Abuse	1,470	18.9%	1,430	25.1%	1,931	29.8%
Financial or Material Abuse	1,407	18.1%	1,162	20.4%	1,258	19.4%
Sexual Abuse	397	5.1%	324	5.7%	312	4.8%
Organisational Abuse	187	2.4%	225	3.9%	231	3.6%
Domestic Abuse	244	3.1%	523	9.2%	1,169	18.1%
Self-Neglect	700	9.0%	393	6.9%	482	7.4%
Discriminatory Abuse	67	0.9%	55	1.0%	46	0.7%
Sexual Exploitation	54	0.7%	77	1.4%	74	1.1%
Modern Slavery	11	0.1%	10	0.2%	20	0.3%
	9290		8117		9536	

Table 7.8: Category of alleged abuse for the periods 2018/19 to 2020/21

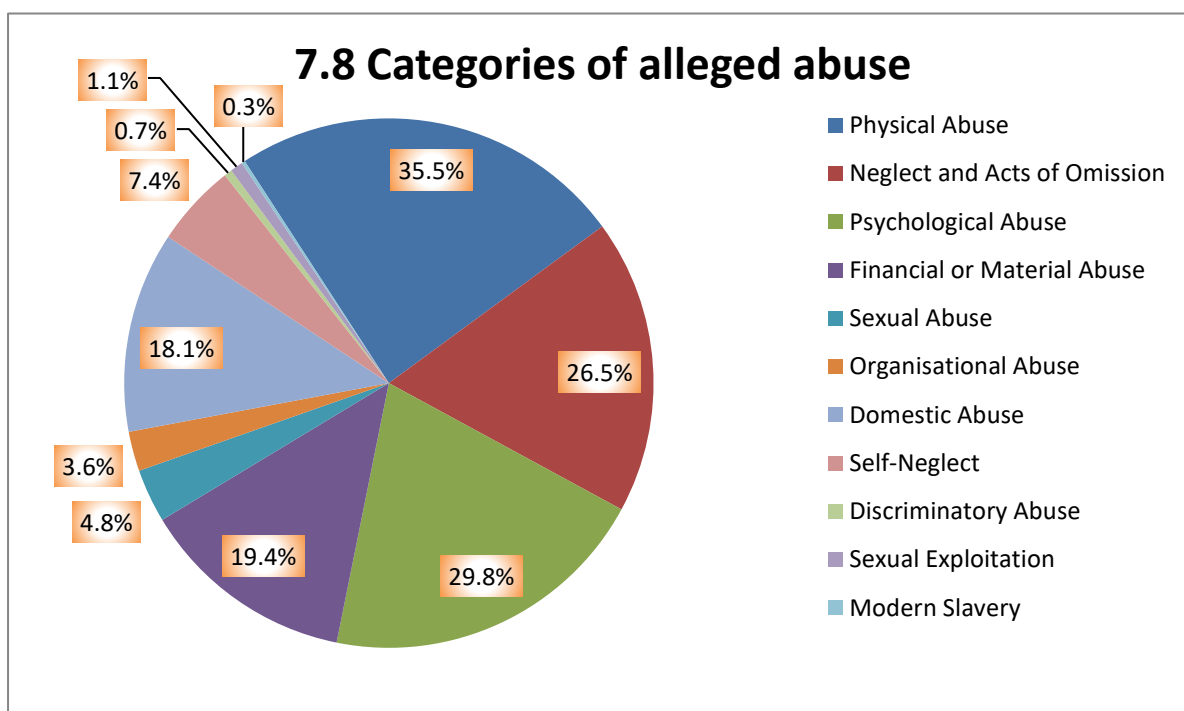


Fig 7.8: Category of alleged abuse, 2020/21

NB: An Enquiry may have multiple categories of alleged abuse recorded; as the percentage figures relate to the proportion of all concluded Safeguarding Enquiries, columns may therefore sum to more than 100%

National comparator:

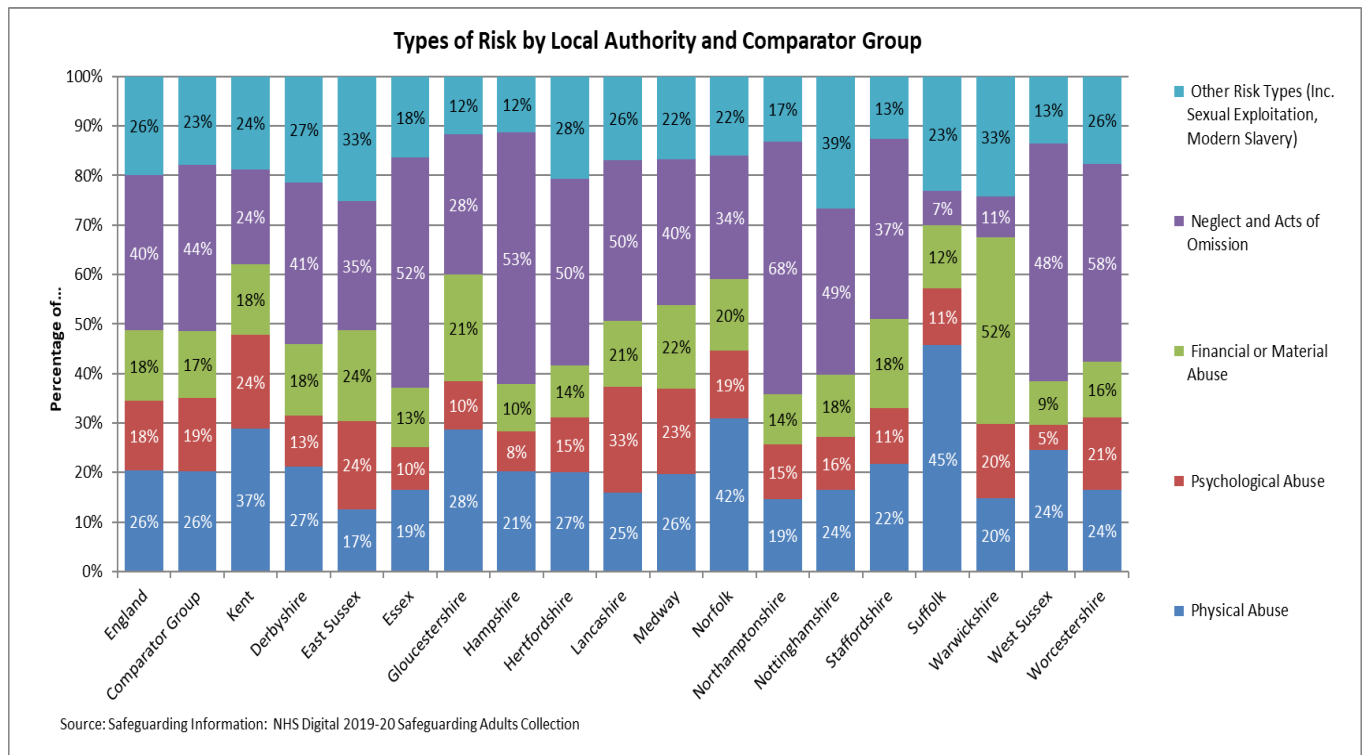


Fig 7.8a: Types of alleged abuse, by Local Authority and Comparator Group

Closed Referrals

Outcome of Closed Enquiries

This section looks at where a risk was identified and what happened to the risk following action being taken. Action can include anything that has been done as a result of the Safeguarding Concern or Enquiry, for example, disciplinary action for the source of risk or increased monitoring of the individual at risk.

	Kent		Medway		
Outcome	Count	%	Count	%	Total
Substantiated – fully	1912	29.8%	208	30.4%	2120
Substantiated – partially	147	2.3%	100	14.6%	247
Not substantiated	2118	33.0%	90	13.2%	2208
Inconclusive	1718	26.8%	218	31.9%	1936
Investigation ceased at individuals request	524	8.2%	68	9.9%	592
Total	6419	100.0%	684	100.0%	7103

7.9 Outcome of Closed Enquiries

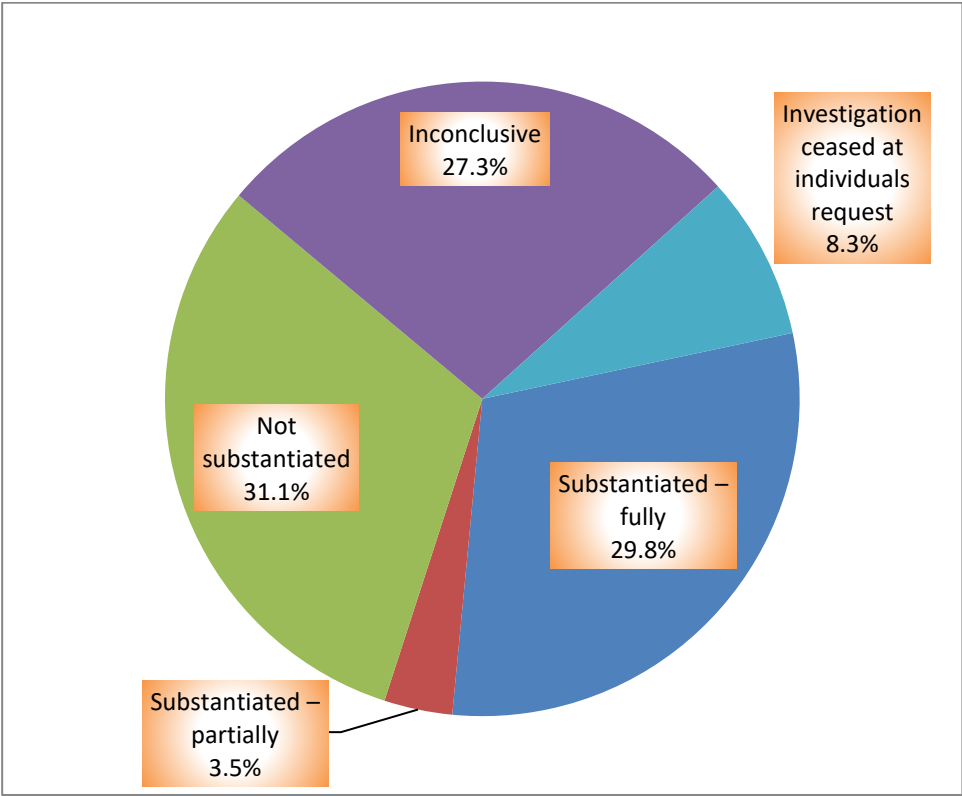


Fig 7.9: Outcomes for closed Safeguarding Enquiries 2020/21

It should be acknowledged that there are circumstances that a risk could remain; for example, in the case of an individual wanting to maintain contact with a family member who was the source of the risk (in such an example action could still be taken to refer a person to an alternative provision, such as counselling, should they wish it).

Risk Outcomes for Closed Enquiries

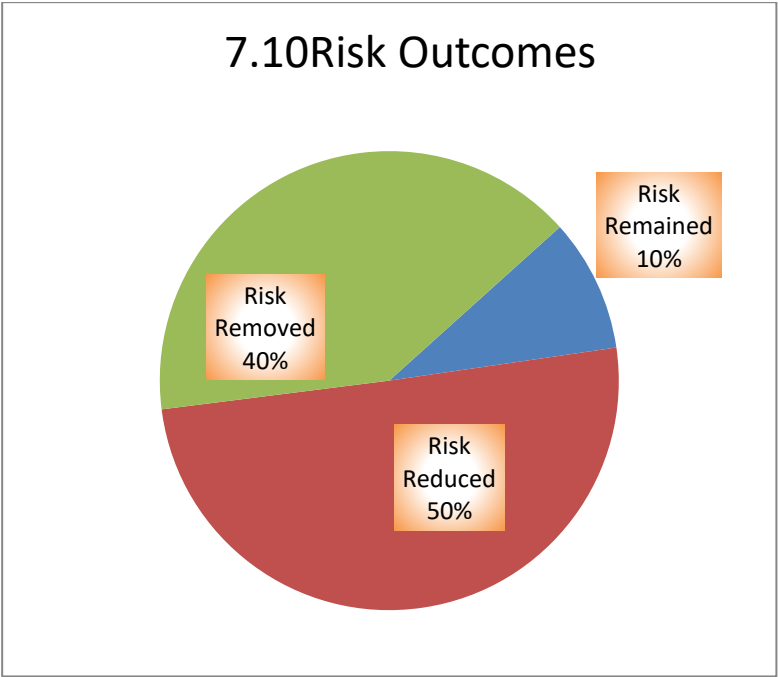


Fig 7.10: Risk Outcomes for closed Safeguarding Enquiries 2020/21

Fig 7.10 demonstrates that in both Kent and Medway the greatest proportions relate to risk being reduced or removed and this is consistent with previous reports. In Safeguarding Enquiries where a risk was identified the risk was either reduced or removed in 90% when the Enquiry concluded, with the majority (50%) falling into the Reduced category. In Kent, 38% saw the risk removed. In Medway, however, the split is far more even with 48.2% having a Risk Reduced outcome and 44.2% seeing the risk removed.

Glossary

Abuse	Includes physical, sexual, emotional, psychological, financial, material, neglect and acts of omission, self-neglect, modern slavery, sexual exploitation, discriminatory and institutional abuse.
Advocacy	Is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.
CEWG	Communication and Engagement Working Group. This Working Group of the Board has responsibility for raising awareness of the Board and adult safeguarding issues, both within organisations and with the residents of Kent and Medway to incite change, encourage engagement, improve practice and prevent abuse.
DHR	<p>A Domestic Homicide Review is a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by –</p> <ul style="list-style-type: none">(a) a person to whom they were related or with whom they were or had been in an intimate personal relationship, or(b) a member of the same household as them, <p>held with a view to identifying the lessons to be learnt from the death.</p>
Intercollegiate document. Adult Safeguarding Adult Safeguarding: Roles and Competencies for Health Care Staff.	This intercollegiate document has been designed to guide professionals and the teams they work with to identify the competencies they need in order to support individuals to receive personalised and culturally sensitive safeguarding. It sets out minimum training requirements along with education and training principles.
LDWG	Learning and Development Working Group. This Group is responsible for the co-ordination, commissioning, delivery and evaluation of the KMSAB multi-agency safeguarding adults training programme.
LeDeR	Learning Disabilities Mortality Review Programme aims to improve the standard and quality of care for people with learning disabilities by reviewing premature deaths.
MSP	Making Safeguarding Personal (MSP) is about professionals working with adults at risk to ensure that they are making a difference to their lives. Considering, with them, what matters to them so that the interventions are personal and meaningful. It should empower, engage and inform individuals so that they can prevent and resolve abuse and neglect in their own lives and build their personal resilience. It must enhance their involvement, choice and control as well as improving quality of life, wellbeing and safety. It is not “just another process”, it underpins all interactions and involvement with the adult at risk.
MCA	Statutory Principles of the Mental Capacity Act (MCA) 2005 are underpinned by five key points which are explained in the MCA Code of Practice:

- a presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
- the right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
- that individuals must retain the right to make what might be seen as eccentric or unwise decisions;
- best interests - anything done for or on behalf of people without capacity must be in their best interests; and
- least restrictive intervention - anything done for or on behalf of people without capacity should be an option that is less restrictive of their basic - as long as it is still in their best interests.

MSAEG	Medway Safeguarding Adults Executive Group brings together senior representatives from the key agencies responsible for the effective delivery of Adult Safeguarding in Medway. The MSAEG works collaboratively to deliver the strategic priorities of the Kent and Medway Safeguarding Adults Board, strengthening local delivery, oversight and governance.
MSP	The Making Safeguarding Personal programme has been running since 2010. It emphasises that safeguarding adults should be person centred and outcomes focused and advocates a move away from being ‘process’ driven.
Policy	KMSAB policy documents deal with legal responsibilities that everyone has under the Care Act 2014 and other associated legislation with regards to safeguarding adults at risk.
PPPWG	Practice, Policy and Procedures Working Group. This Group reviews and updates the multi-agency safeguarding adults Policy, Protocols and Guidance for Kent and Medway, and associated documents.
Practice	The actual application or use of an idea or method, as opposed to the theories relating to it.
Procedure	An established or official way of doing something via a series of actions conducted in a certain order or manner.
Protocol	KMSAB protocol documents detail how organisations and people work together to achieve the best outcomes for safeguarding adults at risk.
Professional	Curiosity is the capacity to consider, explore and understand what is happening within a scenario, with a person or within a family unit rather than making assumptions or accepting things at face value.
QAWG	Quality Assurance Working Group. This Group coordinates quality assurance activity and evaluates the effectiveness of the work of all KMSAB’s partner agencies, to safeguard and promote the welfare of adults at risk of abuse or neglect.

SAAW Safeguarding Adults Awareness Week. An annual event where the Board and partner agencies seek to promote awareness of types of abuse, how to seek help and report abuse within Kent and Medway.

SAF Self-Assessment Framework. An annual set of questions posed to agencies by the Board to measure progress against key quality standards.

Safeguarding Concern is a sign of suspected abuse or neglect, that is reported to the local authority or identified by the local authority.

Safeguarding Enquiry is defined as the action taken, or instigated, by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry is triggered when the safeguarding threshold is met, which is when someone who has care and support needs, is being or suspected of being abused or neglected, and cannot protect themselves due to those care and support needs.

SAR The criteria for a Safeguarding Adults Review is detailed in section 3. Safeguarding Adults Reviews look at any lessons to be learnt about the way all local professionals and agencies worked together.

SARWG Safeguarding Adults Review Working Group. This Group ensures that KMSAB carries out its statutory responsibilities in respect of Safeguarding Adults Reviews and other learning reviews, such as case audits, and monitors action plans resulting from these reviews.

SCR Children's Serious Case Review takes place when a child has died or sustained serious abuse, and investigates the involvement of organisations and professionals to determine any lessons to be learnt. Following the enactment of the Children and Social Work Act 2017, Serious Case Reviews (SCRs) were replaced by Local Learning Inquiries (LLIs) and National Serious Case Inquiries (NSCIs).

Substantiated Where evidence has been provided to support or prove the truth of an allegation.

3 Conversations Approach Model of practice used in Medway Adult Social Care
Conversation 1, Listen and Connect, (Initial Response & Prevention)
Conversation 2, Work intensively with people in crisis, (Early Help & Prevention)
Conversation 3, Build a good life for people needing long term care.

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From: Ben Watts, General Counsel

To: Adult Social Care Cabinet Committee – 18 January 2022

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**

Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2021/22	Standing Item
Key Decision Items	
Performance Dashboard	Every other meeting
Draft Revenue and Capital Budget and MTFP	Annually (January)
Annual Equality and Diversity Report	Annually (March)
Risk Management: Adult Social Care	Annually (March)
Rates Payable and Charges Levied for Adult Social Care	Annually (March)
Strategic Delivery Plan Monitoring	Bi-annual (6 monthly) – November and May

9 MARCH 2022

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes of the meeting held on 18 January 2022	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Kent Homeless Connect Recommissioning	Key Decision
7	Reflection on winter pressures on ASC and KCC staff (compare against predictions)	Added by Chairman (ASC CC 1/12/21)
8	Adult Social Care Reform White Paper	Added by Chairman (ASC CC 1/12/21)
9	Annual Equality and Diversity Report	Annual Item
10	Rates Payable and Charges Levied for Adult Social Care	Annual Item
11	Risk Management: Adult Social Care	Annual Item
11	Work Programme	Standing item

JUNE 2022

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item

5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
8	Work Programme	Standing Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING

Update on DOLs project - how KCC responds to significant changes in legal reqts, and update on backlog Review of past and looking ahead.	Added by Mrs Cole at 22 June mtg. New regime in April may be delayed.
Down Syndrome Bill	Added by Mr Ross (ASC CC 1/12/21)
Dementia Bus visit prior to a committee meeting	Added by Ms Grehan (ASC CC 1/12/21)
Visit to a care home for cabinet members	Added by Mr Streatfeild (ASC CC 1/12/21)
Forward Financial Strategy/Costed Delivery Plans – MADE Adult Social Care Strategy	Added by Mr Streatfeild (ASC CC 1/12/21)