

ADULT SOCIAL CARE CABINET COMMITTEE

Thursday, 31st March, 2022

2.00 pm

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



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Thursday, 31 March 2022 at 2.00 pm
Council Chamber, Sessions House, County Hall,
Maidstone

Ask for: **Hayley Savage**
Telephone: **03000 414286**

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 18 January 2022 (Pages 1 - 22)
- 5 Verbal Updates by Cabinet Member and Corporate Director
- 6 22/00033 - Community Mental Health Wellbeing Service Commissioning (Pages 23 - 66)
- 7 22/00034 - External Community Opportunities for People with Learning and Physical Disabilities (Pages 67 - 76)
- 8 22/00015 - Kent Adult Carers' Strategy 2022 - 2027 (Pages 77 - 138)
- 9 Adult Social Care Reform White Paper - Presentation
- 10 Risk Management: Adult Social Care and Health (Pages 139 - 168)

- 11 Adult Social Care and Health Performance Q3 2021/22 (Pages 169 - 188)
- 12 Decisions Taken Outside of the Cabinet Committee Meeting Cycle (Pages 189 - 190)
- 13 Work Programme 2022 (Pages 191 - 194)

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

Wednesday, 23 March 2022

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

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KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care Cabinet Committee held Online on Tuesday, 18th January, 2022.

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

ALSO PRESENT: Mrs Clair Bell and Peter Oakford

IN ATTENDANCE: Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), 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), Cath Head (Head of Finance Operations), Anna Taylor (Scrutiny Research Officer) and Katy Reynolds (Democratic Services Officer)

UNRESTRICTED ITEMS

36. Apologies and Substitutes
(Item. 2)

Apologies for absence had been received from Mr Meade and Mr Webb. Mr Jeffery was present as a substitute for Mr Meade.

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

There were no declarations of interest.

38. Minutes of the meeting held on 1 December 2021
(Item. 4)

1. Mr Streatfield asked for his requests to the Director for further information regarding funding sources for years three, four and five for proposed decisions 21/00105 - *Technology Enabled Care Build and Test* - and 21/00106 - *Development of Micro Provider Market in Kent* - be recorded in the minutes.
2. It was highlighted that there was further information to be provided under Item 34.1.b - *Adult Social Care and Covid – Lessons Learned so far* - which had not yet been provided to the Cabinet Committee Members.
3. It was RESOLVED that, subject to the above change, the minutes of the meeting held on 1 December 2021 are correctly recorded and a paper copy be signed by the Chairman when this can be done safely.

39. 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 Kent Adult Carers' Strategy 2022-2027 and said the public consultation on the strategy was launched on 12 January 2022 and would run to 22 February 2022. The strategy was closely aligned to the Council's wider Adult Social Care Strategy consulted on in 2021 and had been developed in collaboration with carers, carers organisations and other public sector partners including the NHS and district councils. Mrs Bell thanked everyone who had taken part in the workshops and encouraged all residents to provide feedback to help inform the delivery of the strategy.
2. The Corporate Director of Adult Social Care and Health, Mr Richard Smith, then gave a verbal update on the following:

Operation Reset – The Council was working in collaboration with the NHS to support the flow from hospitals into the community. A joint commissioning management group had been established to agree initiatives with the NHS, and hospital trusts supported by Council staff had been running discharge events. Mr Smith acknowledged the work of the Council's commissioning and operational teams who had been working with the NHS to maintain movement from hospital into home settings wherever possible.

Covid-19 Infection Control Funding - The Council received around £87million in funding between April 2020 and March 2022 for infection control, rapid testing and vaccinations, and recruitment and retention. The Council had also been notified of an Adult Social Care Omicron Support Fund which was announced in January 2022.

Care Quality Commission (CQC) Inspections and the Care Cap – CQC would be responsible for assessing local authority delivery of adult social care duties and the CQC framework was expected to be published in April 2022, to go live in April 2023. The care cap would come into force in October 2023.

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

40. Advocacy Hub Extension and Commissioning (Item. 6)

Ms Xan Brooker, Senior Commissioner, was in attendance for this item.

1. Ms Brooker introduced the report and said the Kent Advocacy Hub contract delivered statutory functions under the Mental Capacity Act 2005, the Mental Health Act 2007, the Health and Social Care Act 2012 and the Care Act 2014. There was also a non-statutory element to deliver a community learning disability advocacy service for people aged 16 and over.
2. Asked about the delay in extending the contract Ms Brooker said more understanding of the Covid-19 pandemic had been required and the delay to the publication of the Mental Capacity Act Code of Practice had meant determining the full service requirements was not possible.
3. It was RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health 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,

be endorsed.

41. Deprivation of Liberty Safeguards Mental Health Assessments Contract Extension and Transition to Liberty Protection Safeguards
(Item. 7)

Mr Robert Underwood, Adult Social Care Project Manager, and Ms Maureen Stirrup, Head of Service - Deprivation of Liberty Safeguards (DOLS) County Team, were in attendance for this item.

1. Ms Stirrup introduced the report and said it was necessary for the current arrangements with South East Memory Assessment Services to be extended for a further year to 31 March 2023. It was expected that the Liberty Protection Safeguards Code of Practice would be made public in summer 2022 and would provide the detail required to enable a new contract to be let to cover any requirements post 31 March 2023.
2. Asked about the consultation process Ms Stirrup said it would last for 12 weeks and Ms Meade expressed her interest in being part of the consultation.
3. It was RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health 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,

be endorsed.

42. Care Home Contracts for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs
(Item. 8)

Ms Andrea Martin, Commissioner, was in attendance for this item.

1. Ms Martin introduced the report and provided a summary of the recent procurement activity.
2. Ms Martin responded to comments and questions from the committee, including the following:
 - (a) Asked about the financial risk to the Council and the risk of disruption to individuals already within a care home, Ms Martin said people on all services, that tender successfully for the contract, would transfer onto the new contract and work had been carried out to ascertain the financial impact and sustainability of providers so that people would remain in their current care homes.
 - (b) Asked about people being placed out of county and away from their support groups and families, Ms Martin said where an appropriate service could not be sourced within Kent operational colleagues would have to look at out of county placements.
 - (c) Asked about market engagement with family members and users of the service, Ms Martin said users, families, organisations, and operational colleagues were consulted during the development of the new specification.
 - (d) Asked how services would cope with the rise in mental health problems and identified learning difficulties, Ms Martin said she expected more people to be accessing supported living providers. In terms of people with more complex needs the market was being encouraged to improve and develop more services and a Dynamic Purchasing Agreement had been put in place.
3. It was RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health 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.

be endorsed.

43. Community Based Wellbeing Services and Carers' Short Breaks Contracts
(Item. 9)

Mr Simon Mitchell, Senior Commissioner, was in attendance for this item.

1. Mr Mitchell introduced the report and updated the committee on the remaining new contracts for Community Based Wellbeing Services and said the Carers' Short Breaks Contract was a further direct award for one year to allow time for development of the Adult Carers Strategy.

2. Mr Mitchell responded to comments and questions from the committee, including the following:
 - (a) Asked how the Dementia Coordinator Service would enhance the dementia services already provided Mr Mitchell said it was a new bespoke service where newly diagnosed patients were assigned a coordinator to help them, and their families, navigate through different parts of the health and social care system.
 - (b) Asked whether voluntary organisations would be included within the contract, Mr Mitchell said there had been extensive engagement to ensure organisations worked together to deliver future contracts. Mr Mitchell said the Council had made clear to lead organisations during the tender process they were not expected to deliver the full breadth of the contract and were expected to work in partnership with other organisations.
 - (c) Asked for clarification on the total figure for Lot 9 – *Post Diagnostic Support Services in the Community for People with Dementia and their Families in North Kent* – on page 168 in the Agenda Reports Pack, Mr Mitchel confirmed later on in the meeting that the 5 year total should have read £1,240,000 and not £2,821,500.
3. It was RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health 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

be endorsed subject to the following abstentions:

Ms Meade asked for her abstention to be noted. Mr Campkin asked for his abstention to be noted pending the correct 5 year total mentioned under 2(c) above.

44. Draft Ten Year Capital Programme, Revenue Budget 2022-23 and Medium Term Financial Plan 2022-25
(Item. 10)

1. The Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services, Mr Oakford, introduced the report published on 5 January 2022 and said the 2022-23 and medium-term budget proposals had been developed

against the background of considerable uncertainty and volatility. The capital programme had been enhanced to show a 10-year horizon covering 2022-32 which would ensure a more realistic capital programme with less slippage. Mr Oakford said it was vital that additional borrowing was minimised to avoid unaffordable pressure on the revenue budget. Mr Oakford said the Council was required to set a balanced revenue budget for the forthcoming year (2022-23) which meant the net spending should equal the available funding raised from council tax precept, retained business rates growth and grant settlement from central government. Mr Oakford said the Council was facing exceptional spending demands for the forthcoming year from a combination of the longer term impacts of the Covid-19 pandemic which had significantly changed demands and costs for key services leading to additional spending associated with latent demand, increasing complexity, and changes in social and working lives, as well as economic impact from rising inflation.

2. Mrs Bell said in terms of revenue, the Adult Social Care Budget would receive an additional £15.3million in Social Care Support Grant and a £1.5million increase from the Improved Better Care Fund. The 1% Social Care Levy equated to roughly £8million, and the new £4.2million grant for social care was ring fenced for charging reforms. The Adult Social Care and Health base budget for the current year was set at just over £402million and would rise to £434 million. In terms of growth the main pressures included increased cost on activity across all services, price increases for care packages, increased client numbers and additional complexity of new and existing clients. Mrs Bell said savings had been identified from the Making a Difference Everyday strategy, the strategic review of inhouse services and the proposed review of existing contracts for commissioned services. The total savings identified for 2022-2023 was £19.5million. Mrs Bell said it had been necessary to look at areas of non-statutory historical spend to make additional savings and reluctantly the draft budget proposed not renewing two contracts for housing related support with a value of £5million.
3. Mr Oakford, Mrs Bell and Mr Smith responded to comments and questions from the committee including the following:
 - (a) Members acknowledged the difficulty of decisions and commented that a cut in the budget would fall on those most vulnerable in society and greater demand would result in services being spread more thinly.
 - (b) Mrs Bell said within the re-design of social care alternative ways of delivering services was being investigated for example, working better with the NHS and the voluntary sector, other types of providers i.e. micro-providers, and the use of technology.
 - (c) Mr Oakford said council tax was being raised by 2% and the social care precept by 1% which was the maximum possible rise in taxes without the need for a referendum.
 - (d) Asked about the allocation and planning of money for subsequent years, Mr Oakford said, although the government had provided a three-year settlement, the methodology for allocating money across local authorities after 2022/2023 had not been determined.

4. It was RESOLVED that the draft capital and revenue budgets, including responses to consultation, be noted, with thanks, and the draft be presented to Cabinet on 27 January 2022 and full County Council on 10 February 2022.

Ms K Grehan, Mr S Campkin, Mr R Streatfield and Ms J Meade asked for their abstentions to be noted in the minutes.

45. Adult Social Care Performance Report
(Item. 11)

Mr Matt Chatfield, Head of Performance and Systems, Adult Social Care and Health, was in attendance for this item.

1. Mr Chatfield introduced the report and highlighted the key areas of performance.
2. Mr Chatfield, Mr McKenzie and Mr Smith responded to questions and comments from the committee, including the following:
 - (a) Asked about the amber target ASC2 – *Proportion of clients receiving Direct Payment* – Mr McKenzie said the target was deliberately ambitious and set above the national average to encourage and challenge the work around direct payments with the aim of giving people more choice and control over their lives.
 - (b) Asked about ASC3 – *The proportion of adults with a learning disability who live in their own home or with their family* - and whether it should be split to understand how many are living independently and how many with parents, Mr Chatfield said it was a national indicator and could not be split, with the intention of identifying those in residential or nursing care. Mr Smith acknowledged the importance of supporting family members who were carers to avoid them reaching a crisis point, and the transition into independent living and settled accommodation.
3. It was RESOLVED that the Adult Social Care Performance Report for Q2 2021/22 was noted.

46. Adult Social Care Annual Complaints Report
(Item. 12)

Ms Debra Davidson, Customer Care and Complaints Manager for Adult Social Care Customer Service Delivery Unit, and Ms Pascale Blackburn-Clarke, Customer Experience and Relationship Manager, were in attendance for this item.

1. Ms Davidson introduced the report and gave a summary of the operation of the Adult Social Care and Health Complaints and Representations' Procedure between 1 April 2020 and 31 March 2021. For the year 2020/2021 754 complaints had been received and represented 1% of people who had received a service from Adult Social Care.
2. Ms Davidson and Ms Blackburn-Clarke responded to comments and questions from the committee including the following:

- (a) Asked about the delay in receiving the report Ms Davidson said the Ombudsman data was received in July 2021 following which the data was reconciled and the report finalised in November 2021.
 - (b) Asked whether there was an alternative way of providing feedback or advice without the need for a formal complaint, Ms Davidson said 242 informal concerns had been received and were resolved within a short period of time outside of the formal complaints process.
 - (c) Asked whether communication complaints were being reviewed Ms Davidson said communication was recognised as an important part of their work and the unit enforced that message with operational teams.
 - (d) Asked about the 20 working days complaint period Ms Blackburn-Clarke said 20 working days was a corporate standard set by the Council and this length of time was required due to the complexity of a lot of complaints.
3. It was RESOLVED that the contents of the Adult Social Care Annual Complaints Report be noted.

47. Kent and Medway Safeguarding Adults Annual Report
(Item. 13)

Mr Andrew Rabey, Chair of the Kent and Medway Safeguarding Adults Board, was in attendance for this item

1. Mr Rabey introduced the report and said it covered the first year of the Covid-19 pandemic and touched upon the roles and responsibilities within the board, the impact that covid had on the delivery of safeguarding and the response of the safeguarding board to that. Mr Rabey talked about the strategic plan, safeguarding adult reviews which were an important part of the board's work, and safeguarding referrals.
2. Asked about the easy-to-read version Mr Rabey said this was currently in the process of being commissioned and Mr Rabey would send it to committee members when it was available.
3. It was RESOLVED that the Kent and Medway Safeguarding Adults Board Annual Report 2020 – 2021 be noted.

48. Social Prescribing and Care Navigation
(Item. 14)

Mr Simon Mitchell, Senior Commissioner, was in attendance for this item.

1. Mr Mitchell presented a series of slides (attached to these minutes) which set out the meaning of Care Navigation and Social Prescribing and the various routes of referral and signposting for support. Mr Mitchell gave an overview of the Council's Positive Wellbeing Service, spoke about the role of Primary Care Link Workers, and highlighted the current and future provision of Care Navigation and Social Prescribing.

2. Mr Mitchell responded to questions and comments from the committee, including the following:
 - (a) Asked about partnerships, the sharing of best practice, and whether WEA (Workers' Educational Association) was a partner Mr Mitchell said he would investigate this and report back to the committee.
 - (b) Asked whether there was a fee for classes, Mr Mitchell said it depended on the nature of the class, the needs of the person and what was available within the community.
 - (c) Asked about the availability of outdoor events Mr Mitchell said services were evolving to suit the needs of the person and he gave an example of a case study where an isolated gentlemen had joined a cycling club and was able to take part in and enjoy regular assisted bike activities.
 - (d) Asked about GP referrals, Mr Mitchell said the Primary Care Link Workers and some of the Care Navigators were linked to GP surgeries enabling referrals to be made where the need for social support had been identified.
 - (e) Asked whether any services linked in with heritage, the arts and music Mr Mitchell said the West Kent Community Wellbeing Service had museums and nature organisations that were engaged in delivering activities.
 - (f) Asked whether links had been made with Community Learning and Skills (CLS) Mr Mitchell said he had been working with colleagues across the Council regarding this and he would report back to the committee.
3. Mrs Bell said recommendations had been refreshed, following a Loneliness and Social Isolation Select Committee in 2019, to include working with the NHS on a social prescribing strategy. Information about this would come to a future meeting of the Adult Social Care Cabinet Committee.
4. It was RESOLVED that the Social Prescribing and Care Navigation presentation be noted.

49. Work Programme
(Item. 15)

It was RESOLVED that the Work Programme 2021-2022 be noted.

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Social Prescribing/Navigation Services

Adult Social Care Cabinet Committee
18 January 2022

Care navigation:

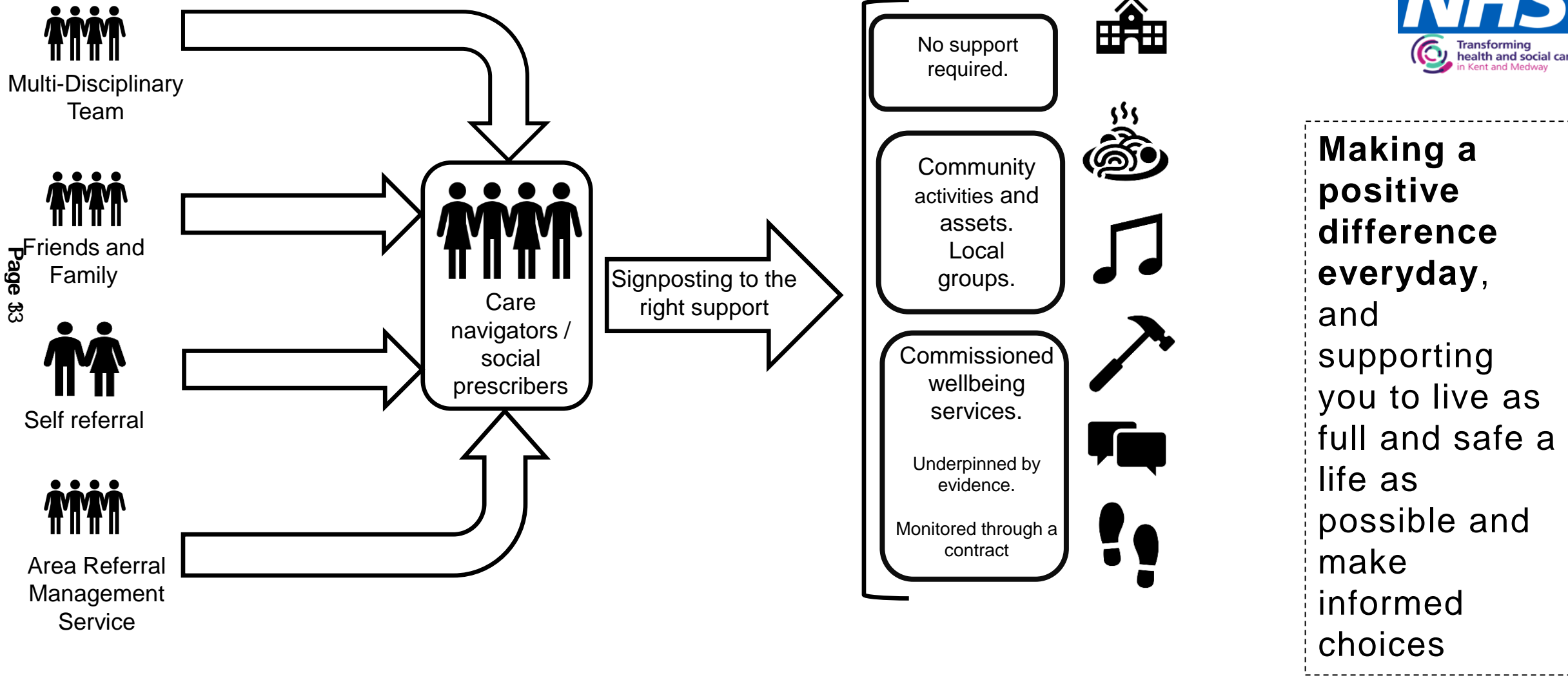
- The Care Navigator role provides a proactive link between different parts of the system; being both a first point of contact for individuals, carers and health and social care professionals, as well as guiding and co-ordinating the individual's journey through the care system.

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Social Prescribing:

- Social prescribing is a way of linking people to sources of support within the community. It provides health and social care professionals with non-medical / non-service focused options that can operate alongside existing treatments or care packages to improve health and well-being.

Wellbeing Model

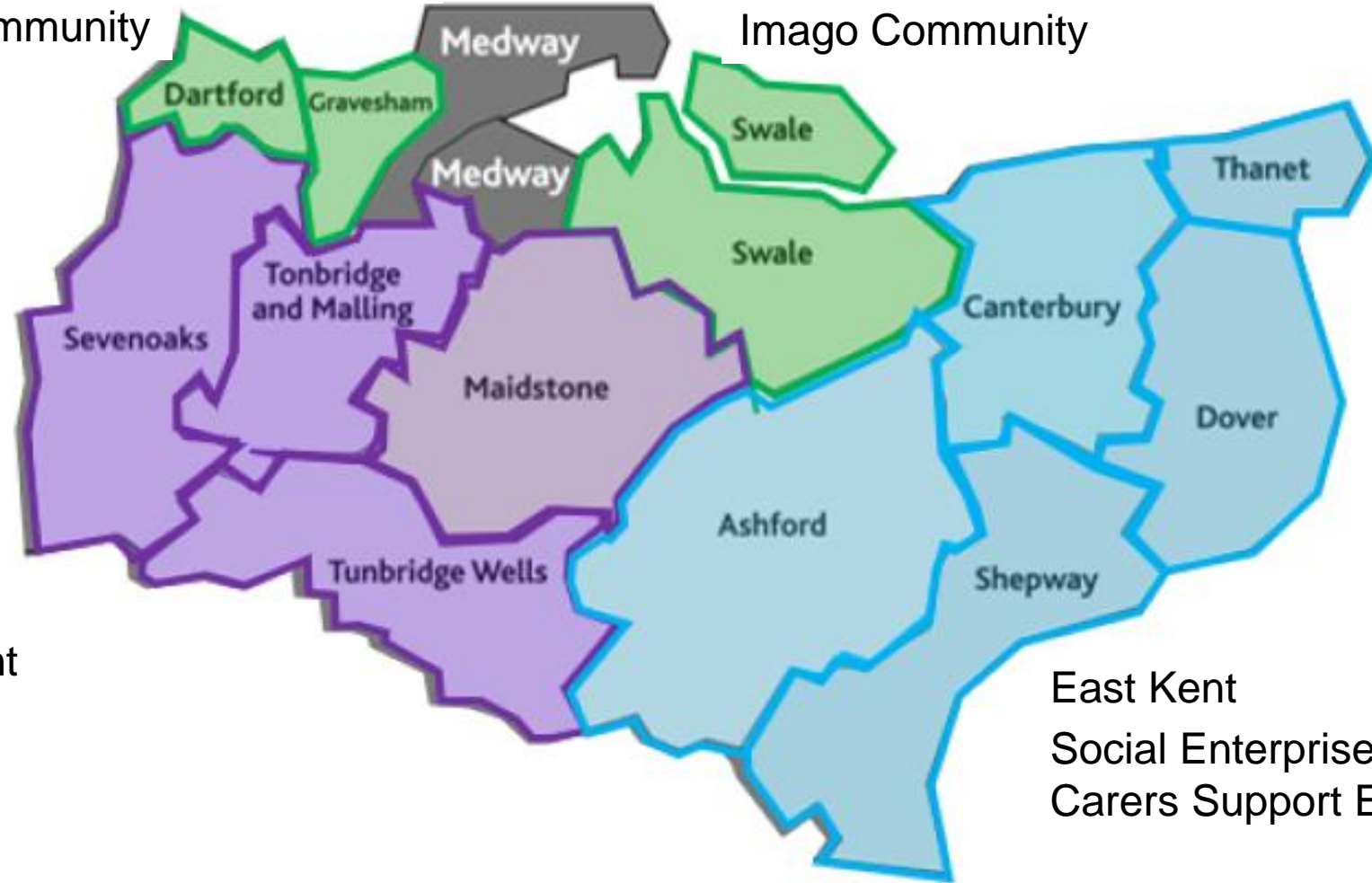


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Adult Social Care Community Navigation Contracts (since April 2019)

Dartford, Gravesham & Swanley
Imago Community

Swale
Imago Community



- Geographically based contracts based on ICP / District boundaries

West Kent
Involve

East Kent
Social Enterprise Kent
Carers Support East Kent

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KCC Positive Wellbeing

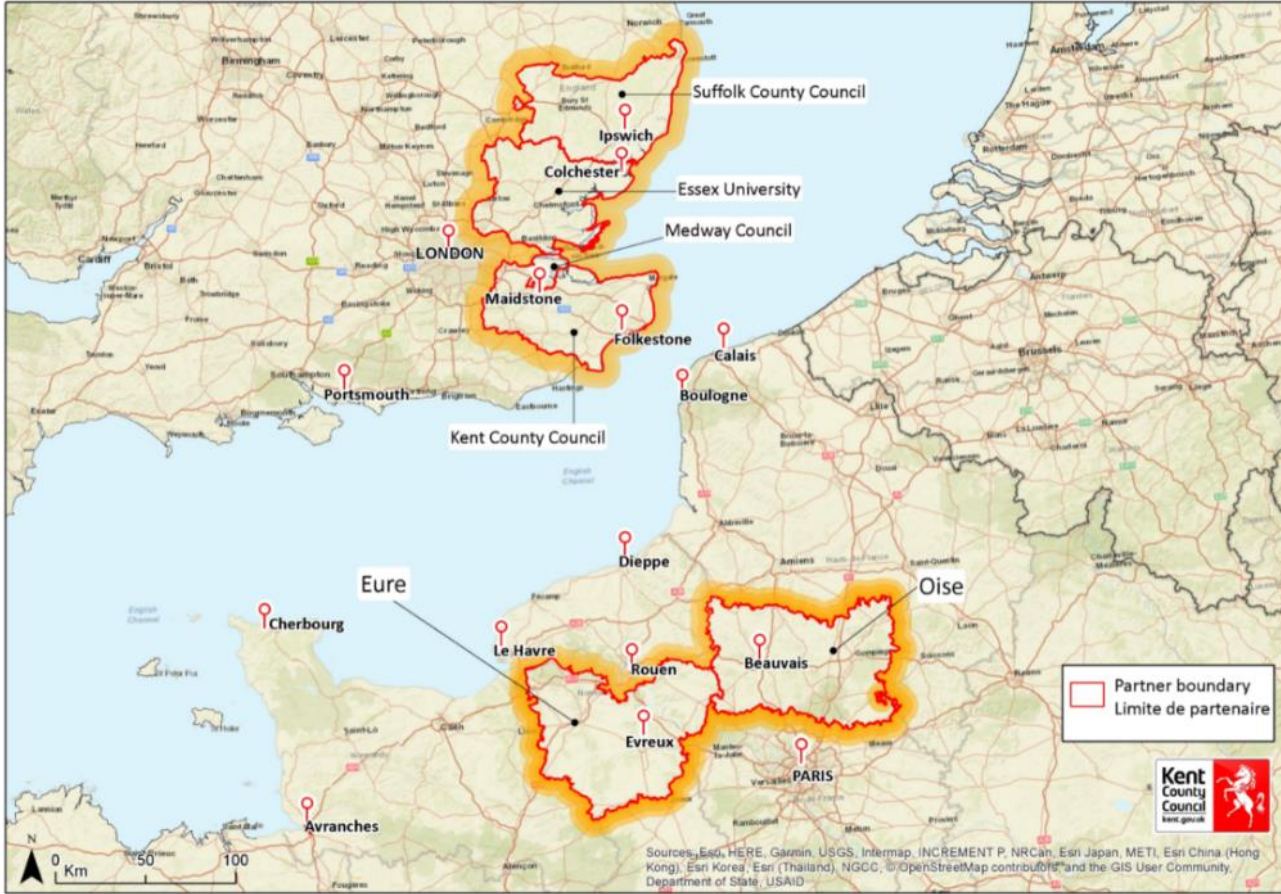
Helping you reconnect



The Positive Wellbeing Service is part of the Connected Communities project co-funded by Interreg (until 2023).

This service has been developed in partnership with 6 organisations from England and France:

- Kent County Council
- Medway Council
- Suffolk County Council
- East Suffolk Council
- University of Essex
- Département de Oise



KCC Positive Wellbeing

Helping you reconnect



Currently working in just a few communities as the service is tested and developed with a view to expanding it across the county.

The service is currently available to people :

- a) Aged 65 or over
- b) Lonely and socially isolated
- c) Living within one of the selected pilot areas:

- **Maidstone** - Shepway North and South wards
- **Swale** - Sheerness and Minster-on-Sea
- **Folkestone and Hythe** - the wards of Folkestone Harbour, Folkestone East and Broadmead
- **Thanet** - Westgate-on-Sea area



Across Kent and Medway there are staff specifically employed by local Primary Care Networks as Primary Care Link Workers. These posts work in very similar ways to that of care navigators/social prescribers.

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Care Partnership area	Number of Primary Care Link Workers	Across x Primary Care Networks
Dartford, Gravesham, Swanley	2	1
East Kent	39.63	14
Medway and Swale	15.5	9
West Kent	19	9
TOTAL	78.2	33

Current picture of Navigation/Social Prescribing provision



- There are multiple providers with varying sizes of service and provision.
- There are different models, structures, delivery models and funding streams attached to Navigation/Social Prescribing services.
- There are also other services of a similar vein that have not been presented here that could also be brought under the same 'umbrella'

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- The procurement and use of a single 'activity' platform has already started, which should bring services more in line with each other.
- Collaborative working within Kent County Council Directorates on provision of standardised information on council website.
- Adult Social Care Community Navigation Contracts are due to come to end March 2023 (with the potential to extend a maximum of 2 further years).
- More strategic alignment and possible joint and collaborative arrangements for the future of these services to ensure there is no duplication of effort and opportunities to ensure maximum impact for these services is realised.
- Exploration of aligning models of delivery and support. Centralised referral functions where possible with more local focus on the delivery of the navigation and support of individuals?



CASE STUDIES

KCC Positive Wellbeing

Helping you reconnect

The Swale pilot area requested a cooking class.

Through their ongoing mapping and gapping activity, Connectors discovered there were no local cooking classes for people aged over 65.

The Connectors arranged a set of 6 "hands on" lessons with a local Community Chef, to provide advice and practical experience to a class of 6 people in September and October 2021.

"This activity has really helped me to develop and to remember things. It has helped with my mental health and wellbeing."



"These sessions have helped immensely with my speech as it has encouraged me to talk to other people."

99-year-old father discharged from hospital and the daughter was supported by one of the Carer Support Coordinators.

“I wanted to express my profound gratitude for the support over the last month. My dad has slowly declined since leaving hospital and you’ve helped put in place support both practical and emotional support.

I’m normally a strong person but seeing my dad fade away little by little has left me heartbroken. You’ve been at the end of the phone whenever I needed to just cry and talk.”

I’ve been blessed to have this support in my life at this painful time

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 – 31 March 2022

Subject: **COMMUNITY MENTAL HEALTH AND WELLBEING SERVICE COMMISSIONING**

Decision Number:22/00033

Classification: Unrestricted

Past Pathway of report: Adult Social Care Governance Board – 2 February 2022

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: The Community Mental Health and Wellbeing Service (commonly known as Live Well Kent) is due to end on 31 March 2023.

Live Well Kent is jointly funded by Kent County Council Adult Social Care and Public Health, Kent and Medway Clinical Commissioning Group and Medway Council, in furtherance of the requirement to prevent needs escalating, contained within the Care Act 2014 and the NHS Long Term Plan and the duty stipulated in the Mental Health Act (1983) to provide aftercare services to reduce the risk of readmission.

Ongoing performance and quality monitoring, the 2019 service review and recent market engagement findings provide significant evidence that the service delivers successful outcomes in line with the original vision. The service has supported the market to increase and improve the overall offer of mental health and wellbeing interventions available in Kent.

The outcomes achieved to date for Kent residents who have used Live Well Kent demonstrate the numerous benefits of the service. Live Well Kent has become a vital element of Kent's mental health pathway and the service has demonstrated a clear need for such support.

Due to the success of the service in supporting Kent residents to move from a downward spiral of poor health, deprivation and exclusion to an upward path of good health, financial stability and career progression, Live Well Kent was selected as a case study in the Local Government Association's paper; '*Inclusive economies and healthy futures: Supporting place-based action to reduce health inequalities*' ([Please click here](#)). The aim of this paper is to provide inspiration to everyone seeking to build a more inclusive, healthy and prosperous economy in their local area.

In preparation for the recommission, comprehensive market analysis has been completed – this concluded by stating, considering the evidenced need for community mental health and wellbeing services in Kent, the success of current

provision and the clear interdependencies between the continuation of these services and the success of the Community Mental Health Transformation Programme, it is recommended Kent County Council (KCC) continue to work in collaboration with Kent and Medway Clinical Commissioning Group (K&M CCG) and Medway Council to jointly commission the Community Mental Health and Wellbeing Service. This approach supports the aspiration for closer integration and working with Health/CCG commissioning colleagues.

It is in recognition of these facts, that the conclusions made within this report have been reached, and the below recommendations have been made.

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 1) to:

- a) **COMMENCE** joint commissioning activity for a Community Mental Health and Wellbeing Service; and
- b) **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

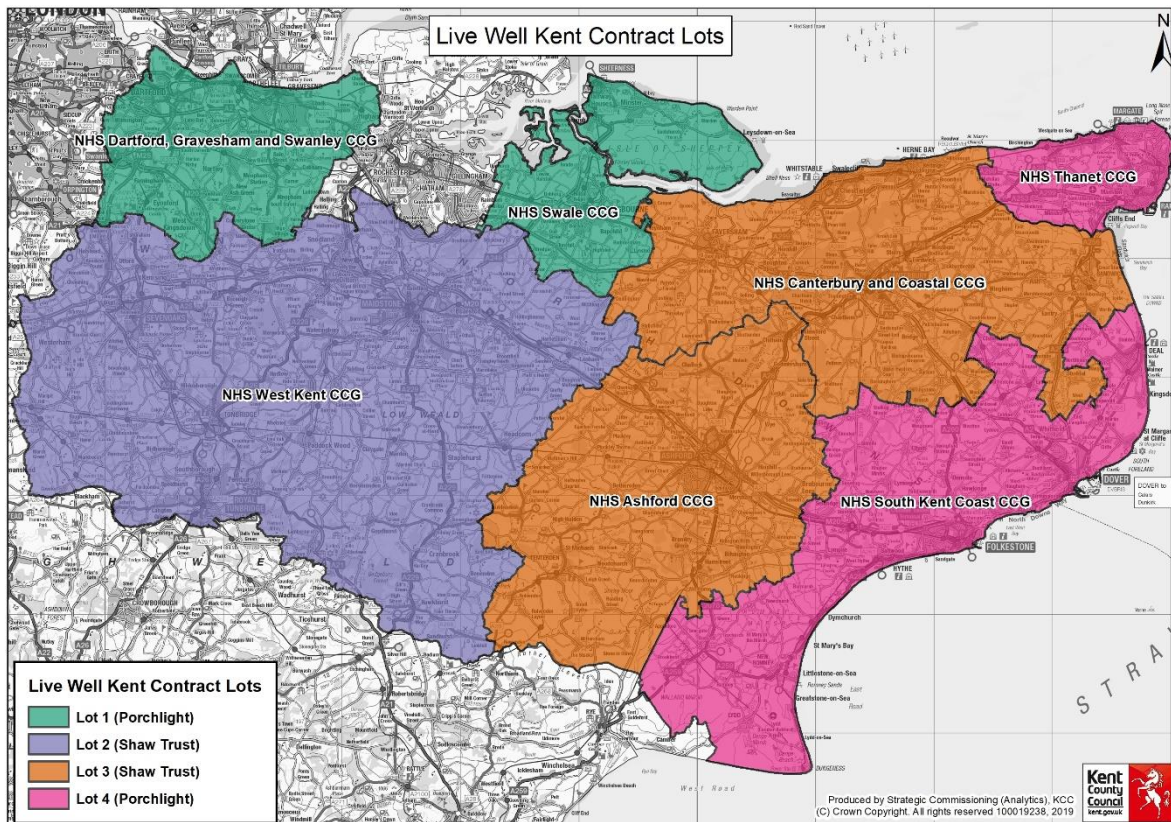
- 1.1 One in four adults in Kent experience at least one diagnosable mental health problem in any given year, and it is estimated that around 212,000 people in the county have a common or severe mental illness.
- 1.2 In line with national guidance and the NHS Five Year Forward View, Kent County Council (KCC) and Kent and Medway Clinical Commissioning Group (K&M CCG) jointly commissioned an integrated offer of community mental health and wellbeing support, which came to be known as Live Well Kent (LWK).
- 1.3 The vision for Live Well Kent (LWK) is to keep people well and provide a holistic offer of support for individuals living with and without a mental health diagnosis.
- 1.4 The service commenced on 1 April 2016 and ends on 31 March 2023.
- 1.5 This paper provides an overview of the current service, outlines the recommissioning work that has been completed and presents options and recommendations in the context of the planned future commissioning of LWK.

2. Background and Current Position

- 2.1 KCC, K&M CCG and Medway Council are responsible for providing mental health and wellbeing services in Kent and Medway.
- 2.2 In line with national guidance and the NHS Five Year Forward View, KCC and K&M CCG jointly procured an integrated offer of community mental health and

wellbeing support, which was soon named Live Well Kent (LWK). A competitive procurement process was used to select Strategic Partners. Tender submissions were evaluated against robust criteria to evidence each bidder's ability to enable and support a flourishing network of providers and ensure delivery of quality services to meet the needs of local residents.

- 2.3 The new model for community mental health services changed significantly to provide a more integrated offer of support; prior to its introduction, 66 grants were awarded across multiple providers, which had been rolled over on an annual basis for many years. Due to these historic commissioning arrangements, the grant funding allocation across the county was no longer based on need and deprivation levels in Kent. Data and performance returns from the grant funded providers were not able to demonstrate an accurate account of numbers of people accessing these services, especially in terms of those receiving social and employment activities and interventions. Following a full and detailed public consultation and a comprehensive engagement programme, the new specification and service model was developed in co-production with stakeholders and users. It aimed to reduce duplication, improve outcomes for users and make it simpler to access services through a 'no wrong door' approach.
- 2.4 The vision for LWK is to keep people well and provide a holistic offer of support for individuals living with and without a mental health diagnosis.
- 2.5 The outcome-based Contract was designed to engage people in innovative approaches to improving their mental health and wellbeing, based on their individual needs.
- 2.6 The new integrated service commenced on 1 April 2016 and ends on 31 March 2023.
- 2.7 The service is delivered by two Strategic Partners, Porchlight and Shaw Trust. The Contract was split into four Lots based on pre-existing CCG areas across Kent. Each Strategic Partner was selected to manage the service in two Lots, as detailed below.
 - Lot 1 - Dartford, Gravesham Swanley and Swale (Porchlight)
 - Lot 2 - West Kent (Shaw Trust)
 - Lot 3 - Ashford and Canterbury Coastal (Shaw Trust)
 - Lot 4 - Thanet and South Kent Coast (Porchlight)



2.8 The Strategic Partners take on a market stewardship role to build capacity and sustainability within the voluntary sector network, which is funded through the contract. The network has changed over the life of the Contract, responding to the needs of users. The contract limits the amount Strategic Partners can deliver themselves.

2.9 LWK is open to those 17 and over and offers support on areas such as:

- Managing money, including debt and benefits advice
- Employment
- Housing support and guidance
- Improving relationships and social inclusion
- Lifelong learning, employment and accessing volunteering
- Brief advice and signposting to healthy lifestyle support
- Evidence based activities shown to improve health and wellbeing e.g., Arts, yoga, outdoor activities, poetry, reading etc

2.10 The service aims to provide individuals with the skills and confidence to self-manage their mental health and encourages those with enduring mental illness to engage in mainstream activities, in ordinary settings, alongside other members of the community who are not using services. Furthermore, LWK aims to help prevent entry into formal social care and health systems, reduce suicide and prevent negative health outcomes associated with poor mental health. The approach of delivery is aimed to be community first, values-driven, and outcome focused.

- 2.11 The service provides a universal offer across Kent, supported by the LWK website. Providers actively promote positive wellbeing messages to reduce mental health stigma in communities. The service is targeted at individuals who reside in the most deprived quintiles (quintiles 1 and 2), where there are higher levels of mental illness.
- 2.12 Since service commencement, the contracts with both Strategic Partners have been varied to include the management of additional services:
- Shaw Trust also manage the 24-7 Telephone and Online Support Service for Kent and Medway, the Mental Health Housing Relating Support Service in Lots 2 & 3, and the Mental Health Debt Counselling Service (Kent Only).
 - Porchlight also manage the Mental Health Housing Relating Support Service in Lots 1 & 4 and an Activity Programme for Young People aged between 14 – 35 who have suffered from a first episode of psychosis (Kent only).
- 2.13 An overview of each of these services can be found in Appendix A.
- 2.14 A comprehensive service review was conducted in 2019 which aimed to provide the evidence base to inform ongoing development of the current contract and inform decision making around any consideration of extension.
- 2.15 The review identified:
- LWK continues to deliver successful outcomes in line with the original vision for the service, supporting the market to increase and improve the overall offer of mental health and wellbeing interventions available in Kent.
 - The LWK identity is recognised and well received across the county, to the benefit of the network, and the 'No Wrong Door Approach' taken has improved access to interventions, to the benefit of service users.
 - The Strategic Partners have demonstrated to commissioners that they work pro-actively and effectively with the Delivery Network. The Strategic Partners have identified and expanded high performing services, increasing the ability of these services to meet needs. LWK has allowed for more flexibility to enable a now more proactive sector to address the needs of individuals.
 - Effective multi-agency working is demonstrated throughout the service and Strategic Partners have driven their network to develop and implement robust systems and processes, including those relating to recruitment, training, and safeguarding.
 - LWK is meeting the intended outcomes for the service and the personal needs of service users.
 - The outcomes achieved to date for Kent residents who have used LWK demonstrate the numerous benefits of the service. LWK has become a vital element of Kent's mental health pathway, and regardless of the future approach to delivery, the service has demonstrated a clear need for such support.
- 2.16 The review recommended that the Community Mental Health and Wellbeing Contract including the following varied services; 24-7 Telephone and Online Support Service for Kent and Medway, The Mental Health Housing Relating

Support Service, Debt Counselling and the Activity Programme for Young People aged between 14–35 who have suffered from a first episode of psychosis was extended for the maximum period permitted, 24 months. The extension period comes to an end on 31 March 2023.

- 2.17 Recently, both Strategic Partners were approached by K&M CCG to look at expanding LWK into Medway based on the success of the Strategic Partner model and the value and positive contribution the service has had in Kent. Shaw Trust and Porchlight worked together on a joint Strategic Partner Proposal for Medway, which was approved by K&M CCG. Consultation with stakeholders and clients took place in quarter 4 (2020/2021) which informed a tendering process for a locally led funded network. The service went live in May 2021. **This service is currently commissioned outside of the Contract managed by KCC. However, this will be included within the new procurement and therefore will be included in the Contract starting 1 April 2023.**
- 2.18 The 2021/22 annual value of the service including all varied services and Live Well Medway is £6,801,872.
- 2.19 KCC currently fund 77.78% (£5,290,185) of this and K&M CCG 21.89% (£1,488,837). Medway Council fund the remaining 0.34% (£22,850), which goes towards funding of the 24-7 Telephone and Online Support Service for Kent and Medway.

3. Performance Data

- 3.1 The monitoring of this contract is led by KCC Adults commissioning (supported by KCC Public Health and CCG Commissioners), who are responsible for organising and operating meetings with Strategic Partners, and monitoring outcomes.
- 3.2 A comprehensive set of performance and quality measures are used to provide assurance that the service is performing as expected and the quality standards are met, as specified in the contract.
- 3.3 Since the beginning of the Contract (1 April 2016) until 31 December 2021, Live Well Kent (not including the varied services) has supported 17,608 people.
- 3.4 99% of people asked between 1 April 2017 – 31 March 2021 would recommend the service to a family or friend, or someone in a similar situation and 84% maintained or improved their Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) score. SWEMWBS is validated tool to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing

3.5 Some of the highlights to come out of the most recent LWK (not including the varied services) performance monitoring data (financial year: 20/21, up until the end of Quarter 2) include:

- The service has supported 164 unemployed people to start paid employment and the average number of hours worked weekly per person is 29 hours
- 99% of sign ups to the housing service with a tenancy or accommodation, maintained their tenancy or accommodation
- 58% of sign-ups reside in the most deprived areas of Kent (Quintiles 1 and 2)
- Average number of working days between accepted referral and start of journey is 6

3.6 Regarding the varied services, some of the highlights to come out of the most recent performance monitoring data include:

- Since 1 April 2019 until 30 September 2021, the 24-7 Telephone and Online Support Service for Kent and Medway has handled 72,009 calls
- Since the 1 October 2019 until 30 September 2021, the Mental Health Housing Relating Support Service has supported 132 individuals to move onto independent living in a planned way

3.7 Case Studies providing real life stories of how LWK has changed people's lives can be found in Appendix B.

4. Kent County Council and Adult Social Care and Health Strategies

4.1 LWK directly contributes towards the Making a difference everyday approach and aligns with the priorities as set out in KCC's Interim Strategic Plan.

4.2 The Interim Strategic Plan sets out the five main challenges that KCC is facing and what we will do to help address them. Working in partnership with key partners to design and commission effective services focused on mental health prevention and recovery will help KCC and the wider system to mitigate the risk of increasing demand.

4.3 KCC Adult Social Care has recently moved towards a new diagnostic approach, Making a difference everyday (MADE). Central to this approach are three pillars of focus: practice, meaningful measures and innovation.

4.4 In relation to practice, a person-centred approach is embedded within the contract and service delivery. The approach of the service is strength based, focusing on assets, independence, recovery and social inclusion with no wrong door. Individuals accessing the service are fully supported on their personalised recovery journey and receive individually tailored support. The service uses "I" Statements as set out in Think Local Act Personal (TLAP) to develop personalised strategies to keep people well. The service also delivers interventions that have an evidence-based approach demonstrating good practice.

- 4.5 To ensure that LWK was monitoring meaningful measures, KPIs were selected through a collaborative exercise undertaken in tandem with the two Strategic Partners. KPIs and management information reported are regularly reviewed to make sure they are fit for purpose. To date, performance reporting has clearly evidenced the outcomes achieved by Kent residents who have accessed LWK and demonstrates the numerous benefits of the service. LWK has become a vital element of Kent's mental health pathway, and regardless of the future approach to delivery, the service has demonstrated a clear need for such support.
- 4.6 The outcome-based contract was designed to engage people in innovative approaches to improving their mental health and wellbeing, based on their individual needs. From the outset of the contract, it was vital the service continued to innovate to meet emerging demand and need. Those accessing the service are encouraged to be fully involved in the design and delivery of all services and are included in the development of new and innovative approaches. Each year LWK opens a grant application to seek a new range of projects and ideas from organisations that help people to improve their mental health or general wellbeing through their Innovation Fund. New Ideas could be awarded for anything from £500 to £10,000. This enables the Strategic Partner to pilot and evidence effective new solutions to bring into the network in the longer term. Current Delivery Partners can also bid for this funding and this has enabled creative services, by consulting with the people who access their services to identify what they need.

5. Recommissioning Considerations

5.1 Market Analysis

5.1.1 In preparation for the recommission, KCC commissioners responsible for the management of the contract completed a comprehensive market analysis which aimed to provide the evidence base to inform decision making around any consideration of future contract arrangements post March 2023.

5.1.2 Regarding the extent of mental illness nationally and in Kent, the market analysis found:

- Mental ill health currently represents 23% of the total burden of ill health in the UK and is the largest single cause of disability. Nearly 11% of England's annual secondary health budget is spent on mental health and estimates suggest that the cost of treating mental health problems could double over the next 20 years.
- According to the 2018 Global Burden of Disease UK Study, depression was the fourth leading cause of years lived with disability, behind low back and neck pain, skin and subcutaneous diseases, and migraine.
- The 2014 APMS found that one adult in six had a common mental disorder (CMD): about one woman in five and one man in eight. In Kent, 22% of the general population have a common mental health disorder.

- Drug and alcohol problems are prevalent in the population where 21% of the population are drinking at hazardous levels and 8% are misusing drugs. The more serious and persistent conditions can also be seen within the depression category where 2.6% have serious and enduring depression, 8.7% have bi-polar, 10% of adults have attention deficit hyperactivity disorder (ADHD), 4% have post-traumatic stress disorder (PTSD) and less than 1% have psychosis. It is important to note the high degree of co-morbidity and co-occurrence of mental health problems.
- The predicted incidence of severe and enduring mental illness (SEMI) is expected to grow at a faster rate than the population. For example, in East Kent, the annual growth of predicted incidence of SEMI is expected to rise 13.9% over the next 10-year period and the prevalence of SEMI is expected to rise 25.3% over the next 10-year period.
- there is evidence that self-reported mental health and wellbeing worsened during the first national lockdown of the COVID-19 pandemic. Psychological distress, anxiety and depressive symptoms appeared to peak in April 2020. There is evidence of some recovery since April, but not yet to pre-pandemic levels.
- There is also evidence that the COVID-19 pandemic has had a larger adverse impact on the mental health and wellbeing of particular groups. One study has found that Black, Asian and Minority Ethnicity (BAME) men (when grouped together) reported a larger deterioration in mental health than White British men during the first national lockdown.
- Adults with pre-existing mental health conditions have reported higher levels of anxiety, depression and loneliness than adults without pre-existing mental health conditions.
- A greater proportion of adults with low household income or relative socioeconomic position reported symptoms of anxiety and depression than adults with higher household income or socioeconomic position during the first national lockdown.

5.1.3 The market analysis concluded that considering the evidenced need for community mental health and wellbeing services in Kent, it is recommended KCC continue to fund and commission a service which meets current and future demand.

5.1.4 The market analysis also recommended that KCC work in collaboration with K&M CCG and Medway Council to jointly commission the service and that future commissioning needs to be informed and aligned to the Mental Health Transformation Programme and wider Wellbeing commissioning and delivery in Kent and Medway.

5.2 The National Community Mental Health Framework (Transformation Programme)

5.2.1 The National Community Mental Health Framework for Adults and Older Adults was published in September 2019 and sets out a plan for radical change in the design of community mental health care.

5.2.2 The National Community Mental Health Framework (CMHF) supports delivery of the NHS Long Term Plan vision for an accessible, person-centred and place-based comprehensive mental health offer through the alignment of Community Mental Health Teams (CMHTs) and Primary Care Networks (PCNs) and stronger relationships with Local Authority and voluntary sector services.

5.2.3 Development and delivery of this programme will be based on a set of underpinning principles, these include:

- Removing siloed working
- No wrong door to accessing support
- People accessing the right support at the right time in the right place
- People having increased choice and personalised care
- Care plans will be co-produced with the person at the centre
- Sharing of information
- Proactively engaging with harder to reach communities
- Key emphasis on support being provided by the voluntary and community sector

5.2.4 In order to achieve its vision all Integrated Care Systems (ICS) in England will receive their 'fair share' of central transformation funding to deliver new models of integrated primary and community mental health care for adults and older adults with severe mental health problems.

5.2.5 Transformation funding should be used to bring about whole system change across local health & care partnerships, enabling people with severe mental health problems to live well in their communities. Kent and Medway has now secured funding over three years to deliver this ambitious programme.

5.2.6 In Kent and Medway, the programme delivery team has been established, workstreams have been developed and work has begun. They are following a staged approach regarding implementation, and they are first focusing on Medway and Swale ICP area.

5.2.7 This programme has huge implications for the future commissioning of this service now and throughout the lifetime of the new contract.

6. Commissioning Options and Model

6.1 As a result of the findings and recommendations set out in the market analysis, KCC commissioners worked in partnership with colleagues in KCC Public Health, KCC Adult Social Care and K&M CCG to develop commissioning options.

6.2 In order to select a preferred commissioning option, KCC commissioners conducted an options appraisal process (attached as Appendix C).

6.3 Following this process option 4 was selected as the preferred commissioning option. Option 4 comprises of commissioning the same service, following the same commissioning model (Strategic Partnership). However, develop one service specification which encompasses all current services and includes any additional services deemed to be suitable. The service:

- will be delivered by a Key Strategic Partner model with a diverse network of providers (delivery network). Illustrated in the diagram in Appendix D
- will operate across Kent and Medway. But some service elements will be provided just in Kent
- length will be 3 years with 2-year extension option
- client age will be flexible
- budget will increase throughout the lifetime of the Contract as a result of an annual inflationary uplift (estimated to a minimum of 2%) and additional commissioning requirements identified by the Community Mental Health Transformation Programme
- be configured so it can be adapted or added to throughout the life of Contract
- include commissioning requirements identified by the Community Mental Health Transformation Programme. Acknowledging that some of these requirements will likely become known after the Contract has gone live and therefore it will be a phased approach to implementing these.

6.4 The justification for including an annual inflationary uplift is to mitigate against the following risks:

- The service becomes unsustainable and therefore it would need to reduce the number of individuals supported further exasperating demand in the system
- Service providers unlikely to agree to sign Contracts without this clause and therefore the re-commissioning fails
- If the above two risks become reality it would have a considerable negative impact on the Community Mental Health Transformation achieving its objectives.

6.5 Furthermore, there is an objective to move towards equal funding levels from KCC and K&M CCG, noting the current % split. To achieve this, it is recommended the K&M CCG commit to funding the additional inflationary

annual uplift (estimated to a minimum of 2%). K&M CCG have formally approved this recommendation.

- 6.6 The preferred commissioning option was shared with wider stakeholders, including Kent & Medway CCG, Medway Council, KCC Adult Social Care, KCC Public Health and ICP leads. Representatives from each organisation informally agreed with this preferred option.

7. Market Engagement and Public Consultation

- 7.1 KCC Commissioners responsible for the management of the contract have also designed and delivered market engagement events and a public consultation was undertaken between 23 August 2021 to 3 October 2021.

- 7.2 Analysing the public consultation responses identified that the current personal outcomes set in the services specification continue to be important and those who responded detailed additional personal outcomes to be considered as part of the new procurement.

- 7.3 The Market Engagement events were held on the dates listed below. The aim of the Market Engagement Events was to share the proposed commissioning option, gather feedback on this option and to improve understanding regarding the state of the market within each Placed Based Partnership (PBP) locality and opportunities available to maximise outcomes for current and future people accessing the service.

- East Kent PBP: 6 September 2021
- West Kent PBP: 6 September 2021
- Medway and Swale PBP: 8 September 2021
- Dartford, Gravesham and Swanley PBP: 9 September 2021

- 7.4 Analysing the feedback clearly demonstrated support for the proposed commissioning model, as shown in the statements below:

- *“The model works really well. As a Strategic Partner in another type of provision and in areas outside Kent I can confirm that the management allows for the service to innovate across the duration of the Contract”*
- *“Strategic partner model works well and ICP areas makes most sense. Use of local providers with capacity/capability to deliver as SP and delivery partner is essential”*
- *As a 'Delivery Partner' the relationship with the existing Strategic Partner has worked really well, communication has been excellent and this will need to be replicated under the new Contract”*

- 7.5 Analysis of feedback from the market demonstrated that the current service is very successful, and the personal outcomes set in the service specification continue to be important.

- 7.6 However, the market noted gaps in mental health provision more broadly and argued pathways between mental health services needs to be improved.

7.7 It was recognised there is a significant amount of public engagement occurring within the mental health system and therefore to avoid duplication the aim of the public consultation was to identify whether the current personal outcomes detailed in the service specification are still important to people and whether there are any additional personal outcomes currently not included. The consultation captured responses from people residing in both Kent and Medway as services (Live Well Kent and Medway and the 24-7 Telephone and Online Support Service for Kent and Medway) span the two local authority areas.

8. Service Specification

- 8.1 Varying in additional services throughout the lifetime of the current contract has resulted in there being five separate service specifications connected with the Strategic Partner Contracts.
- 8.2 KCC Commissioners worked in partnership with colleagues in KCC Public Health, KCC Adult Social Care, K&M CCG and Medway Council to develop the new service specification which encompasses all current Service Specifications and learning from the public consultation and market engagement.
- 8.3 The Service Specification also includes an additional requirement for Strategic Partners to provide facilitation and support for the Kent Sheds Network and creation of new Sheds in their contracted lots, including providing advice, guidance and support.
- 8.4 The Service Specification is based on outcomes, but there are certain service specific requirements which must be incorporated into the service delivery model. Some of these are only required in the local authority area of Kent or require one Strategic Partner to commission them.
- 8.5 The Service Specification clearly outlines the vision of the service and the approach.

9. Route to Market

- 9.1 The contract for the current service is due to expire on 31 March 2023.
- 9.2 In advance of this date, we are seeking approval to conduct a competitive procedure with negotiation with the aim of successfully identifying and selecting the strategic partners.
- 9.2 If approval is received to go out to recommission the service, the key milestones are as follows:

Selection Questionnaire Published	April 2022
Deadline for Selection Questionnaire Responses	May 2022
Selection Questionnaire Evaluation Period	May 2022
Invite Tender Responses	June 2022

Tender Evaluation Period	August 2022
Final Negotiation Period	September 2022
Tender/Contract Award	September 2022
Service Mobilisation	October 2022 - March 2023
New Contracts Go Live Date	1 April 2023

9.5 This will enable us an opportunity to engage in further negotiation on the submitted bids. This approach paves the way for a collaborative development of the service, drawing upon the unique expertise and specialist knowledge of the potential strategic partners.

9.6 Lotting Strategy

9.6.1 There will be five separate Contracts (Lots) as shown below:

1. Dartford, Gravesham, and Swanley Placed Based Partnership Area
2. West Kent Placed Based Partnership Area
3. Medway and Swale Placed Based Partnership Area
4. East Kent Places Based Partnership Area
5. Kent and Medway Wide Service Specific Lot – Management of 24hr Telephone and Online Support

9.6.2 The funding available when the Contract is awarded will be per lot and distributed based on the needs of the population.

9.7 A report detailing the outcome of the tender exercise and subsequent contract award will be shared with committee members at the September meeting of the Adult Social Care Cabinet Committee.

10. Financial Implications

10.1 The Contract length will be 3 years with a 2-year extension option. The tables below outline the costs to KCC Adult Social Care and KCC Public Health and the contract costs to K&M CCG, for the initial 3 years and extension option.

Table 1: Contract costs to KCC Adult Social Care and Public Health (Initial 3 years and extension options)

	KCC Public Health	KCC Adult Social Care
Initial 3-Year Contract Term	£6,757,945.50	£9,232,609.50
2 Year Optional Extension Period	£4,505,297.00	£6,155,073.00
Total (Initial 3-Year Contract Term + 2 Year Optional Extension Period)	£11,263,242.50	£15,387,682.50

10.2 The above contract values can be funded from within the approved budget and there will be a reduction in spend/budget for Adult Social Care and Health as the contribution from Public Health is from their ring-fenced grant.

Table 2: Contract costs to K&M CCG (Initial 3 years and extension options)

	Kent & Medway CCG
Initial 3-Year Contract Term	£4,466,511.00
2 Optional Extension Period	£2,977,674.00
Total (Initial 3-Year Contract Term + 2 Optional Extension Period)	£7,444,185.00

10.3 It is recommended that the service includes an annual inflationary uplift to mitigate against the risks outlined in section 6.4.

10.4 There is an objective to move towards equal funding levels from KCC and KM CCG, noting the current % split. To achieve this, it is recommended K&M CCG commit to funding the additional inflationary annual uplift (estimated to a minimum of 2%). K&M CCG has formally approved this recommendation.

11. Legal Implications

11.1 It is the intention to undergo a procurement exercise to identify a suitable supplier in accordance with PCR 2015 Regulation 32(2)(c) and Procurement Policy Note 01/20.

11.2 Section 2 of the Care Act 2014 places a general duty on local authorities to provide, arrange or otherwise identify services, facilities, and resources to prevent, delay or reduce the needs of adults for care and support. Within the Care Act statutory guidance, secondary prevention or early intervention is defined as more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing.

11.3 Section 117 of the Mental Health Act places a duty on Health and Social Care to provide aftercare services to individuals in relation to the reason for their admission under Section 3, 37, 45A, 47, or 48 of the Mental Health Act 1983. to reduce the risk of readmission.

11.4 The NHS Long Term Plan reinforces a focus on better care for vulnerable groups, better access to preventative mental health services and a reduction in suicide rates.

11.5 The Community Mental Health and Wellbeing Service contributes significantly to:

- Prevention and Recovery
- Integrated partnership working and
- The provision of good quality services and goods

11.6 A Section 256/Memorandum of Agreement will be entered into by all funding parties to provide a framework within which to work with health partners and other local authorities and includes financial protections for KCC.

11.7 If there is a change in Strategic Partners, TUPE regulations will apply. KCC needs to be conscious to mitigate the disruptive effect that this may have on current service users.

12. Equality Implications

12.1 An Equality Impact Assessment is in place for the commissioning of the Community Mental Health and Wellbeing Contract. No major issues were identified.

13 Data Protection Implications

13.1 There are no anticipated data implications associated with these decisions, as there will be no change to current services, or the data collected or shared, and therefore this will be covered under existing contract clauses.

13.2 It will be necessary for the Strategic Partners to complete a Data Protection Impact Assessment (DPIA) as they are controlling confidential data. A completed DPIA may be required to be completed as part of tender submissions.

14. Conclusions

14.1 The Community Mental Health and Wellbeing Service (commonly known as Live Well Kent) is due to end on 31 March 2023.

14.2 LWK is jointly funded by KCC Adult Social Care, KCC Public Health, K&M CCG and Medway Council, in furtherance of the requirement to prevent needs escalating, contained within the Care Act 2014 and the NHS Long Term Plan and the duty stipulated in the Mental Health Act (1983) to provide aftercare services to reduce the risk of readmission.

14.3 Ongoing performance and quality monitoring, the 2019 service review and recent market engagement findings provides significant evidence that the service delivers successful outcomes in line with the original vision, supporting the market to increase and improve the overall offer of mental health and wellbeing interventions available in Kent.

14.4 The outcomes achieved to date for Kent residents who have used LWK demonstrate the numerous benefits of the service. LWK has become a vital element of Kent's mental health pathway and the service has demonstrated a clear need for such support.

14.5 In preparation for the recommission, KCC commissioners responsible for the management of the Contract completed a comprehensive market analysis. The market analysis concluded by stating, considering the evidenced need for community mental health and wellbeing services in Kent, the success of current provision and the clear interdependencies between the continuation of these services and the success of the Community Mental Health Transformation Programme, it is recommended KCC continue to work in collaboration with K&M CCG) and Medway Council to jointly commission the Community Mental Health and Wellbeing Service. This approach supports the aspiration for closer integration and working with Health/CCG commissioning colleagues.

14.6 It is in recognition of these facts, that the conclusions made within this report have been reached, and the below recommendations have been made.

15. Recommendations

15.1 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) **COMMENCE** joint commissioning activity for a Community Mental Health and Wellbeing Service; and
- b) **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.

16. Background Documents

Community Mental Health and Wellbeing Public Consultation Report
<http://www.kent.gov.uk/mentalhealthconsultation>,

17. Report Author

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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:

22/00033

For publication

Key decision: Yes

result in expenditure which is significant having regard to the budget for the service or function (currently defined by the Council as in excess of £1,000,000)

Title of Decision **COMMUNITY MENTAL HEALTH AND WELLBEING SERVICE COMMISSIONING**

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

- a) **COMMENCE** joint commissioning activity for a Community Mental Health and Wellbeing Service; and
- b) **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 Community Mental Health and Wellbeing Service (commonly known as Live Well Kent) is due to end on 31 March 2023.

Ongoing performance and quality monitoring, service reviews and recent market engagement findings provides significant evidence that the service delivers successful outcomes in line with the original vision. The service has supported the market to increase and improve the overall offer of mental health and wellbeing interventions available in Kent.

The outcomes achieved to date for Kent residents who have used the service demonstrate the numerous benefits of the service. The service has become a vital element of Kent's mental health pathway and the service has demonstrated a clear need for such support.

Mental ill health currently represents 23% of the total burden of ill health in the UK and is the largest single cause of disability.

One in four adults in Kent experience at least one diagnosable mental health problem in any given year, and it is estimated that around 212,000 people in the county have a common or severe mental illness.

The National Community Mental Health Framework for Adults and Older Adults was published in September 2019 and sets out a plan for radical change in the design of community mental health care.

The National Community Mental Health Framework (CMHF) supports delivery of the NHS Long Term Plan vision for an accessible, person-centred and place-based comprehensive mental health offer through the alignment of Community Mental Health Teams (CMHTs) and Primary Care Networks (PCNs) and stronger relationships with Local Authority and voluntary sector services.

In order to achieve its vision all Integrated Care Systems (ICS) in England will receive their 'fair share' of central transformation funding to deliver new models of integrated primary and community mental health care for adults and older adults with severe mental health problems.

Transformation funding should be used to bring about whole system change across local health & care partnerships, enabling people with severe mental health problems to live well in their communities. Kent and Medway have now secured funding over three years to deliver this ambitious programme.

In Kent and Medway, the programme delivery team has been established, workstreams have been developed and work has begun.

The Community Mental Health and Wellbeing Service performs a pivotal role and is a key partner as part of the transformation programme.

Considering the evidenced need for community mental health and wellbeing services in Kent, the success of current provision and the clear interdependencies between the continuation of these services and the success of the Community Mental Health Transformation Programme, it is recommended Kent County Council (KCC) continue to work in collaboration with Kent and Medway Clinical Commissioning Group (K&M CCG) or its successor body and Medway Council to jointly commission the Community Mental Health and Wellbeing Service. This approach supports the aspiration for closer integration and working with Health/CCG commissioning colleagues.

Financial Implications: The Contract length will be 3 years with a 2-year extension option. The tables below outline the costs to KCC Adult Social Care and KCC Public Health and the contract costs to K&M CCG, for the initial 3 years and extension option.

Table 1: Contract costs to KCC Adult Social Care and Public Health (Initial 3 years and extension options)

	KCC Public Health	KCC Adult Social Care
Initial 3-Year Contract Term	£6,757,945.50	£9,232,609.50
2 Year Optional Extension Period	£4,505,297.00	£6,155,073.00
Total (Initial 3-Year Contract Term + 2 Year Optional Extension Period)	£11,263,242.50	£15,387,682.50

The above contract values can be funded from within the approved budget and there will be a reduction in spend/budget for Adult Social Care and Health as the contribution from Public Health is from their ring-fenced grant.

Table 2: Contract costs to K&M CCG (Initial 3 years and extension options)

	Kent & Medway CCG
Initial 3-Year Contract Term	£4,466,511.00
2 Optional Extension Period	£2,977,674.00
Total (Initial 3-Year Contract Term + 2 Optional Extension Period)	£7,444,185.00

It is recommended that the service includes an annual inflationary uplift. There is an objective to move towards equal funding levels from KCC and KM CCG, noting the current % split. To achieve

this, it is recommended K&M CCG commit to funding the additional inflationary annual uplift (estimated to a minimum of 2%). K&M CCG has formally approved this recommendation.

Legal Implications: It is the intention to undergo a procurement exercise to identify a suitable supplier in accordance with PCR 2015 Regulation 32(2)(c) and Procurement Policy Note 01/20. Section 2 of the Care Act 2014 places a general duty on local authorities to provide, arrange or otherwise identify services, facilities, and resources to prevent, delay or reduce the needs of adults for care and support. The Community Mental Health and Wellbeing Service contributes significantly to:

- Prevention and Recovery
- Integrated partnership working and
- The provision of good quality services and goods

A Section 256/Memorandum of Agreement will be entered in to by all parties to provide a framework within which to work with health partners and other local authorities and includes financial protections for KCC.

If there is a change in Strategic Partners, TUPE regulations will apply. KCC needs to be conscious to mitigate the disruptive effect that this may have on current service users.

Equality Implications: An Equality Impact Assessment is in place for the commissioning of the Community Mental Health and Wellbeing Contract. No major issues were identified.

Data Protection Implications: There are no anticipated data implications associated with these decisions, as there will be no change to current services, or the data collected or shared, and therefore this will be covered under existing Contract clauses. It will be necessary to get the Strategic Partners to complete a Data Protection Impact Assessment (DPIA) as they are controlling confidential data. A completed DPIA may be required to be completed as part of tender submissions.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 31 March 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

KCC Commissioners responsible for the management of the contract have also designed and delivered market engagement events and a public consultation was undertaken between 23 August 2021 to 3 October 2021.

Any alternatives considered and rejected: An options appraisal was completed and this is attached as Appendix C to the recommendation report.

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

.....
signed

.....
date

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High Level Service Overview of Additional Services Varied into the Contract

24-7 Telephone and Online Support Service for Kent and Medway

The 24-7 Telephone and Online Support Service is a telephone and online support service for the Kent and Medway population. The service is for adults aged 16 years and over who are, or may, need to access emotional support, guidance or information to prevent, reduce and/or de-escalate mental distress. The service is marketed via links from the various health and social care partner websites and there has been a sustained “Release the Pressure” media campaign. Calls can be from people who are suicidal, or need an ambulance, or are referred from duty GPs, or referred from out of hours teams including the Crisis Resolution Home Treatment Teams and Approved Mental Health Professionals. The lines are operated 24 hours including weekends and bank holidays.

Mental Health Housing Related Support

Housing Related Support Services are defined as services which aim to bring about independent living which could lead to individuals moving to general needs accommodation within a time period of up to two years. The service provides housing related support which:

- is principally focused on enabling individuals to secure or maintain independent living through a move on to more independent accommodation
- is the subject of a formal support plan which includes clearly defined outcomes against which progress can be monitored
- is part of a focussed, outcome driven programme with clear objectives for taking steps to independent living as opposed to ongoing permanent support maintenance in accommodation that individuals regard as a home for life

Mental Health Debt Counselling Service

This service provides specialist mental health debt advice.

Activity Programme for Young People aged between 14 – 35 who have suffered from a first episode of psychosis

The service is an activity engagement project for clients who are under the KMPT Early Intervention in Psychosis (EIP) services.

The focus of the programme is to aid in the overall recovery process of young people who have suffered a first episode of psychosis by improving physical health, self-esteem, levels of confidence, social interaction, and goal setting. The project also offers a platform for young people to discuss their experiences of mental health with peers and benefit from the support that provides.

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Real life stories

How Live Well Kent has changed peoples lives

Live well 
Community wellbeing

On behalf of



by

shaw trust



Porchlight

What is Live Well Kent?

At Live Well Kent we help you improve your mental and physical health and wellbeing by connecting you to local services and organisations that can help you with everyday living such as employment, housing and financial support as well as introducing you to groups and courses to support you with your mental health and wellbeing.

Our team of Community Navigators and Live Well Kent Volunteers will make sure you have access to the widest possible range of support and services to meet your needs.

We want to help you live well and feel good again.

Live Well Kent funds a number of Specialist interventions delivered by a number of local providers as well as supporting people to access services in their local community.

On behalf of



by

shaw trust



Porchlight



Steve's story

I have been receiving support from Live Well Kent for the last year and I wanted to share my positive experience.

I have several long term health conditions (physical and mental) and was struggling with life. I was stuck in a system that would not help me. I had been repeatedly dismissed, misdiagnosed and mistreated by the people I had trusted. Unable to work, my debts spiralled out of control and I was forced to sell my home. I had no confidence in myself or the NHS. A few months after I lost my home, I lost a beloved pet which broke my heart. A couple of months after this, my partner of almost three years ended our relationship. This had a catastrophic effect on me. 2019 was the worst year of my life!

It was suggested that I self-refer to Live Well Kent. I was reluctant to do so because I had explored many other avenues and always ended up being told I needed to speak to someone else, somewhere else. I was ready to give up altogether and had started to make plans to end my life.

I have received an incredible amount of support over the last year and I cannot emphasise enough the impact it has made on my life.

I would say I had ticks in every box and needed help with just about everything!

Ben, my Employment Adviser, provided support with my mental health and the employment side of things. I understand the ultimate goal is to get clients working but it took many months before I was ready to think about this! He has always made me feel valued and treated me with respect. I have spoken to him about my problems at length and he has always made time for me. Ben helped me to apply for Universal Credit and referred me to someone who helped to apply for Personal Independence Payment. I could not have done this alone!

Ben helped me apply for several jobs and prepare for interviews, he text me to wish me luck and checked in to see how I was afterwards. As someone who really struggles to regulate their emotions (I have Borderline Personality Disorder), this really helped me to stay grounded.

I have recently been offered a job as a Peer Support worker at a Psychiatric Hospital. Ben sent the job description to me and I never would have considered such a role but now I am really looking forward to it and I think I will do a good job.

To date, there have been 4 job offers on the back of the work that I have done with Ben! The recent pandemic stopped me from starting my job as I am classed as clinically vulnerable but I hope to be starting a new job very soon! Ben helped me apply for jobs with the DWP and their application process was complex and intimidating. To be successful for two different DWP roles is a huge achievement and a team effort. I think I would have given up at the first assessment activity if applying without support! Ben has helped my confidence to grow so much over the last year!

I have also received a huge amount of support from Reid, my Community Navigator. He has been in regular contact with me and is always positive and encouraging. He has introduced me to several coping strategies and has sent me lots of links and things to try. After my breakup, I was able to access some helpful videos from TED Talks. Thank you Reid so much for this! Reid referred me for some housing advice at the end of last year which was very much appreciated and more recently I have been working with a Bereavement and Loss Counsellor (Julie) who makes up part of the Live Well Kent network and has been amazing. I could write an essay about this experience alone!

Reid also introduced me to the virtual meetings offered by Live Well Kent during lockdown. I really enjoyed the 'Mindful Mile' activities. The Mindful mile connects me with others virtually and during the call, we all go for a 30 minute walk, run or cycle taking notice of the things around us. There is a now a possibility I may be able to run the London Marathon in October for Shaw Trust! This will be an amazing achievement for me and will be down to Reid... I'm currently equally terrified and excited!

Reid has also put me in contact with 'Take Off' and I am planning on joining their virtual support groups. Take Off offer 1:1 telephone/online support to use tools and resources to improve and sustain health and wellbeing. There is a Borderline Personality Disorder group which I am really looking forward to. I have been unable to access support with this through my GP/NHS/Adult Social Care so I am very grateful!

“ There are more things I could say. I felt so lost and lonely, and that nobody cared about what was going on in my life. Ben, Reid and others in Live Well Kent have made me feel that I was not alone, and that's probably saved my life! ”



Amy's story

I wanted to say thank you for the input of Shaw Trust/Live Well Kent over the past year. This is the third referral I have had with the charity and the most in-depth and supportive help so far. At the beginning of the referral my housing, money and wellbeing was seriously affecting both my mental and physical health. Although I still have disabilities and a serious mental health condition, I feel I am more able to cope with these. Your service has been a safety net for me. Both myself, and the people around me have seen huge improvements in my life.

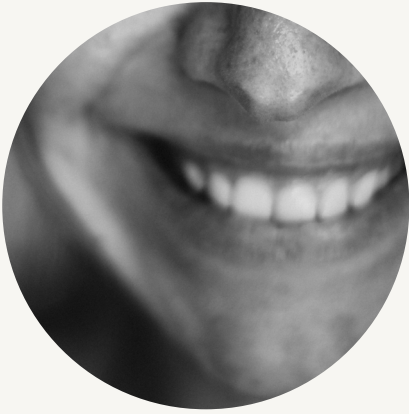
The most pressing issue was supporting my housing and finding permanent secure housing. Having housing support from Clarion, part of the Live Well Kent Network, meant there was someone to talk through this and the knowledge and expertise has helped me manage this situation and get my deposit returned from my old address. My Navigator, Reid, provided a calm and sensible approach to reviewing my benefits situation. The referrals to Citizens Advice Bureau enabled me to challenge my Personal Independence Payment reduction and to go through my Employment Support Allowance review meaning that I am financially ok for the next couple of years. When I was in crisis with an Employment Support Assessment

investigation, you were also able to help by pointing me to the right direction. Through Live Well Kent, I took the Money Management course with Citizens Advice Bureau, and was also referred to One You for support services to help me be healthier. I also attended a mental health Solution Focus course. These inputs mean I've felt like I've been able to help myself and work towards building resilience whilst healing.

Although I feel like benefits and health conditions will always be there, this year has helped me to find some stability and get myself out of crisis. I have felt that there has always been somewhere to turn if I couldn't cope. The advice has always been understanding but upbeat. Live Well Kent always has a solution if the problem is broken down and we are guided to experts.

Navigating illness, homelessness and unemployment is hard. It is very easy to slip through the net at an alarming rate. Caring for others or even caring for yourself is hard. I was trying to do all of these things whilst managing my medical health and was failing. Your service took the pressure of some of this off of my shoulders and made it possible to find the help I needed. Thank you.

“Live Well Kent is more than wellbeing and signposting. It is as important as healthcare. It is a way out of rock bottom and into living again.”



Sandra's story

Being with Live Well Kent has had a very positive impact on my life as I was shown there was more to life than just coping, I was learning to live again. The impact on my family was that they saw a change in me and we could laugh together with no more living on egg shells.

As part of my journey with Live Well Kent, I was able to access Art Psychotherapy. Joyce, my Art Therapist from Canterbury Art Studio, helped me with being with other people and knowing that most people do not behave like the people I have been around most of my life. Joyce also showed me that I could draw with different art materials, at this moment two of my pictures are being shown in an online art exhibition.

Live Well Kent also provided me with one to one bereavement counselling with Julie Rogers Counselling. It was the biggest impact on me and I do not think about my father anymore. Julie also helped me with the death of my son over twenty years ago. She also gave me some tools to help me when I get over-whelmed with things.

Being with Reid, as my Community Navigator, helped me understand about how I was feeling and thinking. Reid helped me to talk to people again and, I could say, he brought me out of my shell. To know what it is like to be unafraid of anyone or anything.

Reid putting me in touch with Joyce and Julie who are part of Live Well Kent were the best things that happened.

“ I would not be who or where I am today without Live Well Kent. I cannot thank you enough for helping me so much.”



Nicola's story

I was referred to Live Well Kent for support around managing my Anxiety and Depression as well as lacking in confidence. When I first joined Live Well Kent I was withdrawn and quiet and needed a lot of support to keep motivated due to my Mental Health. At my first meeting with my Community Navigator, we explored the support and services that were available to me. I attended the Personal Development course for confidence building, where I connected well with others in the group, and started to build my confidence. I disclosed that I had a bad time in my last job and that I was very concerned over finding a new role. With the support of my Employment Advisor Vicki, I worked hard on updating my CV, creating Speculative Letters

and Cover letters. I was allowing myself to feel that I was once more taking control of my own destiny which helped towards me regaining my strength of character and to feel more able to move into work again. I became more confident as time went on, my sense of humour returned and I was showing the ability to take control with areas that in the beginning of my journey I would have relied on other people to do for me. The Live Well Kent Team worked with me to feel worthy and listened too and I felt I was able to grow again. It all paid off and I found a Full Time job for a Care Agency. I am now a Senior Carer there, having worked hard and kept at the role for over 6 months.

“ I count Live Well Kent as extended family, and will be forever thankful for the love and support I received, and have recently achieved working for my company for over a year now and have been offered the chance of promotion to Manager, while I don't feel ready to accept the offer, I never thought I would be offered this opportunity, and feel that it wouldn't have been possible without the continued support of Live Well Kent. ”



Vanessa's story

I was referred to Live Well Kent as I was having problems with my housing situation at the time. I was going to be served notice on my house and moved into temporary accommodation. I wanted support with moving to a different property. I felt very socially isolated and I spent a lot of time in my bedroom. I wanted to attend social activities to help with my isolation and my anxiety and depression. I met with my Live Well Kent Navigator, Amy, who referred me to housing support to assist with liaising with the council. I was referred to the Creative Minds Art Group and the Art Therapy Group to help with my mental health needs and social isolation. I

moved into permanent accommodation after bidding on properties through the council. I attended Creative Minds for the duration of my journey at Live Well Kent. By attending creative minds and the art therapy group, I felt had the confidence to join Live Well Kent as a volunteer. I then volunteered as an assistant in the Creative Minds Art Group and I helped run the wellbeing pop-in café with another volunteer.

“ I found the Live Well Centre a very calm and welcoming environment. The staff were very friendly and helpful. I gained a lot from meeting new people and got my confidence back from attending the various courses provided.”



Anthony's story

I was referred to Live Well Kent seeking alternative support other than the mental health services. I wanted employment support as I had not been in employment for some time due to my mental and physical health. I also needed housing support. I was feeling low and was struggling to maintain my moods as well as feeling worried for what may happen next with regards to my housing. For many people, asking for help is something that people find difficult. Live Well Kent is about taking the time to listen to people like me in a safe environment.

I explained my situation and discussed the support that can be put in place for me at Live Well Kent with my Navigator Jennie. I wanted to take positive steps in my Recovery. At my first meeting, I was made aware of what was available within Live Well Kent as well as other services in Maidstone. This was when a plan was put together. I met with my Jennie monthly and the reassurance and continued support throughout my journey was given. I was able to express any worries or concerns, achievements and seek on-going support if required and if my circumstances changed. I have been working with the employment

team to seek appropriate employment. I have been supported with my housing and am now moving in to new accommodation due to unforeseen circumstances.

I was originally referred to the employment team as my main focus was to find a job. However, as time went on, I found other support was useful. I was referred to Blackthorn which gave me a chance to get out in the community and meet new people whilst undertaking an activity of my choice. Blackthorn offer activities such as gardening and crafts and have a café. I was a chef previously, and I chose to volunteer in the kitchen at Blackthorn. I found this environment therapeutic and welcoming and accepting of all people. I have grown in confidence and found it easier to ask for help. Since attending and completing 8 weeks at Blackthorn, I have now been given the opportunity to access their pain management programme for a further year. I have found myself here and I am looking forward to the alternative therapies the programme also offers that can support me.

“ I am looking forward to continuing my journey with Live Well Kent and building my confidence in new experiences in the future. ”



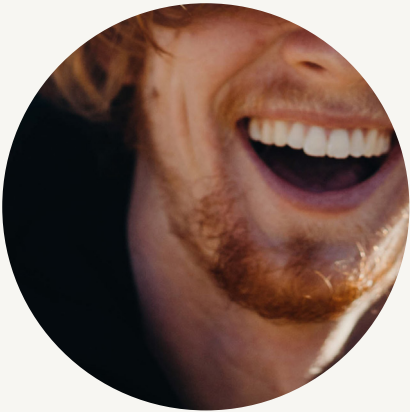
Dawn's story

When I was referred to Live Well Kent, I was due to be discharged from the Community Mental Health Team. My Live Well Kent Navigator Emma worked with me to identify different areas of need and put appropriate measures in place to enable me to address my barriers. I was encouraged by Emma to engage with the Primary Care team at Invicta Health who provide mental health counselling. I was referred to Clarion for support to liaise with the local authority about repair work that needed to be carried out on my property. I was also referred to Live Well Kent Employment Advisor, Ben Edmonds-Taylor for support to explore my employment options as well as Citizens Advice Bureau to participate in the Live Well Kent Money Management workshop and for support to address some accruing utility arrears. I was supported with the transition from Income Support to Universal Credit and made sure that I had access to sufficient food/funds during this time. I was supported to apply for Personal Independence Payment. Alongside this, I was also referred to the Community

Counselling Service and was supported to quit smoking. I have successfully transitioned to Universal Credit and I am now in receipt of Personal Independence Payment. I am budgeting well, paying off my utility arrears at a manageable rate, and am financially stable for the first time in years. I now have two paid jobs that I am enjoying one at Take Off and one at Poets Corner. I have completed Maths, English, and First Aid qualifications, have given up smoking, and have learnt to drive. I recently passed my driving test and now own a car. The Local Authority have carried out the required repairs and I have now decorated my flat to my liking. I have massively grown in confidence and am feeling super positive about the future. I have recently fallen pregnant and am very happy.

Live Well Kent has been a real lifeline for me and has given me the confidence to push on despite things being tough at times; I feel reassured to know that Live Well Kent are here if I happen to need you again in the future.

“Live Well Kent has been a real lifeline for me and has given me the confidence to push on despite things being tough at times.”



Ricky's story

When I was growing up, I didn't have a stable childhood and was in foster care from a young age. I struggled throughout school. I later discovered I have dyslexia; which helped me understand why I struggled at school. I began using drugs recreationally but as time went on I became dependant and I developed problems with anger. Over the last few years, I became a carer to my mother who grew very unwell and sadly passed away. I knew then I needed to change and knew I needed to break the cycle of drug use. I feared my life was spiralling out of control. I took the decision to leave my life in London behind and move to Swale for a new start. Following the move, I felt isolated which impacted on my mental health and although I wanted a fresh start; I needed help. My Job Centre Work Coach referred me to Live Well Kent Employment Service for support to manage my health and wellbeing and to regain structure in my life. With my Advisors, Michael and Natasha, we started an action plan to identify barriers and agree achievable goals. Shaw Trust suggested the 5 week

Vocational Pipeline Training for Cook Kitchen's RAW Talent Programme. I was excited to hear of the opportunity, wasted no time in booking my place.

The RAW Talent Programme which stands for Ready and Working, is a programme developed to help those with barriers such as; criminal convictions, mental health challenges and homelessness back into work. We were offered vocational training both at Shaw Trust and with Cook, peer mentoring and in-work-support.

In January 2020, I secured a place on the RAW Talent Programme which was full on but really rewarding. I was offered a full-time position on the production line. Shaw Trust have supported me every step in my journey including, providing details of a moped scheme so I could get to work on time. My advisor declined my offer to take a spin on the back of my bike! Things are going really well for me now, I am enjoying my job and being part of a team!

“ I am still working as a key worker in providing food for people when most of the country is in lock down. I am really loving work and working overtime to meet with demand.”



Julie's story

I was referred to the Live Well Kent for support to find a new job, after finding out that I was about to be made redundant.

I met with Emma, my Community Navigator who referred me to the Live Well Kent Employment Team.

I was struggling to manage debts and was keeping this a secret from my husband. Emma provided me with some useful tools, including the Martin Lewis 'Mental Health & Debt' guide, and then referred me to Citizens Advice Bureau to participate in the 'Be Money Smart' workshop; from this I went on to access 1-2-1 debt support. It was identified that my debts weren't nearly as bad as I had thought they were and that they could be easily resolved – Citizens Advice Bureau supported me to address these.

Emma helped me in identifying that I had always had a very difficult relationship with my

mother & sisters, and that this was something that I had been carrying with me emotionally for my life – it was impacting absolutely everything that I did and massively affected my confidence & self-belief. My navigator, Emma referred me to JR Counselling which is part of Live Well Kent. This was Loss and Bereavement Counselling and it supported me to process my feelings around the loss of these relationships.

I worried a lot and felt overwhelmed with responsibilities at home, and I was then referred to The Activity Box to participate in 10 sessions of art & craft therapy. This helped me to have a positive focus away from my worries and responsibilities.

I am now in a new job, managing my debts well, and I am in a really positive place in terms of my mental health.

“When I left Live Well Kent, I was in an incredibly positive place and felt excited about the future for the first time in years. I felt like a different person and I have let go of a lot of the 'emotional baggage' that I have carried around with me since I was a young girl. I have decided to follow my dream of becoming a school counsellor and I have applied to do a counselling course.”



Rachel's Story

I was originally referred to Live Well Kent for support to explore my employment options, but not long after my referral I experienced a bereavement and my mental health deteriorated. Bereavement had previously been a trigger in me experiencing an episode of severe psychosis. Just when I felt things were getting back on track, my circumstances then changed again; I was evicted from my privately rented flat and became homeless.

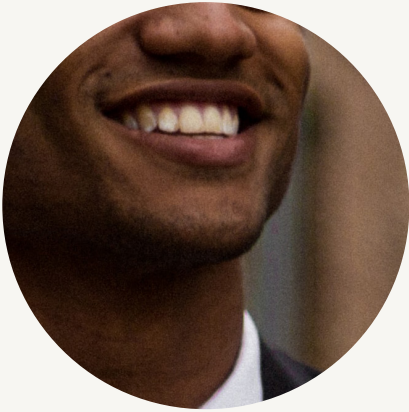
My Community Navigator, Emma supported me to access social support at the Abbey Physic Community Garden; this became a real lifeline for me and I still attend a few times a week. Emma also referred me to The Activity Box for 10 sessions of art & craft therapy; this came at exactly the right time for me and was a great support for me when I was at my lowest. Emma and I did explore the possibility of accessing bereavement counselling, but I decided that the best way for me to cope with my loss would be to find other focuses, rather than focussing specifically on it in talking therapy. When I received my eviction

notice, I was referred to Julie Morgan at Clarion Housing; Julie supported me to make a housing application and to liaise with the relevant council about my needs.

The session at The Activity Box gave me a positive focus and provided me with a safe and therapeutic environment in which I could express myself creatively; this gave me confidence at a very difficult time.

Abbey Physic Community Garden massively opened up my support network and to this day remains important in me managing my mental health. Without the garden, I wouldn't have been able to get through the past year. Julie Morgan guided and supported me throughout the process of being made homeless; after spending 3 months in out-of-area hostel accommodation, I was finally offered a bungalow back in the local area – I moved in in early August and I have settled in fantastically well. I am now in a super positive place and feel immensely proud of myself for surviving it all.

“ I haven't been this happy for at least 6 years and I feel settled and secure for the first time in a long time. I am actually feeling excited for the future for the first time in as long as I can remember. ”



Oscar's story

I was referred to the Live Well Kent for support around my mental health. I lost both my parents during my teens and I was struggling to come to terms with this loss. I was living in a shared house that I hated. I was low in confidence, and I wasn't sure where to start in terms of finding work.

After a meeting with my Navigator, Emma I was referred to JR Counselling for specialist support around bereavement. I also engaged with Cognitive Behavioural Therapy through the Community Mental Health Team and I found this very helpful. Since the therapy ended, I have continued to utilise the skills I learned, and I am now in a much better place in terms of my mental health.

Emma also referred me to Take Off and Canterbury Umbrella Centre which is part

of Live Well Kent. I was able to participate in some groups which helped me to build social connections and to develop my confidence.

We also explored the positive benefits of exercise; I joined a local gym and started exercising on a daily basis. I have continued to exercise at home during lockdown and this has had a tremendously positive impact on both my physical and mental wellbeing.

I have now moved into my own flat and I am really happy there. I am fitter, healthier, and happier, and I am feeling confident about finding work; I have recently been invited to interview for a position in a local retail outlet and I am feeling positive about the future.

“To Emma and Ben – I just would like to say a huge thank you to you both for helping me and supporting me! You've both been fantastic! If it was not for your support I would not be nowhere near where I am today, so thank you!”

Client testimonials

“My Navigator from Live Well Kent was brilliant, he helped me find my way through the tunnel and helped me through right to the other side.”

“I have definitely gained my confidence back because of Shaw Trust. I have made new, wonderful, caring friends through Shaw Trust and continue to do so via Microsoft Teams. I do thank the Lord every day that I was referred to Shaw Trust.”

“Live Well Kent have been so supportive, friendly and the help I received was very specific to my needs. This has helped me get a better place in my life and I feel so much more positive about my future.”

“I am finally thinking of the future positively and am managing to sleep a lot better. Things feel better in life!”

“Thank you for all of your support. You have started to help bring the defensive wall that I had built up around me, down.”

“Everyone I’ve met through Live Well Kent has been friendly, positive and really helpful.”

“Live Well Kent is a very good service. It’s nice to know that support is there when I need it.”

“I was very glad to be referred to Live Well Kent as I feel like it has changed my life for the better.”

“Knowing that somebody cared was an enormous thing for me and Live Well Kent made a significant difference during a very dark time in my life.”

“Thank you for all the support. You have help with so many aspects of my life.”

“Live Well Kent has been very helpful and made me think about things, which has helped me move forwards. I didn’t know whether I was coming or going before signing up.”

“I have enjoyed my time with Live Well Kent and feel secure that there is support in my local area.”

“Live Well Kent has been so helpful. You have helped me to get out of a really dark place and I hardly ever think about suicide anymore.”

For more information visit:

livewellkent.org.uk

Shaw Trust is a national charity working to improve the life chances for the people and communities we serve.

Last year we supported thousands of people on their journey into work. To find out more about Shaw Trust please visit our website:

shawtrust.org.uk

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Please email studio@shaw-trust.org.uk to receive this information in a different format.



On behalf of



by

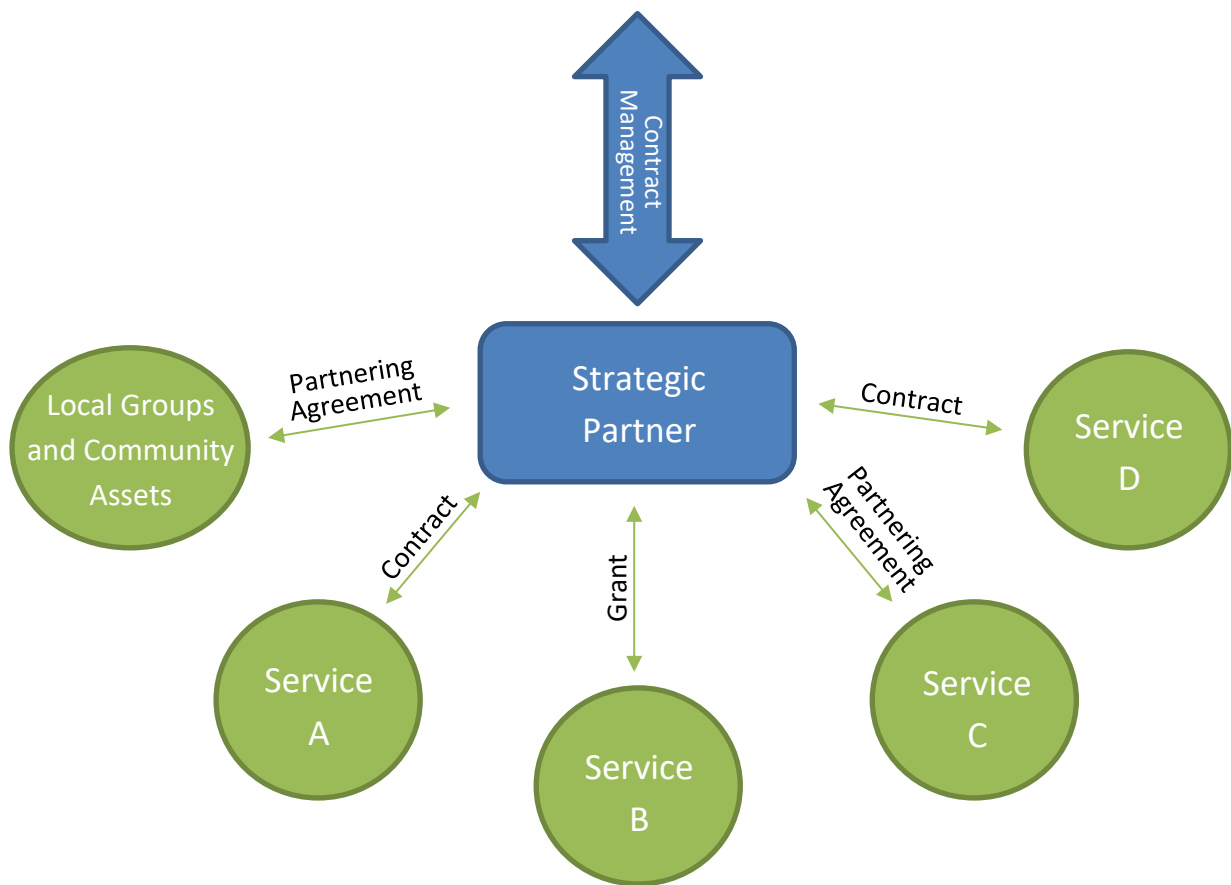
shaw trust



Option	Commissioning Model	Service Specification	Location	Contract Length	Client Age	Budget	Contract configured so it can be adapted or added to throughout the life of the contract	Service to include all commissioning requirements identified by the Community Mental Health Transformation Programme
Option 1: Do Nothing (Decomm)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Option 2	Strategic Partnership	Develop one service specification which encompasses all current services plus any additional services which are identified to be suitable.	Kent Only	3 + 2	17+ only	Current budget	No	No
Option 3	Strategic Partnership	Develop one service specification which encompasses all current services plus any additional services which are identified to be suitable.	Kent and Medway	3 + 2	17+ only	Increase throughout the lifetime of the Contract as a result of additional commissioning requirements identified by the Community Mental Health Transformation Programme.	Yes	Yes – Phased Approach

Option	Commissioning Model	Service Specification	Location	Contract Length	Client Age	Budget	Contract configured so it can be adapted or added to throughout the life of the contract	Service to include all commissioning requirements identified by the Community Mental Health Transformation Programme
Option 4 Page 64	Strategic Partnership	Develop one service specification which encompasses all current services plus any additional services which are identified to be suitable.	Kent and Medway	3 + 2	Flexible	Increase throughout the lifetime of the Contract as a result of an annual inflationary uplift (estimated to a minimum of 2%) and additional commissioning requirements identified by the Community Mental Health Transformation Programme.	Yes	Yes – Phased Approach

Strategic Partner Model



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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 – 31 March 2022

Subject: **External Community Opportunities for People with Learning and Physical Disabilities**

Decision Number **22/00034**

Classification: Unrestricted

Past Pathway of report: Governance Directorate Management Team - 2 February 2022

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: The current Community Day Opportunities for Individuals with Disabilities framework contract is due to expire on 30 September 2022, new arrangements need to be in place by 1 October 2022. It is planned to develop a specification that is flexible, adaptable, and enables new providers to join as the needs of individuals change and following learning from the pandemic. It is proposed to change from the current framework arrangements and implement a dynamic purchasing system, reduced number of contract lots and locality-based focus. Following adaptations made by providers during the pandemic different levels of payment for 1:1 support, group support (tiered by numbers supported) and virtual/remote support are also being considered.

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 (in consultation with the Cabinet Member for Integrated Children’s Services) on the proposed decision (attached as Appendix 1) to:

- a) **APPROVE** the procurement for External Community Opportunities for People with Learning and Physical Disabilities; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health and Corporate Director Children Young People and Education to take relevant actions, including but not limited to finalising the terms of entering into required contracts of other legal agreements, as necessary to implement the decision.

1. Introduction

- 1.1 The Community Day Opportunities for Individuals with Disabilities framework contract was due to expire on 31 March 2021. However due to the pandemic, it

was not possible to commence any engagement activity to begin the re-tendering of the contract. The contract was extended under guidance issued at the time (Procurement Policy Note, PPN 01/20) for 18 months in December 2020. The contract needs to be retendered for October 2022.

- 1.2 There are currently 47 organisations providing 72 separate day opportunities services on the framework contract. There are also a number of individuals accessing these and other providers through historical individual contracts and direct payments. Currently there are approximately 1,115 individuals supported through the Framework and approximately 1,408 individuals in total funded for day opportunities by Kent County Council.

2. Background

- 2.1 During the COVID-19 pandemic it was not possible to begin the re-tender of the Community Day Opportunities Contract for People with Learning and Physical Disabilities and therefore the contract was extended for 18 months. The contract needs to be re-tendered for a new contract to begin on the 1 October 2022.
- 2.2 The key principles of the current specification are based on Valuing People Now (2009) of: Rights, Independent Living, Control and Inclusion as well as The Equality and Human Rights Commission vision promotes strategies which are underpinned by the following three priorities:
 - To promote fairness and equality of opportunity in Great Britain's future economy
 - To promote fair access to public services, and autonomy and dignity in service delivery
 - To promote dignity and respect, and contribute to keeping people safe
- 2.3 In the current specification there are three main lots: Promoting Wellbeing, Promoting Independence, Employment Support (as well as an additional support (1:1 lot)).

3. Future Specification Development

- 3.1 Current thinking prior to provider and public engagement is that the specification will be outcome focused based on the Making a Difference Everyday (MADE) and Provider Services design principles (which have been part of a separate engagement process) and aligning with Self Directed Support approach of Adult Social Care. MADE is Adult Social Care's vision to support people to live a life based on what's important to them and that keeps them safe, with the person at the heart of everything we do, shaping the future together with the person and their families/carers.
- 3.2 Given the diverse nature of the market the specification needs to be flexible, adaptable, and evolving and enable new providers to join as the needs of individuals change following the learning from the pandemic. We are considering two main lots one for Wellbeing and one for Employment and to have locality-based contracts.

- 3.3 The current contract is a framework that was opened every six months for new applicants. Following engagement, we will be procuring a dynamic purchasing system, which will remain open to allow providers to join at any time, to ensure if a gap in provision is identified, through working with the market it can be filled.
- 3.4 Through aligning this procurement with the Micro-Enterprises project – the potential will be explored to utilise the micro-enterprises process for bringing smaller providers onto the Dynamic Purchasing System, and utilising the tools available through that project – procurement regulations permitting. The implications of potentially using a parallel evaluation route dependent on size of organisation is being assessed.
- 3.5 Following the adaptations made by providers during the pandemic it will be proposed that there are three different levels of payment for 1:1 support, group support (tiered by numbers supported) and virtual/remote support.
- 3.6 It is recognised that day opportunities in the traditional sense is reducing in demand, but they are still an important provision for some individuals and their families. So, we are proposing a flexible, adaptable and evolving model to include traditional day opportunities and wider community support outside of traditional times and settings.
- 3.7 Draft Procurement Timetable

Final Market Engagement	April 2022
Final Resident engagement	April 2022
Invitation To Tender published (anticipated)	3 May 2022
Invitation To Tender closes (anticipated)	1 June 2022
Contract award governance	TBC
Contract start	1 October /2022

4. Financial Implications

- 4.1 All current external Learning Disability and Physical Disability Day Opportunities are funded through the operational teams.
- 4.2 The total forecast spend (across Adult Social Care and Children and Young People's Services) for 2021-22 is £10,065,200 for service provisions (see table below for split).

	Forecast 2021/22
People with a disability (26 and over) – includes Sensory and Autism	£7,392,400
Young People (18 – 25)	£2,672,800

4.3 There are associated transport costs which are also funded through the operational teams, the table below outlines the forecast for 2021-22. Again, this is likely to be lower this year due to the pandemic.

	Forecast 2021/22
People with a disability (26 and over) – includes Sensory and Autism	£1,593,900
Young People (18 – 25)	£850,200

4.4 Due to the COVID pandemic, the forecast spend during 2021/22 is lower than the allocated budget. This has been a result of some services being closed for periods of time. Client charging has also been suspended which impacts on this commitment.

4.5 Through benchmarking other neighbouring Local Authorities, Kent County Council pay lower day and half day rates. A risk of the new procurement will be providers submitting higher fees for support. It is proposed to mitigate some of this risk through the procurement, by requesting flexible fees depending on the activity/support delivered and to work with providers and people we support through utilising various methods of payment through a self-directed support approach, such as direct payments and individual service funds.

4.6 The Council budget was approved at County Council on 10 February 2022. It is acknowledged that there are significant pressures on the Adult Social Care and Children’s and Young People’s budgets. As such there are identified savings for these budgets. Table below sets out the identified savings.

	Savings identified
People with a disability (26 and over) – includes Sensory and Autism	£1,000,000

4.7 The savings will be realised through the offer of support and choice available and will be tracked through a benefits realisation group, as there is a risk the spend on this type of support could move across various budget lines.

5. Legal implications

5.1 The procurement of new External Community Opportunities will be undertaken in line with the Public Contract Regulations (2015) and legal advice will be sought as necessary regarding contractual terms and conditions. There will need to be resource allocated at the end point contract award for contracts to be sealed. The new contracts will be taken forward in a way which ensures the Council’s statutory responsibilities are discharged accordingly.

5.2 These services support an individual with an assessed care and support need and therefore fall under the guidance laid out by the Care Act (2014).

6. Equalities implications

- 6.1 An Equality Impact Assessment (EqIA) has been carried out. The EqIA will be included in the decision paperwork.
- 6.1 There should be no negative impact on those with protected characteristics as the aim of this tender is to improve on an existing day opportunities contract.

7. Data Protection Implications

- 7.1 It is likely that a DPIA will be required, and this will be completed once the specification is produced.

8. Other corporate implications

- 8.1 The ongoing review of provider services could potentially impact on the external day opportunities market depending on the outcome.

9. Conclusions

- 9.1 The Community Day Opportunities for Individuals with Disabilities framework contract needs to be re-tendered by 1 October 2022. It is planned to develop a specification that is flexible, adaptable, and evolving and enables new providers to join as the needs of individuals change following the learning from the pandemic.
- 9.2 As part of the engagement, we are proposing a change to the current framework arrangements and implementing an approved provider list. Following the adaptations made by providers during the pandemic it will be proposed that there are 3 different levels of payment for 1:1 support, group support (tiered by numbers supported) and virtual/remote support.
- 9.3 There are savings identified within the Adult Social Care budgets for these services. The daily rate Kent County Council are currently paying for framework contract placements are below that of neighbouring local authorities. Any increase in fees through the procurement should be mitigated through the choice and options for support on offer.

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 (in consultation with the Cabinet Member for Integrated Children's Services) on the proposed decision (attached as Appendix 1) to:

- a) **APPROVE** the procurement for External Community Opportunities for People with Learning and Physical Disabilities; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health and Corporate Director Children Young People and Education to take relevant actions, including but not limited to finalising the terms of entering into required contracts of other legal agreements, as necessary to implement the decision.

11. Background Documents

None

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 (in consultation with the Cabinet Member for Integrated Children’s Services)

DECISION NO:

22/00034

For publication

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

Title of Decision: External Community Opportunities for People with Learning and Physical Disabilities

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
 a) **APPROVE:** The procurement of external community opportunities for people with Learning and Physical Disabilities; and
 b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health and Corporate Director Children Young People and Education to take relevant actions, including but not limited to finalising the terms of entering into required contracts of other legal agreements, as necessary to implement the decision.

Reason(s) for decision: The current Community Day Opportunities for Individuals with Disabilities framework contract is due to expire end on 30 September 2022, new arrangements need to be in place by 1 October 2022.

The new service specification will be outcome focused, based on the Making a Difference Everyday (MADE) and Provider Services design principles (which have been part of a separate engagement process) and align with a Self-Directed Support approach of Adult Social Care.

It is recognised that a traditional approach to ‘day opportunities’ is reducing in demand, but still an important provision for some individuals and their families. The support through the new Community Opportunities Offer will be a flexible, adaptable and evolving model to include traditional day opportunities and wider community support outside of traditional times and settings. The future support offer will also align with other Adult Social Care Projects such as the Micro-Enterprises development.

Financial Implications: All current external Learning Disability and Physical Disability Day Opportunities are funded through the operational teams.

The total forecast spend (across Adult Social Care and Children and Young People’s Services) for 2021-22 is £10,065,200 for service provisions (see table below for split).

	Forecast 2021/22
People with a disability (26 and over) – includes Sensory and Autism	£7,392,400
Young People (18 – 25)	£2,672,800

There are associated transport costs which are also funded through the operational teams, the table below outlines the forecast for 2021-22. Again, this is likely to be lower this year due to the

pandemic.

	Forecast 2021/22
People with a disability (26 and over) – includes Sensory and Autism	£1,593,900
Young People (18 – 25)	£850,200

Due to the COVID pandemic, the forecast spend during 2021/22 is lower than the allocated budget. This has been a result of some services being closed for periods of time. Client charging has also been suspended which impacts on this commitment.

Through benchmarking other neighbouring Local Authorities, Kent County Council pay lower day and half day rates. A risk of the new procurement will be providers submitting higher fees for support. It is proposed to mitigate some of this risk through the procurement, by requesting flexible fees depending on the activity/support delivered and to work with providers and people we support through utilising various methods of payment through a self-directed support approach, such as direct payments and individual service funds.

The Council budget was approved at County Council on 10 February 2022. It is acknowledged that there are significant pressures on the Adult Social Care and Children's and Young People's budgets. As such there are identified savings for these budgets. Table below sets out the identified savings.

	Savings identified
People with a disability (26 and over) – includes Sensory and Autism	£1,000,000

The savings will be realised through the offer of support and choice available and will be tracked through a benefits realisation group, as there is a risk the spend on this type of support could move across various budget lines.

Legal Implications: The procurement of new External Community Opportunities will be undertaken in line with the Public Contract Regulations (2015) and legal advice will be sought as necessary regarding contractual terms and conditions. There will need to be resource allocated at the end point contract award for contracts to be sealed. The new contracts will be taken forward in a way which ensures the Council's statutory responsibilities are discharged accordingly. These services support an individual with an assessed care and support need and therefore fall under the guidance laid out by the Care Act (2014).

Equality Implications: An Equality Impact Assessment (EqIA) has been carried out. There should be no negative impact on those with protected characteristics as the aim of this tender is to improve on an existing day opportunities contract. The EqIA will be included in the decision paperwork.

Data Protection Implications: It is likely that a Data Protection Impact Assessment will be required, and this will be completed once the specification is produced.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 31 March 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected: Not to retender the current contract.

Any interest declared when the decision was taken, and any dispensation granted by the Proper Officer: None

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signed

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date

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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 – 31 March 2022

Subject: **KENT ADULT CARERS STRATEGY 2022 TO 2027**

Decision Number: 22/00015

Classification: Unrestricted

Past Pathway of report: Making a Difference Every Day Directorate Management Team – 9 February 2022

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: This report informs Members of the outcome of the consultation on the draft 'Kent Adult Carers Strategy 2022 to 2027'. The strategy has been updated to reflect the outcome of the consultation.

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 1) to:

- a) **ADOPT** the Kent Adult Carers Strategy 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 Kent Adult Carers Strategy.

1. Introduction and background

- 1.1 The Cabinet Member for Adult Social Care and Public Health confirmed the start of the pre-consultation engagement events about the development of the draft Carers Strategy, at the Cabinet Committee meeting held on 1 December 2021.
- 1.2 Plans for the public consultation on the draft Carers Strategy was reported at the Cabinet Committee meeting held on 18 January 2022.

- 1.3 The existing financial challenges facing the council and the huge social, economic, and public service delivery effect of the Covid-19 pandemic, provide the background to the development of the draft Carers Strategy. The proposed Carers Strategy has been developed in line with the council's corporate objectives and informed by the principles of the Care Act 2014, in so far as they relate to Kent County Council's adult social care responsibilities.
- 1.4 The draft Carers Strategy does not sit on its own, it is closely aligned with the overarching 'Making a difference every day: our strategy for Adult Social Care, 2022 to 2027'. Both directorate strategies provide the platform for Adult Social Care and Health's contribution towards meeting the objectives of KCC's Interim Strategic Plan and the next Strategic Statement. The information in the draft Carers Strategy has also been influenced by the 'People at the Heart of Care, White Paper 2021'. It is important to note that, in working to deliver change for carers, it will be necessary to maintain the strong and meaningful connection with other relevant local strategies such as the Young Carers Strategy, the Autism and Learning Disability Strategy and the Dementia Strategy that cover the county.
- 1.5 The draft 'Kent Adult Carers Strategy 2022 to 2027 (attached as Appendix A), has been developed to set out the vision and direction for, and help to enable the delivery of, carers support services over the next five years in Kent.
- 1.6 Adult Social Care and Health Directorate activities take place in a changing world, where Carers express ever-changing expectations in terms of access to quality of information, single point of access, quality, and continuity of services and about the outcomes that matter to them. The draft Carers Strategy is intended to be a high-level plan that unites the approach across our workforce to deliver more person-centred, flexible, and responsive support services.

2. Consultation process and outcome

- 2.1 The draft Carers Strategy has been subject to public consultation. It has been developed to explain in plain English, and in an engaging way, the overall draft vision, the three central principles (supporting you to be you, providing the best support possible and positive outcomes) and new ways of working to support carers, which keeps the person at the heart of everything we do and will help us continuously improve the services we offer. Together, these describe our 'Making a Difference Every Day' approach to supporting carers to achieve the outcomes they see as most important. The consultation on the strategy opened on 12 January 2022 and it closed on 22 February 2022.
- 2.2 The consultation process identified the main stakeholders with interest in the Carers Strategy, and this included carers, people we support, Kent County Council (KCC) staff, KCC Members, carers and voluntary sector organisations, Healthwatch, NHS trusts, Kent and Medway Clinical Commissioning Group, and social care providers, as well as the public. Full details of the consultation Process and responses are included in the Kent Adult Carers Strategy Engagement and Consultation Outcome Report (Appendix B and Appendix B1).

- 2.3 In the pre-consultation and engagement period, we involved several groups; carers, people we support, members of the public, our staff, county councillors, and partners to co-produce this strategy. As a result, the draft Carers Strategy has been influenced by the different lived experience of people in its development even before going out to consult. Both the learned experiences of our staff, and the lived experiences of carers, the people we support, and partner organisations have been discussed and have shaped the content of the document. It should be noted that principles of the 'Making a Difference Every Day – our strategy for Adult Social Care, 2022 to 2027', has also shaped the draft Carers Strategy and how it will be delivered.
- 2.4 It is important to note that the revised draft Carers Strategy addresses all the main feedback from the consultation responses. The revised Carers Strategy emphasises the needs of different, the need for clarity about how the strategy will be implemented in compliance with KCC's duties as a council with adult social care responsibilities. Implementing the strategy will contribute to achieving the priorities of Members and in line with the broad direction of Government policy regarding carers.

3. Financial Implications

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

4. Legal Implications

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

5. Equalities implications

- 5.1 As part of the planning process for the Carers Strategy development work, an initial equalities impact assessment was developed. This has subsequently been updated to reflect relevant comments put forward during the consultation exercise. The revised Equality Impact Assessment is attached as Appendix C.
- 5.2 Comments were made as part of the response to the consultation which have implications for practice and delivery of carers services. It is intended that these comments would be taken on board and acted on in the development of the related implementation plan.

6. Data Protection implications

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

7. Conclusion and next steps

- 7.1 There has been a need for a new Kent Adult Carers Strategy to be developed given that the existing 'Kent Adult Carers Strategy, 2019' is out of date and needed to be refreshed in line with the overarching Adult Social Care Strategy.
- 7.2 The draft 'Kent Adult Carers Strategy 2022 to 2027', has been developed to set out the vision and direction for, and help to enable the delivery of, carers support services over the next five years in Kent.
- 7.3 A formal launch of the adopted 'Making a difference every day: our strategy for Adult Social Care, 2022 to 2027 and the 'Kent Adult Carers Strategy' is planned. The delivery plans and activities which have been started to support the implementation of the ambitions and the objectives in the strategies will be monitored, and their progress measured against the high-level outcomes described in both strategies. Reporting on progress towards the goals of the strategies will form part of the routine cycle of reporting to Members.

8. Recommendations

- 8.1 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 1) to:
- a) **ADOPT** the Kent Adult Carers Strategy 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 Kent Adult Carers Strategy.

9. Background Documents

None

10. Report Authors

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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:

22/00015

For publication Yes

Key decision: YES.

Title of Decision: KENT ADULT CARERS' STRATEGY 2022 - 2027

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

- a) **ADOPT** the Kent Adult Carers' Strategy 2022 – 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.

Reason(s) for decision:

The current Kent Adult Carers' Strategy was developed and adopted in 2009 and it is recognised that there is a need to set a new strategic direction for Adult Social Care which better responds to the changing expectations of the people we support, their carers and the operating environment.

The Kent Adult Carers' Strategy 2022 – 2027 describes our vision, approach, and priorities for how we plan to work with all our partners to make welcomed changes for supporting adult carers in Kent. This strategy does not sit in isolation. The strategy has been influenced by the *'People at the Heart of Care, White Paper 2021'* and, it is closely aligned with the *'Making a difference every day – Our strategy for Adult Social Care in Kent 2022 to 2027'*.

The strategy sets out our vision and ambitions for supporting and empowering carers to lead the lives they want to live, in a place they call home and by putting carers at the heart of everything we do.

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

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

Equalities Implications: As part of the planning process for the Carers Strategy development work, an initial equalities impact assessment was developed. This has subsequently been updated to reflect relevant comments put forward during the consultation exercise. Comments were made as part of the response to the consultation which have implications for practice and delivery of carers services. It is intended that these comments would be taken on board and acted on in the development of the related implementation plan.

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

Cabinet Committee recommendations and other consultation: The draft Carers Strategy has been subject to public consultation. The consultation on the strategy opened on 12 January 2022 and it closed on 22 February 2022. <https://letstalk.kent.gov.uk/adult-carers-strategy>

The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 31 March 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected: There has been a need for a new Kent Adult Carers Strategy to be developed given that the existing 'Kent Adult Carers Strategy, 2019' is out of date and needed to be refreshed in line with the overarching Adult Social Care Strategy

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

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signed

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date

Kent Adult Carers Strategy 2022 to 2027

Revised draft document

Page 85



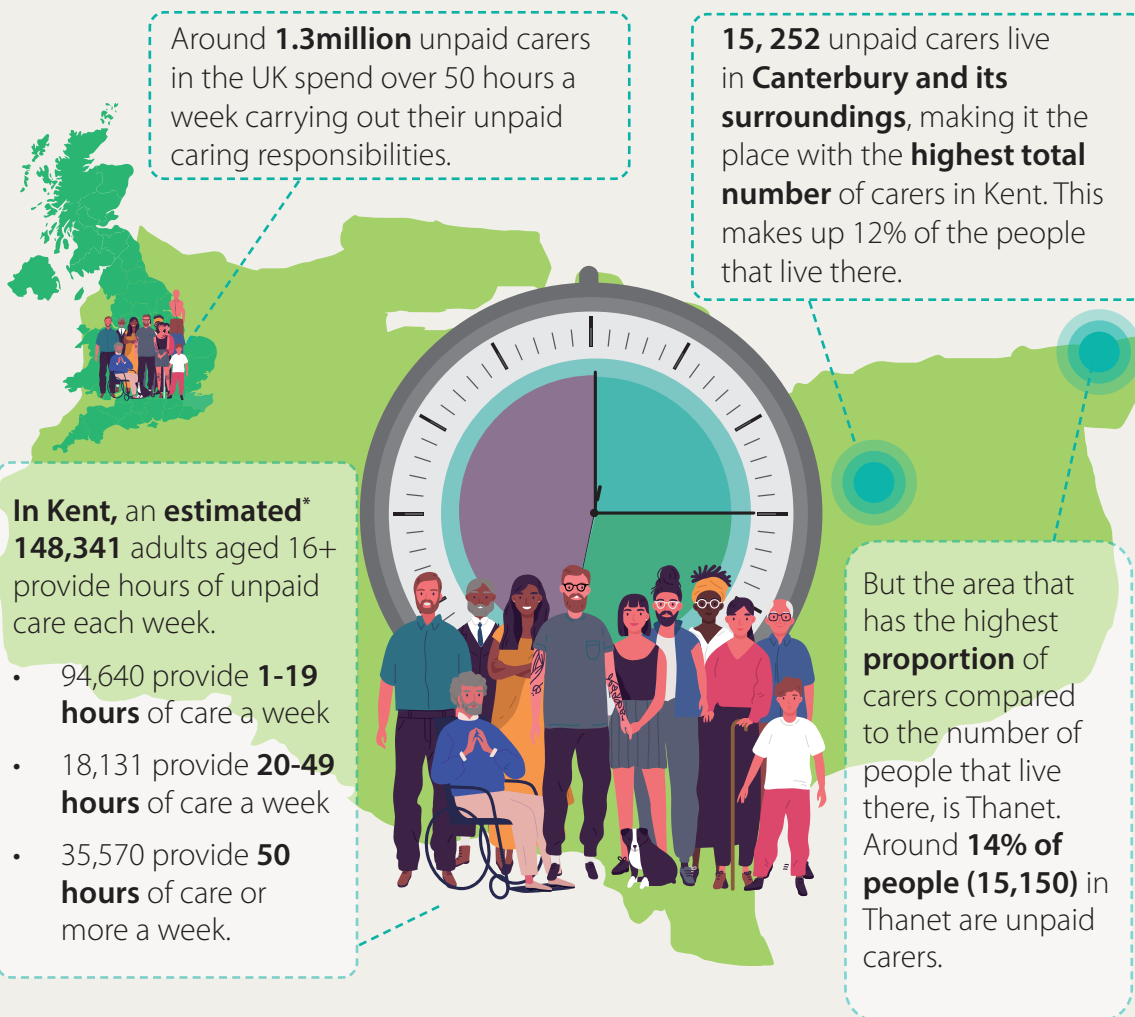
Our strategy

Our new 'Kent adult carers strategy 2022 to 2027' describes how we plan to work with all our partners to make welcomed changes towards improving the experiences of unpaid adult carers in Kent.

This plan does not sit on its own - it is closely lined up with 'Making a difference every day: our strategy for adult social care, 2022 to 2027'. The information in this document has been partly informed by the 'People at the Heart of Care, White Paper 2021'. It is important to us that, in working to deliver change for carers, we also build strong and meaningful connections with other relevant local strategies such as the Young carers strategy, Autism and learning disability strategy and Dementia strategy that cover the county of Kent.

About carers in Kent

There are many different reasons why people may have to take on caring responsibilities, and this can happen at any stage in their lives. Becoming an unpaid carer can often be sudden, making people ill-prepared for the role that they take on. A carer's role can make paid work, study, maintaining social connections and getting involved in leisure activities difficult and sometimes almost impossible. Carers are more likely to suffer with physical, emotional and mental health problems and we are committed to working with the NHS and others to help improve this.



Working in partnership

We have developed this strategy in partnership with carers, people we support, carers organisations, staff, and county councillors but it's just the beginning of the work we need to do together. Kent County Council and other public sector partners including the NHS and district councils, recognise the enormous contribution that carers make as 'care partners'. The support that unpaid carers give directly benefits the people they look after and society as a whole. Most of us will become a carer at some point in our lives – and through our shared vision for Kent, we hope to raise awareness of the valuable work carers do - and promote the support that might help them live a full life whilst caring for others.

*Estimates taken from 2011 Census.

Our core role



There are many different types of carer and they come from all walks of life, ages, ethnicities, and backgrounds - anyone can find themselves in a caring role at some point in their life. In this strategy, we use the Care Act 2014 legal framework and therefore, we define a carer as someone in an unpaid role who provides or intends to provide care and/or support to another adult. They may be mums and dads, husbands, wives, partners, brothers, sisters, friends, and neighbours. Some carers, such as those that are veterans, carers that look after people with dementia or people that provide over 50 hours of unpaid care a week, face particular challenges.

Our core purpose as an adult social care organisation is to carry out our duties according to the law by supporting carers. This means helping them feel empowered to lead the lives they want to live in a place they call home - essentially, putting carers at the heart of everything we do.

This includes, planning and funding carers support, promoting carers' wellbeing, preventing, reducing, or delaying the development of the need for support. Understanding the carer's needs for support, identifying whether the carer is willing and is likely to continue to be willing to give support, the outcomes that the carer wishes to achieve in day-to-day life, for example to take part in education, training, or leisure, or access practical or emotional support.

Our approach to supporting carers

Our vision: 'Making a difference every day by supporting and empowering you to live a fulfilling life whilst being a carer, as long as you are willing and able'

We aim to work in partnership to achieve this ambition, by focusing on the following areas.



Supporting you to be you - to live a full life, carers have told us that they need the right support so they can make time to get everyday tasks done. Support also needs to allow time for doing what contributes to someone's own identity - including help to participate in employment, education and social activities.



Providing the best support possible - carers have been clear that they, and the people they look after, need to be treated with respect and supported through every stage of their journey - not just during a crisis. We are committed to listening and learning from people's experiences, so that this can inform the way we provide and commission support in the future.



Positive outcomes - the ten areas that make up this principle have been influenced by carers' stories. Everything we do alongside providers and partner organisations should focus on what makes a real difference and leads to positive change in carers' experiences. By monitoring these outcomes, we will know when our shared vision is being delivered.

Key moments

As well as the need for ongoing advice and contact, carers have identified specific times when support is particularly important for them, starting with the first conversation they have about their new caring role. These have been emphasised, so that in partnership, we can shape how and when support should be offered.

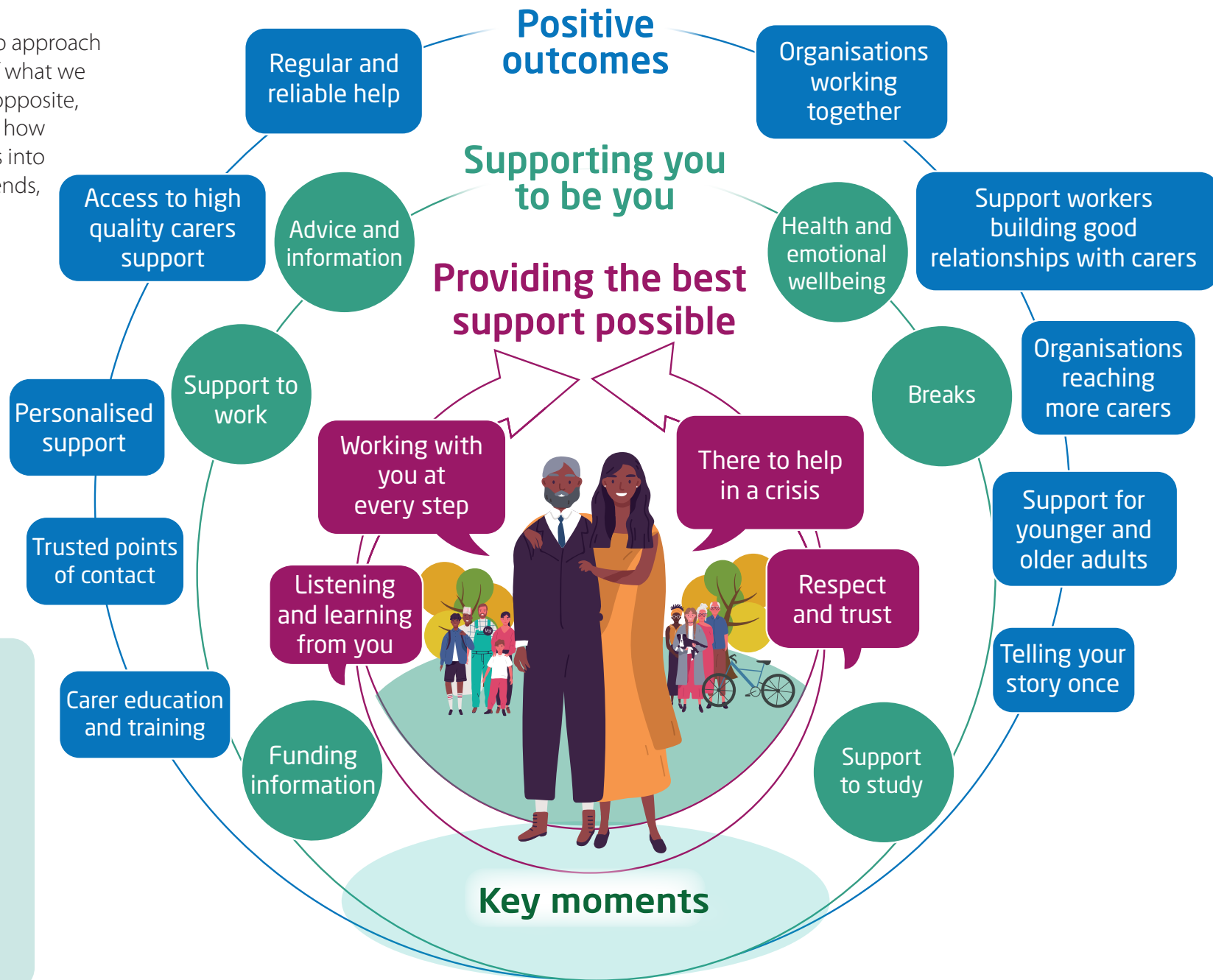
Over the page you can see how all these elements work together to 'wrap around' the carer.

Focusing on what's important to carers

We want to take a more joined-up approach and keep the carer at the heart of what we do. This is shown in the diagram opposite, which also contains details about how we plan to put the core principles into action. It reflects how families, friends, communities and organisations link together as a valued support network and which key moments stand out for people with caring responsibilities.

The strategy is a guide that focuses on what we need to achieve in the coming years - but we will rely on the support of our workforce, both within the council and in the wider care sector, to bring it to life.

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Key moments

- First conversation with social care
- Life events (carer and loved one)
- After a hospital stay
- When someone moves away
- New diagnosis
- At the end of life
- After your caring role ends

These examples, based on our approach to supporting carers, give an idea of how our strategy should make a difference to carers' lives in the future.

Susan: regular and reliable support

It has been a long road for me and my husband Gordon. We've been married for 40 years and have two adult children that live far away.

Gordon was diagnosed with Parkinson's ten years ago but his condition has got much worse over the past six years. I love my husband and we've been through so much together, but I'm so exhausted. I look after him for over 50 hours a week as he is unable to eat, wash and dress himself alone. I'm not getting any younger and have my own health problems to deal with. I used to drive, but can't do that now, so it feels as though I've lost my freedom. I don't want to

go out anywhere special - just regular support at home, giving me time for me to do the essentials and have some time to think would be of real help to me and my family.



Lucy: Emotional wellbeing

"I've always been involved with looking out for people. I'm a social worker and caring is part of my life – wouldn't have it any other way.

Because of my background, for the last few years I've been regularly helping a family friend who has mental health needs and depression. She finds it difficult to open up to professionals and manage her affairs, but she trusts me. I've juggled things well in the past – my job, my caring responsibility and my life. But this year has been especially difficult - as my fiancé was made redundant during the pandemic.

I knew I wanted to carry on caring for my friend but I had to seek help with my own emotional wellbeing. I got in touch with someone at work, who told me to get a carers assessment. I didn't need full support, but it meant that a local charity was able to give me coaching and practical help so I can keep being a carer. I also use a wellbeing app, and I feel much more resilient now."



Kemi: Trusted points of contact

"My younger sister suffered a stroke a few months ago and she lives in a different area, so I've moved to her house while she recovers.

She needs my help with washing, dressing and getting to her medical appointments. She has had community equipment and enablement support to help her to start moving around at home. Hopefully soon she will be able to do more as she has the right professionals around her. But it's been hard getting to know who to contact. I've had carers training now, which has been invaluable.

I was pleased when the GP told me about care navigators. They were a good source of information on all sorts of issues. Having a trusted point of contact has meant that I didn't have to keep explaining myself. They really listen to me, and they've arranged for me to connect with other carers that live nearby through online forums."



Anjali: Organisations working together

“As I have a young family and work full time, it’s been a real struggle at times to give dad the attention he needs.

He’s been ill for a while and quite frail, so it’s down to me to keep him as well as possible and make sure he can still get out and about to socialise. Transport was an issue for us, as when I’m driving the kids to school I can’t take dad to morning appointments. But when I contacted the volunteer driver service, they were great.

To be able to get help with simple things through new technology has made a difference, but I know I’ll need more support when dad comes to the end of his

life. I hope my employer will be understanding – but I’m going to need financial support and advice to keep up my caring role.”

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Aaron: Personalised support

“Dad was coping really well at home until mum died last year – then his dementia got much worse.

We asked him to live at our house so we could make sure he gets to see his grandchildren, who keep him on his toes and help keep that spark in him. What we found challenging was how to apply for funding - it felt quite daunting. We contacted social care, who did a carers assessment to understand our situation.

They told us that the house would need adjustments to be able to move in, and that carers support could help us manage things as a family. They called us

back when they said they would get things in place quickly. Dad has been with us for three weeks now. Someone visits every other week to give us some rest and to give dad peace and quiet away from all of us!”



David: Support for younger and older adults

“My worry was, what will happen to my son when I am no longer here to support him?

His transition from children’s to adult social care went well and he is independent to some extent, but he has learning disabilities and Autism, and can’t cope completely on his own. I have been there to care for him since the day he was born, so we need to seriously prepare for the fact that someone else will have to step in and help one day. He wants to live as independently as possible and continue working – so I have arranged support through carers breaks.

Because we have reached out, Ben can now get help to choose when he wants to meet his friends, decide what employment support he needs and generally feel freer to live his own life. If we didn’t have those trusted people to get in touch with, my mind wouldn’t be at rest.”



How we want to work together for positive change

Alongside carers, the people we support, support organisations, care partners and the public, we will aim to deliver our strategy by listening to carers to develop a detailed costed implementation plan to cover:

- how our social work teams will be more responsive
- how new and adapted technology will be used
- how we will work closely with partner organisations at the local level in supporting carers and
- how we involve carers and effectively commission flexible carers support services.

When we are getting things right, we want carers to be able to say the following things about their experiences:

Page 9
"I understand the support that is available to me where I live to maintain my own **health and emotional wellbeing** and achieve the outcomes that matter to me."

"I only have to **tell my story once**, and the staff I talk to take the time to understand my needs and situation which makes things much easier for me."

"I know where to find **user-friendly information and advice** that takes account of my communication and accessibility needs to make informed and empowered decisions about my life – now and in the future."

"I have **received support** which is right for me throughout my caring journey, during times of crisis and after my caring role ends."

"I **feel respected** and I'm confident that my feedback has helped make changes to carers support services and how they are commissioned"

"I know what **my rights as a carer** are and can get timely information that is accurate, carers training and education and advice on all the possible options for my health and wellbeing, support needs, finance and housing."



We have set out what we think the future should look like for unpaid adult carers, but this is the start of the conversation and we still want to hear people's experiences as we implement these plans.

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

We've worked with carers in developing this strategy. Why not join one of our focus groups or our larger virtual involvement group, take part in upcoming surveys, be part of one of our interview panels or get involved in new innovations in adult social care. How much or how little you get involved with will always be your choice, so if you are interested in helping to shape what adult social care does, please do get in touch.

Visit www.kent.gov.uk/yourvoice to find out more.

Get in touch with Kent Adult Social Care and Health

Telephone our contact centre

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

Text relay

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

Out of hours service

Not every crisis occurs during office hours. Kent and Medway Social Services provide for these times with our out of hours service that can offer advice, support and help to ensure that vulnerable people are not left at risk. Telephone 03000 41 91 91

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

Email and website

You can email us with queries or questions about any of our services or information.
Email: social.services@kent.gov.uk or see our website at:
www.kent.gov.uk/careandsupport

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

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

Adult Carers Strategy Engagement and Consultation summary

March 2022

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Executive summary

Introduction

Our proposed 'Kent adult carers strategy 2022 to 2027' describes how we plan to work with all our partners to make welcomed changes towards improving the experiences of unpaid adult carers in Kent.

This plan does not sit on its own - it is closely lined up with 'Making a difference every day: our strategy for adult social care, 2022 to 2027'. It is important to us that, in working to deliver change for carers, we also build strong and meaningful connections with other relevant local strategies. This includes links with the upcoming development of other key plans that cover Kent, for example the Young carers strategy, the Autism and learning disability strategy and the Dementia strategy.

There are many different reasons why people may have to take on caring responsibilities, and this can happen at any stage in their lives. Becoming an unpaid carer can often be sudden, making people ill-prepared for the role that they take on. A carer's role can make paid work, study, maintaining social connections and getting involved in leisure activities difficult and sometimes almost impossible. Carers are more likely to suffer with physical, emotional and mental health problems and we are committed to working with the NHS and other organisational partners to help improve this.

The draft adult carers strategy has been developed through a co-productive approach, however, officers had to rely on virtual and digital methods to do so for the majority of the time. This provided both challenges and opportunities in involving different groups of people in the pre-consultation engagement and public consultation stages.

Despite this challenge, there was a good response with a total of 387 responses, made up of 260 online responses and 127 postal responses. The proportion of people responding who were Kent residents giving their views as an individual was 91%, in terms of targeting carers, the majority of responses were from unpaid carers (87%) and around a quarter of the respondents considered themselves disabled (24%). These groups of people broadly aligned with those key groups identified in the Equality Impact Assessment as having the greatest potential to be affected by the strategy development work.

Our approach

We have developed the strategy in partnership with carers, people we support, carers organisations, staff, and county councillors but it's just the beginning of the work we need to do together. Kent County Council and other public sector partners including the NHS and district councils, recognise the enormous contribution that carers make as 'care partners'. The support that unpaid carers give, directly benefits the people they look after and society as a whole.

Most of us will become a carer at some point in our lives – and through a shared vision for Kent, we hope to raise awareness of the valuable work carers do - and promote the support that might help them live a full life whilst caring for others.

The initial draft strategy model and outline principles were informed partly by the work done through a dedicated Kent carers behavioural study that took place from November 2020 to January 2021, as well as other available research on carers from national and local sources.

The formal consultation period took place from 12 January 2022 to 22 February 2022, preceded by a period of pre-consultation engagement to further develop the model and understand from people with lived experience how the strategy aims could be delivered in a meaningful way.

Key themes arose not only from the discussions had within the engagement and co-production workshops, but from previous discussions that had been conducted as part of the recent Adult social care strategy co-production work. This included additional insights from an adult social care engagement roadshow in libraries, interviews with staff and people that access our services, workshops with our People's Panel and shared learning from partner organisations such as Healthwatch, the NHS and community organisations.

Summary of the draft strategy aims

Timing

The strategy document shared for consultation has been developed at this time, as there is an immediate and pressing need to reflect current views and aspirations of carers which has been compounded by the effects of the pandemic. The Care Act has put carers rights on equal statutory footing and highlighted that carers should have their voices heard about how support is designed and delivered.

Key principles and vision

The KCC adult social care strategic and operational response to supporting carers, in the context of the integration of health and social care means following our wider Adult social care strategy approach: *keeping the person at the heart of everything we do, aiming to continuously improve the services we offer and measuring outcomes more effectively*. Together, these describe our 'making a difference every day' approach to helping the person we support and carers, achieve the outcomes they see as most important.

Our aim was for the consultation was to enable carers, carers representative bodies and KCC to jointly have a conversation to understand what is important to unpaid carers in Kent, so that the carers strategy is relevant, accessible and helps to improve things for the future.

There are many different types of carer and they come from all walks of life, ages, ethnicities, and backgrounds - anyone can find themselves in a caring role. In this strategy, we use the Care Act 2014 legal framework and therefore, we define a carer as someone in an unpaid role who provides or intends to provide care and/or support to another adult. They may be mums and dads, husbands, wives, partners, brothers, sisters, friends, and neighbours.

Core purpose

Our core purpose as an adult social care organisation is to carry out our duties according to the law by supporting and empowering carers to lead the lives they want

to live, and in a place they call home, by putting carers at the heart of everything we do. This includes, planning and funding carers support, promoting carers' wellbeing, preventing, reducing, or delaying the development of the need for support. Understanding the carer's needs for support, identifying whether the carer is willing and is likely to continue to be willing to give support, the outcomes that the carer wishes to achieve in day-to-day life, for example to take part in education, training, or leisure, or access practical or emotional support.

Our vision: *'Making a difference every day by supporting and empowering you to live a fulfilling life whilst being a carer, as long as you are willing and able'*

We aim to work in partnership to achieve this ambition, by focusing on the following areas.

Supporting you to be you - to live a full life, carers have told us that they need the right support so they can make time to get everyday tasks done. Support also needs to allow time for doing what contributes to someone's own identity - including help to participate in employment, education and social activities.

Providing the best support possible - carers have been clear that they, and the people they look after, need to be treated with respect and supported through every stage of their journey – not just during a crisis. We are committed to listening and learning from people's experiences, so that this can inform the way we provide and commission support in the future.

Positive outcomes - the ten areas that make up this principle have been influenced by carers' stories. Everything we do alongside providers and partner organisations should focus on what makes a real difference and leads to positive change in carers' experiences. By monitoring these outcomes, we will know when our shared vision is being delivered.

Kent County Council decision making and governance process

Governance milestone	Date
Pre-consultation engagement and co-production activity	December 2021
Revision of the draft strategy following Adult Social Care Programme Board meeting	December 2021- January 2022
Public consultation opens	12 January 2022
Public consultation closes	22 February 2022

Engagement process prior to consultation

Stakeholder groups identified and targeted

Pre-consultation engagement activity summary that informed the draft strategy December 2021

- Public co-production workshops
- People's Panel and Learning Disability Partnership Board presentations
- Workshop with County Councillors
- Attendance and presentations at partnership meetings (Integrated Care System, Health and Care Partnership meetings)
- Formal meetings and updates at boards and committees
- Carers research study with a range of carers, carers' families and close networks, people who have the support of unpaid carers, carers support organisations and support staff including social workers
- In addition to the activity led by the strategy development project team, we linked with colleagues and partners carrying out any similar engagement activity with any key stakeholder groups (i.e. interim themes identified through the national carers survey work that was ongoing during the engagement stage)
- Desktop research was carried out to see what our neighbouring and statistically similar councils' approaches have been and to identify any existing relevant sources of information or insights gathered
- Briefing email from cabinet member to elected members
- Adult Social Care and Health internal staff newsletter content
- Direct email to our 'Your voice network' members - people who have an interest in social care in Kent
- KCC consultation portal (Let's Talk Kent) content and email to people registered on this platform
- Kent County Council residents newsletter article
- NHS-led communications channels
- KCC Facebook and Twitter posts
- Kent.gov web content
- Printed information and telephone calls upon request

- Kent County Council provider bulletin content
- Direct emails to carers support organisations regarding both carers workshops and provider workshops.

Materials

- Invitation email and PDF
- Web content
- Social media posts/images
- Workshop presentation slides
- Visual diagram
- Background briefing for speakers
- Summary email for carers wishing to respond separately by email
- Summary letter for carers wishing to respond by post

Summary of pre-consultation engagement workshops

Engagement summary

Workshop dates	Group
Thursday 25 November	Providers
Monday 29 November	Providers
Monday 29 November	Carers
Tuesday 30 November	Carers
Wednesday 1 December	Providers
Thursday 2 December	Carers
Monday 6 December	Carers
Tuesday 14 December	Kent County Council Elected Members

Carers

- 43 people attended the carers workshops
- In addition to this, 8 carers responded in writing

Providers

- 11 provider representatives attended separate provider workshops
- 1 provider responded in writing
- Provider reps from a variety of community organisations focusing on support for carers and people they look after.

Initial emerging themes from pre-consultation engagement activity

<u>HOW TO DELIVER SUPPORT</u>	<u>WHAT TO AIM FOR</u>	<u>WHAT TO TACKLE</u>
<ul style="list-style-type: none"> • Communicate well with me and the person I care for • Give us a choice of communications methods that suit our lives • Build a trusting relationship with us • Respect us and listen to our views • Manage our expectations and be upfront with us about limitations • Be responsive, as our needs will change along the way • Check in regularly with us to see if we are managing well • Give us an easy way of contacting you for support • Promote what's available to the public • Treat the person/carer as an individual with specific circumstances and needs • Join up how you work with other organisations so we don't get passed from place to place • Avoid overloading us with information • Tell us how you will deliver the practical support through the strategy (i.e. how will we be able to tell our story once) • Provide education and training for staff to build more empathy • Be clear about carers rights 	<ul style="list-style-type: none"> • Personalisation • Care Act implemented fully • Better access to health services • Consistent across the county • Supported in decision making • Carers are well prepared • High awareness of support within the public • Whole life strategy • More direct payments • 'One stop shop' • Regular opportunities to share experiences • Social interaction for the carer and the person being cared for • Smooth transition for young carers • Matched supply to demand for carers support 	<ul style="list-style-type: none"> • Out of area - communication between providers/Local authorities • Peer support to combat loneliness • Finances should be arranged early on • Breaks are very important • Working carers are sometimes not supported well • Assessment should be more user friendly • Direct payments should be more available • Some carers only get access in a crisis • Don't base decisions purely on funding • Internet access is not always an option • Lockdown is every day for some carers • Dementia needs more focus • Provider accountability has been an issue for some carers • Council to support people with information/guidance even if they are self funders or use direct payment • Better communication with staff about self funders

Consultation process

Promoting the consultation

The public consultation on the draft Adult Carers strategy ran from 12 January to 22 February 2022 and was promoted in the following ways:

- Press release distributed to media outlets, uploaded to the Kent Media Hub website and shared on KCC social media channels and coverage obtained on Meridian Tonight (ITV) and other news outlets including a specific video interview with Chris McKenzie, Director of Adult Social Care (West Kent) by Healthwatch Kent, hosted on the homepage of their website and promoted via social media and through their newsletter.
- Information including printed copies of the consultation document, questionnaires and easy read versions distributed to all KCC libraries along with freepost envelopes for responses
- Promotion of the consultation via an organic social media campaign throughout the consultation period, with additional targeted social media campaign boost part way through the consultation period
- Direct emails and reminders to our social care stakeholder contact databases including 1000+ contacts from health organisations, care sector, voluntary sector and community organisations, members of KCC's engagement and consultation portal, 'Let's talk Kent', and our adult social care Your voice network members (4000+ direct contacts in total)
- Regular staff, public and provider communications via our bulletins, intranet, website and other updates
- Kent County Council Residents Newsletter content
- Kent County Council Provider Bulletin content to care sector organisations
- Kent County Council staff communications via KCC-wide internal newsletter and intranet features (K-mail and Knet) and Adult Social Care and Health staff bulletin and intranet pages
- Digital content on websites including Kent.gov.uk, adult social care web pages and also picked up on partner websites such as Healthwatch, NHS Kent and Medway CCG and parish council websites
- Materials to carers support organisations for distribution to the carers they support and their networks (printed strategy documents, easy read versions, questionnaires and freepost envelopes, digital content and emails)
- In addition to this, three organisations took up the offer of a virtual consultation workshop with their community groups; a standalone consultation workshop with parent carers and advocates of people with a learning disability or Autism was conducted; carers coffee mornings were attended in person and online

(hosted by two separate organisations) and a workshop with patient participation group representatives was held.

- In addition to this, a discussion focused on people from Armed Forces backgrounds was held at the request of a national organisation.

Making information accessible

Information was provided on the Kent County Council engagement and consultation platform and on the Kent County Council website where people accessing adult social care information usually visit. This content is subject to government accessibility standards.

The information developed was intentionally drafted in plain English, with a mix of images and text. Any imagery used in the designed version was described in words as part of the plain text version of the draft strategy document. A specific easy read version was created for the strategy consultation portal along with supporting information. A British Sign Language video version of the draft strategy was created and hosted on the consultation platform.

Standalone consultation workshops were also offered for anyone who preferred facilitated discussions over filling in the consultation questionnaire. This offer was taken up by three specific groups including parent carers of adults with learning disabilities, patient participation group representatives and carers who look after older people and who are almost constantly caring.

Printed materials including consultation documents, questionnaires, an easy read consultation document and freepost envelopes that were made available on request, distributed via carers support organisations and made available to pick up from KCC libraries, as well as promoting the details to request alternative formats to ensure that people were not excluded from taking part.

General comments were received about the fact that some people did not want to have to register for the standard Kent County Council Let's Talk Kent portal as part of the routine process for consultations. These enquiries were responded to by outlining the alternative options available to people via telephone, paper copies or by emailing the responses direct to the relevant team for inclusion.

Consultation responses and themes

Respondents

Please refer to the appendix and read the **Carers Consultation Survey Results Summary** for the consultation report including respondent demographic summary.

Additional feedback

The **Carers Consultation Survey Results Summary** contains the full roundup of key themes raised via the consultation questionnaire, however we also received separate organisational and individual responses to the consultation outside of the KCC online/postal questionnaire.

Among the feedback from organisations were the following recommendations linked to the support for and awareness of carers from the Armed Forces community. It was suggested that KCC social care teams record whether someone is part of the Armed Forces community, that KCC as part of its ongoing positive practice as a member of the Armed Forces Covenant, continues to make staff aware of the need to identify people from this community as part of an ongoing aim and aspect of continuous training and that KCC works with the NHS in their role to support the mental health and wellbeing of people from the Armed Forces community including carers.

Another organisation suggested that KCC compare locality carers statistics with the total number of carers and to ensure that we refer to 2023 Census data when that becomes available to further define the most up to date numbers of carers in Kent. The response highlighted the need for ongoing support and not just support during the key moments, and also to outline carers concerns about domiciliary care sometimes being unreliable owing to lack of staff and consistency of service within domiciliary care services.

There was a suggestion about updating the person's stories section within the document to reflect carers that care for over 50 hours or more a week and an additional recommendation to include more detail in the strategy about delivery and to define the term 'support' to help inform providers and carers. In addition to this, there was a call to take on board feedback given by providers about the carers support market (block funding and protecting short breaks) into the development of the subsequent and more detailed market position statement for carers support.

In our communications about the consultation, KCC made the offer available to conduct consultation workshops either in person or virtually to community groups. As

a result we attended a number of existing meetings of key stakeholder groups and carers meetings hosted by different organisations.

At those events, we gained additional feedback about the strategy and the issues that were most pertinent to carers and the people they look after.

The feedback received direct from carers covered the following points: the need for carers assessments (and re-assessments) to be carried out regularly, good feedback for the information about the strategy and positivity about the presentation given, working with and listening to the carer was raised as being key to any future plans and treating carers as experts in their caring role and support staff can learn from the carer, the need for carers to make sure they register with their GP, positive comments on the Kent Carers Card and having a useful means to identify carers.

There was a focus on the time commitments of carers and the need to have to juggle multiple hospital and health appointments around the carers support they receive. People attending the workshops made the point that caring varies for different people and caring for a young adult is very different from caring for an older adult and brings its own unique mix of stressors that affect the carers wellbeing and emotional health.

Experiences were shared about the increased isolation of carers during the pandemic and lack of clear signposting and information was a key discussion point but it was also noted that information, advice and guidance needs to be followed up with practical support. Peer support was highlighted as a good way for carers to share their experiences and to better understand what support is available and being open about innovative ways of using technology was discussed as a positive thing to pursue, as long as the in-person contact option was available too.

Immediate changes made to the draft strategy document* as a result of feedback

Comments and suggestions were taken on board and will be used to further define the next steps in terms of the more detailed delivery plans that will follow the initial strategy.

Although not all comments and suggestions could be woven into the changes to the high-level strategy document itself, the following specific amendments were made to the draft:

- Specific reference to carers with varied circumstances including those that are 'heavy' carers who care for over 50 hours a week
- Inclusion of reference to the Armed Forces Community

- Addition of a new carer's story focusing on someone caring for over 50 hours per week for someone who is older and has a debilitating health condition and the importance for them of regular respite and breaks
- Further definition of the ways in which the strategy will be delivered
- Emphasis on trusted points of contact and telling your story once.

*Please see the appendix for the final revised draft of the strategy document.

Summary of main findings of the responses to the consultation questionnaire

- 78% of survey participants 'mostly agreed' or 'strongly agreed' with the draft vision.
- 72% thought the wording was easy to understand.
- 72% thought it was easy to understand the diagrams and pictures.
- 88% agreed the 'Supporting you to be you' list will support carers to live a full and health life.
- 88% agreed the 'Providing the best support possible' list will create a better experience for carers.
- 90% agreed the 'Positive outcomes' list will create a better future for carers.
- Regular and reliable support was considered the most important service aspect by 60% of 385 survey participants.
- Respite care / breaks are seen as intrinsically linked to regular and reliable support.
- Respite care / breaks is particularly important to carers with disabilities / is mentioned frequently in their feedback comments.

Carers Consultation Survey

Results Summary

KCC Analytics Team

March 2022

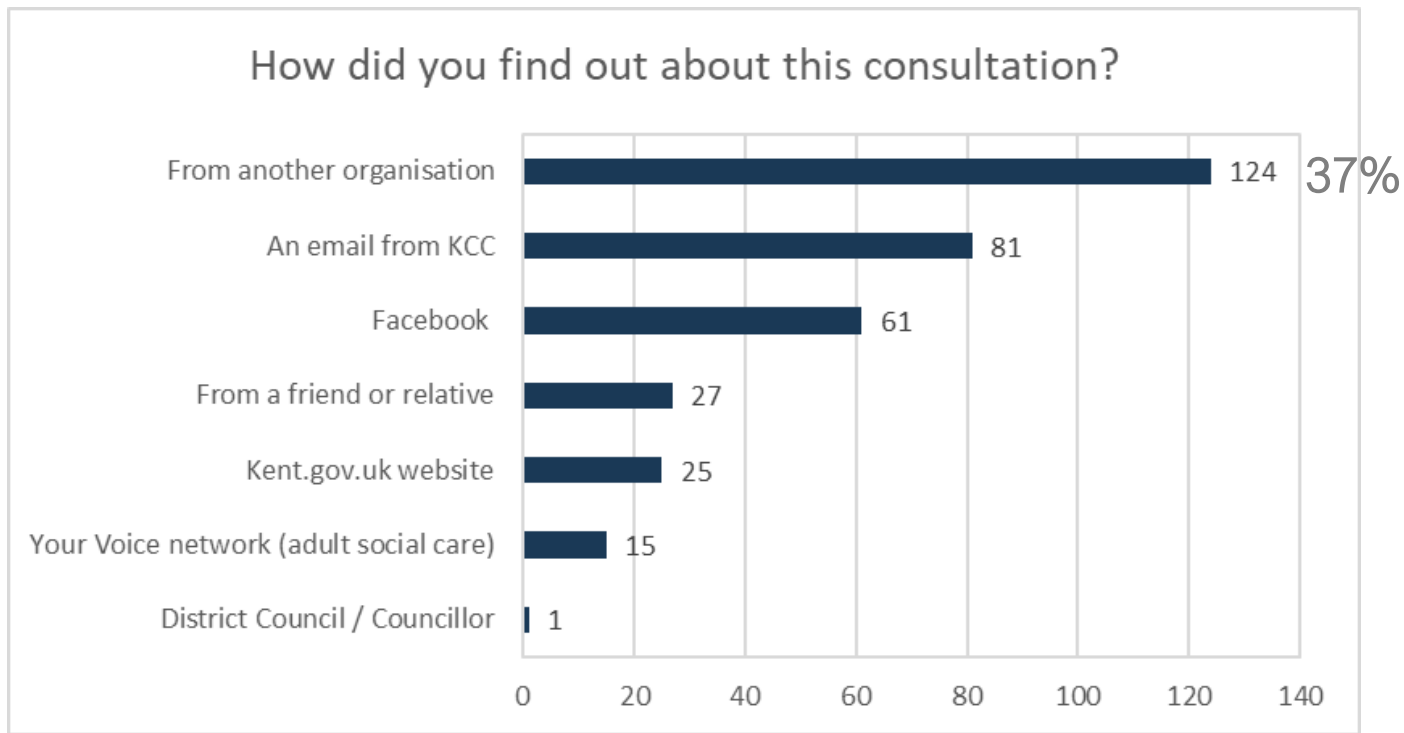
Page 107

Summary of Main Findings (387 responses)

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 - Respite care / breaks are seen as intrinsically linked to regular and reliable support.
 - Respite care / breaks is particularly important to carers with disabilities / is mentioned frequently in their feedback comments.

How did you find out about the consultation?

37% of respondents heard about the consultation 'from another organisation' and 24% from an email from KCC and 18% via Facebook



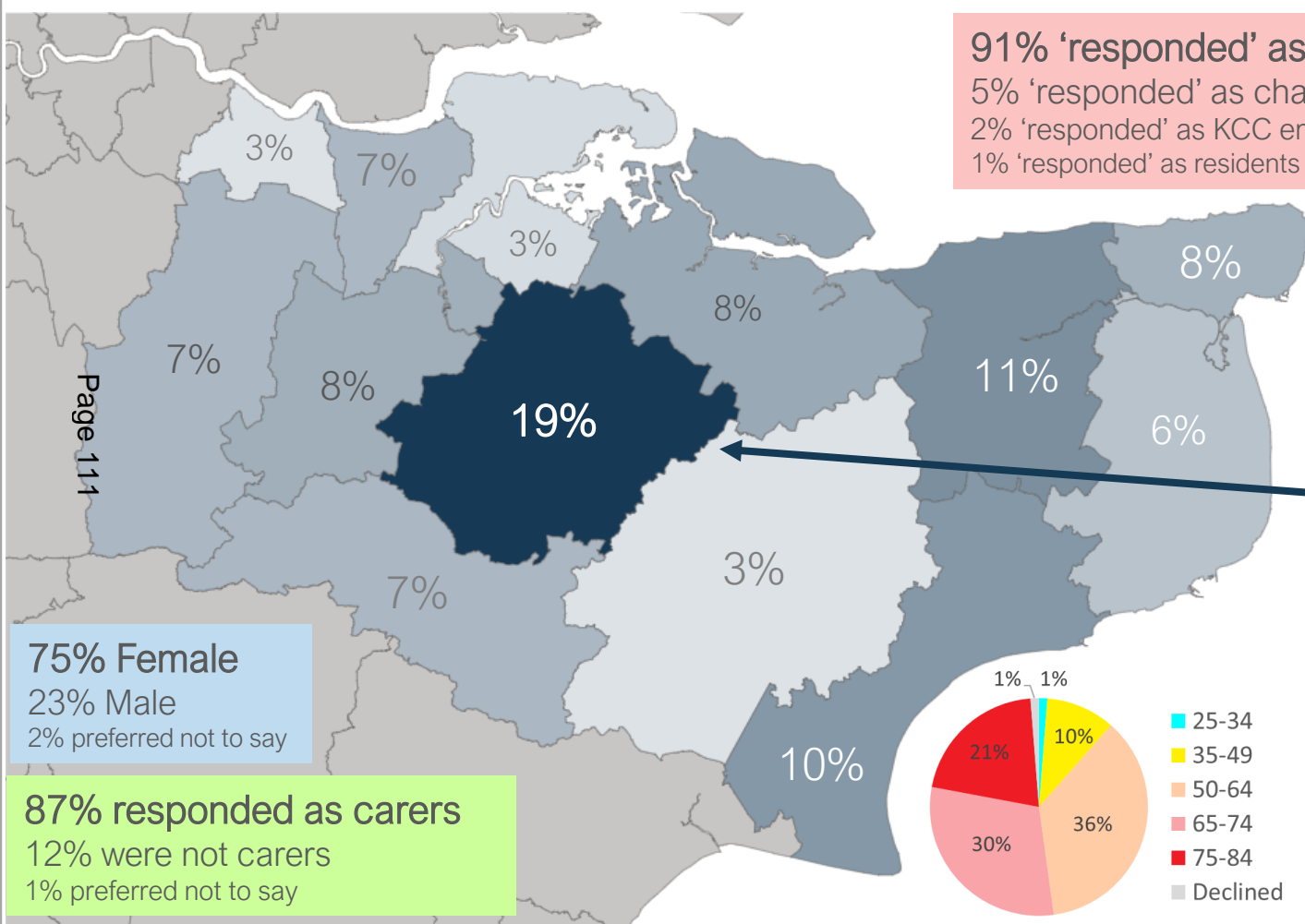
387 participants answered this question

Survey Respondent Profiles

Sub-Title / Notes / Key Insights

Survey participant map and profiles

Note: 29 postcodes weren't complete / were ambiguous in location and may belong to more than one district.



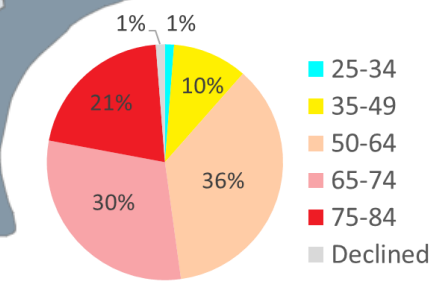
91% 'responded' as Kent residents
 5% 'responded' as charity organisations
 2% 'responded' as KCC employees
 1% 'responded' as residents of somewhere else (e.g. Medway)

District	Responses
Ashford	10
Canterbury	39
Dartford	10
Dover	21
Folkestone and Hythe	36
Gravesham	25
Maidstone	69
Medway	12
Sevenoaks	25
Swale	30
Thanet	27
Tonbridge and Malling	28
Tunbridge Wells	25
Total	357

75% Female
 23% Male
 2% preferred not to say

87% responded as carers
 12% were not carers
 1% preferred not to say

24% considered themselves disabled
 73% did not consider themselves disabled
 3% preferred not to say



87% were aged 50+
 51% were aged 65+
 11% were aged under 50

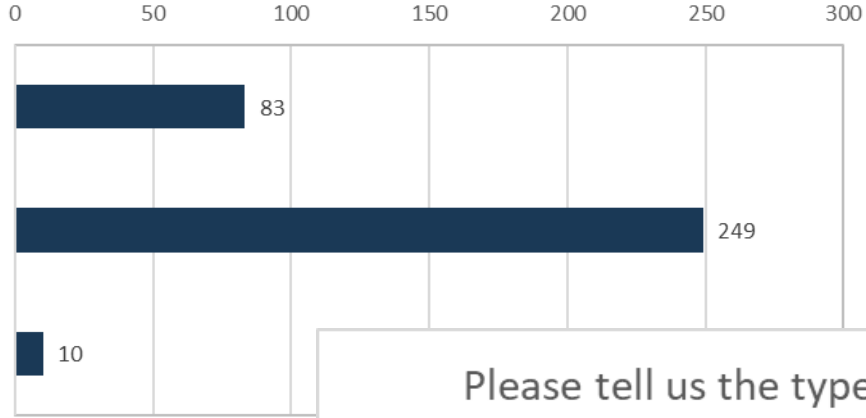
58% were religious
 (99% were Christian)
 37% were not religious
 5% preferred not to say

96% were White
 2% were Black or Asian
 2% preferred not to say

Incidence of disability and impairment amongst survey participants



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



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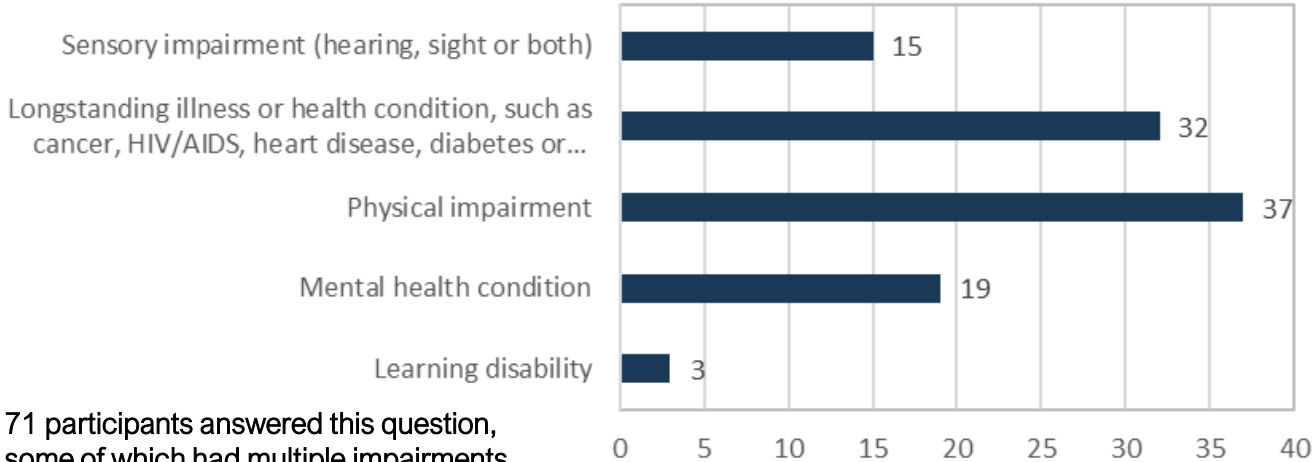
342 participants answered this question

83 (24%) participants considered themselves disabled.

73% did not consider themselves disabled
3% preferred not to say

The impairments with the highest incidence amongst participants was physical impairment (37 respondents) followed by long standing illness (32) sensory impairment (15) mental health condition (19) and learning disability (3)

Please tell us the type of impairment that applies to you:
You may have more than one type of impairment, so please select all that apply.?

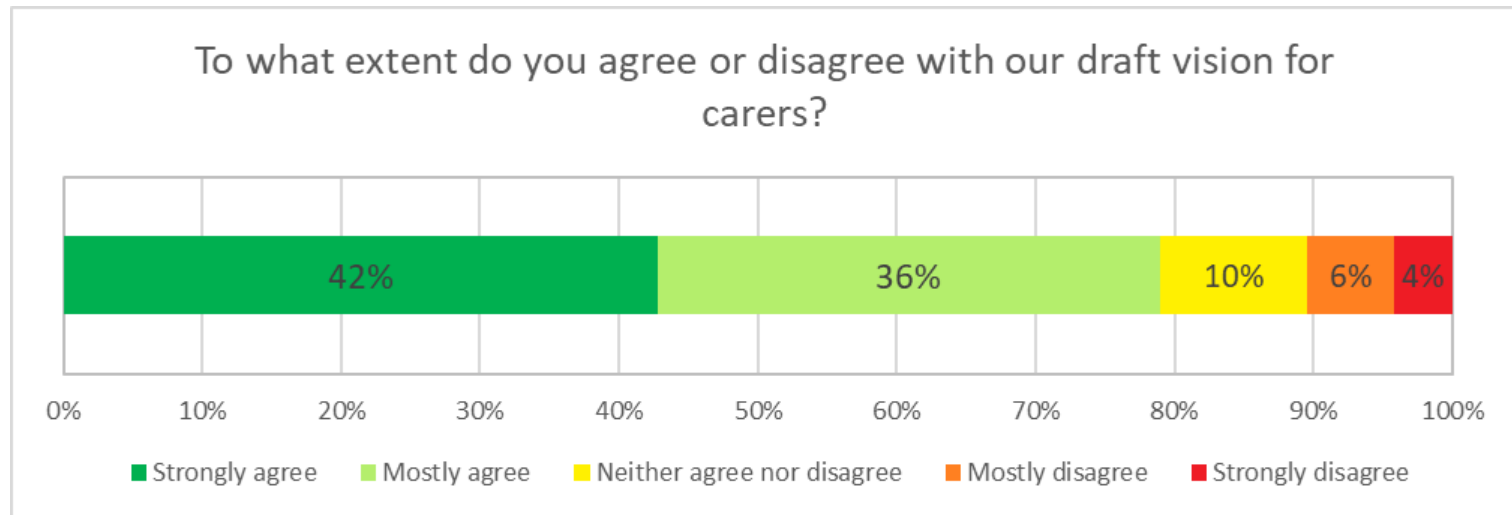


71 participants answered this question, some of which had multiple impairments

78% of survey participants 'mostly agreed' or 'strongly agreed' with the draft vision (300/385)

Our draft vision for carers is:

'Making a difference every day by supporting and empowering you to live a fulfilling life whilst being a carer, as long as you are willing and able'



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385 participants answered this question

It is perfectly laudable provided the caring organisations are properly funded.

in theory it sounds good, reality is different

High on aspiration but it remains to be seen whether the will and funding materialises.

6% of survey participants 'mostly disagreed' with the draft vision, below are some of their comments and suggestions. (23/385)

Note: Additional response comments received in answer to this question are included in the appendix

Too long and wordy

I agree with the general intention of the strategy but there is very little direct information of what this means in practice as regards support for carers, how much, when, who will do it etc.

There is no mention on young carers below aged 16, who do exist, no mention of carers who work & potential work with employers for carer friendly policies etc.

Omit "as long as you are willing and able"

As long as you are willing and able? - so how does this draft vision support Carers who are supporting 24/7. They are not able & they are probably too tired or drained to be willing. Surely these words on the draft vision should be removed.

There shouldn't be UNPAID carers and whilst I agree there must be a process to avoid claims being approved whereby the applicant is not a "true" carer(s) the process is too robust

In theory it sounds good, reality is different

I am extremely happy with your care support from crossroads care. It is invaluable for me to have regular breaks (short). This does not mean I want to go to clubs etc. I just want to be able to go somewhere of my own choice. Not what you think I want.

You need continuity when you ring a number and not going to be passed to countless departments pillar to post

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4% of survey participants **'strongly disagreed'** with the draft vision, below are some of their comments and suggestions. (15/385)

Note: Additional response comments received in answer to this question are included in the appendix

Not enough concentration on the carers. Lack of actual physical contact on a regular or even irregular basis!!!

Respite provided by Crossroads is a crucial lifeline for me and any cutting back of this service would be lifestyle threatening. This is the ONLY time I can get out and do "normal" things without having to worry.

Why is a "vision" required? It's a collection of meaningless words to an exhausted carer?

They don't help carers get breaks. Carers need help and have a person that can give proper advice to you

I don't feel it is aimed at older carers, it is more to do with supporting those still in employment which is great but the older generation have not been included.

I didn't know of its existence. It doesn't have a relevance to my situation.

It doesn't clarify at all what the "journey" means. It's full of well-meaning phrases but doesn't show how on earth it will work. Who will implement it etc.

This is going as far from the arrangement that is in place at the moment as possible. I don't need courses in how to look after my wife or to be a better carer. I need to have my wife sat with a trusted person whilst I do my shopping etc... to enable me to carry on caring.

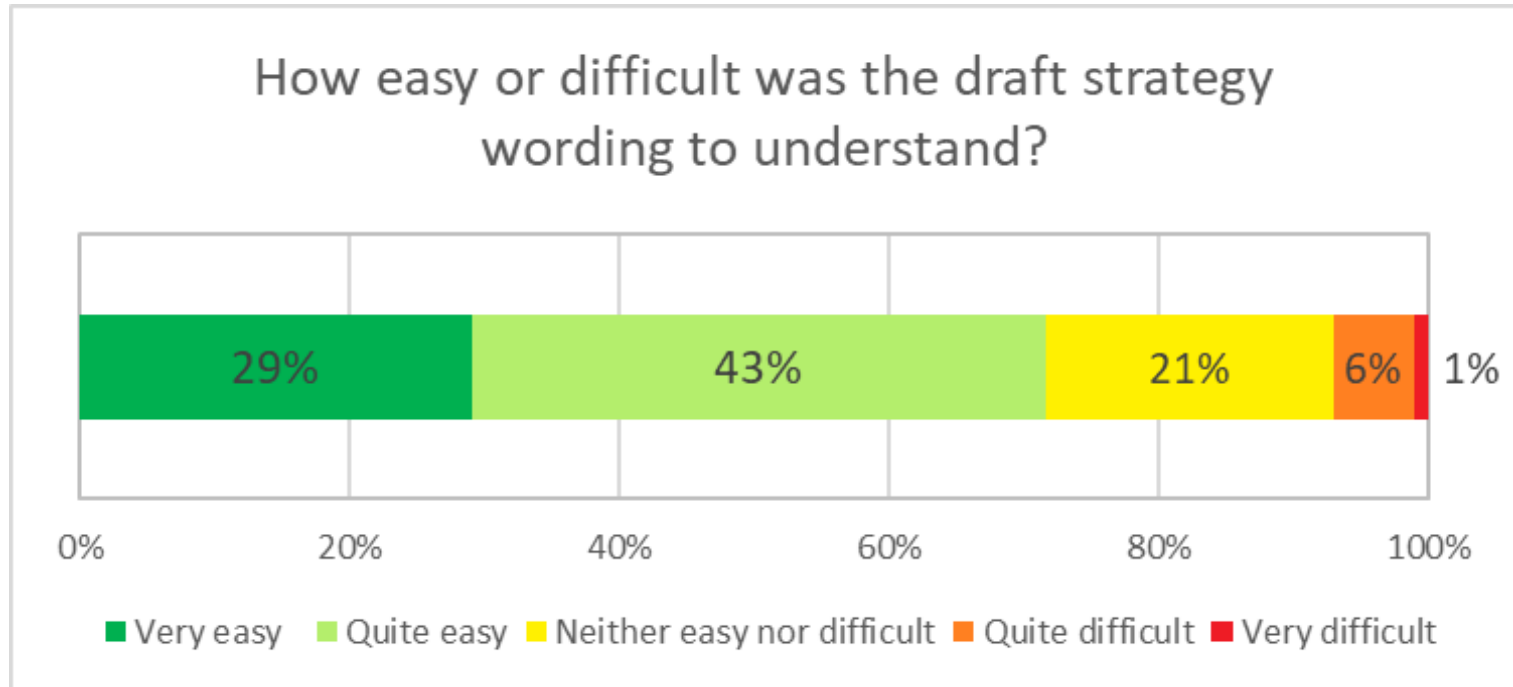
It's just a load of words that never transpire into any help for those who need it.

72% thought the wording was easy to understand (275/383)

Our draft vision for carers is:

'Making a difference every day by supporting and empowering you to live a fulfilling life whilst being a carer, as long as you are willing and able'

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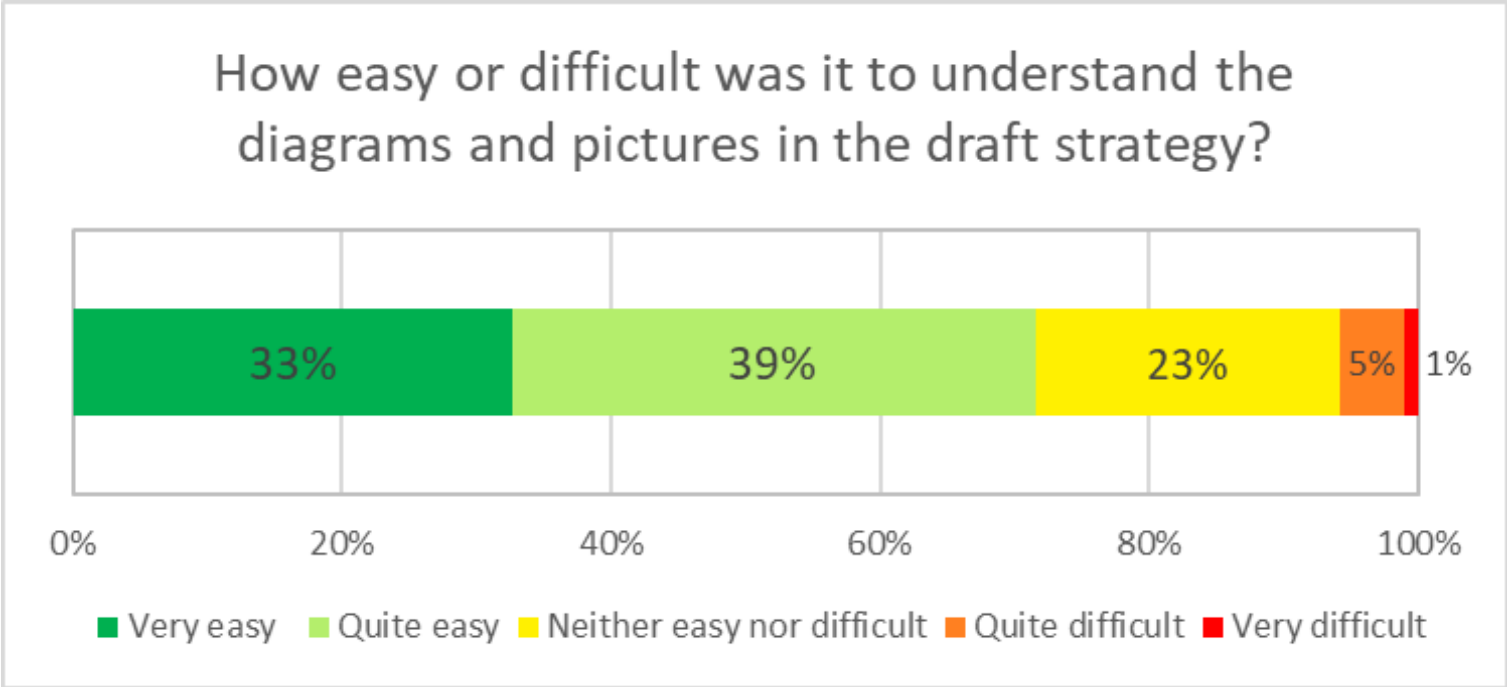


383 participants answered this question

72% thought it was easy to understand the diagrams and pictures in the draft strategy (277/385)

Our draft vision for carers is:

'Making a difference every day by supporting and empowering you to live a fulfilling life whilst being a carer, as long as you are willing and able'



385 participants answered this question

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Supporting you to be you



The next question in the survey had multiple elements and was asked as follows:

Supporting you to be you - what carers have told us is important for living a full, healthy life:

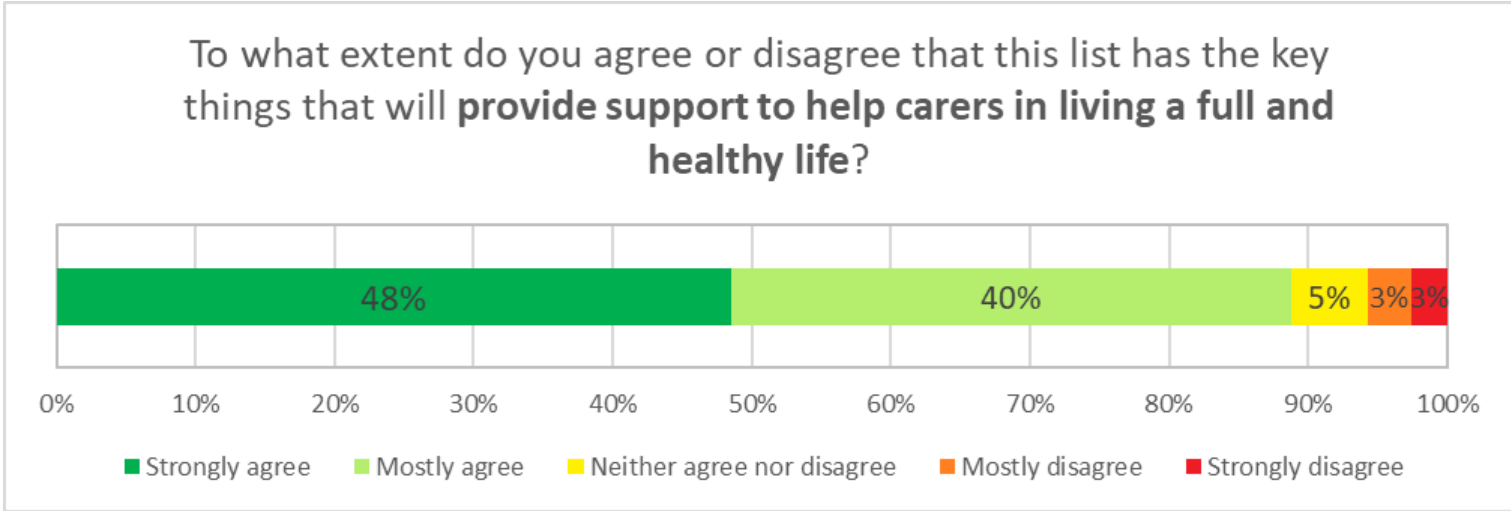
- ★ *Health and emotional wellbeing*
- ★ *Advice and information*
- ★ *Support to work*
- ★ *Funding information*
- ★ *Breaks*
- ★ *Support to study*

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To what extent do you agree or disagree that this list has the key things that will provide support to help carers in living a full and healthy life?

88% agreed the 'Supporting you to be you' list will provide support to help carers live a full and health life (338/385)

'Supporting you to be you - what carers have told us is important for living a full, healthy life: Health and emotional wellbeing; Advice and information; Support to work; Funding information; Breaks; Support to study'



385 participants answered this question

Ambition is good, funding could be a barrier to reach the principles

Being there to help in a crisis is most important, crossroads deliver this. Short breaks are my best support.

It's a brilliant principal.

Supporting you to be you – Feedback comments

Supporting you to be you - what carers have told us is important for living a full, healthy life:

Please tell us if you have any comments on the core principle “Supporting you to be you” and if you think anything is particularly important on the list or missing from it?

Description of comment	Count	Theme
Respite / breaks for carers are important / "Time to do my own thing"	8	9
Help in a crisis / emergency	1	
Better financial support for carers	5	7
Funding concerns / a Salary for carers	2	
Make available support easy to find / Accessible advice and information	7	8
Help to first access services	1	
Health and Wellbeing support / "Carers don't have time to think about their own needs"	3	3
Unpaid carers feel "invisible"	0	
Unsure that plans will be implemented / mistrust of the system	1	13
Specifically assigned named support workers	0	2
Dedicated contacts for frequently used services (GP, benefits etc)	2	
Support carers in work / access to work / maintain work	2	7
I agree with / support the principle (generally)	0	7
Conjoined approach from services needed	2	6
Facilitation of Peer support groups	1	3
Clarity regarding timeframes	1	2
Understand carer motivations / people don't always want to be carers ("landed" with it)	2	2
Other	6	27

The breaks are most important

emotional support would be helpful for me at this time.

There's nothing about financial support, signposting to benefits. Whilst these are welcome, it doesn't support those who are the heavy-duty carers. Those that can't work, find time for self care etc.

"Supporting you to be you" is the most difficult principle to maintain when weighed down by day-to-day caring. Health and emotional wellbeing are the most important issues.



'Support to study' not mentioned in feedback comments

96

Supporting you to be you – Feedback comments from participants that consider themselves disabled

Supporting you to be you - what carers have told us is important for living a full, healthy life:

Please tell us if you have any comments on the core principle “Supporting you to be you” and if you think anything is particularly important on the list or missing from it?

Description of comment	Count	Theme
Respite / breaks for carers are important / "Time to do my own thing"	28	28
Help in a crisis/emergency	0	
Make available support easy to find / Accessible advice and information	9	10
Help to first access services	1	
Better financial support for carers	8	9
Funding concerns / a Salary for carers	1	
Health and Wellbeing / "Carers don't have time to think about their own needs"	7	7
Unsure that plans will be implemented / mistrust of the system	3	3
Support to access/maintain work	2	2
Conjoined approach from services needed	2	2
Dedicated contacts for frequently used services (GP, benefits etc)	1	1
Clarity regarding timeframes	1	1
Understand carer motivations / people don't always want to be carers ("landed" with it)	1	1
Specifically assigned named support workers	1	1
Other	8	8

★ 'Support to study' not mentioned in feedback comments

65

Support needed to have a break from the 24hr caring

breaks have a bearing on health and emotional wellbeing

I feel I need more breaks as my time at home is demanding. Having to look after someone with 3 conditions - blindness, deafness + schizophrenia which is very demanding.

The support gives me (full-time carer) some 'me' time where I don't have to think about the needs of the person being cared for. The support gives me some welcome freedom from what would be being a prisoner in my home.

Providing the best support possible



The next question in the survey had multiple elements and was asked as follows:

Providing the best support possible – how carers have told us they want us to work with them:

- ★ *Listening and learning from you;*
- ★ *Respect and trust;*
- ★ *Working with you at every step;*
- ★ *There to help in a crisis.*

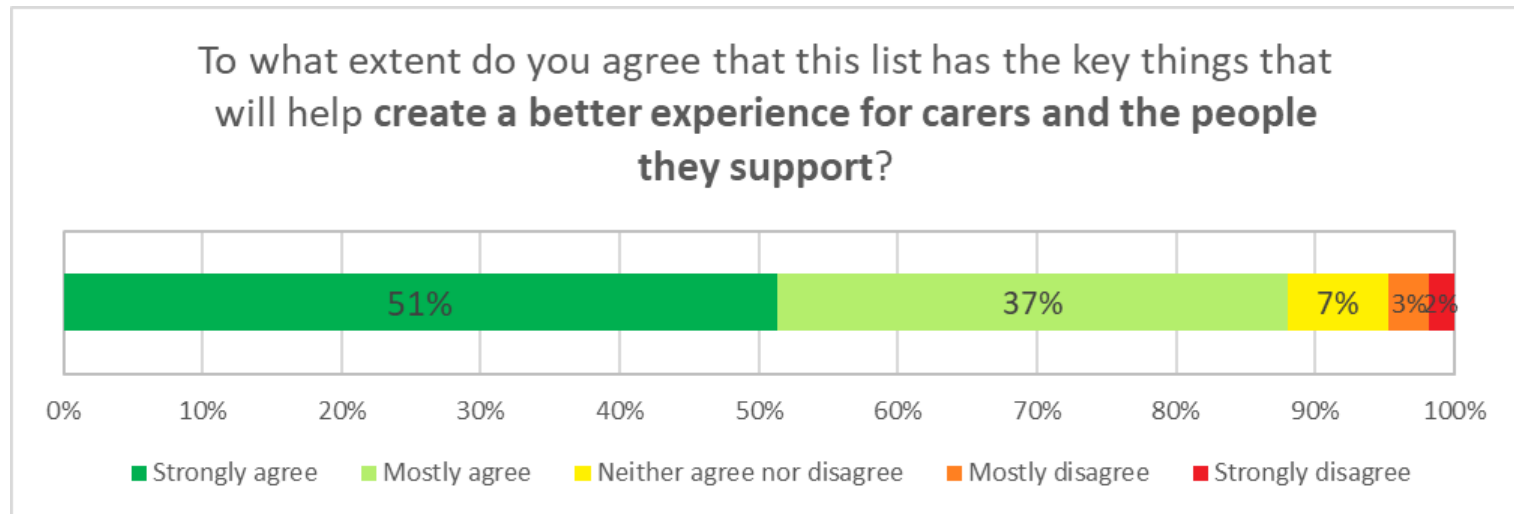
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To what extent do you agree that this list has the key things that will help create a better experience for carers and the people they support?

88% agreed the 'Providing the best support possible' list will create a better experience for carers (338/385)

'Providing the best support possible – how carers have told us they want us to work with them: Listening and learning from you; Respect and trust; Working with you at every step; There to help in a crisis'

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385 participants answered this question

Support available in a crisis is so very important

'Working at every step' is particularly important, the current situation of support sometimes often only becoming available in crisis needs to change.

'I think it is all covered'

Providing the best support possible – Feedback comments

Providing the best support possible – how carers have told us they want us to work with them:

Please tell us if you have any comments on the core principle “Providing the best support possible” and if you think anything is particularly important on the list or missing from it?

Description of comment	Count	Theme
Crisis support is important / There to help in a crisis most important	27	52
Respite / breaks for carers are important / better life balance	25	
Lack of detailed information about available support	13	40
Could be a challenge to implement / an ambitious step-change to present transactional support	12	
Very topline / not believable without detail / very different to reality	10	
Unsure that plans will be implemented / mistrust of the system	5	
Listen more / Understand individual needs better / More bespoke tailored support	16	34
Listen and learning from you is important / most important	10	
Working with you at every step is important / most important	6	
Understand carers motivations / people don't always want to be carers ("landed" with it)	2	
Provide a quicker reponse / support when you need it / better communication	17	30
Provide more regular, preventative support, not just crisis support	13	
Dedicated contacts for frequently used services (GP, benefits etc) / Single point of contact	15	24
Conjoined approach from services needed / no mention of joined-up approach	9	
More support for carers / better financial support for carers	9	20
Funding concerns / More financial support / Pay staff more	8	
Support to access / maintain work / support unpaid carers to remain in work	3	
Help to first access services / easier / simpler to access / make available support easy to find	10	19
Accessibility of relevant advice (or lack of)	6	
Unpaid carers feel "invisible"	3	
Provide more emotional support for lone carers	7	10
Health and Wellbeing/MH support/"Carers don't have time to think about their own needs"	3	
Respect and trust in most important	3	3
Other	32	32

There to help at all times not just in a crisis would be better

Working with you at every step - very important - simply knowing there IS someone to turn to who can support and give help.

Listen but then act on what carers say. No point in listening but doing nothing.

*Some carers reach crisis point - with no friends or family to rely on. Carers need a short break also help with doctors/hospitals appointments that need to be attended by the carer. **To respect and trust a care support worker is important to the carer and cared for.***

264

Positive Outcomes



Positive outcomes – creating a better future for carers and the people they support by aiming for what they have told us is important:

- ★ Organisations working together;
- ★ Support workers building good relationships with carers;
- ★ Organisations reaching more carers;
- ★ Support for younger and older adults;
- ★ Telling your story once;
- ★ Access to high quality carers support;
- ★ Regular and reliable help;
- ★ Personalised support;
- ★ Trusted points of contact;
- ★ Carer education and training;

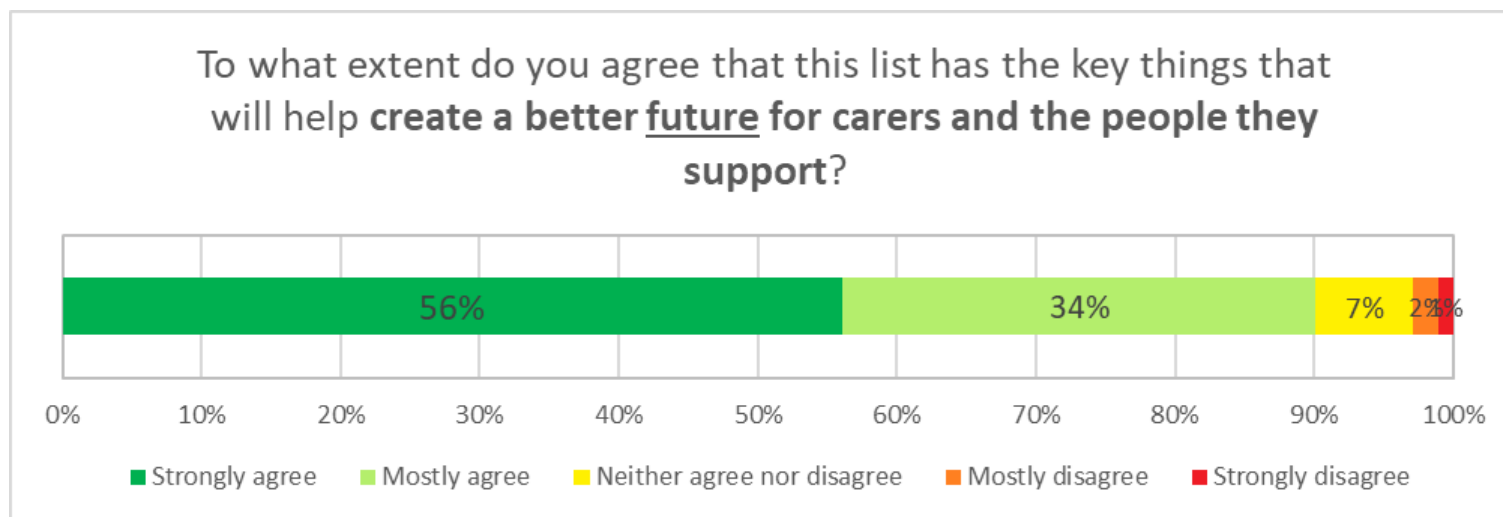
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To what extent do you agree that this list has the key things that will help create a better future for carers and the people they support?

90% agreed the 'Positive outcomes' list will create a better future for carers (346/385)

'Positive outcomes – creating a better future for carers and the people they support by aiming for what they have told us is important: Organisations working together; Support workers building good relationships with carers; Organisations reaching more carers; Support for younger and older adults; Telling your story once; Access to high quality carers support; Regular and reliable help; Personalised support; Trusted points of contact; Carer education and training'

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385 participants answered this question

That's all good but what's needed is a more personalised strategy rather than forms, signposts, web pages at the end of the day.

We need support from people face to face to help us. Not all email or webpage to talk to you just don't have that time but if someone is there it makes all the difference.

Again, good ideas but won't work unless there are support staff who are well paid, well qualified and good at their jobs.

Positive Outcomes – Feedback comments

Positive outcomes – creating a better future for carers and the people they support by aiming for what they have told us is important:....

Please tell us if you have any comments on the core principle “Positive outcomes” and if you think anything is particularly important on the list or missing from it?

Description of comment	Count	Theme
Very topline / not believable without detail / very different to reality	18	38
Desire for more detail about available support	13	
Could be a challenge to implement / an ambitious step-change to present transactional support	7	
★ Tell story once. Greater continuity of social workers is important	15	33
Consistency of support / support staff is important	7	
Listen more / Understand individual needs better / More bespoke tailored support	5	
Dedicated contacts for frequently used services (GP, benefits etc) / Single point of contact	6	
★ Regular and reliable help is important	12	27
Respite / breaks for carers are important / better life balance	12	
Health and Wellbeing support / "Carers don't have time to think about their own needs"	3	
★ Organisations working together is important	17	20
Conjoined approach from services needed / no mention of joined-up approach	3	
Funding concerns / Pay staff more	12	21
More support for carers / better financial support for carers (generic)	9	
I agree with / support the principle (generic)	16	16
★ Access to high quality carers support is important	9	9
★ Support workers building good relationships with carers	8	8
Help to find / first access services / easier / simpler to access	7	7
Provide a quicker reponse / support when you need it / better communication	4	4
★ Carer education and training is important	3	3
★ Supporting young and older adults are two separate things	2	2
★ Trusted points of contact is important	2	2
★ Support for younger and older adults is important	2	2
Put people first, not organisations working together	1	1
★ Organisations reaching more carers is important	3	3
Support to access to work / maintain work / support unpaid carers to remain in work	2	2
Other	16	16

Telling your story once is very important. Often things that have already been proven once will end up need to be proven over and over again to new staff.

Regular and reliable support (my weekly respite time) has been crucial in helping me to continue in my caring role.

Would like to see included: The right expert at the right time. I want expert help when it's appropriate (rather than e.g. signposting).

Which actions are more important to you?

- Regular and reliable support mentioned by 60% of 385 survey respondents

Please tell us which actions are the most important to you, by choosing up to three from the list below:



"As a carer, I worry about how my wife would be looked after in my absence in a crises (eg if I was suddenly taken to hospital with serious Covid) Our son lives and works 300 miles away and my wife needs 24/7 support. Having a single point of contact in an emergency would be a great relief. A 'red button' system could be the answer in many cases, but the call handler would need to know who to contact if there was an event that could not be resolved in the short term. (My wife would not be able to operate this a system herself, and her speech is very poor following a stroke).I have been putting together some notes, including contact information for various agencies, relatives and friends, but a County system would be better"

Summary of Main Findings (387 responses)

- 78% of survey participants ‘mostly agreed’ or ‘strongly agreed’ with the draft vision.
 - 72% thought the wording was easy to understand.
 - 72% thought it was easy to understand the diagrams and pictures.
- 88% agreed the ‘Supporting you to be you’ list will support carers to live a full and health life.
- 88% agreed the ‘Providing the best support possible’ list will create a better experience for carers.
- 90% agreed the ‘Positive outcomes’ list will create a better future for carers.
- Regular and reliable support was considered the most important service aspect by 60% of 385 survey participants.
 - Respite care / breaks are seen as intrinsically linked to regular and reliable support.
 - Respite care / breaks is particularly important to carers with disabilities / is mentioned frequently in their feedback comments.

Appendix

If you mostly disagree with our draft vision, please tell us your comments and suggestions below. (23/385)

What does support for carers look like? Who is involved in identifying carers & how? What respite entitlement is possible & how can it be accessed? Who is coordinating the response/support from health and social care for example do GPs have a carers register and how do people know about it?

Not enough substance in the strategy of things that will actually help individual carers. Intent is fine but with no strategic direction it is not enough.

I 'mostly disagree', only in the sense that while this 'vision' is unexceptionable as far as it goes, as stated it does not discern the difference between the desirable and the essential. A 'fulfilling' life is highly desirable, but what many Carers, especially older Carers, even with support can scarcely achieve is just a basically tolerable, or possible, life. Support for them is essential, just to enable them to keep their cared-for one at home and to avoid – or postpone – their transfer to more intensive, and resource-hungry, forms of care.

My husband has alzheimers he needs 24 hour care 7 days a week he gets £89 a week it costs me £112 for 4hours free time per week .

I am finding it quite difficult to get support as a carer. I work and have my own family yet the only respite I get that I don't pay for is from crossroads who are invaluable as they are with my mum in her own house and the Ellenor. Both charities I have to take my mum to the Ellenor and pick her up which can be difficult but again the support they offer me and my mum we find invaluable.

Apologies I misread teh question but you will see from my comments below how valuable local charities are in achieving your vision.

I am a full time carer for my daughter and have been for the last 38 years right from her birth. I could not be without my support worker who comes in 3 hours a week to give me time to do the things I cannot do i.e. shopping, wshing my hair and other general chores.

it depends what you intend to do. I do not want to lose my support from Crossroads. I can go out for three hours enabling me to be me for that time.

working with the carers know what a difference time off makes. Breaks very important so they don't want to spend that time being pointed in different directions. Plus filling in forms to see what time they can get off. This just stresses them out more when they are already stressed in their caring role

I think its impossible to live a fulfilling life as a full time carer. It is too tiring and very difficult to get respite care. I think you as a carer can give your loved one a fulfilling life but it comes with a great cost.

Need more help but can not afford to pay for care! So have to do it myself and care for my wife.

Not enough hours in the day for my hobbies. What time I have from Crossroads Care Kent enables me to visit my friends or shopping or walking.

As a carer I do not have a fulfilling life and although some support is appreciated, caring 24/7 is tiring and very demanding and negates any life I might choose for myself.

If you strongly disagree with our draft vision, please tell us your comments and suggestions below. (15/385)

There is nothing that tells me how you are going to Make a difference to the lives of carers every day. You state that there are 38k carers in Kent who do over 50 hours of caring a week and get you aren't saying you will be prioritising them or saying what you will do to find them. Currently only a very small proportion of these receive a carers assessment. This needs to be addressed. Whilst the principle is fine there is no information about what it means to an individual carer.

"Please note that the carer doesn't always know that they are a carer most of the time they feel that they are having to look after them due to their needs and know one knows how to look after their loved one as well as them. Many of the older generations feel that in sickness and in health means that they just DO what they need to and wouldn't expect husband/wife/child to be able to do it many people feel that they can't give up caring and toileting their parent or child even though it is something that they do not wish to do. ""Having my mum with her feet in the air cleaning up her mess after she has had a bowel movement is not the position I should be put in"" is something I hear in the community far too much!"

I have tried to access services as an autistic father with cancer and with two autistic children. I receive no support whatsoever. I just get flagged to an ever increasing amount of services who all flag me on and on one occasion I have been flagged back to my wife's training company, it's a joke. No support and absolutely no MH support or any other kind within a reasonable time scale

Not suitable for older carers, no consistency. Whoever produced it has no practical experienced of caring 24/7 x 52 or being in prison. Not every loved one wants clubs/groups, where they will be among those who are their future. I.E you will die one day, do you want to attend a club in the morgue mixing with those who are your future?

money could be spent elsewhere to help our needs. Too many chiefs and not enough indians comes to mind - being an old timer said many in my life

Bottom line is the Govt does not want to pay and just use praise as a way to fool us

I disagree with how kcc are spending tax payers money

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Kent Adult Carers Strategy 2022 to 2027
2. Directorate	Strategic and Corporate Services
3. Responsible Service/Division	Adult Social Care Commissioning

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Guy Offord / Simon Mitchell
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Sharon Dene
6. Director of Service Note: This should be the name of your responsible director.	Clare Maynard

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
	Service Change – operational changes in the way we deliver the service to people.
	Service Redesign – restructure, new operating model or changes to ways of working
	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
✓	Strategy /Policy – includes review, refresh or creating a new document
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

The 2011 census indicated that there were 151,777 people in Kent providing some level of unpaid care. According to Carers UK full-time carers are more than twice as likely to be in bad health as non-carers whilst one in five adults have seen their work negatively affected as a result of caring. This includes 2.3 million nationally who have quit work and almost three million who have reduced their working hours to care at some point in their lives. More than half (54%) of carers are struggling to pay household bills or to make ends meet, and over a third (35%) are cutting back on essentials like food and heating. About 40% of carers have had a breakdown in a relationship with a family member,

and 60% have found it difficult to maintain friendships. As of the end of March 2021 the current short breaks provider were supporting 2,151 carers.

The current Kent Adult Carers Strategy was published in 2009 and subsequently needs updating.

The Care Act 2014 came into effect in April 2015 and replaced most previous laws regarding carers and people being cared for. It outlines the way in which local authorities should carry out carers' assessments and needs assessments; how local authorities should determine who is eligible for support; how local authorities should charge for both residential care and community care; and their obligations.

The Care Act places a duty on local authorities to promote an individual's 'wellbeing'. This means that they should always have a person's wellbeing in mind when making decisions about them or planning services. The wellbeing principles are also part of the eligibility criteria. Local authorities have to consider the impact of a role as a carer on their wellbeing. Similarly, they have to consider the impact of a disabled person's needs on the carers wellbeing.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i>	Yes
10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i>	Yes
11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i>	Yes
12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>	Yes
13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i>	
<p>Current Community Navigation providers who provide carers assessments. Current provider of Adult Carers Short Breaks. Health and Social Care commissioners. Adult Social Care operational teams. Public Engagement – specifically targeted at Carers.</p>	
14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i>	No
15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i>	Yes, in regard to current carers assessments and support and provider performance data

Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>	KCC Wellbeing and Prevention Market Position Statement produced in 2021

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? <i>Answer: Yes/No</i>	Yes
--	-----

18. Please give details of Positive Impacts

The new strategy sets the direction of how support can be offered in the future. The approach is set out in 3 main areas: Supporting you to be you; Providing the best support possible; Positive Outcomes. The approach also explores the times within a Carers life that services may be more critical (Key Life Moments).

These approaches have been designed with local Carers and so are reflective of what Carers have actually told us.

The Public Consultation undertaken in 2022 received 387 responses (260 online and 127 postal) and provided the following thoughts regarding the proposed new strategy:

78% agreed with the vision
72% felt it was easy to understand
88% agreed with 'supporting you to be you' section
88% agreed with 'providing best support possible' section
90% agreed with the list of positive outcomes

So overall there appears to be broad support for the proposal.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Age	<p>A disproportionate number of carers accessing carers services are age category 65 and over compared to total carers in Kent. Confirmed by the responses to the consultation (87% were 50+ and 51% were 65+)</p> <p>There is currently a poor geographical distribution of support which does not reflect demographic distribution</p>

	or deprivation areas of need.
c) Mitigating Actions for age	Ensure that there is a clear commitment to provide support for all carers in Kent.
d) Responsible Officer for Mitigating Actions - Age	Simon Mitchell
20. Negative Impacts and Mitigating actions for Disability	
a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Disability	<p>Information on carer disability is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably.</p> <p>The Consultation responses showed 24% consider themselves to have a disability of which:</p> <ul style="list-style-type: none"> • 45% had a physical disability • 38% had a Long-Term Condition • 23% had a Mental Health issue • 18% had a Sensory Impairment.
c) Mitigating Actions for Disability	<p>Ensure that a clear commitment to provide support for carers with disabilities.</p> <p>A requirement to collect on carer disability status.</p>
d) Responsible Officer for Mitigating Actions - Disability	Simon Mitchell
21. Negative Impacts and Mitigating actions for Sex	
a) Are there negative impacts for Sex? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Sex	<p>A greater percentage of females provide unpaid care than the Kent average number of female carers.</p> <p>The consultation would seem to reflect this with 75% of respondents being female.</p> <p>This is inconsistent with Kent census data that states, men aged 65 and over provide a higher percentage of unpaid care than women aged 65 and over.</p> <p>Male carers over the age of 65 may be a hidden group.</p>
c) Mitigating Actions for Sex	A commitment to monitoring of this protected characteristic are addressed, and working with communities to ensure a representative demographic of carers is sought.
d) Responsible Officer for Mitigating Actions - Sex	Simon Mitchell
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Gender	Information on carer gender identity is not available. It is

identity/transgender	not possible to ascertain whether this group in relation to the carer may be treated less favourably.
c) Mitigating actions for Gender identity/transgender	Ensure that gender identity/transgender issues are reflected in the strategy and monitoring of this protected characteristic are addressed.
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	Simon Mitchell
23. Negative Impacts and Mitigating actions for Race	
a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Race	Information on carer race is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably. Anecdotally – cultural differences in family units lead to Carers from different ethnic backgrounds remaining hidden and not accessing support from services. Consultation responses were predominantly white (98%) and not necessarily reflective of the population of Kent.
c) Mitigating Actions for Race	Ensure that this protected characteristic is addressed in the strategy and monitoring of this protected characteristic are addressed. Culturally appropriate support, and provision is delivered / offered and monitored.
d) Responsible Officer for Mitigating Actions - Race	Simon Mitchell
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Religion and belief	Information on carer religion or belief is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably. The consultation revealed around half of carers considered themselves to have a religion with the majority Christian. Again this may not be reflective of the population of Kent and particular areas and communities.
c) Mitigating Actions for Religion and belief	Ensure that this protected characteristic is addressed in the strategy and monitoring of this protected characteristic are addressed.
d) Responsible Officer for Mitigating Actions - Religion and belief	Simon Mitchell
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation.	Yes

<i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	
b) Details of Negative Impacts for Sexual Orientation	Information on carer sexual orientation is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably.
c) Mitigating Actions for Sexual Orientation	Ensure that this protected characteristic is addressed in the strategy and monitoring of this protected characteristic are addressed.
d) Responsible Officer for Mitigating Actions - Sexual Orientation	Simon Mitchell
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Pregnancy and Maternity	Information on carer's pregnancy and maternity status is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably.
c) Mitigating Actions for Pregnancy and Maternity	Ensure that this protected characteristic is addressed in the strategy and monitoring of this protected characteristic are addressed.
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	Simon Mitchell
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Marriage and Civil Partnerships	Information on carer's Marriage or Civil Partnership status is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably.
c) Mitigating Actions for Marriage and Civil Partnerships	Ensure that this protected characteristic is addressed in the strategy and monitoring of this protected characteristic are addressed.
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	Simon Mitchell
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Carer's Responsibilities	
c) Mitigating Actions for Carer's responsibilities	
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	

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 – 31 March 2022

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

Classification: **Unrestricted**

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team Meeting – 23 February 2022

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper presents the strategic risks relating to the Adult Social Care and Health Directorate, in addition to the risks featuring on the Corporate Risk Register for which the Corporate Director is the designated 'Risk Owner'.

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

1. Introduction

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

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

2. Adult Social Care and Health Directorate Led Corporate Risks

2.1 The ASCH Directorate currently leads on 2 of the Corporate Risks.

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since April 2021
CRR0002	Safeguarding – protecting vulnerable adults	20	15	↔
CRR0015	Managing and working with the social care market	25	15	↔

2.2 These risks were reviewed in December 2021 by Corporate Management Team (CMT) and Cabinet. In addition the risks were presented to Governance and Audit Committee for assurance in January 2022. These are detailed in Appendix 1.

2.3 The annual review of corporate risks in the Autumn of 2021 has led to a reduction in the number of ASCH led Corporate Risks. Namely the de-escalation of the risk relating to ‘Development of the Integrated Care System’. Following the agreement of governance arrangements of the partnership this risk is now being monitored by the directorate, with the option to escalate back to the corporate level should the risk profile change.

2.4 The former Corporate Risk relating to ‘Cost implications as a result of rising social care demand’ has been incorporated into a ‘Future Financial Operating Environment’ risk, this now encapsulates a number of demand led risks found within Directorates.

2.5 Although there is no change in the direction of travel for the ASCH led corporate risks a number of challenges are still being faced:

- **CRR0002** – National increases in investigations into possible abuse and neglect of vulnerable adults in care and nursing homes. The proposed change in legislation to Liberty Protection Standard has been further delayed by Government.
- **CRR0015** – Continued concern regarding the viability of local care markets. The mandated coronavirus vaccines added further pressures on the availability of the workforce and increased the workloads of existing staff. More than half of councils nationally are resorting to exceptional measures to ration social care amid staff shortages.

3. Adult Social Care and Health Directorate Risk Profile

3.1 The below table outlines the current risks in the Adult Social Care Directorate Risk Register (the detailed register can be seen in Appendix 2)

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since April 2021
AH0005	Continued pressures on public sector funding impacting on revenue and saving efficiencies	12	12	On Target ↓
AH0033	Adult Social Care Workforce	12	9	↓
AH0037	Information Asset Management	12	9	↔
AH0038	Information Governance	12	9	N/A
AH0040	Development of Integrated Care System/ Integrated Care Partnership	12	9	N/A
AH0035	Making a Difference Every Day Approach	9	6	↔

3.2 The risk register has been reviewed and amended during the year with quarterly reporting into the Directorate Management Team with the most recent review and discussion in February 2022.

3.3 The former Directorate risk **AH001 Business Disruption** was removed from the risk register. The mitigating actions relating to training and development have been completed and incorporated into annual planning. The target risk level has been met and the management team are assured with the robust ongoing controls to mitigate any potential disruption.

3.4 The direction for travel for **AH0005 Continued pressures on public sector funding impacting on revenue and saving efficiencies** has reduced since our last annual report with the likelihood reduced from 'Very Likely' to 'Possible'. The reasons for this reduction are due to the position we are in as we begin a new financial year, the budget has been realigned to cover the underlying pressures we have reported in 2021-22 and we now have an established strategy from April 2022 and a comprehensive programme of activity underway to also help us achieve this. Over the last year we have improved our reporting and forecasting mechanisms and have a good assurance process in place with regular performance monitoring.

3.4.1 This risk has achieved target level, however it will continue to be monitored on a regular basis throughout the year and be adjusted accordingly.

3.5 The direction of travel for **AH0033 Adult Social Care Workforce** has reduced since our last annual report with a likelihood score moving from 'very likely' to 'likely' and the impact reduced from 'serious' to 'significant'. The reasons for the reduction in the risk level is due to the progress that has been made around our internal governance and tasks groups which now have oversight of all workforce matters and are able to prioritise and escalate action as required. There has also been significant progress in the development of the strategic workforce plan which sets out our principles and priorities for delivery for the coming year.

3.5.1 Vacancies and staff morale do remain a high concern but the mitigating actions to support our workforce and attract and retain staff will start to be seen during the year and roll out of the workforce plan.

3.6 A new risk was added to the risk register during 2021 **AH0037 Information Governance** following a detailed action plan which was approved by the Directorate Management Team. An internal audit review into Data Protection also found good prospects for improvement and a management action plan has been set with a series of actions to be achieved during 2022.

3.7 The direction of travel for the following risks has remained static, however actions and controls have been revised during the year to further mitigate and reduce the risk.

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

Transition arrangements are underway to move MOSAIC across to Servelec with contract arrangements in place to support service delivery expectation.

- **AH0035 Making A Difference Every Day Approach**- *Delivery of large-scale change activity across both KCC and Adult Social Care and Health ensuring alignment of priorities and proportionality. Risk that teams are facing large amounts of change at once.*

Our Adult social care and health strategy and vision has been set and engaged with the workforce and people of Kent. As we progress forward into delivery of our making a difference every day plan a risk remains around staff engagement due to staff experiencing change fatigue and conflicting priorities.

4. Recommendation

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

5. Background Documents

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

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KCC Corporate Risk Register

Adult Social Care and Health led Corporate Risks

Corporate Risk Register - Summary Risk Profile

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

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since December 2020
CRR0002	Safeguarding – protecting vulnerable adults	High (20)	Medium (15)	↔
CRR0015	Managing and working with the social care market	High (25)	Medium (15)	↔

*Each risk is allocated a unique code, which is retained even if a risk is transferred off the Corporate Register. Therefore, there will be some 'gaps' between risk IDs.

** Risk rating to be reviewed after local government finance settlement is confirmed.

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

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

Risk ID	CRR0002	Risk Title	Safeguarding – protecting vulnerable adults			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
The Council must fulfil its statutory obligations to effectively safeguard vulnerable adults, in a complex and challenging environment e.g., challenges relating to demand for services and consistent quality of care in the provider market.	Failure to fulfil statutory obligations. Failure to meet the requirements of the “Prevent Duty” placed on Local Authorities.	Incident of serious harm or death of a vulnerable adult. Serious impact on vulnerable people. Serious impact on ability to recruit the quality of staff critical to service delivery.	Richard Smith Corporate Director Adult Social Care and Health (ASCH)	Likely (4)	Major (5)	
The change from ‘safeguarding alerts’ to ‘safeguarding enquiries’ has led to a significant increase in the number of safeguarding concerns received. There has also been an increase in domestic abuse referrals.	Safeguarding risks are not identified to / by KCC in a timely fashion during the Covid-19 pandemic.	Serious operational and financial consequences.	Responsible Cabinet Member(s):	Target Residual Likelihood	Target Residual Impact	
The Covid-19 pandemic and the associated ‘lockdown’ measures raised concerns of increases in hidden harm, self-harm and neglect resulting in impacted demand profiles.	Spike(s) in demand impact on quality of controls	Attract possible intervention from a national regulator for failure to discharge corporate and executive responsibilities.	Clair Bell, Adult Social Care and Public Health Mike Hill (Lead Member for PREVENT)	Possible (3)	Major (5)	
Social care services have made substantial adaptations to service delivery across the system.						
In addition, the Government’s “Prevent Duty” requires the Local Authority to act to prevent vulnerable people from being drawn into terrorism.						

Control Title	Control Owner
Quality Surveillance Group - regular KCC meetings with Care Quality Commission to share intelligence. This is currently being relaunched and the function of the group reconsidered.	Sharon Dene, Strategic Commissioning
Strategic Safeguarding and Quality Assurance team in adult social care and health leads on a strategic framework for policy, service development, strategic safeguarding and quality assurance	Sarah Denson, Service Manager ASCH
Kent and Medway Prevent Duty Delivery Board (chaired by KCC) oversees the activity of the Kent and Medway Channel Panel, co-ordinating Prevent activity across the County and reporting to other relevant strategic bodies in the county. Currently chaired by Medway's Director of People until end of 2022.	Richard Smith, Corporate Director ASCH
KCC is a partner in multi-agency public protection arrangements (MAPPA) for managing sexual and violent offenders, a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a coordinated manner.	Richard Smith, Corporate Director ASCH
KCC contributes to the Multi-agency risk assessment conference (MARAC) process, which allows for the best possible safety planning for victims of domestic abuse who are considered to be at high risk of experiencing further significant harm/injury.	Chris McKenzie, Director, Adult Social Care and Health
Safeguarding activity and practice is under review as a specific workstream within the Practice Pillar of the Make A Difference Everyday approach. Current Activity includes: An "as is" systems review to explore the current delivery of safeguarding activity and performance Suite of performance data to be developed to provide practice intelligence	Helen Gillivan, Head of ASCH Business Delivery Unit
KCC Safeguarding Competency Framework in place, including Mental Capacity Act requirements.	Sarah Denson – Interim Principal Social Worker
Quarterly safeguarding report brings together key information to enable scrutiny and performance monitoring for management teams and the Cabinet Member.	Sarah Denson – Interim Principal Social Worker
KCC Safeguarding Competency Framework reviewed to ensure currency and look for areas for improvement.	Sarah Denson – Interim Principal Social Worker
KCC is a member of the Kent & Medway Safeguarding Adults Board – a statutory service which exists to make sure that all member agencies are working together to help Kent and Medway's adults safe from harm and protect their rights. The Board has an independent Chair and its work carried out by a number of working groups.	Sarah Denson – Interim Principal Social Worker/David Whittle Director SPRCA

Kent and Medway Channel Panel (early intervention mechanism providing tailored support to people who have been identified as at risk of being drawn into terrorism) in place.	Nick Wilkinson, Prevent and Channel Strategic Manager	
PREVENT training strategy in place and regularly reviewed.	Nick Wilkinson, Prevent and Channel Strategic Manager	
Semi-regional PREVENT model of delivery across Kent and Medway developed.	Nick Wilkinson, Prevent and Channel Strategic Manager	
KCC cross-directorate PREVENT group meets regularly and ensures the PREVENT duty is embedded across the organisation. Regular updates are provided to the Corporate Management Team.	Nick Wilkinson, Prevent and Channel Strategic Manager	
Joint Exploitation Group (Kent & Medway) focuses on PREVENT agenda, gangs, modern slavery, human trafficking and online safeguarding matters reports to Adults Safeguarding Board and Children's Partnership.	Nick Wilkinson, Prevent and Channel Strategic Manager	
The annual assurance statement is a self-declaration approved by the Head of Paid Service which captures the Authority's compliance with the requirements of the Counter Terrorism Act. Actions identified within the annual assurance statement are transferred to the Kent and Medway Action Plan. Kent and Medway Board for PREVENT have oversight of action progress	Nick Wilkinson, Prevent and Channel Strategic Manager	
Quarterly safeguarding report brings together key information to enable scrutiny and performance monitoring for management teams and the Cabinet Member.	ASCH Divisional Directors	
Safeguarding operating model aligns multidisciplinary safeguarding teams to the locality model	Sarah Denson – Interim Principal Social Worker	
Action Title	Action Owner	Planned Completion Date
A Quality Assurance Working Group is in place to develop the Quality Assurance Framework and associated mechanisms. Practice Standards and Roles and Responsibilities have been agreed for testing A draft Quality Assurance Framework will be delivered to the Making a difference every day Meaningful Measures Group	Sarah Denson – Interim Principal Social Worker	April 2022

Preparation for introduction of new Liberty Protection Safeguards system under the Mental Capacity (Amendment) Act 2019.	Maureen Stirrup, Head of Deprivation of Liberty Safeguards	October 2022
Recommendations from the recent Kent and Medway PREVENT Peer review to improve and promote best practice are being implemented. This reported to Kent and Medway Prevent Duty Delivery Board and to KCC CMT.	Nick Wilkinson, Prevent and Channel Strategic Manager	April 2022

Risk ID	CRR0015	Risk Title	Managing and working with the social care market			
<p>Source / Cause of Risk</p> <p>The current social care system is under significant strain as a result of the increasing cost and complexity of demand for services and constrained local authority budgets.</p> <p>A significant proportion of adult social care is commissioned out to the private and voluntary sectors. This offers value for money but also means that KCC is dependent on a buoyant market to achieve best value and give service users optimal choice and control.</p> <p>The market has high vacancy levels, and high staff turnover rates. Factors such as the increase to the National Living Wage, inflationary pressures, mandated vaccinations, and a buoyant job market mean that the care market is under pressure to recruit and retain adequate numbers of staff.</p> <p>The Covid-19 pandemic has added additional pressures, further threatening sustainability of the market. Latent demand and a reduction in access to</p>	<p>Risk Event</p> <p>Social Care market particularly domiciliary care is not sustainable.</p> <p>Inability to obtain the right kind of provider supply at affordable prices.</p> <p>Significant numbers of care home closures or service failures.</p> <p>Increases in hand backs of care</p> <p>Providers choose not to tender for services at Local Authority funding levels or accept service users with complex needs.</p>	<p>Consequence</p> <p>Gaps in the care market for certain types of care or in geographical areas meaning difficulty in placing some service users.</p> <p>Unable to offer care packages immediately leading to delays with discharging from Health Services</p> <p>Reduction in quality of care provided due to workforce pressures</p>	<p>Risk Owner</p> <p>Richard Smith, Corporate Director ASCH, in collaboration with Clare Maynard, Interim Strategic Commissioner</p> <p>Responsible Cabinet Member(s):</p> <p>Clair Bell, Adult Social Care and Public Health</p>	<p>Current Likelihood</p> <p>V. Likely (5)</p> <p>Target Residual Likelihood</p> <p>Possible (3)</p>	<p>Current Impact</p> <p>Major (5)</p> <p>Target Residual Impact</p> <p>Major (5)</p>	

health care has led to an increase in clients presenting with more complex needs. There is increased demand for care and support, and pressures arising from hospital discharges.	
Control Title	Control Owner
KCC is part of local and regional Quality Surveillance Groups that systematically bring together the different parts of the health and care system to share information, identify and mitigate risks to quality, including those relating to care providers.	Sharon Dene, Strategic Commissioning
New contracts commenced relating to Disability and Mental Health Residential Care services.	Simon Mitchell, Strategic Commissioning
Ongoing work to improve maturity of the market	Clare Maynard, Interim Strategic Commissioner
Ongoing monitoring of Home Care market and market coverage. Commissioners and operational managers review the capacity of the Home Care market with a view to developing a strategy to ensure market coverage.	Paula Watson, Senior Commissioner
Ongoing Contract Monitoring, working in partnership with the Access to Resources team	Clare Maynard, Interim Strategic Commissioner
Opportunities for joint commissioning and procurement in partnership with key agencies (i.e. Health) being regularly explored, including joint work regarding the provision of dementia nursing beds.	Clare Maynard, Interim Strategic Commissioner
Regular engagement with provider and trade organisations	Clare Maynard, Interim Strategic Commissioner
Older Persons Accommodation Strategy refreshed, which analyses demand and need and sets the future vision and direction for accommodation to support vulnerable Kent residents alongside the Adult Social Care Strategy - Your Life, Your Wellbeing	Richard Smith, Corporate Director ASCH
Ensuring contracts have indexation clauses built-in, managed through contract monitoring	Louise Merchant / Christopher Wimhurst, Strategic Commissioning

As part of the <i>Commissioning Success</i> model, Analytics function utilises data to inform decision making before moving commissioning activity forward.	Rachel Kennard, Chief Analyst	
Phase 2 of the Care in the Home Services refresh commenced, bringing the various Discharge services and Supported Living Services under the Care in the Home Umbrella.	Tracey Schneider, Senior Commissioner	
Phase 1 of Care and Support in the Home Services contract live, combining homecare and community based supporting independence services. This has reduced the number of care packages being placed off contract	Tracey Schneider, Senior Commissioner	
Analytical work is being conducted on assessments and reviews in adult social care to help inform key commissioning activity, including Winter planning and impact of Covid.	Rachel Kennard, Chief Analyst	
Daily risk assessment for people in the community awaiting packages of care and short-term bed provision for those at high risk	Chris McKenzie, Director ASCH	
Weekly review of market pressures at SMT to support mitigation discussions	ASCH Divisional Directors	
Adult Social Care Pressures Plan 2021/22 - outlining the strategic and operational response to a range of factors including COVID-19, vacancies in the health and social care workforce, waiting lists for care and support, winter pressures and budgetary pressures.	Richard Smith, Corporate Director for Adult Social Care and Health	
Community Support Market Position Statements to inform market shaping, oversight and sustainability are in place and regularly refreshed.	Clare Maynard, Interim Strategic Commissioner	
Continue to work innovatively with partners, including health services, districts and boroughs, and providers to identify any efficiencies across the wider sector.	ASCH Divisional Directors	
Action Title	Action Owner	Planned Completion Date
Work underway to help increase the number of smaller provider organisations to help address some of the workforce challenges	Sharon Dene - Interim Head of Strategic Commissioning	May 2021 (review)

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Full Risk Register

Risk Register - Adult Social Care and Health

Current Risk Level Summary

Green	0	Amber	6	Red	0	Total	6
		2	-16			2	-16

Current Risk Level Changes

0	0	0	0	0
0	0	2	0	0
0	0	1	3	0
0	0	0	0	0
0	0	0	0	0

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review
AH0037	Information Asset Management Fit for purpose configuration of Adult Social Care systems to enable data quality , consistency and trust of data.	Paula Parker	10/02/2022	10/05/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Page 155	Systems failure resulting in either temporary or permanent loss of information and functionality. Poor data quality resulting in poor decision making and errors Systems unfit for purpose Data breaches	Medium		<ul style="list-style-type: none"> MOSAIC servers are being transferred to Servelec in February 2022, this will provide clarity on responsibility and resolution of issues more efficiently. Following an audit of all manual spreadsheets the performance team have enabled all safeguarding spreadsheet to be recorded and reported from MOSAIC. Work is underway to ensure all deprivation of liberty safeguards (DOLS) spreadsheets are moved across onto MOSAIC. Data is flowing from MOSAIC to the Kent and Medway Care Record (KMCR). The installation of Graphnet to enable us to view data is due to go live in February 2022. Disaster recovery testing is in place with servelec, there are also penalties that are built into the contract should Servlec be responsible for any issues resulting in downtime. Annual business continuity planning process is in place to ensure that services are consulted on their requirements should the system be down and relevant actions set in place. 	A	28/02/2022	Medium	
		12			Matt Chatfield	-Accepted		9
		Significant (3)			Matt Chatfield	A	31/03/2022	Significant (3)
		Likely (4)			Matt Chatfield	-Accepted		Possible (3)
					Matt Chatfield	A	28/02/2022	

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Page 156			<ul style="list-style-type: none"> • Monthly contract management meetings are in place with Cantium and Servelec to improve performance of systems and resolve issues 	Matt Chatfield	Control		
			<ul style="list-style-type: none"> • Mosaic Systems Group operates on a monthly basis as a user group forum to discuss and escalate any matters of concerns to the Adult Social Care Systems Board. 	Matt Chatfield	Control		
			<ul style="list-style-type: none"> • A data quality strategy has been published including an action plan which will be monitored by a sub group to plan and resolve high priority data quality issues. 	Matt Chatfield	Control		
			<ul style="list-style-type: none"> • Emergency client report is produced overnight every day and saved for restricted use should MOSAIC be down. 	Matt Chatfield	Control		
			<ul style="list-style-type: none"> • A newly formed Adult Social Care System Board will be introduced in 2022 as part of revised governance to coordinate and oversee any systems activity. 	Matt Chatfield	Control		
			<ul style="list-style-type: none"> • Internal processes and systems are in place as detailed in team business continuity plans for contact if telephone systems are down. 	ASCH Directorate Management Team	Control		

Review Comments Reviewed with Paula Parker 08/02/22
10/02/2022

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0005	Risk Title and Event	Owner	Last Review da	Next Review			
		<p>Continued pressures on public sector funding impacting on revenue and savings efficiencies</p> <p>Levels of spending and growth pressure across the service outstrip spending power.</p> <p>There is not only an increase in demand in adult social care but increased level of need post COVID , with an uncertainty on the longer term increased demand and how this will affect our services.</p> <p>There are still areas of uncertainty in the operating environment relating to impacts of upcoming Government reforms.</p> <p>There continues to be a need to achieve significant efficiencies year on year and the impact of resourcing pressures on the achievement of our objectives.</p>	Richard Smith	25/02/2022	25/05/2022			
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Page 157	<p>Failure to delivery statutory obligations and duties</p> <p>Potential for partner or provider failure – including sufficiency gaps in provision</p> <p>Reduction in resident satisfaction and reputation damage.</p> <p>Increased and unplanned pressure on resources.</p> <p>Decline in performance.</p>	Medium	20	<ul style="list-style-type: none"> • Making a difference every day approach and supporting activity established to oversee the implementation and delivery of future improvements in a comprehensive programme of activity. All ASCH improvement activity is mapped, managed consistently and prioritised under this approach. • Assess impact of and respond to Government plans for the future of social care, including Health and Social Care Integration White Paper. To include assessing and quantifying the costs of social care reforms to analyse sufficiency of additional funding over the medium term to cover the cost of the reforms • Monthly performance assurance sessions have been set up to review demand with the Directors and Corporate Director. Recovery plans are under development to identify actions to manage demand within teams. • Implementation of a locality way of working, reducing silo was of working in the the provision of care and support to people in Kent. Improving system benefits and a fit for purpose operating model • A full range of options will be developed as potential solutions to any change activity with a full investment appraisal to ensure the cost benefits are acknowledged and approved by the appropriate governance. 	Paula Parker	A -Accepted	31/03/2023	Medium
		12	↓		Richard Smith	A -Accepted	01/08/2022	12
		Serious (4)	-8		ASCH Divisional Directors	A -Accepted	01/04/2022	Serious (4)
		Possible (3)			ASCH Divisional Directors	A -Accepted	30/11/2022	Possible (3)
					Helen Gillivan	Control		

Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none"> • Benefit realisation Board has been established to oversee and plan the delivery of : Savings, recovery, medium term financial plan, pressures and sustainability. • Monthly forecasting is in place to look at activity, demand and trends and escalating areas of concern for the directorate. • Continue to work innovatively with partners, including health services, districts and boroughs, and providers to identify any efficiencies across the wider sector. 	<p>Helen Gillivan</p> <p>Michelle Goldsmith</p> <p>ASCH Divisional Directors</p>	<p>Control</p> <p>Control</p> <p>Control</p>		
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Review Comments Risk Reviewed at DMT and agreed with Richard Smith to reduce likelihood to target.
 25/02/2022

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0040	Risk Title and Event	Owner	Last Review da	Next Review		
		Development of Integrated Care System / Integrated Care Partnerships in Kent and Medway NHS system	Richard Smith	25/02/2022	25/05/2022		
<p>Failure to develop more partnership and aligned health & social care services and commissioning at both ICS and ICP level places pressure on system finances and hinders highest possible quality of care</p> <p>Development of four ICP generates additional demand/work on strategic leadership of KCC, particularly in ASCH and Public Health which has significant opportunity costs, including impact on business-as-usual activity.</p> <p>Multiple ICP's leads to differences in form, function and relationships between ICPs and the ICS and/or KCC which increases system complexity and leads to variation which increase costs/risks.</p> <p>System complexity leads to failure to meet statutory duties around the sufficiency of the care market, care quality and safeguarding.</p> <p>Lack of understanding within KCC of NHS policy and regulatory environment; and vice versa, lack of understanding of local authority legislative, policy and democratic environment in NHS.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
<p>In response to the Government White Paper 'Integration and Innovation: working together to improve health and social care for all, the NHS in Kent and Medway have formed an Integrated Care System (ICS) with 8 CCGs merging to form the basis of the System Commissioner, above four ICPs (Integrated Care Partnerships) and 42 PCN's (Primary Care Networks). The policy intent of structural reform is to deliver better strategic planning and delivery of health and social care services at place-based community level and shift from acute to primary and community level services. Partnership framework and principles for partnership working have been agreed. Further work is underway with</p>	<p>Further deterioration in the financial and service sustainability of health and social care services in Kent and Medway.</p> <p>Additional budget pressures transferred to social care as system monies are used to close acute and primary care service gaps.</p> <p>Legal challenge/judicial review of decisions and decision-making framework for joint decisions.</p> <p>Social care and public health priorities not sufficiently factored into/shaping emerging ICS/ICP plans and priorities, weakening integrated approach.</p> <p>Focus on structural changes workstreams prevents more agile improvements/joint working being undertaken.</p> <p>Reputational damage to either KCC or NHS or both in Kent.</p> <p>Adverse outcome from CQC local system review.</p>	<p>Medium</p> <p>12</p> <p>Serious (4)</p> <p>Possible (3)</p>		<ul style="list-style-type: none"> Regular update reports on ICS are taken to CMT 	Karen Cook	Control	Medium
				<ul style="list-style-type: none"> Health Integration paper presented to County Council in July 2021 – included requirement to approve transition from Kent and Medway Health and Wellbeing Board to the Health and Care Partnership Board 	Karen Cook	Control	8
				<ul style="list-style-type: none"> Public Health leadership representation for the STP prevention workstream 	Anjan Ghosh	Control	Serious (4)
				<ul style="list-style-type: none"> Public Health consultant representation on the East Kent, West, North and Medway & Swale ICP Development Boards 	Anjan Ghosh	Control	Unlikely (2)
				<ul style="list-style-type: none"> Senior KCC political and officer representation on the System Transformation Executive Board and System Commissioner Steering Group 	Anjan Ghosh	Control	
				<ul style="list-style-type: none"> Working through KCC Public Health partnership with the Kent Community Healthcare Foundation Trust (KCHFT) to ensure Public Health improvement programmes are linked and delivered alongside Local Care through Primary Care Networks and other primary care providers (e.g. community pharmacy) 	Anjan Ghosh	Control	

Adult Social Care and Health

Risk Register - Adult Social Care and Health

<p>Health leaders to identify shared ambition and opportunities for new ways of working. Regulators (CQC / Ofsted) increasing review health and care services and the commissioning/performance of those services and 'system' level.</p>			<ul style="list-style-type: none"> • Senior KCC political and officer representation on the System Transformation Executive Board and System Commissioner Steering Group • A joint KCC and Medway Health and Wellbeing Board for STP related matters/issues has been established. • Making A Difference Everyday way of working considers a 'bottom up' people first and great practice approach which dovetails with the 'top down' public health strategy and will help to ensure that public health improvement programmes are delivered alongside Local Care through Primary Care Networks and other primary care providers (e.g., community pharmacy). • County Council agreed framework for KCC engagement within the STP • Senior KCC political and officer representation on the System Transformation Executive Board and System Commissioner Steering Group • Senior KCC level officer representation on the East Kent, West, North and Medway & Swale ICP Development Boards • Health Reform and Public Health Cabinet Committee provides non-executive member oversight and input of KCC involvement in the STP 	<p>Clare Maynard</p> <p>David Whittle</p> <p>Richard Smith</p> <p>Richard Smith</p> <p>Richard Smith</p> <p>Richard Smith</p> <p>Benjamin Watts</p>	<p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>	
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Review Comments

Reviewed at DMT 23/02/22
25/02/2022

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0038	Risk Title and Event	Owner	Last Review da	Next Review			
Information governance Responsibility of GDPR and Data Protection (2018) obligations are the responsibility of all ASCH staff and staff need to have a strong understanding of obligations, consequences and processes and working arrangements to ensure social care clients' data is looked after throughout their whole journey. It is paramount that strong Information Governance arrangements and working practices are in place to ensure social care clients' data is looked after throughout their whole journey. Adult Social Care & Health (ASCH) directorate are responsible for ensuring continued compliance with GDPR and Data Protection (2018) obligations . Failure to comply could lead to losses of information and data breaches which would have an impact on social care clients and cause reputational consequences. It could also mean a loss of access to data (e.g., health) and the success of this directorate is dependent on sharing information with multiple organisations to provide the best possible care and support to an individual. In significant circumstances failure to comply could also lead to fines or sanctions.			Richard Smith	09/02/2022	09/05/2022			
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Page 161	Failure to comply with GDPR and Data Protection (2018) obligations could cause reputational damage to ASCH, impact negatively on a social care clients' support and care, lead to loss of access to data and ultimately lead to fines or sanctions.	Medium		<ul style="list-style-type: none"> Staff briefing sessions took place during 2021 on a variety of topics led by the Information Governance lead. Positive attendance and feedback was received. Awareness and guidance planned for 2022 will include attendance at Team meetings , internal guidance and development of standardised templates by Information Governance Lead. 	Matt Chatfield	A -Accepted	31/12/2022	Medium
		12		<ul style="list-style-type: none"> Following an internal audit at the end of 2021 a management action plan has been developed to cover the 7 issues identified that relate to: Mandatory training, Data protection Impact Assessments, Data Breaches and Subject Access Requests. The resolution focuses on Guidance and training with ASCH actions to be completed within the first half of 2022. 	Matt Chatfield	A -Accepted	30/06/2022	9
		Serious (4)		<ul style="list-style-type: none"> Meeting scheduled to review the progression of an escalation process for non completion of mandatory training. 	Matt Chatfield	A -Accepted	18/03/2022	Significant (3)
		Possible (3)		<ul style="list-style-type: none"> To have clarity on the Data protection Impact Assessment process and help streamline process and support completion in the directorate. 	Matt Chatfield	A -Accepted	31/12/2022	Possible (3)

Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none">An information Governance action plan was agreed in December 2020 following an in-depth analysis of our current working arrangements and practices. This action plan initially set in place 22 actions to improve our compliance and working practices, the action plan is a live document and is reviewed at regular intervals throughout the year to monitor progress.	Matt Chatfield	Control		
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Review Comments Reviewed with Action owners and agreed with Richard Smith 09/02/22
09/02/2022

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0033	Risk Title and Event	Owner	Last Review da	Next Review		
Adult Social Care Workforce			Chris McKenzie	24/02/2022	24/05/2022		
<p>The recruitment and retention of staff continues to be a challenge for Adult Social Care ,there is a need to ensure that a suitably qualified, skilled and experienced workforce is in place to deliver services. This includes making sure critical roles are filled with staff who have the right skill sets and support in place .</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Page 163	<p>Without the right workforce in place there is a risk that statutory services will not be delivered and there will be gaps in care provision.</p> <p>Ability to attract staff to work in social care and provide a competitive employment offer.</p> <p>Lack of experienced staff with specialist skills such as Best Interest assessors, Approved Mental Health Professionals.</p> <p>Gaps in training and career pathways for staff to support growth and retention.</p> <p>Disenchanted staff due to change, affecting motivation and productivity.</p>	Medium	20	<ul style="list-style-type: none"> A review of market premiums to support recruitment and retention will be undertaken. Exploration of options will be undertaken, milestones agreed and presented to the OD group for approval. Work is underway with a recruitment specialist to develop a marketing approach and materials to support recruitment in to adult social care in Kent. Internal engagement activity is planned for early 2022. The resourcing sub group was reinstated to oversee the recruitment activity and develop a coordinated programme of activity to support recruitment and retention. The development of a prioritised action plan for the group is under development alongside the strategic priorities. Culture audits are underway during December across a 15% workforce. Following the workshops the outputs will form an action plan to work towards achieving our desired culture across ASCH. This will be presented to the OD group in February and actions agreed. The development of a practice Framework which will be clearly defined and will be able to support the development of high quality practice by providing clear expectations and a framework within which a consistent approach can be applied. 	A	30/06/2022	Medium
		12	↓		-Accepted		9
		Significant (3)	-8				Significant (3)
		Likely (4)					Possible (3)

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			<ul style="list-style-type: none"> • A communication plan for the work and outputs of the Strategic workforce Plan, OD group and sub groups is under development to ensure regular messaging and updates are shared across the workforce. This will be developed alongside the Strategic workforce plan to be launched in the new financial year. 	Jade Caccavone	A -Accepted	01/04/2022	
			<ul style="list-style-type: none"> • Improved methods for recording and reporting changes in vacancy position are being investigated to provide better oversight across the operational workforce. 	Jade Caccavone	A -Accepted	30/04/2022	
			<ul style="list-style-type: none"> • The ASCH Organisational Development group will lead the development of a Strategic workforce plan which aligns to our future ways of working and our future workforce requirements. The principles and Priority areas have been endorsed and delivery plans are in development with an intended launch date of 31/03/22. 	Jade Caccavone	A -Accepted	31/03/2022	
			<ul style="list-style-type: none"> • A Skills dashboard has been created and hosted on the KCC Delta platform to identify the skills mix within teams, the data is being checked with a launch planned for early 2022. 	Maureen Stirrup	A -Accepted	31/03/2022	
			<ul style="list-style-type: none"> • A communications plan is in place for the workforce to support increased engagement with teams on relevant matters and change activity. Internal team roadshows are underway. Regular all-staff virtual live briefing events are in place across the year which are based on themed activity. Open door sessions with the corporate director are held regularly and staff questions and answers are posted on the intranet and circulated. Communications channels include monthly Adult Social Care staff bulletins, intranet content and Making a difference every day bulletins 	Lisa Clinton	Control		

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Risk Register - Adult Social Care and Health

Page 165			<ul style="list-style-type: none"> The Kent Academy was launched on 3rd July 2020, this is a dedicated space where social care staff will be thoroughly supported and encouraged to better their knowledge, skills and practice, no matter what role they hold in the service. This will be a focal point in the approach towards social care development, making sure our staff have the resources available and feel supported in terms of both professional development and career progression. 	Sarah Denson	Control		
			<ul style="list-style-type: none"> A process and guidance for managers and staff has been developed to support in application of the legislation that all staff coming into CQC registered care homes and those undertaking CQC regulated activity must have 2 doses of COVID-19 vaccination unless they are exempt. Area processes are in place to manage the impact this may have within the existing workforce. 	Kerena Hunter	Control		
			<ul style="list-style-type: none"> A reformed ASCH Organisational Development (OD) Group was established in Autumn 2020 to have oversight of all workforce issues affecting the Directorate. 	Chris McKenzie	Control		

Review Comments Risk Impact and Likelihood reduced due to movement in Workforce planning . Agreed following DMT and with Chris McKenzie 24/02/22
24/02/2022

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0035	Risk Title and Event	Owner	Last Review da	Next Review			
		Making a Difference Every Day Approach	Helen Gillivan	10/02/2022	10/05/2022			
<p>Delivery of large scale change activity across both KCC and Adult Social Care and Health ensuring alignment of priorities and proportionality.</p> <p>Risk that teams are facing large amounts of change at once.</p> <p>Risk that Adult Social Care and Health work in silo and miss joint working opportunities .</p> <p>Risk that initial timescales may not be met.</p>								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Page 166	This could result in lack of staff engagement due to staff experiencing change fatigue and conflicting priorities. There is a risk that silo working will develop between workstreams, services, adult social care and the strategic reset programme within KCC. There is a risk that if any emerging areas of pressure impact the system resource from existing project and Senior Responsible Officer's would need to be diverted and could reduce the overall availability of staff to deliver elements of the making a difference every day activity.	Medium		<ul style="list-style-type: none"> A revised governance has been established for the programme during January 2022 as it enters its delivery phase. Revised responsible officers, lead operational staff and programme and project staff are being reallocated to ensure the appropriate oversight is in place. Programme governance will ensure priorities are aligned across the whole piece and silo working is avoided. Programme resource has been allocated to the future ways of working activity to ensure a planned and consistent programme of activity is delivered. Following the feedback on the staff survey to Directorate management teams in January 2022 , the management team will set in place a series of appropriate actions to respond to the gaps identified. A full communications plan has been developed and deployed. Ensuring that staff, partners and the people we support can shape the future of services. Team engagement roadshows are underway, collecting staff feedback to support our messaging and areas of activity as well as via the online form and through live staff events. Regular Making a difference every day bulletins are sent out and information is shared and promoted on the intranet, encouraging staff to get involved and give feedback on upcoming work areas. 	Helen Gillivan	A -Accepted	31/03/2022	Low
		9			Helen Gillivan	A -Accepted	30/11/2022	6
		Significant (3)			ASCH Directorate Management Team	A -Accepted	31/03/2022	Significant (3)
		Possible (3)			Lisa Clinton	Control		Unlikely (2)

Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none"> Fortnightly dependency workshop in place to help clarify these major inter-dependencies and manage shared resources; using them efficiently across the programme. Individual projects are working collaboratively across the programme where dependencies are known. Joint working with children and young people teams and growth environment and transport Directorates to avoid silo working. Regular Reporting to Strategic Reset Programme Board 	<p>Paula Parker</p> <p>Helen Gillivan</p> <p>Helen Gillivan</p>	<p>Control</p> <p>Control</p> <p>Control</p>		
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Review Comments Reviewed with Helen Gillivan 01/02/22
10/02/2022

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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 - 31 March 2022

Subject: Adult Social Care and Health Performance Q3 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 the Adult Social Care Cabinet Committee with an oversight of Adult Social Care activity and performance during Q3 for 2021/22. In Quarter 3 there were decreases in contacts and short-term enablement services, specifically in December which is an annual trend. However, there continued to be increases in the number of people with a mental health need receiving support from Adult Social Care and Health, and also people identifying themselves as carers.

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 ongoing support 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, with new starts being outweighed by the volume of people in other community-based services. Adult Social Care and Health has a series of actions in place, both with the people we support and with colleagues to increase the offer and take up of Direct Payments as a key part of Making a Difference Every day.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q3 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 Of the five targeted KPIs, the proportion of people with a direct payment continues to be RAG rated Amber having not achieved the agreed target but remaining within expected levels. This measure continues to show 24% each quarter with any increases in the number of people starting a new direct payment outweighed by those starting other community services, such as homecare.
- 2.2 ASCH is working to increase the use of direct payments, which are an important delivery mechanism to ensuring people have choice over their support and maintain their independence, key to Making a Difference Everyday. Initiatives to increase their use include exploring new technology such as a Personal Assistant (PA) finder system to support Personal Assistant recruitment and delivering training to staff to ensure they are fully aware of the benefits and opportunities that direct payments can bring to an individual.
- 2.3 Quarter 3, and specifically December, saw decreases in demand and activity around the number of contacts and those needing short term services; this is an expected trend reflected in previous years and it is anticipated activity will return to previous levels in Quarter 4 with the onset of winter pressures predominately occurring in January. ASCH is 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 and ensure people are on the support pathways that offer the best course of action for them at that time.
- 2.4 A small decrease of 2% occurred in the number of people accessing enablement services where the intention was for decreased or no ongoing support in Quarter 3, and although nearly 800 people (65%) received these services and did not need ongoing or support at a higher level, it was a lower percentage compared to previous quarters.
- 2.5 Where people did need ongoing or more support, 88% received community-based support such as Care and Support in the Home, with the remaining 12% requiring long term support in residential or nursing homes.
- 2.6 The other KPI that also saw a decrease in demand was the number of older people who were discharged into enablement services from hospital. This

indicator is reported a quarter in arrears and although the number of people entering the service decreased, performance remained above target at 87%.

- 2.7 The indicator related to the proportion of clients in residential or nursing care rated as Good or Outstanding remains at 83%.
- 2.8 KCC Commissioners and the Care Home Support Team continue to improve the quality of these services by working with providers, giving advice and support, and ensuring action plans are in place that respond to CQC findings. Commissioning use a KCC Care Home Risk Matrix, triangulating data and intelligence to ensure resource is focussed on supporting those rated or at risk of Requiring Improvement or considered at high risk in terms of poor quality.
- 2.9 The proportion of people with learning disabilities who live in their own home or with family continues to remain above the target of 77% at 83%. The national Adult Social Care Outcomes Framework Measures are collated from all local authorities on an annual basis and in 2020/21 the national average was 78% and for the South East it was 76%.
- 2.10 Pressures within the homecare market (where it is often becoming increasingly difficult to source domiciliary care for people) is starting to impact activity. The numbers of carers being identified and supported and the use of short-term services have both increased in the last quarter due to the requirement to support vulnerable people while their long term home care package is being sourced.
- 2.11 Demand for mental health support continues to increase, following the accelerated demand during the pandemic. The increase has started to plateau into Quarter 3 and ASCH support over 1,200 people, which is 13% higher than the same time last year. The majority of people are being supported through Supporting Independence Services and Supported Living.

3. Conclusion

- 3.1 Although there were decreases in some of the demand and volume of activity in Quarter 3, the effect of the Pandemic and Omicron variant continue to impact on ASCH and people in need of its services and support. ASCH work closely with KCC Commissioners and partners in the NHS and CCG to ensure people are receiving the right support at the right time and in a safe way.

4. Recommendation

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to NOTE the performance of services in Q3 2021/22

5. Background Documents

None

6. Report Author

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Head of Performance and Systems
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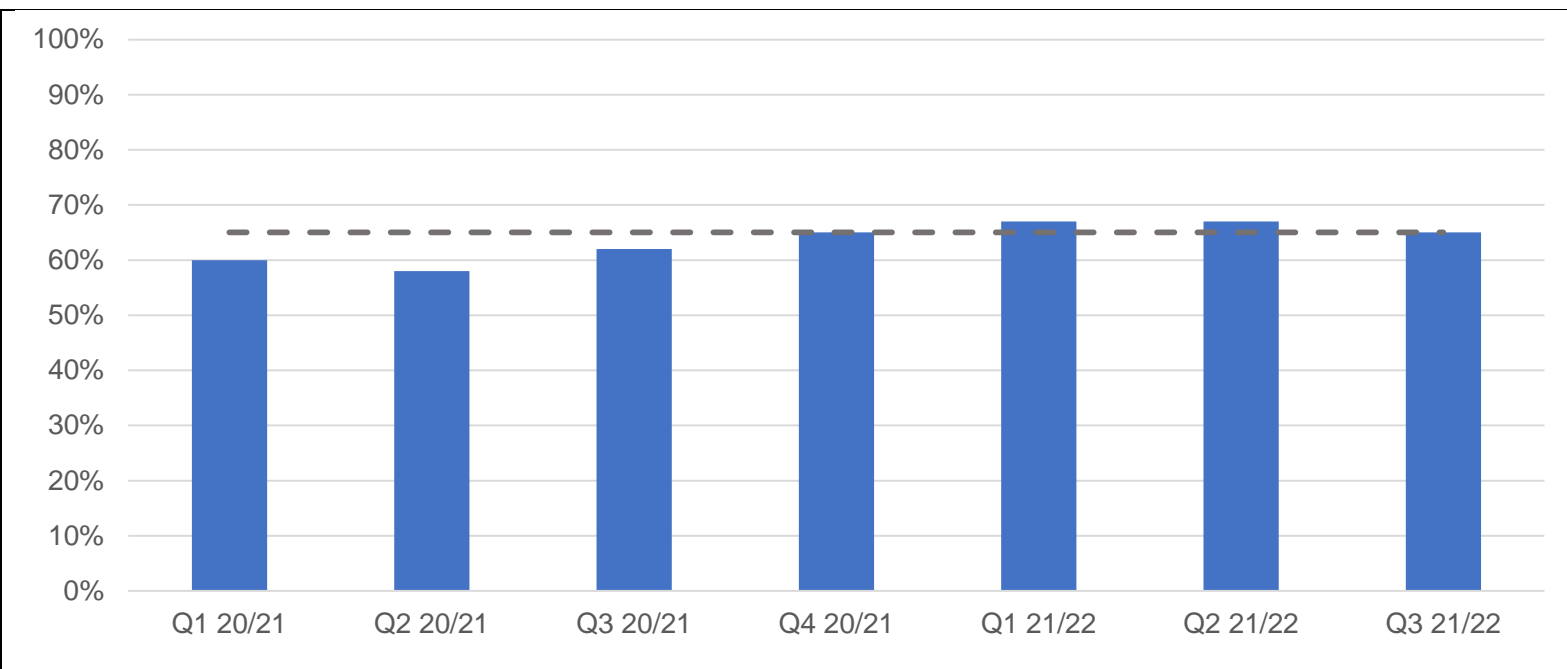
Relevant Director

Paula Parker
Head of Business Delivery Unit
03000 415443
Paula.parker@kent.gov.uk

Adult Social Care KPI & Activity Performance 2021/22

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.

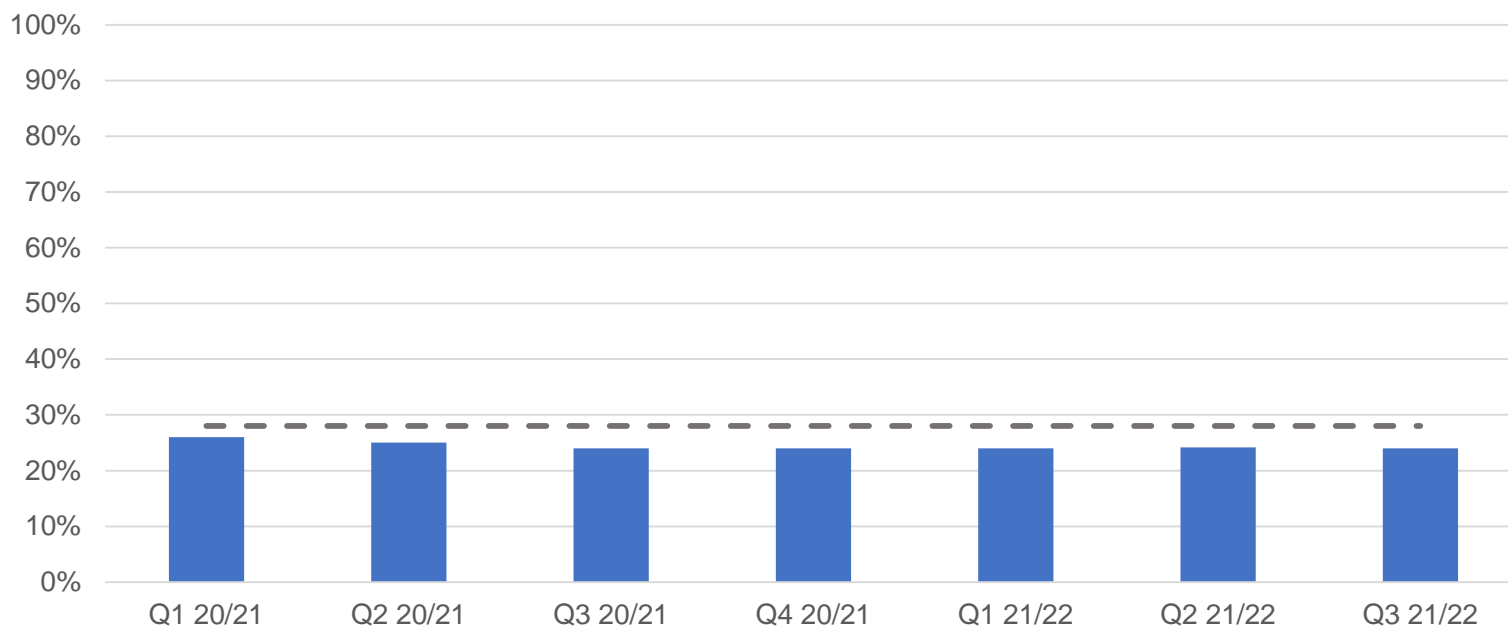
The Direction of Travel is not significant.

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Commentary:

The proportion of people needing either no support or support at a lower level having received Short Term Services decreased to 65% in Q3 21/22, when compared to the previous quarter. Whilst it is a higher proportion this quarter 3 compared to the same time period last year, there was a decrease in the number of people in these short term services

Over 1,200 people accessed Short Term Services during this quarter with nearly 800 people not needing further support or needing 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.

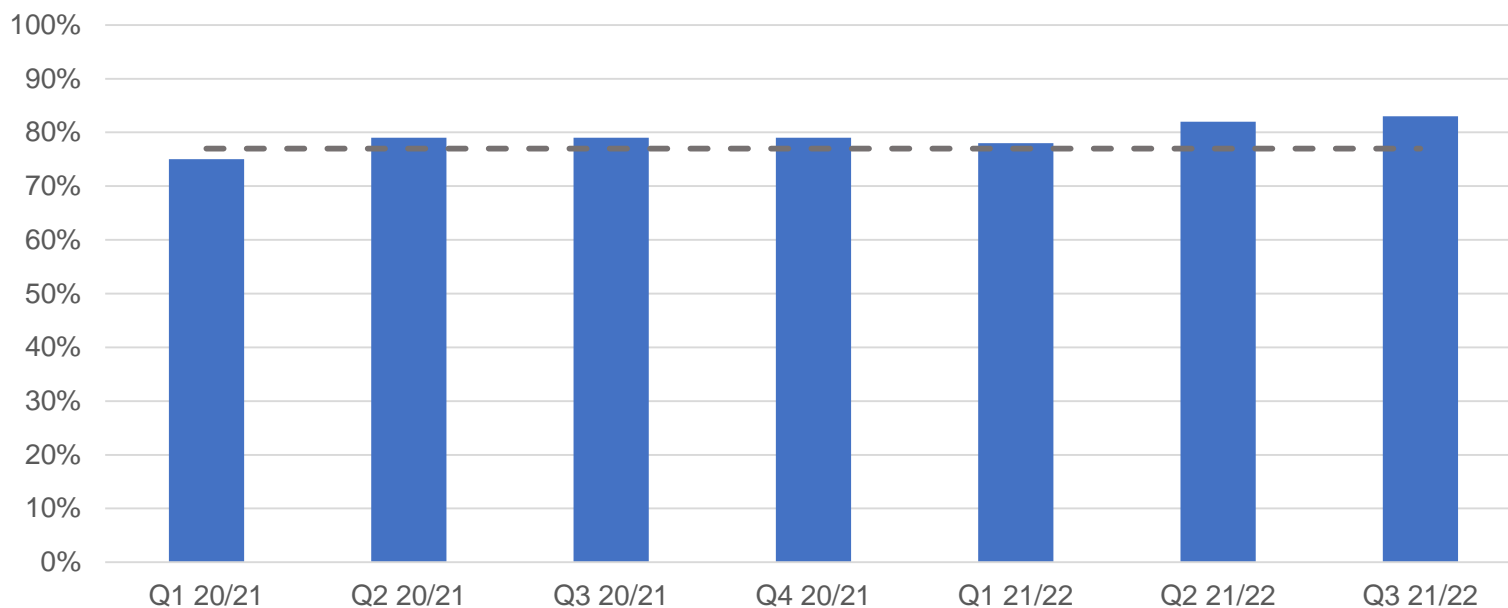
Commentary:

The proportion of people in receipt of a Direct Payment remained consistent from quarter to quarter, however there have been small increases in the number of people with a Direct Payment over the last 2 quarters, unfortunately not enough to increase the proportion. From the 2020/21 nationally published Adult Social Care Kent activity, Kent ranked 59th of 150 and was above National levels.

Direct Payments are being actively promoted for people whose care provider is no longer able to deliver or for those people for whom we have not yet identified care and support.

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.

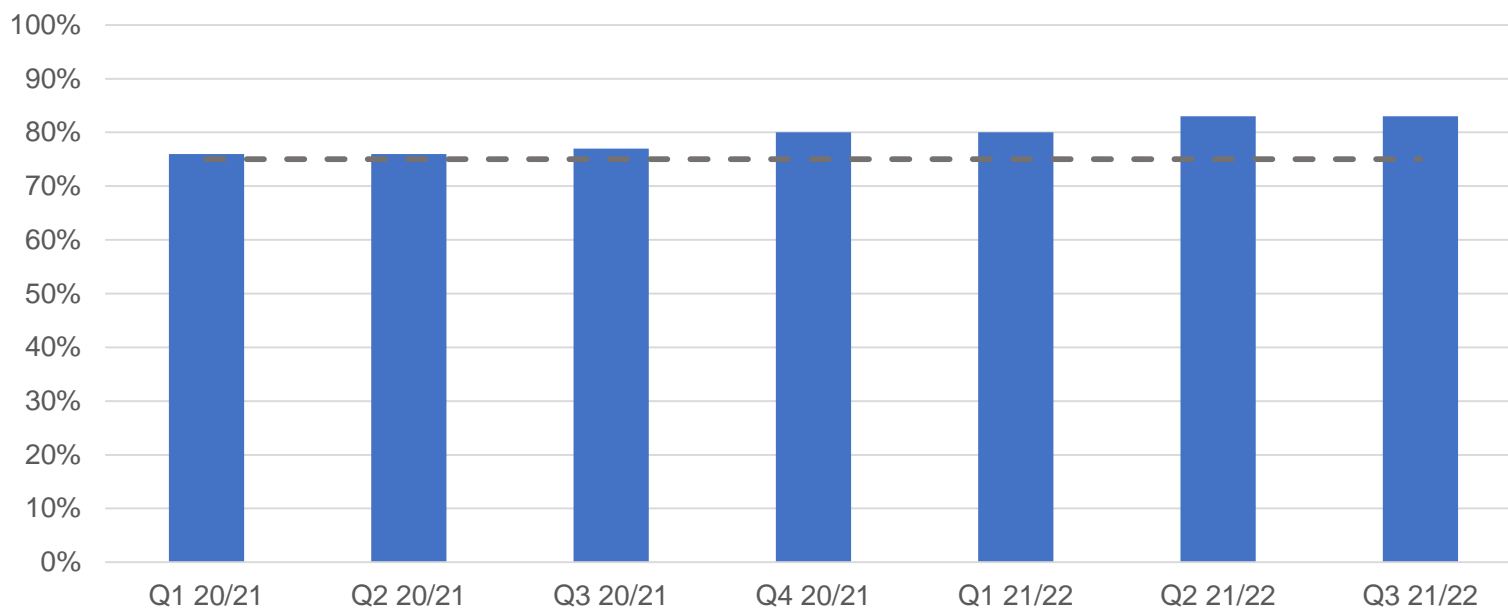
Commentary:

The proportion of people with learning disabilities in settled accommodation increased to 83% in Quarter 3, up 1% from the previous quarter. Kent compares well to both the National (78.3%) and SE Region (75.6%) position on this measure in 2020/21.

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.

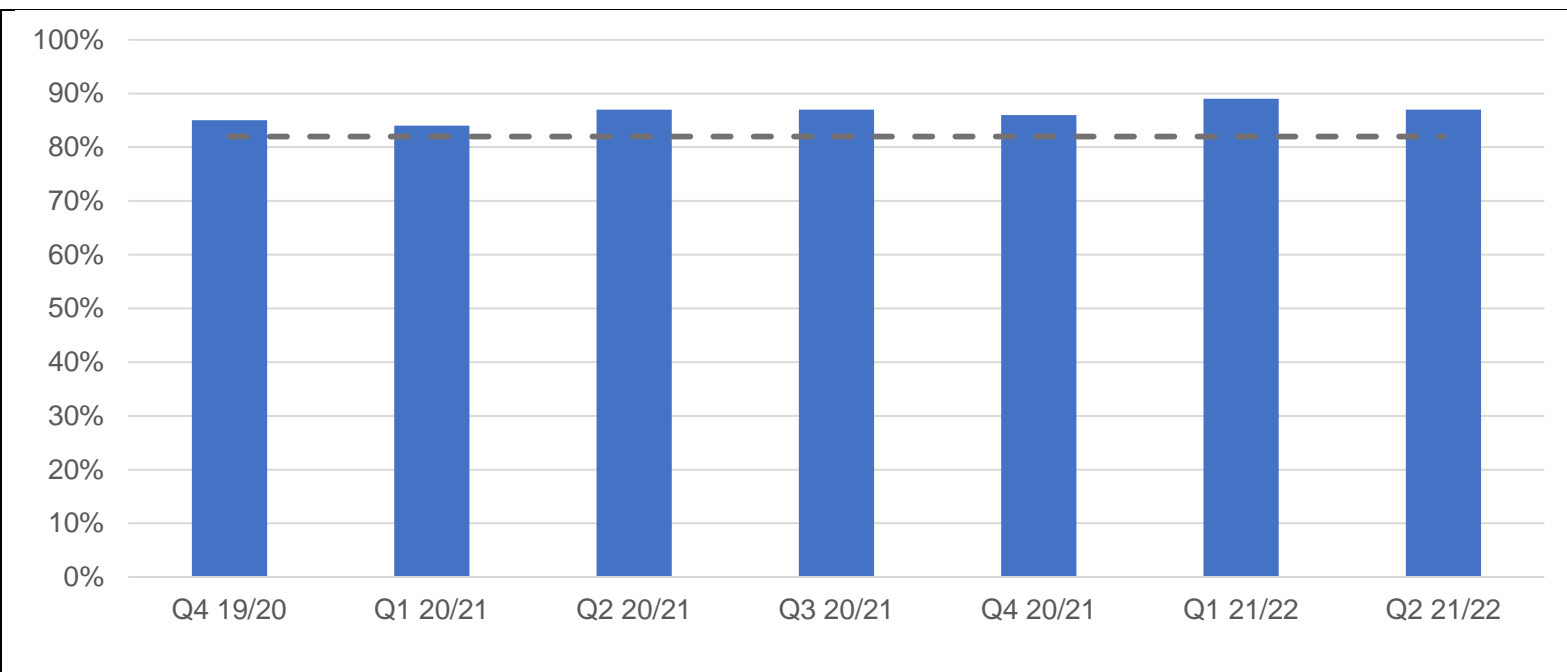
Commentary:

The proportion of people in a good or outstanding residential or nursing services continues at 83% in Quarter 3; this is for all those in short term placements and long term services.

KCC continues to work closely with the CQC and providers to improve the levels of quality in the care home market; The Care Home Support Team provide advice and support to ensure that effective action plans are in place that respond to CQC findings. The focus is on homes with a CQC rating of “Requires Improvement” but also considers homes with a poor CQC rating history or rated Red on the KCC Care Home Risk Matrix. The data has then been triangulated with intelligence from standard monitoring processes to ensure resource is focused effectively.

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.

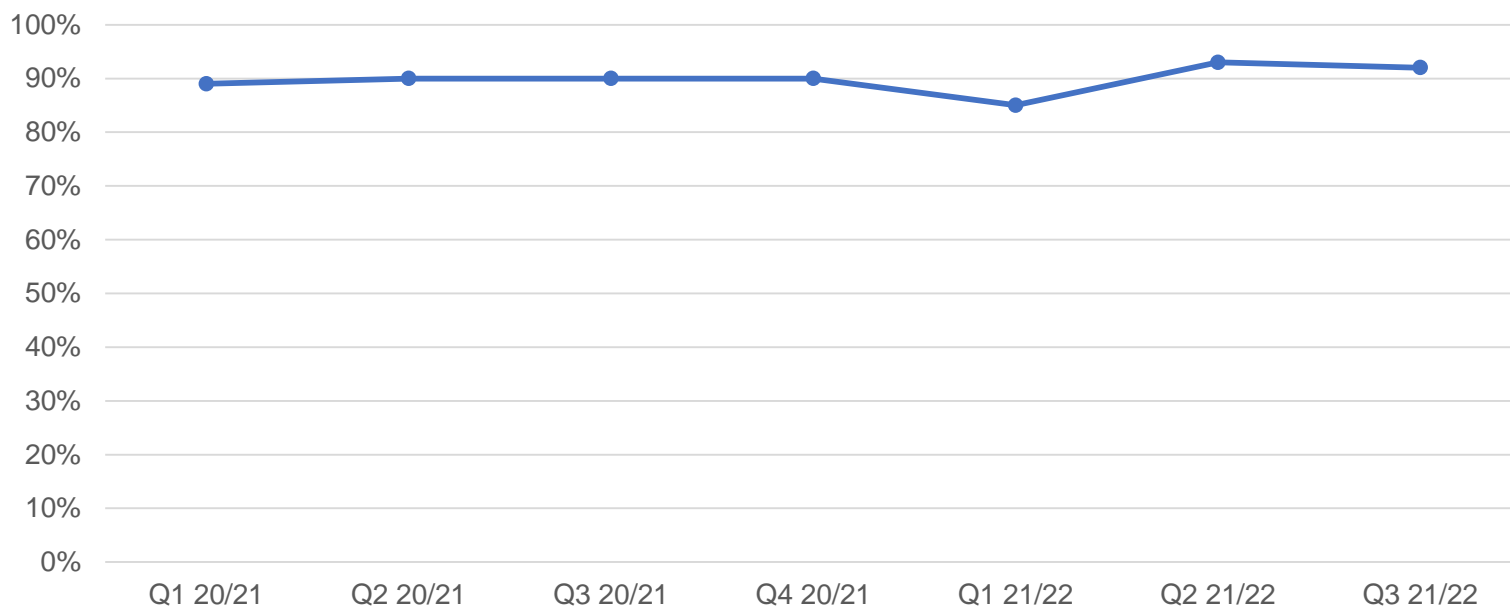
The direction of travel is not significant.

Commentary:

In Quarter 3 there was a decrease in the number of people who had been discharged into reablement services compared to previous quarters, and of these a lower proportion of them were still at home 91 days later.

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

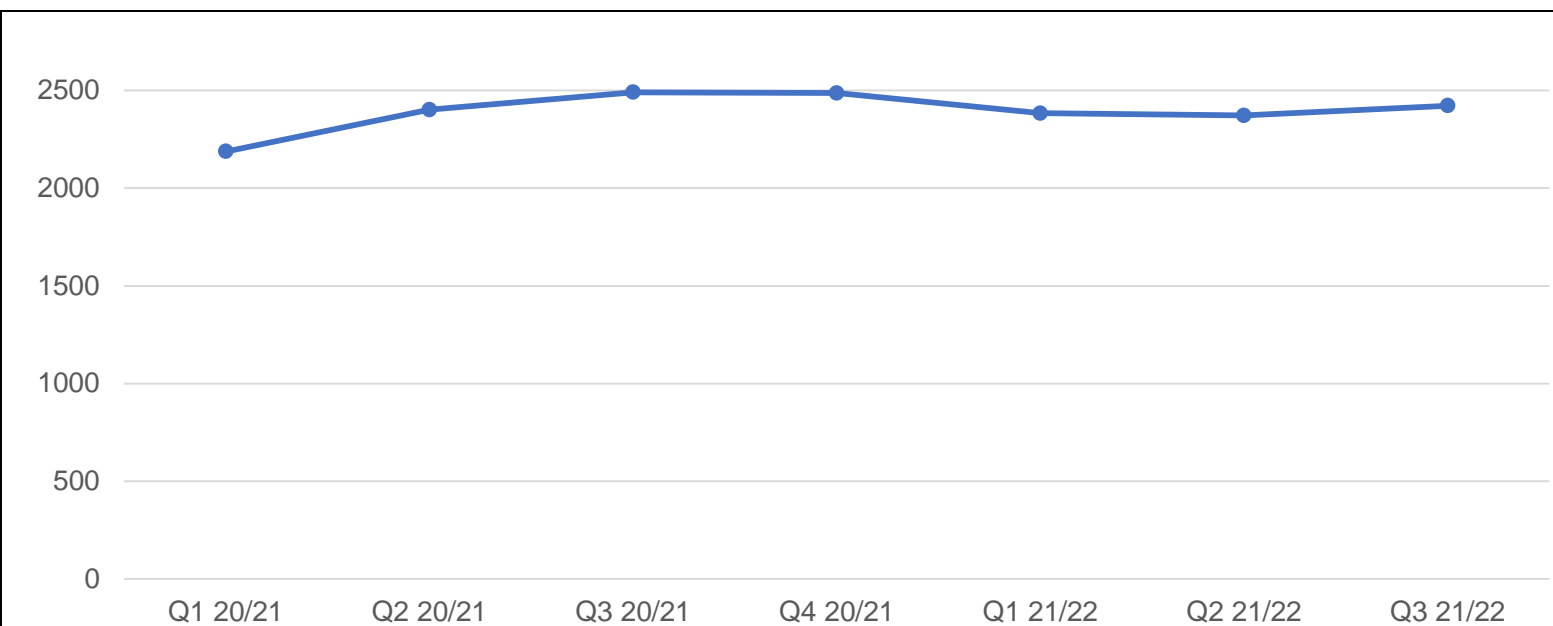


Technical Notes:

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.

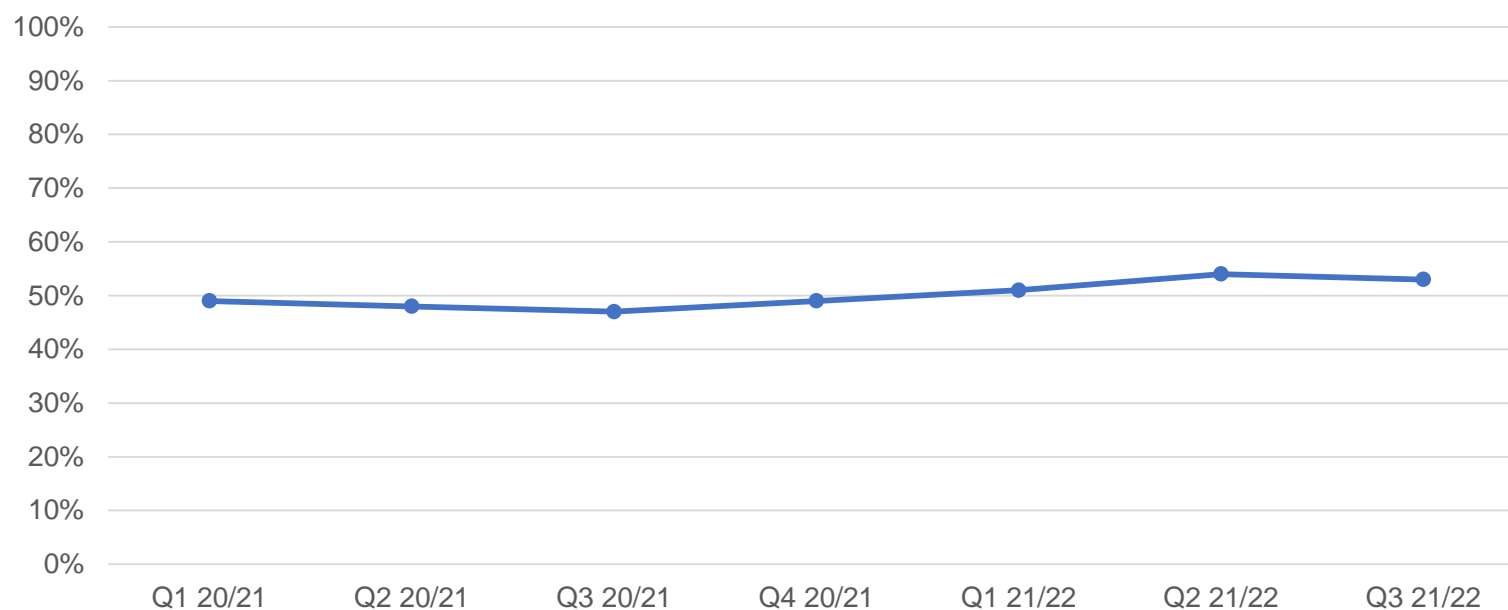
ASC7: Number of Carers**Technical Notes:**

Activity measure,
no specified target

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

Commentary:

The number of carers being supported by KCC increased in the last quarter. In order to support the crucial role carers provide, Adult Social Care continue to encourage the use of carers assessments and promote the availability of services and the assistance provided by voluntary organisations. Consultation of the Carers Strategy has commenced in order to ensure it reflects the requirements of carers and partner organisations.

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

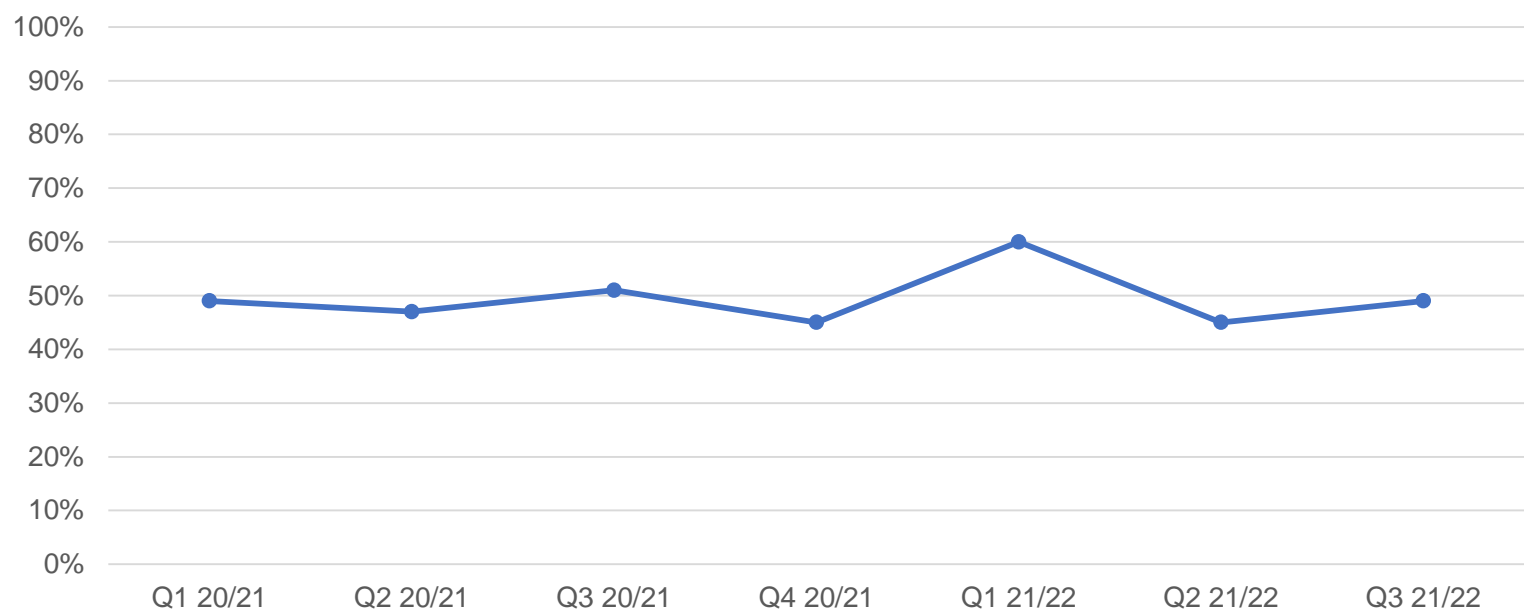
Activity measure,
no specified target

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 had been slowly increasing quarter on quarter, however there was a small decrease of 1% in Quarter 3. Quarter 3 saw an increase in the number of carers receiving an assessment though, however there were less people receiving their annual review.

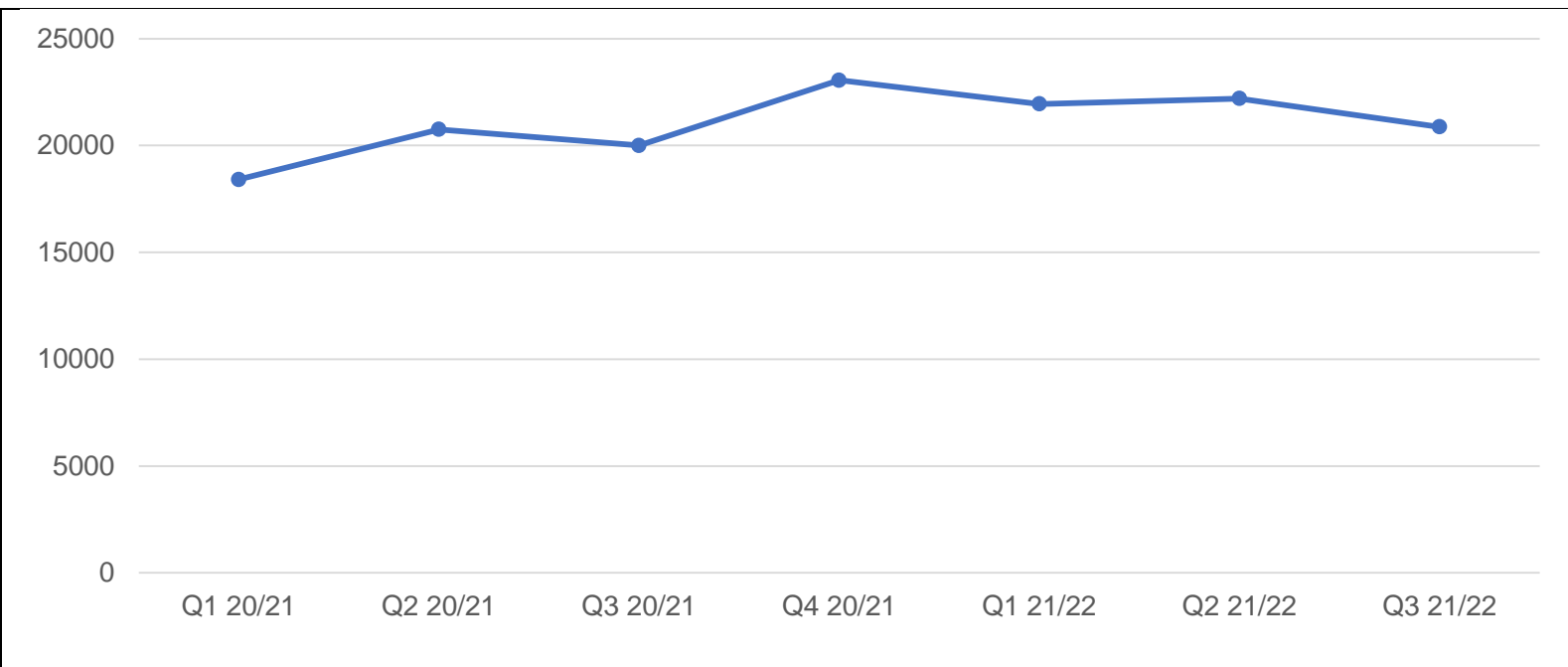
ASC9: Proportion of complaints upheld (upheld and partially upheld)**Technical Notes:**

Activity measure,
no specified target

Commentary:

In Quarter 3 there was an increase in the proportion of complaints either partially or fully upheld, to 49%. Of the complaints closed in Quarter 3, 22% were resolved upon receipt and 27% were not upheld.

ASC10: Number of people making contact with ASC



Technical Notes:

Activity measure, no specified target

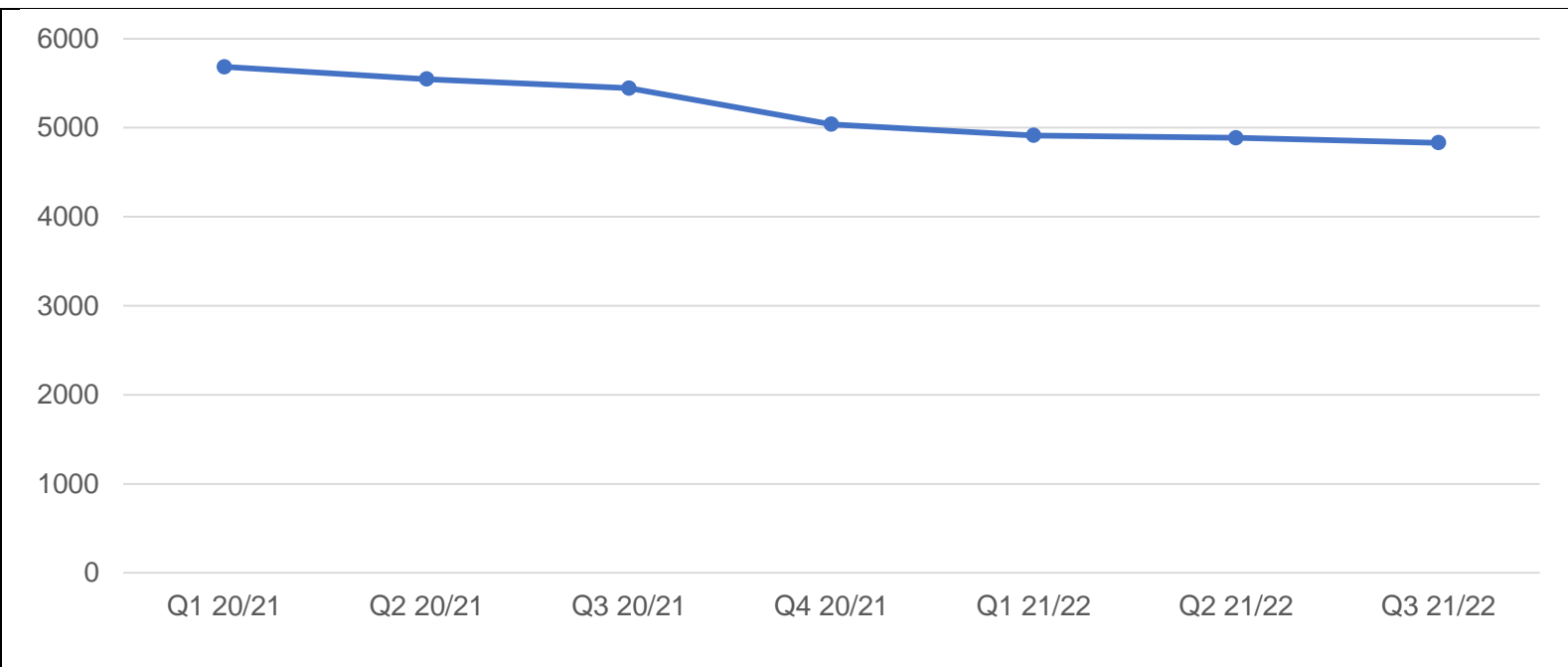
Includes all forms of contact

Commentary:

The number of people making contact with ASCH decreased into Quarter 3 and reflects an ongoing seasonal trend of decreased contacts in December.

The Area Referral Management Service also saw a decrease in the number of people making contact with them.

ASC11: Number of assessments delivered (care needs assessments)

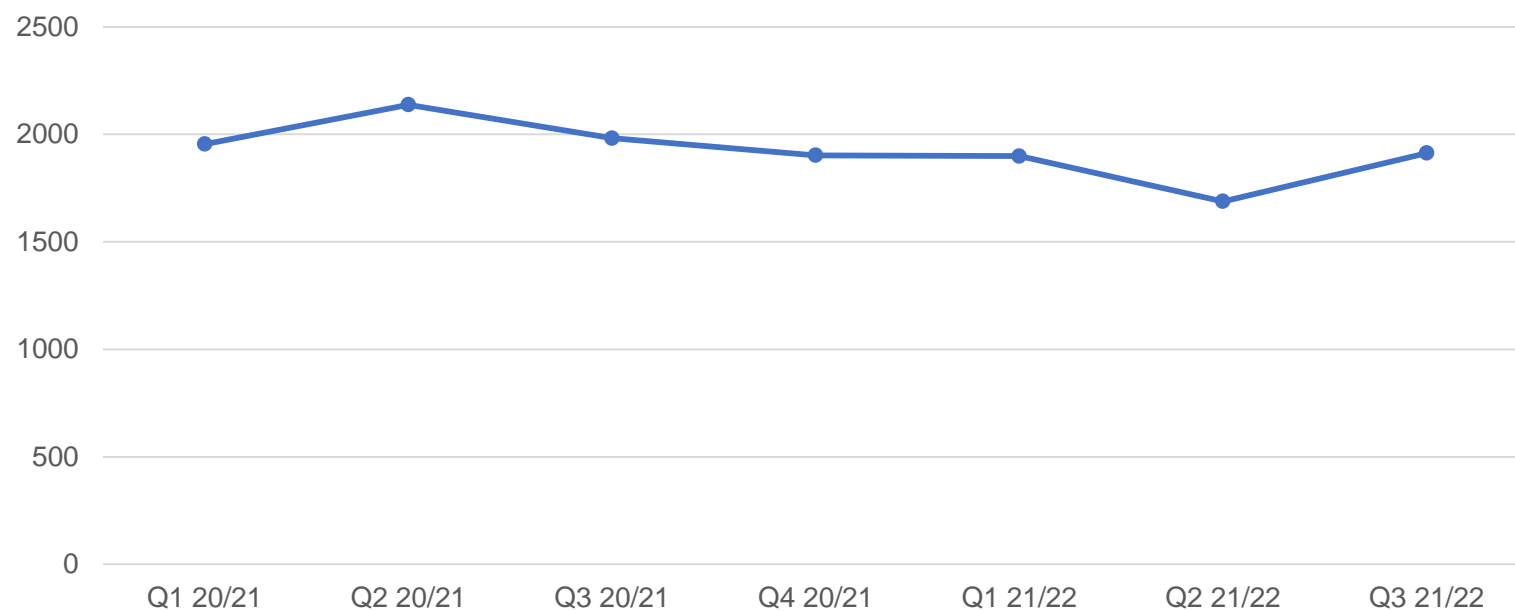


Technical Notes:

Activity measure, no specified target

Commentary:

The number of Care Needs Assessments completed within the quarter has continued to decrease, and for quarter 3 this reflected a decrease in the number of contacts being made to ASCH and fewer people progressing to an assessment.

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

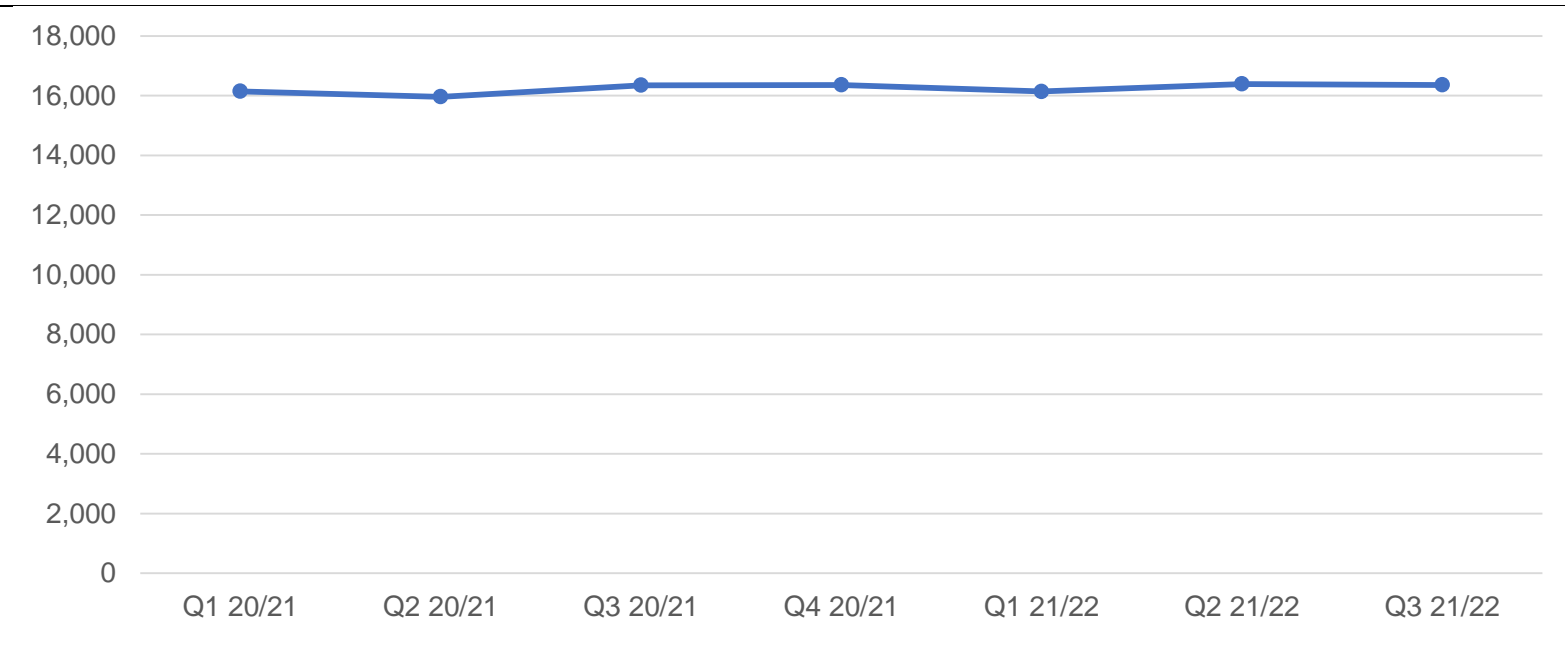
Activity measure,
no specified target

People receiving
services with Kent
Enablement at
Home (KEaH)

Commentary:

Quarter 3 saw an increase in the number of people receiving Kent Enablement at Home; this increase occurred mainly in West Kent where there were people ready to leave but unable to do so, and the Team worked with people who could not receive their normal service with a provider due to covid-related staff absences.

ASC13: Number receiving long term services



Technical Notes:

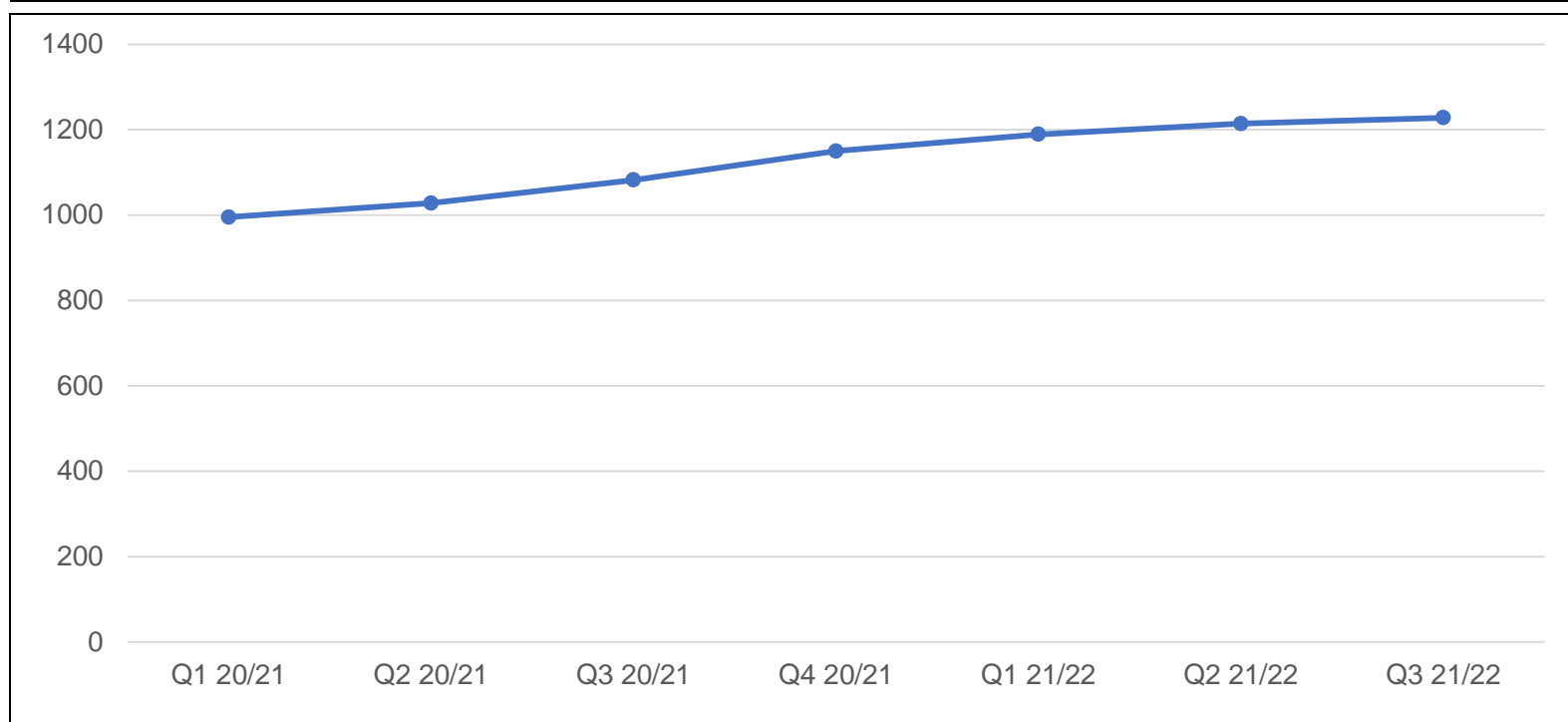
Activity measure, no specified target

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

Commentary:

There was a small decrease in the number of people receiving a long-term service during Quarter 3, this relates to the capacity of the Homecare markets, with increased numbers of provider handbacks and people waiting for a new homecare package of support.

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



Technical Notes:

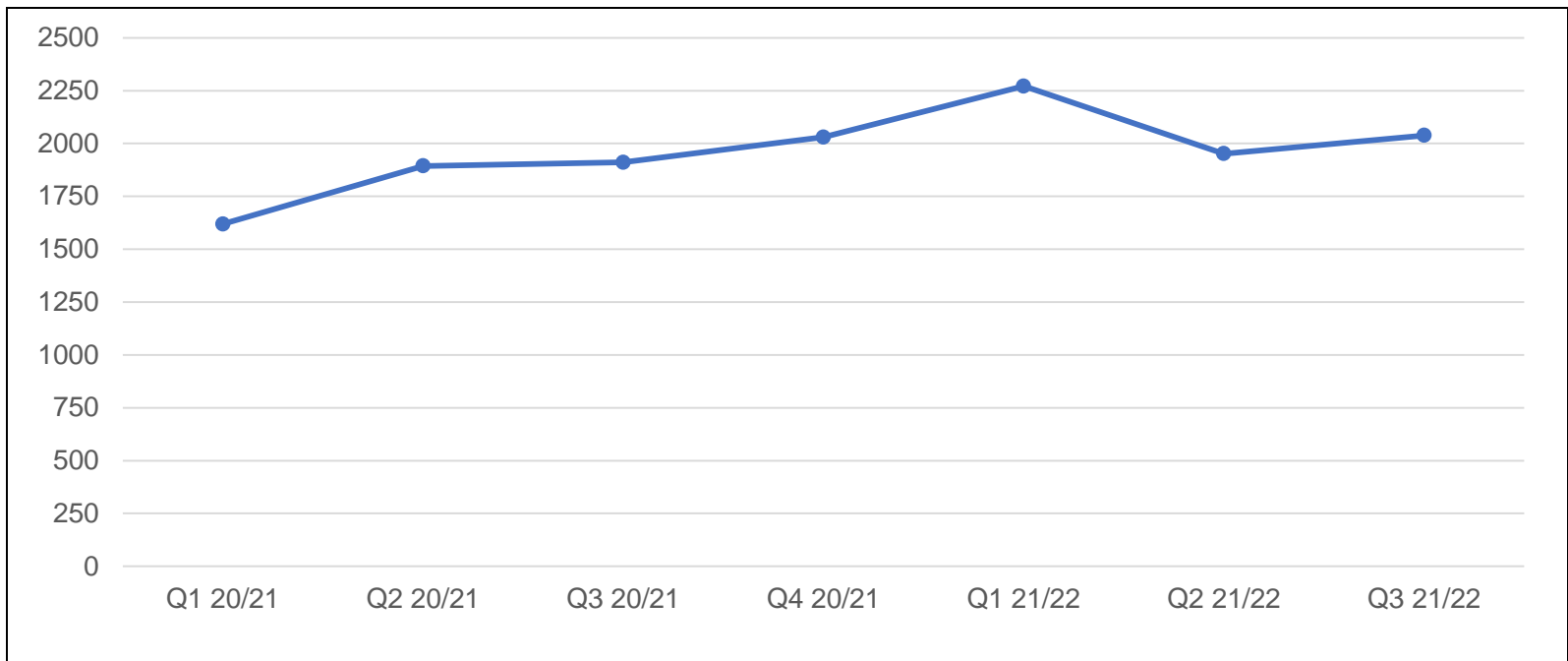
Activity measure, no specified target

Commentary:

The figures show a continued increase in the number of people presenting to ASCH whose primary need is related to their Mental Health; the Mental Health teams are also supporting people in other teams who have co-occurring conditions which include a Mental Health need. The increase is in line with reported increases in demand for Mental Health support across health and social care nationally. ASCH are also seeing an increase in the level of support needed and the costs of that support.

Adult Social Care are working closely with partners internally and externally to improve the responses to people with Mental Health needs including for substance misuse and self-neglect.

ASC14: Number of DoLS applications received



Technical Notes:
 Activity measure, no specified target

Commentary:

The return to an increase in DoLS applications received demonstrates that Care Homes and Hospitals are complying with the legal framework, and this is potentially due to more people being admitted to the Acute Setting or Care Homes due to the pandemic and the Omicron variant, specifically in the weeks preceding Christmas.

The number of applications authorised has also increased in Quarter 3, ensuring KCC as the responsible body has given people the level of independent scrutiny required, and the appropriate safeguards are in place for the person. Due to the Omicron variant, the DoLS team risk assess every instance with a face-to-face visit being the default. In cases where it is not possible to visit the person due to the level of risk, a virtual assessment is carried out via digital means (KARA).

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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 – 31 March 2022

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

Classification: For Information Only

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

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

22/00019 – Kara Contract Extension

1. Introduction

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

2. Decision

2.1 22/00019 – Kara Contract Extension

The Kara Service has been live since March 2020 and was initially introduced to support people through the Covid-19 pandemic.

Although initially provided as a response to the Covid-19 pandemic, there are benefits to people using the Kara Service as part of their daily routine with it moving into a resource for social care professionals to harness when meeting a person’s unmet eligible needs.

The future vision for the Kara Service is for it to become part of the wider Technology Enabled Care offer, which is being tested in March 2022 for 1 year. Pending the outcome of the pilot, it is expected that a full countywide offer will be put in place in March 2023.

The current Kara contract is scheduled to come to an end on 31 March 2022 and therefore a decision on next steps needs to be taken prior to the contract end date.

Due to the timing of the March meeting of the Adult Social Care Cabinet Committee it was not possible for the decision to be presented for consideration by members of the committee.

3. Recommendation

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

22/00019 – Kara Contract Extension

4. Background documents

22/00019 - Kara Contract Extension

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2577>

5. Report Author

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From: Ben Watts, General Counsel
To: Adult Social Care Cabinet Committee – 31 March 2022
Subject: **Work Programme 2022**

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 2022.

- 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 2022**
 - 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 2022.

6. Background Documents

None.

7. Contact details

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**ADULT SOCIAL CARE CABINET COMMITTEE
WORK PROGRAMME 2022**

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	March 2022 and May 2022
Strategic Delivery Plan Monitoring	Bi-annual (6 monthly) – November and May
Draft Revenue and Capital Budget and MTFP	Annually (January)
Annual Equality and Diversity Report	Annually (July)
Risk Management: Adult Social Care	Annually (March)
Annual Complaints Report	Annually (November)

18 MAY 2022

1	Intro/ Web announcement	Standing Item
2	Apologies and Substitutes	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes of the meeting held on 31 March 2022	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	22/00028 - Discharge Pathway 1 Services Procurement	Key Decision
7	Reflection on winter pressures on ASC and KCC staff (compare against predictions)	Added by Chairman (ASC CC 1/12/21)
8	Performance Dashboard	On March and May agendas
9	Strategic Delivery Plan Monitoring	Bi-annual (6 monthly)
10	Work Programme 2022	Standing Item

13 JULY 2022

1	Intro/ Web announcement	Standing Item
2	Apologies and Substitutes	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Annual Equality and Diversity Report	Annual Item

6	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
7	Work Programme 2022	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) – briefing to be circulated.
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 and 18/01/22)
Covid-19 – how has it affected vulnerable communities in Kent up to this point	Added by Mr Streatfeild (ASC CC 18/01/22)
Covid-19 and Brexit impact on the work force in Adult Social Care	Added by Mr Streatfeild (ASC CC 18/01/22)
Kent Homeless Connect Recommissioning	Key Decision - Moved into items to be considered (ASC CC 18/01/22)