

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 18th May, 2022

2.00 pm

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



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 18 May 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 31 March 2022 (Pages 1 - 22)
- 5 Verbal Updates by Cabinet Member and Corporate Director
- 6 22/00051 - Bespoke Support Service (Pages 23 - 34)
- 7 22/00049 - Adult Social Care Charging Policy Update (Pages 35 - 42)
- 8 Adult Social Care Pressures Plan 2021-2022 Review (Pages 43 - 54)
- 9 Adult Social Care and Health Performance Q4 2021/22 (Pages 55 - 78)
- 10 Future Meeting Dates

All meetings will begin at 2pm and be held in the Council Chamber, Sessions House, Maidstone, Kent ME14 1XQ.

Wednesday 28 September 2022
Thursday 17 November 2022
Wednesday 11 January 2023
Wednesday 15 March 2023
Wednesday 17 May 2023
Thursday 6 July 2023

11 Work Programme 2022/23 (Pages 79 - 82)

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

Tuesday, 10 May 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 at Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 31st March, 2022.

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

ALSO PRESENT: Clair Bell

IN ATTENDANCE: Clare Maynard (Interim Strategic Commissioner), Richard Smith (Corporate Director of Adult Social Care and Health), Chris McKenzie (Director of Adult Social Care and Health North and West Kent) and Sharon Dene (Senior Commissioning Manager)

UNRESTRICTED ITEMS

50. Apologies and Substitutes
(Item. 2)

Apologies for absence had been received from Ms Meade and Ms Wright. Mr Brady was present as a substitute for Ms Meade.

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

Mr Streatfeild declared a non-pecuniary interest in Item 7 - 22/00034 – *External Community Opportunities for People with Learning and Physical Disabilities* – and said a family member was in receipt of an Education, Health and Care Plan (EHCP).

52. Minutes of the meeting held on 18 January 2022
(Item. 4)

RESOLVED that the minutes of the meeting held on 18 January 2022 are correctly recorded and a paper copy be signed by the Chairman.

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

1. The Cabinet Member for Adult Social Care and Public Health, Mrs Clair Bell, gave a verbal update on the following, about which there were no questions.

- (a) The first Kent Care Summit took place on 2 March 2022 at the Kent Event Centre and was attended by over 300 people. Mrs Bell thanked Gina Walton and her team for a well organised and successful event. The Leader of the Council opened the Summit and a panel of local and national representatives including the Director General for Adult Social Care, the

Chief Executive of the Kent and Medway NHS Integrated Care Board and Head of Inspection at The Care Quality Commission (CQC) took questions on a variety of issues. Three main themes emerged from the summit including support for carers, putting the person at the centre, and workforce recruitment and retention. A follow-up virtual workshop was held on 23 March 2022 and a workshop was scheduled for 21 April 2022 to co-develop the summit ideas into actions.

- (b) Mrs Bell visited the Tenterden Wellbeing Social Prescribing Centre on 18 March 2022. The Centre provided visitors with information on local support and community organisations and operated a local scheme for distributing food and household items. Private rooms were available for conversations with a member of the social prescribing team.
- (c) Mrs Bell and the Leader of the Council attended the Healthwatch Recognition Awards in Ashford on 31 March 2022. The categories covered a range of health and social care services and recognised the efforts made by hospital trusts, social care and the voluntary sector.
- (d) The Virtual Dementia Tour Bus would be outside Sessions House on 13 July 2022 and Members should contact Mrs Bell's office to reserve a space.

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

- (a) Mr Smith and members of his team attended a social services event at the Kent Ambassadors in Whitstable on 15 March 2022 and presented an item on adult social care.
- (b) Mr Smith was pleased to report that the Council had won a silver Public Sector Transformation Award for engagement and communication. Lisa Clinton and her team had also won an award for the development of the people's voice and how local people were involved in developing and delivering services.
- (c) The operational and commissioning teams were focusing on the Social Care Reform and four areas had been prioritised - cost of care, the care cap, CQC assurance and the arrangement of care by the Local Authority.
- (d) Mr Smith was pleased to welcome Jim Beale, Director for East Kent, to the Adult Social Care Senior Leadership Team.

RESOLVED that the verbal updates be noted.

54. 22/00033 - Community Mental Health Wellbeing Service Commissioning
(Item. 6)

Ms Melanie Anthony, Senior Commissioner, and Ms Heather Randle, Commissioner were in attendance for this item.

1. Ms Anthony introduced the report and gave an overview of the Community Mental Health Wellbeing Service (also known as Live Well Kent) and the commissioning process.

2. Ms Anthony and Ms Randle responded to comments and questions from the committee, including the following:
 - (a) Asked about Medway Council's involvement in the service Ms Anthony said this related to the helpline in that area and the expansion would be met by Medway Clinical Commissioning Group.
 - (b) Asked about the integration of the service with the Children and Adolescent Mental Health Service (CAMHS) and how increased demand would affect those currently on the waiting list, Ms Anthony said the proposal to include the 14-35 year old Early Intervention for Psychosis Service was in addition to the CAMHS service. A member asked for information on how the Early Intervention for Psychosis Service would work in practice to come to a future Cabinet Committee.
 - (c) Asked whether the statistics of residents in Kent experiencing mental health problems included those with long covid or Ukrainian refugees Ms Randle said Live Well Kent was an open access service for anyone experiencing mental health problems and the contract could be varied if deemed appropriate to deliver newly identified services.
 - (d) Asked about the personal needs of service users and how their voices were being heard, Ms Randle said service user involvement ran throughout the service and service users designed the Live Well Kent identity and brand. The service was personalised and could be adapted and delivered against the needs of its users.
 - (e) Asked whether funding was sufficient to cover the service in its entirety considering increased future demand, Ms Anthony said the work on the wider transformation programme would ensure funding was available.

RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health 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

be endorsed.

55. 22/00034 - External Community Opportunities for People with Learning and Physical Disabilities
(Item. 7)

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

1. Mr Mitchell introduced the report and gave an overview of the proposed service.

- (a) Asked whether the financial saving would affect service quality and future complex care prevention Mr Smith said significant savings were necessary to sustain the Adult Social Care Service and statutory services had to be protected as a priority. The Making a Difference Everyday (MADE) strategy was focusing on local communities and businesses to support people in different ways and prevent individuals accessing more expensive services. Mr Smith said assessed needs were met in a variety of ways through the Council's statutory duties and responsibilities under the Care Act 2014.
- (b) Asked about the impact on service users Mr Smith said a benefits realisation programme of work would look at the outputs for users and future reports to the Cabinet Committee would look at the positive impacts of the service on residents.
- (c) Asked about the forecast spending being lower than the allocated budget Mr Mitchell said the forecast was lower than the budget at present as it was still impacted by the Covid-19 pandemic with several services still closed or with limited accessibility.
- (d) Mr McKenzie said, in addition to the commissioned services, the ambition was to give young adults with learning disabilities more choice and control on how they access support in the community by way of increased self-directed support and direct payments.
- (e) Asked about the breadth of self-directed support available Mr McKenzie said this depended on the local community and involved local businesses and communities interested in supporting individuals with learning difficulties in meeting their needs.
- (f) Mr Mitchell said the groups of people who would access the service included adults in general and work with the children's services ensured a smooth transition and alignment in support into 16-25 year old and adults services.

RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health 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

be endorsed.

Mr Streatfield, Mr Shonk and Mr Campkin asked for their votes against the recommendation to be noted in the minutes.

56. 22/00015 - Kent Adult Carers' Strategy 2022 - 2027
(Item. 8)

Mr Michael Thomas-Sam, Strategic Business Adviser Social Care, Ms Lisa Clinton, Stakeholder Engagement Manager and Mr Simon Mitchell, Senior Commissioning Manager were in attendance for this item.

1. Mr Thomas-Sam introduced the report and highlighted the key areas of the Carers' Strategy. Mr Thomas-Sam thanked the Members of the Cabinet Committee who took part in the Member co-production meetings.
2. Mr Thomas-Sam, Ms Clinton and Mr Mitchell responded to comments and questions from the committee, including the following:
 - (a) Asked about the survey Ms Clinton said there had been 387 responses in total and extensive engagement and co-production had taken place in advance of the consultation.
 - (b) Mr Thomas-Sam said progress monitoring and reporting would form part of regular reports to the Cabinet Committee. The Corporate Director would have the delegated authority to review the strategy mid-way through to ensure relevant factors were reflected before the end of the 5-year programme.
 - (c) Asked about reaching out to hidden carers Mr Thomas-Sam said the government had set out a plan to ensure improved data quality and profiling on individuals would inform what could be done locally.
 - (d) Asked about strategy resources Mr Smith said changes within Adult Social Care required the development of a delivery plan and re-prioritising and realigning budgets. Carers needed timely responses, access to information and inexpensive services. The strategy was the starting point of the process and would constantly be under review.

RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health 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

be endorsed.

57. Adult Social Care Reform White Paper - Presentation
(Item. 9)

Mr Michael Thomas-Sam, Strategic Business Adviser Social Care was in attendance for this item.

1. Mr Thomas-Sam provided an overview of the Adult Social Care Reform White Paper and presented a series of slides (attached to these minutes).

2. Mr Thomas-Sam responded to comments and questions from the Cabinet Committee, including the following:
 - (a) Asked about ensuring residents received the right information Mr Thomas-Sam said it was important to reach out to those not known by social services and to provide examples of what the reform would mean for individuals based on their circumstances and resources. A Transforming Adult Social Care website had gone live nationally, and a local equivalent would be developed with providers and NHS partners.
 - (b) Members discussed the importance of promoting apprenticeships and future career options for young people working within the health and social care sector. Mr McKenzie noted the challenges in the current recruitment market and said innovative approaches were required to focus on the benefits and rewards of working within the health and social sector and the opportunities for progression. Working with health partner organisations would provide different types of opportunities for example joint apprenticeships in both health and social care.
 - (c) Members welcomed the suggestion of an All Member Briefing on the reform.

RESOLVED that the presentation on the Adult Social Care Reform White Paper be noted.

58. Risk Management: Adult Social Care and Health
(Item. 10)

Ms Helen Gillivan, Head of ASCH Business Delivery Unit, was in attendance for this item.

1. Ms Gillivan introduced the report and gave an overview of the strategic risks relating to the Adult Social Care and Health directorate and highlighted the two Adult Social Care risks on the Corporate Risk Register.
2. Ms Gillivan responded to comments and questions from the committee including the following:
 - (a) Asked how the financial saving from the External Community Opportunities for People with Learning and Physical Disabilities contract contributed to an increase in risk Mr McKenzie said the risks related to the safeguarding of vulnerable adults and the risk was high due to pressures in the market and recruiting the right staff into the workforce.
 - (b) Asked about cyber security and the security of providers' and the Council's IT systems Ms Gillivan said this was reviewed regularly and the Adult Social Care internal system had been transferred to a new hosting system which provided more assurance around the security of data.

RESOLVED that the Risk Management: Adult Social Care and Health report be noted.

59. Adult Social Care and Health Performance Q3 2021/22
(Item. 11)

Ms Helen Groombridge, Adult Social Care and Health, was in attendance for this item.

1. Ms Groombridge introduced the report and gave an overview of the 5 targeted Key Performance Indicators for the Council's Adult Social Care and Health services.
2. Ms Groombridge, Mr McKenzie, and Mr Smith responded to questions and comments from the committee, including the following:
 - (a) Asked about direct payments as a KPI Mr McKenzie said the Council's strategic ambition was for people to access more self-directed support and it was necessary to be ambitious about direct payments to achieve better and more cost-effective outcomes for people.
 - (b) Asked about *ASC15 - The number of people accessing ASCH Services who have a Mental Health need*, whether it would continue to stabilise and the factors that could initiate an increase in demand Ms Groombridge said the figures were increasing prior to the pandemic but at a slower rate than during the pandemic. The early indication was that the number was stabilising.

RESOLVED that the Adult Social Care Performance Report for Q2 2021/22 be noted.

60. Decisions Taken Outside of the Cabinet Committee Meeting Cycle
(Item. 12)

Mrs Bell gave an overview of the decision and explained why this had been taken outside of the Cabinet Committee meeting cycle.

RESOLVED that the decision - *22/00019 – Kara Contract Extension* - had been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution.

61. Work Programme 2022
(Item. 13)

RESOLVED that the Work Programme 2022 be noted.

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Adult Social Care Reform

PRESENTATION TO THE ADULT SOCIAL CARE CABINET COMMITTEE

31 March 2022

Michael Thomas-Sam, Strategic Business Adviser



Background and introduction...1,4,3 in 12

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	Date of publication	Title of published paper	Type of published paper
2021	11 February 2021	Integration and innovation: working together to improve health and social care for all	White Paper. Legislative programme
	29 March 2021	Transforming the public health system: reforming the public health system for challenges of our times	Policy paper. Established the UK Health Security
	22 June 2021	Data saves lives: reshaping health and social care with data	Policy paper
	7 September 2021	Building Back Better: Our Plan for Health Social Care	Policy paper
	24 November 2021	Health and Care Bill	Bill Introduced in the House of Commons. Puts ICB, ICP on statutory footing and amends s.15 of the Care Act 2014 in re: cap on care costs
	1 December 2021	People at the Heart of Care: Adult Social Care Reform	White Paper Reforming charging policy
2022	2 February 2022	Levelling Up the United Kingdom	White Paper
	9 February 2022	Health and Social Care Integration: joining up care for people, places and populations	White Paper Aligned & pooled budgets

Chapter 1: Who cares?

What the White Paper says

- Acknowledges that social care is “at the heart of our communities” and “matters to everybody”
- It sets out the scale of social care affecting the lives of 10 million adults of all ages in England at any one time, is clear that it is about adults of all ages, notes the range of activities and settings underpinning social care
- Recognises that the care workforce is “our biggest asset”. It also recognises the “crucial contribution” of unpaid carers
- Over 1.5 million individuals – representing 4.6% of the 32.4 million people employed in England
- the legacy of the COVID-19 pandemic on both physical and mental health will also contribute to future demand for social care
- Precedes the forthcoming publication of a standalone strategy focused on those living with dementia and their carers

Chapter 2: Our 10-year vision for adult social care

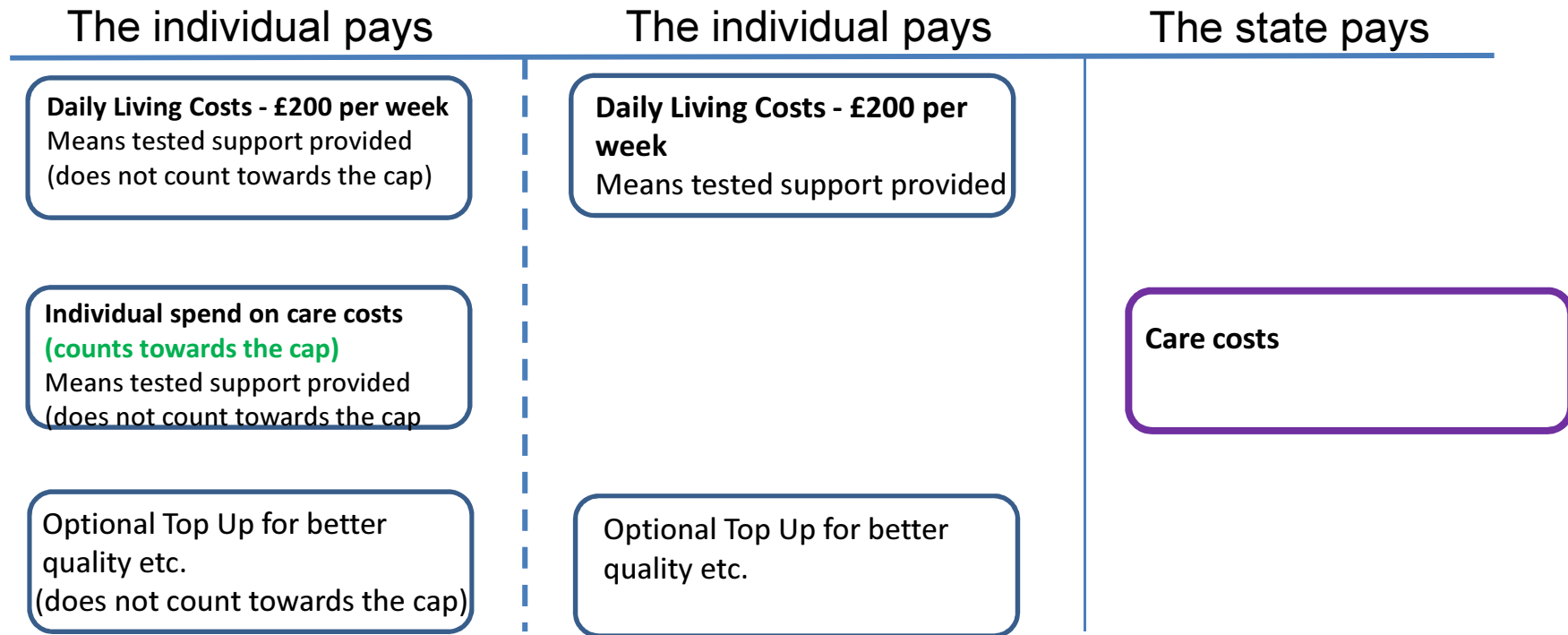
What the White Paper says

- Sets out a 10-year vision for care and support in England which puts people at its heart, centred on three key objectives:
 1. People have choice, control, and support to live independent lives
 2. People can access outstanding quality and tailored care and support
 3. People find adult social care fair and accessible
 - Access the right information and advice at the right time for people to understand the different options available to them that best meet their preferences and circumstances, including options for where care and support would best be delivered, and costs they may need to meet.
 - Create a fairer system where people who self-fund their care do not have to pay more than local authorities for the same service
 - Cap on personal care costs at £86,000 from October 2023
 - New means-test from October 2023 when the lower capital limit changes from £14,250 to £20,000 and upper capital limit from £23,250 to £100,000
-

How the cap will work in care homes

Before reaching the cap

After reaching the cap



Note: Those receiving NHS continuing healthcare (CHC) and Free Nursing Care (FNC) are not affected

What does and does not count

Costs that count towards the cap

The cost, or in the case of self-funders what the cost would be, to the local authority to meet a person's eligible care and support needs:

- ✓ For a person receiving local authority financial support to meet their eligible needs this is the amount the person contributes towards the eligible needs specified in their personal budget, less daily living costs if included.
- ✓ For a self-funder meeting their own eligible needs this is the cost of meeting the person's eligible needs specified in their independent personal budget (IPB), less daily living costs if included.

Costs that do not count towards the cap

- Costs of meeting eligible care and support needs incurred before Oct 2023
- Costs of meeting non-eligible needs, even where the local authority has chosen to meet those needs.
- For people who receive care in a care home, daily living costs at the level set in the regulations.
- For people receiving local authority financial support, top-up payments by the person or a third party chooses to make for a preferred choice of accommodation.
- Costs of any service provided to the person which is not included in the personal budget or IPB, such as prevention and reablement services.
- Interest or fees charged under a deferred payment agreement.
- NHS-funded nursing care for people in care homes and NHS Continuing Health Care.

Chapter 3: Strong foundations to build on

What the White Paper says

- Acknowledges that there is “an abundance of good practice, aspiration, and the Care Act legislation provides strong foundations for our 10-year vision”
- States that the current Health and Social Care Bill, and the reforms in the White Paper will provide the basis for building on the foundation and address a number of key challenges facing the sector and where improvements need to be made
- Shaping healthy and diverse social care markets
- Variation in quality and safety of care
- Supporting our adult social care workforce
- Navigating the system and finding the right care and support
- Accelerating adoption of technology
- Expanding the choice of housing options
- Driving integration of health and care services

Chapter 4: Providing the Right Care, in the Right Place at the Right Time

What the White Paper says

- Sets out several investment commitments over the next 3 years to embed the strategic commitment in all local places to connect housing with health and care and drive the stock of new supported housing
- At least £300 million to integrate housing into local health and care strategies with a focus on increasing the range of new supported housing options
- At least £150 million additional funding to drive greater adoption of technology and achieve widespread digitisation across social care
- At least £500 million regarding social care workforce proposals such as the right training, portable care certificates and skills passport
- At least £570 million on a new practical support service to make minor repairs and changes in peoples' homes alongside increasing the upper limit of the Disabilities Facilities Grant for home adaptations such as stairlifts, wetrooms and home technologies.
- Up to £25 million to work with the sector to kick start a change in the services provided to support unpaid carers, with at least £5 million to fund a new national website to explain the upcoming changes
- £30 million to help local areas innovate around the support and care they provide in new and different ways
- £70 million to increase the support offer across adult social care to improve the delivery of care and support specialised housing

Chapter 5: Empowering those who draw on care, unpaid carers and families

What the White Paper says

- Outlines a range of measure designed to improve information and advice, empower unpaid carers and supporting autistic people and people with a disability into employment
 - Invest at least £5 million to test and evaluate new ways to help people navigate local adult social care systems
 - At least £5 million to fund a national website providing information and simple explainers about adult social care reform
 - Up to £25 million to work with the sector to kick start a change in the services provided to support unpaid carers
 - Test a range of new and existing interventions, which could include respite and breaks, peer group and wellbeing support, and new ways to combine these to maximise support.
 - On respite to explore different models of respite, how they are accessed and what the barriers to access are
-

Chapter 6: Our strategy for the social care workforce

What the White Paper says

- Acknowledges that people working in social care need to feel recognised, rewarded and equipped with the right skills and knowledge
- A Knowledge and Skills Framework (KSF), career pathways and linked investment in learning and development to support progression for care workers and registered managers
- Funding for Care Certificates, alongside significant work to create a delivery standard recognised across the sector. This will improve portability, so that care workers do not need to repeat the Care Certificate when moving roles
- Continuous Professional Development (CPD) budgets for registered nurses, nursing associates, occupational therapists, and other allied health professionals
- Initiatives to provide wellbeing and mental health support and to improve access to occupational health

Chapter 7: Supporting local authorities to deliver social care reform and our vision

What the White Paper says

- £3.6 billion will be provided between 2022 and 2025 to reform the social care charging system and enable all local authorities to move towards paying providers a fair rate of care. Support will be provided for sustainable care markets and investment in strengthening market shaping capability
- Introduce a new assurance framework via a new duty for the Care Quality Commission (CQC) to independently review and assess local authority performance in delivering adult social care adult social care duties under the Care Act 2014 and ICSs
- Acknowledges that there is a lack of data and evidence on the extent to which care needs are not being met and hopes that better quality data, including client level data, will help increase understanding about both who accesses care, how and with what impact, and who does not and what the barriers are by establishing an adult social care data framework by Spring 2022
- New rights for self-funders to request local authorities to help

Chapter 8: Where do we go from here?

What the White Paper says

- Commits to working in partnership with stakeholders and people who draw on social care to develop and design the implementation of the White Paper's various measures
- Set up co-productive forums to ensure the voice of people who draw on social care is involved in the ongoing design and implementation of reform
- Housing: working with councils, housing providers and others to agree how to target investment in housing and design the 'Innovative models of care programme'
- Disabled Facilities Grant: consult on changes to the upper limit for the Disabled Facilities Grant
- Digital and technology: publish a social care technology blueprint and develop advice on 'what good looks like' for social care technology
- Information and advice: develop and refine further policy proposals on information and advice
- Unpaid carers: set up a series of workshops with stakeholders to inform the development and direction of the funding earmarked to support unpaid carers
- Workforce: co-develop new career pathways, the new national KSF investment

Conclusion

- The extension of the means-test and the introduction of the cap on care costs from October 2023, will have effect in two key ways (1) cause **changes to operational and system processes** and (2) lead to **significant increase in workload**
- The fundamentals of the policy proposals are known BUT, there have been some policy shift and some of the details are still to be confirmed
- Every likelihood that the financial impact flowing from **section 18(3)** and elimination of self-funders cross subsidies will be huge and add to the **pressures on council's budget**, if, adequate funding is not provided
- We should not underestimate the **public communication challenges** because of the difference between perceived headline media reports and the public's understanding of the details of the policy
- Based on the previous work that was done we should have high confidence of **managing the changes successfully**

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

To: Adult Social Care Cabinet Committee – 18 May 2022

Subject: **22/00051 - Bespoke Support Service**

Key/Non-Key decision:

Classification: Unrestricted

Past Pathway of report: Adult Social Care and Health Governance Directorate Management Team -20 April 2022

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: This report summarises the progress of, and learning from, the current Positive Behavioural Support Framework in delivering the objective to discharge people with learning disabilities and autistic people from hospitals. The report also outlines options for recommissioning and recommends procuring a four-year open Bespoke Support Service Framework, while exploring the future aim of better aligning other commissioned services to support the Council to meet the needs of all Kent citizens.

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 A) to:

- a) **APPROVE** the procurement for a new Bespoke Support Service for people with complex needs; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health and Corporate Director Children Young People and Education 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 In 2018 the Kent and Medway Transforming Care Partnership’s purpose was to develop bespoke and personalised care and support for individuals aged 14 years and over who can move from specialist/secure in-patient services into a community setting for the delivery of their care.

- 1.2 To support this a new model of a Positive Behavioural Support (PBS) service was required to enable commissioners to work with a small group of providers to develop this specialist provision meeting the individual needs of people in a bespoke and person-centred way.
- 1.3 The Positive Behaviour Support (PBS) Service Framework was commissioned and started on 1 November 2018 and the contract is due to expire on 30 October 2022.
- 1.4 The bespoke nature of the PBS development directly contributes towards the Making a difference every day approach of putting the person first and aligns with the priorities set out in the adult social care strategy.
- 1.5 Central to this approach are three pillars of focus: practice, meaningful measures and innovation.
 - Practice: a strengths based approach is embedded within the contract and service delivery.
 - Meaningful Measures: the outcome-based contract was designed to engage people in innovative approaches to improving their life choices and wellbeing, based on their individual needs, seeking aspiration and progression.
 - Innovation: the outcome-based contract was designed to engage providers in innovative approaches to improving the life choices and wellbeing, based on individual needs, of the individuals supported.

2. Background and Current Position

- 2.1 The tender and evaluation process in 2018 for the Positive Behavioural Support Service Framework involved partners from across the NHS and Local Authority Transforming Care Partnership. Fourteen (14) social care providers demonstrated they had, or were developing the approaches, competencies and capability to support people with a wide and individual set of needs.
- 2.2 The Framework was commissioned with the best intentions to meet only the complex needs of people with learning disabilities and autistic people. Based on the evidence available at the time Positive Behavioural Support (PBS) therapies and interventions were the appropriate route.
- 2.3 At the same time social workers from within Mental Health Teams have sought to refer people to the framework who are not medically recognised as having learning disabilities or being autistic, but who would benefit from a bespoke commissioned package of care, and more innovative collaborative solutions that can be offered through this framework of providers.
- 2.4 To this end, the PBS Framework has created the potential for providers to work in a new way and collaborate and develop more innovative solutions than may otherwise be offered through single service. This presents an opportunity to expand innovation, whilst addressing complexity in people's lives, and reframing needs within a social model, in line with emerging evidence, social movement and a need led, rights based and person-centred approach.

3. Performance Data

- 3.1 In March 2018 there were ninety-four (94) identified in-patients. The programme was required to reduce this figure to maximum of fifty-seven (57) individuals by March 2019 (by NHS England).
- 3.2 The PBS Framework was initially commissioned, by KCC as the lead commissioner, to develop bespoke, personalised care and support for the ninety-four (94) people who were autistic and/or had learning disabilities, aged fourteen (14) and over, and in specialist or secure in-patient services at that time.
- 3.3 Twenty-four (24) people have already received bespoke commissioned care and support via this framework and are now living in their own supported accommodation. There remain sixty-three (63) people (at the time of writing this report), who are autistic and/or have learning disabilities, in secure inpatient settings and require discharge. There are twenty-five (25) people currently in the discharge process (again at the time of writing this report).
- 3.4 Children's Social Care have received a total of 73 referrals. Fourteen (14) of these are currently in progress and twelve (12) have been placed through the Framework. To note, although the referrals come via the Children's teams the majority are people over 18 yrs. The support people receive would be to prevent escalation of need or entry into a residential or hospital placement.
- 3.5 Numbers of people currently in a hospital setting according to the Adults Inpatient Database and Discharge tracker is sixty-two (62). Nineteen (19) of these are people under the age of twenty-five (25) and forty-three (43) people over the age of twenty-five (25).
- 3.6 Experience of challenges within the current Care and Support in the Home market providing support for those with the most individual needs, shows the need to expand access to this framework for bespoke services across all areas of Adult Social Care to potentially also include people with Dementia.

4. Commissioning Considerations

Market Analysis

- 4.1 At the time of commissioning the PBS Framework it was recognised there were minimal providers in the market place to develop and deliver the bespoke nature of care and support for the intended original group of people.
- 4.2 The PBS Framework was commissioned as a closed Framework to support development of the market, with a supporting process of referral and development to enable collaborative and innovative solutions to meet the needs of people with complex background, histories, diagnoses and needs.

- 4.3 In commissioning the PBS Framework for this very specific group of people there may be a risk of perverse incentivisation and development of a specialist market of providers who drive up costs associated with the concept of complexity and specialism associated with learning disability and autism. There is little incentive for providers to reduce care package costs beyond good contract management, and a tension with a health system which specialises people, and gate keeps access through diagnosis, limiting faith in people to succeed without restrictive practice – culture change is needed.

Commissioning Options

- 4.4 In order to select a preferred commissioning option, KCC commissioners conducted an options appraisal process (attached as Appendix 1).
- 4.5 Following this process option 3 was selected as the preferred commissioning option. Option 3 comprises of commissioning a similar service, however using an open framework model allows more flexibility in delivering with a larger number of providers as well as allowing new providers to join if identified.
- 4.6 The preferred option will allow us to work across operational disciplines to understand the needs in line with the emerging landscape and commission in a more holistic and rights-based way.
- 4.7 The preferred option recommended, with a 4-year period, will allow enough time to enable the remaining sixty (60) inpatients to have their discharges planned with bespoke packages of care developed, as well as support the creation of the conditions to enable other people in complex situations to receive bespoke support. This would expand accessibility now, based on presentation of needs and remove the diagnosis gatekeeping.
- 4.8 The proposed future intention is to bring the Bespoke Support Service Framework commissioning for people with complex histories into the wider Strategic Frameworks which are already commissioned. Therefore, options for bringing the bespoke commissioning of support for the needs of these individuals into other commissioning frameworks will be explored, as a progression model to reduce support models in line with an individual's increased capacity for independent living.
- 4.9 The Care and Support in the Home Framework (currently under review) is one such framework to explore for the future. It is commissioned in lots to recognise complexity of need and history, and develop a market place that is flexible, responsive and inclusive of all Kent citizens eligible for social care.

Service Specification

- 4.10 The specification has been reviewed to consider changes in the medical and social models of care for those with complex needs, and not restrict the bespoke service to that of one particular model of delivery (Positive Behavioural Support).
- 4.11 An additional change from the previous specification is the nomination agreement will not be included. This element of the specification no longer exists as it was not renewed.
- 4.12 The specification will also reflect the outputs from the recent Kent Care Summit and subsequent follow up workshop.

Procurement Plan

- 4.11 It is proposed to undertake a procurement process for an open framework of providers.
- 4.12 The high-level proposed procurement timetable is set out below:

Procurement Go live	17 June 2022
Invite to Tender return date	30 July 2022
Evaluation complete	20 August 2022
Contract award	October 2022
Contract start	1 November 2022
- 4.13 Resources to undertake this procurement will be met from within the current commissioning team capacity with support from Adult and Children’s Social Care colleagues for the evaluation of tenders.
- 4.14 A report detailing the outcome of the procurement and subsequent contract award will be shared members of the committee in September 2022

5. Financial Implications

- 5.1 This is a supported living framework, delivering packages of care to learning disabled and autistic people, aged fourteen (14) and over, with the most complex needs. As such there are no accommodation costs to KCC
- 5.2 The providers on the current Framework are supporting twenty-four (24) individuals with a total annual spend (across Health and Social Care) of £8,534,505. Of that total the spend from Social Care (Children’s and Adults) is £6,597,543. The NHS contribute £1,936,962.
- 5.3 There are currently twenty-five (25) other individuals referred through the Framework (not yet discharged from their current placement) that have a forecasted annual cost of £7,323,202.

6. Legal implications

- 6.1 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.
- 6.2 The main legislative framework for the Service is the Care Act 2014 (for adults), the Children Act 1989 (for under 18s), and the principles of Mental Capacity Act 2005. These are statutory duties, and the new service will be compliant with all legislation.

7. Equalities implications

- 7.1 An Equality Impact Assessment will be undertaken as it has been four years since the last one was reviewed.
- 7.2 The development of the social movement for neurodiversity and the language evolution to support and describe the reframing is exposing the potential for some previously unseen intersectional inequalities. Particularly relating to autistic women and the possibility of diagnostic overshadowing with conditions such as borderline personality disorder.
- 7.3 The potential for this framework to also support those with complex needs, other than a learning disability or autistic people, brings fairer access for those with complex needs across all of Adult Social Care.

8. Data Protection Implications

- 8.1 A DPIA will not be required to complete the procurement. A DPIA will be undertaken at the point of contract award when it will be necessary to share information and data so providers are able to make informed and considered proposals to support these individuals.

9. Conclusions

- 9.1 The current Positive Behavioural Support Framework for bespoke service development and delivery for people with complex needs, including those with learning disabilities and autistic people is due to end on 30 October 2022.
- 9.2 There are a significant number of individuals who are currently referred to or waiting for a referral for placement through the framework. Therefore, there is a requirement for a new 4 year open framework, with a potential of increasing the number of providers available.
- 9.3 Future options of aligning these bespoke support services with other strategic commissioning frameworks will be explored as they become available.

9. Recommendations

9.1 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 A) to:

a) **APPROVE** the procurement for a new Bespoke Support Service for people with complex needs; and

b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health and Corporate Director Children Young People and Education to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision

10. Background Documents

None

11. Report Author

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Appendix 1: Commissioning Options Appraisal

Option	Advantages	Disadvantages	Risk
1 Do nothing and procure support through open market via INDIVIDUAL contracts	<p>Access to wider market Initially less time consuming</p> <p>NOTE: The option to procure and commission support via indi contract for individuals runs parallel so that social workers are not restricted to commissioned frameworks</p>	Easier to explain and for external partners to understand but evidence has shown us that very specialist support is needed for the client group and although providers say that can meet needs – they cannot and placements quickly breakdown	Costs escalation as complexity of individuals situations and histories is inflated with no levers available to reduce perception of need for speciality as risk of breakdown also increases, only adding to complexity and increasing crisis potential for people who need bespoke care
2 Single Provider	<p>Easy to contract manage consistency of offer across the County Potentially reduced time needed to procure and secure</p>	<p>Single point of failure, does not promote market shaping as per the vision of the Kent STP or Care Act duties Not in line with a needs led, person centred approach No opportunity to develop sustainable market solutions or innovate More likely to be institutional, and segregating in nature, reduced choice & control for people</p>	<p>Provider failure / safeguarding or quality issues meaning we are unable to use provision, would stop delivery and risk crisis for a more people Cost escalation related to specialist nature, less likely to keep up with emerging practice</p>
3 Dynamic Purchasing System	<p>Allows us to develop the market and work with providers who can show their track record of delivery with this highly complex client group. Increases transparency for suppliers and Small Medium Enterprises (SMEs) and new entrants to the marketplace Creates active competition in real</p>	<p>Providers in the past have said that they can cope with challenging behaviour, only for placements to fail because they don't have the right models of support back up with well trained and supervised staff - the open market will say that can do this history has shown they can't!</p>	<p>Risk that market is incentivised to drive down costs and quality to reinforce a cycle of placement breakdown, which then reinforces the perception of further complexity and danger, leading to an increase in costs over time, with loss of choice and control for people, and a market that cannot innovate or meet the emerging needs in line with a</p>

	<p>time No time limit in duration for a DPS (frameworks limited to 4 years)</p>		<p>reframed understanding of neurodiversity</p>
<p>4 Like for like Framework Agreement with future alignment within wider strategic commissioned frameworks</p>	<p>Allows us to develop and work with select group of providers who can show their track record of delivery with this highly complex client group. Allows relationships to develop with statutory services and lays foundations for better collaboration and risk sharing in the support of people with complex histories Allows for development of the market to reduce costs associated with people as they have more autonomy, and develop practice in line with emerging evidence that supports the social movement and need for a reframing of needs in a neurodiverse society</p>	<p>Initially more time consuming to develop bespoke packages of care Limited to four years Closed to new providers during that time Additional complexity as providers on old framework transfer to new framework contract and support individuals</p>	<p>Legal risks associated with effective extension but these can be mitigated with shorter procurement timeframe and opening to entrants but with original thresholds to allow new provider to enter at this point</p>

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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:

22/00051

For publication

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

Title of Decision: Bespoke Support Service

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

- a) **APPROVE:** The procurement for a new Bespoke Support Service for people with complex needs; 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 Positive Behavioural Support Framework for bespoke service development and delivery for people with complex needs, including those with learning disabilities and autistic people is due to end on 30 October 2022.

There are a significant number of individuals who are currently referred to or waiting for a referral for placement through the framework. Therefore, there is a requirement for a new 4 year open framework, with a potential of increasing the number of providers available.

Experience of challenges within the current Care and Support in the Home market providing support for those with the most individual needs, shows the need to expand access to this framework for bespoke services across all areas of Adult Social Care to potentially include people with Dementia.

Financial Implications: This is a supported living framework, delivering packages of care to learning disabled and autistic people, aged fourteen (14) and over, with the most complex needs. As such there are no accommodation costs to KCC

The providers on the current Framework are supporting twenty-four (24) individuals with a total annual spend (across Health and Social Care) of £8,534,505. Of that total the spend from Social Care (Children's and Adults) is £6,597,543. The NHS contribute £1,936,962.

There are currently twenty-five (25) other individuals referred through the Framework (not yet discharged from their current placement) that have a forecasted annual cost of £7,323,202.

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.

The main legislative framework for the Service is the Care Act 2014 (for adults), the Children Act 1989 (for under 18s), and the principles of Mental Capacity Act 2005. These are statutory duties, and the new service will be compliant with all legislation.

Equality Implications: An Equality Impact Assessment will be undertaken as it has been four years since the last one was reviewed. The development of the social movement for neurodiversity and the language evolution to support and describe the reframing is exposing the potential for some previously unseen intersectional inequalities. Particularly relating to autistic women and the possibility of diagnostic overshadowing with conditions such as borderline personality disorder. The potential for this framework to also support those with complex needs, other than a learning disability or autistic people, brings fairer access for those with complex needs across all of Adult Social Care.

Data Protection Implications: A DPIA will not be required to complete the procurement. A DPIA will be undertaken at the point of contract award when it will be necessary to share information and data so providers are able to make informed and considered proposals to support these individuals.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 18 May 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

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

To: Adult Social Care Cabinet Committee – 18 May 2022

Subject: **Adult Social Care Charging Policy Update**

Key/Non-Key decision: **22/00049**

Classification: Unrestricted

Future Pathway: Cabinet Member Decision

Electoral Division: All

Summary: It has been identified, in response to a complaint, that the Department of Health and Social Care (DHSC) may have issued statutory guidance that conflicts with primary legislation in relation to this issue, albeit this appears to have been subsequently clarified by DHSC. The Authority has been applying the statutory guidance and not the relevant legislation. Kent County Council's Adult Social Care Charging Policy for homecare and other non-residential services must comply with the primary legislation and it is therefore necessary to fully review and update the Adult Social Care Charging Policy to bring it in line with the primary legislation.

This paper sets out the proposed approach to addressing this issue, and the associated costs and risks.

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

- a) **APPROVE** the amended Adult Social Care Charging Policy;
- b) **APPROVE** the funding arrangements required to implement the updated policy;
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including keeping the policy updated as necessary and to implement it in line the statutory duties; and
- d) **NOTE** the Officer Decision taken to revise the application of the Charging Policy for new clients.

1. Introduction

- 1.1. Following a challenge in relation to the Adult Social Care Charging Policy, it was identified that the Department of Health and Social Care (DHSC) Statutory Guidance upon which the KCC Policy for homecare and other non-residential

services had been based, did not fully correlate and match all requirements stipulated in the underlying legislation.

- 1.2. This disparity, having been clarified via Counsel opinion and liaison with the DHSC, means that compliance with the Statutory Guidance is not sufficient and that changes are required to bring the Policy in line with the core legislation. As part of applying any required revisions to the Policy, it is also necessary to consider and address how the disparity between policy and legislation may have impacted those in subject to KCC's Savings Credit Disregard approach.
- 1.3. There are three cohorts of people affected and therefore three elements to this proposal:
 - 1) People who were assessed under the Statutory Guidance based Policy as not eligible for savings credit disregard but who would have been eligible under the core legislation – approximately 1,100 people overcharged
 - 2) People who were assessed under the Statutory Guidance based Policy as eligible for savings credit disregard and an allowance was made that was more than would have been stipulated under the core legislation – approximately 950 people affected.
 - 3) People the Council support where further information is needed to be able to determine whether the Council have been correctly charging as per the above detail - approximately 800 people affected
- 1.4. The savings credit benefit is only available to those people who were of pension age prior to April 2016. This benefit is no longer available to those who have turned pension age since that date. However, new service users will continue to be affected as they may have been of pension age in 2016.
- 1.5. KCC has requested that its case management system (Mosaic) is updated in line with the Legislation and at the time of writing, the update is still awaited. It should be noted that any other Authorities which use Mosaic as their case management system will also be in the same situation.

2. Recommended Plan

- 2.1. The plan to address this issue will have different approaches for the different groups affected by the proposed changes:
- 2.2. To comply with legislation, minimise negative impact and disruption on those affected and to resolve the policy in the short term, an Officer Decision was taken to amend the Adult Social Care Charging Policy for homecare and other non-residential services to bring it into line with the legislation ensuring that any new clients to our services will have the correct savings credit disregard applied.

- 2.2 This Cabinet Member Decision seeks to formally amend the Adult Social Care Charging Policy to address overcharging for new and current clients, approve the finances required to implement the decision and note and build upon the Officer Decision taken to achieve initial legal compliance. This decision will involve delegating relevant authority to the Corporate Director, Adult Social Care and Health to take relevant actions, including keeping the policy updated as necessary and to implement it in line with statutory duties. The implementation activity will include ensuring appropriate mechanism to manage current client matters such as reviewing previous charging.
- 2.3. The initial activity and focus of the earlier Officer Decision and this Key Decision was on addressing the immediate requirements to update the policy to bring it in line with the legislation and ensure a fair approach for new and existing clients that does not negatively impact on them in an a potentially unlawful manner.
- 2.4. This decision also considers the need to review the charging approach already delivered to current clients and assess the need for changes to their charges and the potential need to address historic over-charging subject to the relevant evidence being provided.
- 2.5. It is necessary, however, to also recognise that further work will be required at a later date to explore options for further updating the charging approach for all people who may be affected. This will have to include making arrangements to consider charging policy implications where clients may be required to pay more for care. Such arrangements would require that appropriate consultation and engagement with relevant stakeholders is undertaken, followed by the necessary governance processes should any proposals be progressed to formal decision.
- 2.6. Any proposals and associated consultations regarding potential increases in charging would involve work to fully understand the implications of increased charging on affected people with feedback from individuals contributing to the finalisation of any proposals presented for decision. These arrangements would be managed via a separate Executive Decision-making process and are not the focus of this paper but are highlighted for information at this stage.

3. Timetable

- 3.1. Following this proposed decision in June detailed proposals for future policy updates where additional charging may be required will be developed for consultation in advance of relevant formal governance activity in Autumn 2022.

4. Financial Implications

- 4.1 The annual cost to the Authority is estimated to be £280k, resulting from lost income from those people who have not had the disregard correctly applied. The cost of £280k in 2022-23 would be reported in budget monitoring and would not necessitate a substantive amendment to the budget.

- 4.2 As part of the necessary financial arrangements required to implement this policy, as noted in the decision, the Authority will recommend making an appropriate financial provision for any prior year costs that may arise from the policy change. This will be presented along with other provision requirements to Cabinet in June 2022 as part of the Revenue Outturn report.
- 4.3 Subject to further formal governance processes, including appropriate consultation and relevant Executive Decision making, there is scope for the Policy application to be amended to address undercharging and bring all charges in line with the legislation and correct policy approach. This would involve an increase in the charging for some people and therefore could result in an estimated £290k per annum income from year 2023/24 – this sum excludes any effects of increasing debt which may arise should the relevant policy changes be given effect in future. These arrangements would all be subject to future activity and do not impact on the current decision but are highlighted for context and to indicate future financial considerations for longer term management of this issue.

5. Legal implications

- 5.1 Counsel confirmed that the authority should be operating its policy for homecare and other non-residential services in line with the Care and Support (Charging Assessment Resource) Regulations 2014 and not the statutory guidance.
- 5.2 The Authority needs to address any error in how savings credit disregard has been applied to our service users and correct its charging policy accordingly.
- 5.3 Any changes to charge people more will require further governance processes, including consultation activity to understand the impact of this change on our service users. On that basis, this decision does not seek to determine the application of the policy to those who may be charged more as a result. Any such arrangements may be addressed as part of a separate Key Decision which could be taken following the relevant consultation and engagement activity later in the year subject to ongoing review of the policy and the Council's financial position.

6. Further clarifications from the Department of Health and Social Care (DHSC)

- 6.1 The DHSC has since provided clarity in their annual circular, regarding the ambiguous area. Some other authorities are now seeking further clarification from the DHSC, as they were applying their policies in the same way as Kent, following the statutory guidance, rather than the primary legislation.
- 6.2 It is proposed that the Council, along with other organisations such as the Association of Directors of Adult Social Service (ADASS), Local Government Association (LGA) and National Association of Financial Assessment Officers (NAFAO), should lobby the DHSC both politically and at officer level in terms of the New Burden created by the potentially conflicting position of the legislation

and statutory guidance that has now been clarified by the DHSC. This would potentially enable the Council to submit a claim for a New Burden to central government once the legal position has been clarified.

7. Equalities implications

- 7.1 A screening document has been completed and a full Equality Impact Assessment will be completed in line with the KCC requirements. And will remain under continuous review throughout any consultation and decision process.

8. Data Protection Implications

- 8.1 A Data Protection Impact Assessment (DPIA) has been completed and it will be subject to the usual information governance review. No data protection implications are expected to be noted or highlighted. Further updates will be completed, in line with process, prior to the proposed consultation.

9. Conclusions

- 9.1 The Authority has used the Care and Support Statutory Guidance issued by the Department of Health and Social Care (DHSC) and not the relevant legislation (Care and Support (Charging Assessment Resource) Regulations 2014) to inform their charging policy for homecare and other non-residential services around Savings Credit Disregard.
- 9.2 The charging policy for homecare and other non-residential services needs to be updated to keep the policy in line with the Care and Support (Charging Assessment Resource) Regulations 2014 to stop further people being impacted by incorrect application of the legislation.
- 9.3 The policy change will only affect those service users for whom the Authority have not been applying the regulations correctly by overcharging them. Those service users who may have to pay more in charges, under the legislation, will be engaged through a consultation to help them and KCC understand and consider the impact of this change, which will inform any potential key decisions on this issue later in the year.
- 9.4 The Corporate Director of Adult Social Care and Corporate Director of Finance have agreed to lead a review of the current charging policies and their compliance with legislation and statutory guidance.

10. Recommendations

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

- a) **APPROVE** the amended Adult Social Care Charging Policy;
- b) **APPROVE** the funding arrangements required to implement the updated policy;
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including keeping the policy updated as necessary and to implement it in line the statutory duties; and
- d) **NOTE** the Officer Decision taken to revise the application of the Charging Policy for new clients.

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

DECISION NO:

22/00049

For publication Yes

Key decision: Yes

Affects two or more Electoral Divisions and Policy outside of the Policy Framework

Title of Decision: Adult Social Care Charging Policy Update

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

- a) **APPROVE** the amended Adult Social Care Charging Policy;
- b) **APPROVE** the funding arrangements required to implement the updated policy; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including keeping the policy updated as necessary and to implement it in line with the statutory duties

Reason(s) for decision: It has been identified, in response to a complaint, that the Department of Health and Social Care (DHSC) may have issued statutory guidance that conflicts with primary legislation in relation to this issue, albeit this appears to have been subsequently clarified by DHSC. The Authority has been applying the statutory guidance and not the relevant legislation. Kent County Council's Adult Social Care Charging Policy for homecare and other non-residential services must comply with the primary legislation and it is therefore necessary to fully review and update the Adult Social Care Charging Policy to bring it in line with the primary legislation.

Financial Implications: The annual cost to the Authority is estimated to be £280k, resulting from lost income from those people who have not had the disregard correctly applied. The cost of £280k in 2022-23 would be reported in budget monitoring and would not necessitate a substantive amendment to the budget. As part of the necessary financial arrangements required to implement this policy, as noted in the decision, the Authority will recommend making an appropriate financial provision for any prior year costs that may arise from the policy change. This will be presented along with other provision requirements to Cabinet in June 2022 as part of the Revenue Outturn report. Subject to further formal governance processes, including appropriate consultation and relevant Executive Decision making, there is scope for the Policy application to be amended to address undercharging and bring all charges in line with the legislation and correct policy approach. This would involve an increase in the charging for some people and therefore could result in an estimated £290k per annum income from year 2023/24 – this sum excludes any effects of increasing debt which may arise should the relevant policy changes be given effect in future. These arrangements would all be subject to future activity and do not impact on the current decision but are highlighted for context and to indicate future financial considerations for longer term management of this issue.

Legal implications: Counsel confirmed that the authority should be operating its policy for homecare and other non-residential services in line with the Care and Support (Charging Assessment Resource) Regulations 2014 and not the statutory guidance. The Authority needs to address any error in how savings credit disregard has been applied to our service users and correct

its charging policy accordingly. Any changes to charge people more will require further governance processes, including consultation activity to understand the impact of this change on our service users. On that basis, this decision does not seek to determine the application of the policy to those who may be charged more as a result. Any such arrangements may be addressed as part of a separate Key Decision which could be taken following the relevant consultation and engagement activity later in the year subject to ongoing review of the policy and the Council's financial position.

Equalities implications: A screening document has been completed and a full Equality Impact Assessment will be completed in line with the KCC requirements. And will remain under continuous review throughout any consultation and decision process.

Data Protection Implications: A Data Protection Impact Assessment (DPIA) has been completed and it will be subject to the usual information governance review. No data protection implications are expected to be noted or highlighted. Further updates will be completed, in line with process, prior to the proposed consultation.

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

Any alternatives considered and rejected:

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

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signed

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date

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

To: Adult Social Care Cabinet Committee – 18 May 2022

Subject: **Adult Social Care Pressures Plan 2021-2022 Review**

Classification: Unrestricted

Past Pathway of report: Adult Social Care and Health Directorate Management Team – 13 April 2022

Future Pathway of report: None

Electoral Division: All

Summary: The report will provide an overview of the implementation and outcomes of the Adult Social Care Pressures Plan 2021-2022. The report focuses on the outcomes of contingency plans to manage pressure on services, financial and budget implications of the actions that were taken and the outcomes for Kent County Council's partners and Kent's residents.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** and **CONSIDER** the content of the report.

1. Introduction

- 1.1 The Adult Social Care Pressures Plan 2021-2022 was developed in order to ensure that the Council had planned for and was able to respond to the significant pressures that were anticipated during the winter period. Its development built on the Adult Social Care Winter Plan 2020-2021 and the lessons learned from the review of its development and implementation.
- 1.2 It is good practice to ensure that there are well developed and robust plans to manage winter pressures under normal circumstances, and with the ongoing challenges of COVID-19 and its impact on the health and social care system, a clear plan was essential to ensure that appropriate arrangements were in place.
- 1.3 The Adult Social Care Pressures Plan 2021-2022 incorporated the requirements of the Department of Health and Social Care (DHSC) 'COVID-19 Response: Autumn and Winter Plan 2021'. This plan detailed the key elements of the contingency plans that would be implemented in the event of a significant rise in COVID-19 cases during the winter, as well as the main actions for local authorities, NHS organisations, social care providers, and the voluntary and community sector.

- 1.4 The Adult Social Care Pressures Plan 2021-2022 also built on previous winter resilience activities, including the Adult Social Care Winter Pressure Plan 2020-2021. The previous Adult Social Care Winter Pressure Plan was successful in managing a time of significant pressure. In 2020-2021 Kent was particularly impacted by the UK's second wave of COVID-19 and several acute hospitals operated at full capacity. The lessons learned from the success of previous winter planning and resilience activities were incorporated within the Adult Social Care Pressures Plan and its scope was broadened to recognise the wider range of pressures faced in the wake of the first year of the COVID-19 pandemic.
- 1.5 In addition to the pressures associated to COVID-19, adult social care services have been impacted by Local Authority budget pressures in recent years, combined with the increased demographic pressures of an ageing population and people living longer with more complex needs. These budgetary pressures were compounded by the necessary expenditure throughout COVID-19. Additionally, workforce vacancy rates and high turnover have continued to increase across health and social care, resulting in increased waiting lists for services.
- 1.6 Furthermore, the cost-of-living increase that has been seen nationally is particularly impactful for people on lower wages, which includes a large proportion of the adult social care workforce. This workforce is historically mobile and likely to seek opportunities in other sectors where wages will be equitable or higher, such as retail and hospitality.
- 1.7 Workforce sustainability issues in health and social care were also compounded by the requirement for all care home workers and other visiting professionals to be fully vaccinated against COVID-19, unless they have an exemption. Whilst this guidance was revoked on 15 March 2022, the mandatory vaccination period resulted in workers choosing to exit the health and social care workforce and it is difficult to determine whether they will return.
- 1.8 The combined challenges of usual winter pressures with the additional factors highlighted above resulted in a high level of concern about the pressures that would be faced in the winter 2021-2022 period. As a result, a range of robust contingency planning activities were carried out to ensure that high-quality, safe and timely support continued to be provided to everyone who needed it.
- 1.9 This report provides an update on the outcomes associated to key aspects of the Adult Social Care Pressures Plan 2021-2022, and the impact that it had over the winter period. Lessons will be taken forward to ensure that future arrangements continue to be robust.

2. Adult Social Care Pressures Plan 2021-2022 Review

- 2.1 The Adult Social Care Pressures Plan 2021-2022 consisted of six key elements, which were:
 - Resilience and Emergency Planning, including the Operational Pressures Escalation Plan

- The System Discharge Pathways Programme, including joint working with health partners to support joint commissioning and underpin Government hospital discharge policies
- Operational Capacity Management Plan for Winter 2021-22, including the identified additional resources to manage increased demand on adult social care services
- Strategic Commissioning activities to support and build resilience in the adult social care provider market, including the System-Wide Market Pressures Action Plan
- Financial Implications, including plans for funding streams made available to Kent County Council (KCC) to support resilience activities
- Risk Management, including risk protocols and risk owners.

2.2 When comparing the winter periods 2020-2021 against 2021-2022, Adult Social Care saw a slight decrease of 2.6% in contacts to the Directorate in 2021-2022. Contacts to the Directorate mean people getting in touch via front door channels including ARMS. Despite the decrease in contacts, the Directorate managed the demand of an increase of 22.3% in incoming reviews and increase of 5.6% in incoming assessments. Despite the continuing pressures of COVID-19, high levels of staff sickness and workforce recruitment and retention challenges, the Adult Social Care Pressures Plan 2021-2022 was successful in anticipating risks and implementing appropriate mitigating actions.

Resilience and Emergency Planning

- 2.3 In line with previous resilience planning, the development of the plan was supported by a range of stakeholders including the Adult Social Care Directorate Business and Planning Team, service managers across adult social care, colleagues in finance and partner organisations in health. Oversight of the plan was provided through a verbal update to the Corporate Management Team in October 2021 and submission of the plan to Adult Social Care Cabinet Committee in December 2021.
- 2.4 Building on work conducted in 2021-2022, Resilience and Emergency Planning delivered a number of workstreams to support directorate resilience which included lessons learned activities, business continuity plans and exercises to stress test plans. The enhanced resilience measures developed and implemented in 2021 were put to the test in September during the UK-wide fuel crisis.
- 2.5 Services across Adult Social Care and Health were able to successfully implement a range of tactics and response options detailed in the Adult Social Care and Health Fuel Supply Disruption Response Plan, Incident Management Plan, and service Business Continuity Plans to maintain all critical functions throughout the incident.
- 2.6 Disruption to Adult Social Care and Health operations was mainly caused by the impact of the scenario on contracted providers. In September 2021, the sector was already under significant pressure due to a range of factors including Covid-19, implications of EU Exit, and loss of staff to other sectors. The fuel

crisis simply added additional pressure to an already highly stressed market. Providers implemented their business continuity plans, reduced services where possible and in a significant number of cases were unable to service contracted home care calls. Adult Social Care and Health worked with providers, the voluntary sector, families and unpaid carers to ensure the most vulnerable people were supported through this period, and no one was put at risk.

- 2.7 A full debrief, following this significant event, highlighted known issues with KCC, local multi-agency and central government planning. These issues included a recommendation in the national plan that organisations such as KCC should be self-sufficient in managing their fuel for up to 10 days. However, this has clear logistical challenges and had not been implemented. Additionally, people delivering critical services who were reliant on their own vehicles, including District Nurses and care workers, were excluded from the national guidance on which vehicles should be prioritised for fuel.
- 2.8 Lessons were identified and recommendations for improvement are currently being taken forward. A cross-border Local Resilience Forum (LRF) group has been established with the following objectives:
- Establish common lessons that were identified during LRF debriefs regarding the September-October 2021 fuel shortage
 - Identify and collate recommendations to feed back to central government for inclusion in or as an extension to the current national fuel plan
 - Advise central government of gaps in current national planning and urge them to adopt suggested changes to support LRFs during future incidents
 - Provide local understanding of the national planning assumption of 10 days fuel resilience to Department for Levelling Up, Housing and Communities.
- 2.9 The Operational Pressures Escalation Plan has been well established in Adult Social Care and Health for several years. It continues to be used year-round to support the appropriate response to surges in demand across the Kent and Medway Health and Social Care System.
- 2.10 The Operational Pressures Escalation Plan was successfully deployed on a number of occasions during the winter months in response to Acute Hospital Critical Incident declarations. With the support of partner agencies across the system, implementing their own Plans beneath the overarching NHS England Operational Pressures Escalation Level Framework, these periods of intense pressure were managed down swiftly.
- 2.11 The provider market in Kent was already under pressure due to workforce challenges across adult social care before the winter period. Care and Support in the Home services are critical to supporting other parts of the health and social care system by enabling flow from short-term discharge and enablement services. As the Kent Enablement at Home service continued to maintain an increasing number of people waiting for a longer-term care package this

inevitably hampered the Authority's ability to fully implement the Operational Pressures Escalation Plan. Lessons arising from this response and innovative solutions developed operationally are currently under review for consideration in a revised Plan due to be validated through multi-agency exercise starting from September 2022.

- 2.12 Between Friday 18 February and Monday 21 February 2022, services across Adult Social Care and Health were affected by storms Eunice and Franklin, resulting in high winds causing danger to life from flying debris and fallen trees, damage to buildings, significant disruption to most types of transport, power outages and local loss of telephone and internet services.
- 2.13 A full debrief of the response to this significant incident is underway, but initial feedback suggests that the directorate responded well to this severe weather event. The successful implementation of service level Business Continuity Plans allowed critical services to continue with limited/minor disruption.
- 2.14 The directorate Incident Management Plan and associated tools and resources were deployed in response to widespread power outages. Welfare provision for households and communities without power was co-ordinated through the multi-agency Kent Resilience Forum Vulnerable People and Communities Cell.
- 2.15 Debriefs for KCC, the NHS and a full multi-agency debrief were delivered in March. Lessons arising from the way this incident was handled including any notable practice will be reported to relevant management teams and any recommendations for improvement will be taken forward through established programmes of work in 2022.

System Discharge Pathways Programme

- 2.16 The System Discharge Pathways Programme was established in autumn 2020 following a jointly commissioned review of Kent's hospital discharge pathways in summer 2020. The review found Kent did not have a whole-system, holistic approach to delivering effective discharge pathways and set out recommendations for the delivery of consistent, needs-based services aligned to the developing Integrated Care System. Adult social care worked closely with partners in Kent Community Healthcare Foundation Trust and Kent and Medway Clinical Commissioning Group to establish a programme of work to deliver activities aligned to the review's recommendations.
- 2.17 The programme is now in Phase 2 of its delivery and managing workstreams to promote improved operational joint working, joint pathway design and commissioning of services, and integrated reporting to enable improved visibility of pressures and joint decision making.
- 2.18 Throughout the programme's work to date, collaborative working across partner organisations has enabled better use of system-wide resources and provided a forum for the oversight and management of operational pressures in a range of discharge services.

2.19 The programme is now in the process of recruiting a Health and Care Integration Lead who will oversee future phases of the System Discharge Pathways Programme and play a key role in shaping the future of health and care integration for Kent.

Operational Capacity Management Plan for Winter 2021-2022

2.20 The Operational Capacity Management Plan for Winter 2021-2022 identified a number of staffing requirements and initiatives to meet the demands of winter 2021-2022, which included extended service delivery hours, increased staffing capacity delivered through overtime and temporary recruitment, and redeployment of staff to other areas of the directorate.

2.21 The Area Referral Management Service (ARMS) managed an increased level of referrals during the winter period and worked closely with Health partners to support pressures in their acute and Rapid Response services. Extended working hours enabled the service to respond to 2,322 contacts between 1 October 2021 and 8 March 2022 and deliver a total of 260 Contact Assessments during this period. Winter pressures funding allocated to the service was fully utilised to recruit an additional Senior Contact Assessment Officer which supported the service in managing the increased level of contacts.

2.22 The Approved Mental Health Professional (AMHP) service implemented additional staff shifts to ensure the service was able to meet minimum staffing numbers amidst disruption resulting from COVID-19 and staff sickness. Winter Pressures funding was utilised to cover resourcing related to COVID-19 absences, including staff testing positive for COVID-19 and self-isolating whilst waiting for test results. Additionally, one agency AMHP worker was employed on a part-time basis from January – March 2022 to provide increased resource. As a result of implementing contingency plans and additional resource, the AMHP service was successfully able to deliver all required Mental Health Act assessments during the winter period.

2.23 The Occupational Therapy (OT) service planned to recruit additional Occupational Therapy Assistants (OTA) on one-year temporary contracts to support improved outcomes for people being discharged from hospital on Pathways 1 and 3. Unfortunately, recruitment proved challenging due to the short-term nature of the contracts and only five additional practitioners were recruited. However, data for the 139 people on discharge Pathways 1 and 3 who received an Occupational Therapy intervention showed improved outcomes for individuals and identified financial savings for adult social care. The service will now seek to offer permanent contracts to the existing OTAs and recruit to the remaining vacancies.

2.24 Additionally, the OT service has delivered a range of performance improvement activities including the development of a performance dashboard, supported urgent response for people at risk of carer breakdown, overseen the provision of equipment through the Integrated Community Equipment Service contract and worked closely with partners in the NHS to reduce duplication and improve outcomes for Kent residents.

- 2.25 Despite challenges in recruitment and retention for fixed term contracts within the OT service, the utilisation of agency staff has supported the completion of 53 additional Care Act assessments and additional assessment for people requiring NHS Continuing Healthcare. This activity has contributed to maintaining effective hospital discharge and supported the ongoing whole-system approach to the delivery of health and social care in Kent.
- 2.26 Kent Enablement at Home (KEaH) had a successful recruitment campaign which enabled them to fill 90% of their vacant hours. Additionally, redeployment opportunities were utilised during the winter period to manage increased demand on the service. KEaH also reported to the Adult Social Care Senior Management Team on a weekly basis to feed into the situational reporting which managed pressures across the health and care system and reported on a regular basis to the Market Pressures Working Group.
- 2.27 Other activities to support hospital discharge and maintain capacity in acute settings have included extending the Hilton Discharge to Assess service to East Kent and maintaining COVID-19 designated beds until the end of March 2022.

Other activity to ensure Directorate and system resilience

- 2.28 The Innovation Delivery Team has provided a range of activities with objectives to enable workforce development and support in the provider market. A focus on communication and engagement with the care market has included the delivery of regular newsletters, locality meetings with registered managers and the delivery of the Spring Registered Management conference in April 2022.
- 2.29 Providers have been supported to focus on Quality Improvement and 18 care homes have accessed the Care Home Appointed Practitioner Programme. Training support has also been available through provider access to a funded online training portal offering over 200 courses; these have been accessed by over 1,000 users. Bitesize webinars to improve Safeguarding processes have been delivered and recordings have been made available to providers, whilst the KCC Safeguarding Lead also presented at the Autumn Registered Manager Conference attended by 200 providers. The Skills for Care Nurses Leadership Programme has supported 15 nurses in social care to develop their skillset and the second cohort began their training in April 2022.
- 2.30 Recruitment and retention in the provider market has been supported through a variety of campaigns undertaken in collaboration with health partners and the promotion of the National Department of Health and Social Care 'Made with care' campaign. Webinars on recruitment and attracting staff have also been made available to providers and KCC has worked with local schools to raise the profile of social care careers, reaching 2,000 students. Adult social care has also participated in local authority workforce groups at a national and regional level to share ideas, good practice support and a regional approach to recruitment and retention.
- 2.31 As part of the focus on workforce recruitment and retention, the Care Friends app has been implemented. The app rewards care workers if they successfully

recruit friends and family into the care workforce. Of 8,000 licences available, 7,000 have been allocated to care workers and 120 new starters are now in post.

- 2.32 Strategic discussions are also taking place between health and social care to support a joint recruitment approach. A campaign launched in February 2022 which brings together KCC, Medway Council and the Kent and Medway Clinical Commissioning Group (KMCCG). This work will link to the recently established Kent and Medway People Board Care Sector Steering Group, which will support data collection for Kent and Medway to provide more targeted insights about the local market.
- 2.33 Work is also taking place with Job Centre Plus to target vacancies in social care. Career advisors have received information sessions to help them better understand vacancies and roles within the social care sector and promote care career paths.
- 2.34 Acknowledging the extreme pressures and challenges that the health and social care workforce have experienced in the last two years, health and wellbeing offers have also been made available to the care sector. This has included the promotion of the Kent and Medway NHS Wellbeing Hub and an ongoing offer of resilience, de-compression and managing stress webinars. A counselling offer has also been developed for people in need of more intensive support.
- 2.35 Work has also been undertaken to support care homes in developing their digital maturity. This has focused particularly on virtual monitoring to reduce people needing to enter care homes and reduce workforce pressures. The work has delivered 381 training sessions to care homes, 235 sessions of support for the data protection toolkit, identified a cohort of 12 digital remote monitoring early adaptor sites and developed a digital maturity dashboard to track progress and identify where additional support is required.
- 2.36 Funding has been accessed from the government Covid Outbreak Management Fund (COMF) to help care homes address Wi-Fi issues, and extensive market engagement has been undertaken to understand potential Technology Enabled Care solutions. A full evaluation of the Digital Care Homes project has been completed and informed a blueprint for future development.

3. Commissioned services

- 3.1 Commissioned services in Kent have experienced periods of extreme pressure due to the challenges arising from the COVID-19 pandemic and associated challenges in recruiting and retaining workforce. The Adult Social Care Pressures Plan 2021-2022 identified plans to support providers in delivering against three key themes: keep people safe and well at home; support safe and timely discharge from hospital; help people to recover and thrive in their own home.
- 3.2 Activities and services were delivered and aligned to each of these objectives and included wellbeing offers to support independent living, support for carers,

managing appropriate hospital discharge services, delivery of effective reablement, access to community-based activities and development of long-term strategies to support market sustainability, including partnership working and the micro provider strategy.

- 3.3 Additionally, the System-Wide Market Pressures Action Plan was developed by Strategic Commissioning, adult social care stakeholders and health partners to support the provider market and enable flow through health and social care services. Throughout the winter period, the Market Pressures Working Group and Adult Social Care Senior Management Team meeting have reviewed weekly reports highlighting pressures in care homes and community-based care services. This has enabled these groups to understand pressures at a county level and quickly implement actions relating to quality, market sustainability and capacity.
- 3.4 Dashboards and analytic insights have been developed for community-based services including KEaH, Homecare, Supporting Independence Services and Hilton Discharge to Assess services. These have enabled adult social care and its partners to closely monitor demand and capacity across a number of interdependent services and assess where pressures are particularly acute against a pre-COVID-19 baseline. They have also provided insights about staffing, waiting lists for services, overstayers in services and overall market stability.
- 3.5 Despite the improved access to insights and oversight of market pressures throughout 2021, waiting lists for services increased steadily. For Care and Support in the Home services, waiting lists have increased from a weekly average of 46 in early 2021 to a weekly average of approximately 400 from December 2021 – March 2022.
- 3.6 Demand for services has been compounded by an increased number of providers handing back care packages which then have to be re-purchased with another provider and increases in hospital discharges during the winter period. Providers are also continuing to experience high levels of staff sickness associated to the high case rates of COVID-19; staff absence rates almost doubled between mid-March to end of March 2022.
- 3.7 The Adult Social Care Senior Management Team is now managing oversight and actions relating to market pressures and will seek to mitigate the current market pressures through the delivery of projects including Technology Enabled Care, managing timely reviews in adult social care services and ongoing market sustainability activities. However, there remains a high level of pressure on commissioned services and it is likely that providers will face new challenges associated to the impact of the cost-of-living increases.

Financial Implications

- 3.1 The KCC expenditure on the Adult Social Care and Health Winter Pressure Plan 2021-2022 has been minimised by reclaiming against NHS funds provided to support discharges where possible.
- 3.2 The below tables show the spend on commissioned services and staffing costs and their funding sources. Table 1.0 reports against forecast spend as actual spend figures are not yet available for these schemes. Table 2.0 provides an overview of the funds distributed to providers to support Infection Control, Rapid Testing and Workforce Capacity.

Scheme	Funding Source	Original	Revised	Forecast
Hilton Additional Winter Schemes	NHS Discharge	778,000	778,000	154,200
Discharge & Flow Co-ordinators - Staffing	NHS Discharge	887,500	887,500	303,900
KEAH Support	NHS Discharge	500,000	500,000	295,000
Hilton 2021-22 Additional Schemes	NHS Discharge	1,040,000	1,040,000	1,040,000
Broadmeadow Designated Beds	NHS Discharge		158,800	
Hawkinge Designated Beds	NHS Discharge			153,000
	Total	3,366,700	3,525,500	1,946,100

Table 1.0

Grant Name	Start Date	End Date	Total Funding
Infection Control and Testing Fund	01/04/2021	30/06/2021	10,319,396
Infection Control and Testing Fund 2	01/07/2021	30/09/2021	7,723,186
Infection Control and Testing Fund 3	01/10/2021	31/03/2022	11,869,535
Workforce Recruitment & Retention Fund	21/10/2021	31/03/2022	4,173,835
Workforce Recruitment & Retention Fund 2	10/12/2021	31/03/2022	7,705,542

Table 2.0

- 3.3 Some of the winter schemes above have been extended into the 2022-2023 financial year with agreement from the KMCCG. These are currently under negotiation with the KMCCG.

4. Other corporate implications

- 4.1 In delivering the Adult Social Care Pressure Plan 2021-2022, lessons have been learned about workforce recruitment and retention, partnership working and managing market pressures. Lessons learned will be owned by the relevant plan owners and will be shared corporately where appropriate.

5. Conclusions

- 5.1 In reviewing the Adult Social Care Pressures Plan 2021-2022 and the way in which it has built on its predecessor for 2020-2021, we conclude that there is clear value in drawing together a single-source view of service pressures and

mitigating actions. The Adult Social Care Pressures plan expanded on the previous Adult Social Care Winter Plan in recognition of the compounded pressures experienced due to COVID-19, workforce recruitment and retention and the challenging budgetary position for social care services nationally.

5.2 Managing the interdependencies across these factors is crucial and it is key that Adult Social Care continues to prioritise and build on the improved working relationships with system-wide and provider partners. In line with previous years, lessons learned from the Adult Social Care Pressures Plan will be reviewed and incorporated within future planning for pressures management.

7. Recommendations

<p>7.1 Recommendation(s): The Cabinet Committee is asked to NOTE and CONSIDER the content of the report.</p>

12. Background Documents

- Adult Social Care Pressures Plan 2021-22

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

To: Adult Social Care Cabinet Committee - 18 May 2022

Subject: Adult Social Care and Health Performance Q4 2021/22

Classification: Unrestricted

Previous Pathway of Paper: None

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 Q4 for 2021/22.

Four of Adult Social Care and Health's Key Performance Indicators continue to RAG rate 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. Quarter 4 experienced a slight increase in performance, however it was not statistically significant. Developments in online platforms to improve the information and advice on Direct Payments and self-directed support are underway and new digital solutions are being developed to allow people to self-serve and reduce the time taken to set up a Direct Payment.

During the last two years the pressures on Adult Social Care and Health have increased and as a result, a new suite of Key Performance Indicators have been identified. These are designed to reflect strategic priorities and to increase understanding around pressures and demands. They also encompass the Better Care Fund Measures.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q4 2021/22 and **NOTE** the new suite of Performance Measures for 2022 onwards.

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 increased to 25% in Quarter 4. The use of Direct Payments is recognised nationally, and forms part of the current Adult Social Care Outcomes Framework and all Local Authorities are required to report annually on its delivery.
- 2.2 ASCH continue to promote the use of Direct Payments, for those currently receiving support, those awaiting a service, and those new to ASCH. Direct Payments are an important delivery mechanism to ensuring people have choice over their support and maintain their independence, key to Making a Difference Everyday.
- 2.3 A new Information and Guidance platform has been developed and will improve the availability of advice and information on Direct Payments and self-directed support for Kent residents. The platform will link to the community catalyst website for micro-enterprises which is where people can find out what is available in their community; and a digital self-service pathway is also being developed which will include the assessments and care and support planning which will allow people to start to set up a Direct Payment as early as possible.
- 2.4 The KCC Kent Enablement at Home Team (KEaH) has developed training with the Direct Payment Team to enhance conversations they have with people whilst they are in this enablement services, and this training has provided a greater understanding of Direct Payments and the benefits to the individuals.
- 2.5 Similar to last quarter, 65% of those who received enablement services either needed no ongoing support or low-level support. However, the number of people who received these enablement services continued to reduce, with 1,085 receiving in Quarter 4 compared with 1,226 in Quarter 3.
- 2.6 There was an increase, in Quarter 3, in the number of older people who were discharged into enablement services from hospital, with over 900 people needing this pathway. This indicator is reported a quarter in arrears and although the number of people entering the service increased, performance decreased to 85%, but remained above the target of 82%.

- 2.7 The indicator related to the proportion of clients in residential or nursing care Care Quality Commission (CQC) rated as Good or Outstanding decreased in Quarter 4 to 81%, from the previous position of 83% in both Quarter 2 and 3. There was an increase of 2%, in homes rated as Requiring Improvement during the quarter.
- 2.8 As reported in the previous Performance report to this Cabinet Committee, 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 focused 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 82%, albeit a 1% decrease on the previous quarter. Across the year this measure has remained above target. 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 Quarter 4 saw increases in the number of people making contact with ASCH (the highest number in almost 2 years) an increased number of Care Needs Assessments delivered, an increased number of people identifying themselves as Carers, and of those Carers needing a Service with ASCH having had an assessment or review in the past 12 months. There was also an increase in Deprivation of Liberty Safeguards applications received.
- 2.11 Demand for mental health support has started to plateau following increases experienced prior to and during the Pandemic. ASCH currently support over 1,200 people, and the majority are being supported through Supporting Independence Services and Supported Living.

3. Adult Social Care and Health KPIs & Activity Measures 2022/23

- 3.1 ASCH has been reporting the above indicators and activity measures for two years. However, in light of growing pressures and the development of the Making a difference every day (MADE) programme, these have been reviewed and a new suite of indicators have been identified for reporting next year. These new measures are designed to provide members with oversight on some of the key priority areas for ASCH while also demonstrating some of the pressures and demands services are working under.

3.2 Details of the new activity measures and KPIs are set out in Appendix 2. There are six targeted KPIs covering:

- 1) Percentage of people who have their contact resolved by ASCH but then make contact again within 3 months. **(ASCH 1)**
- 2) The proportion of new Care Needs Assessments delivered within 28 days. **(ASCH 2)**
- 3) The percentage of people in receipt of a Direct payment with Adult Social Care & Health. **(ASCH 3)**
- 4) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (Better Care Fund) **(ASCH4)**
- 5) Long Term support needs of older people (65 and over) met by admission to residential and nursing care homes, per 100,000 (Better Care Fund) **(ASCH5)**
- 6) The % of KCC supported people in residential or nursing care where the CQC rating is Good or Outstanding. **(ASCH 6)**

3.3 There are 13 activity measures which will help in providing the context needed to look at demands placed on ASCH and will support the six KPIs. The ASCH Performance Team has also worked with the KCC Corporate Risk Team and have aligned the measures to the Risk Register, these activity measures are identified in Appendix 2.

4. Conclusion

4.1 ASCH saw increases in activity during Quarter 4, predominately in the number of people making contact and people identifying themselves as Carers; there were decreases in the numbers of people receiving enablement services, however the associated KPIs remained above target. Work is continuing to increase the number of people in receipt of a Direct Payment, and with Residential and Nursing homes with a poor or changed CQC rating, both measures have either decreased in delivery or remain below target.

5. Recommendation

5.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q4 2021/22 and **NOTE** the new suite of Performance Measures for 2022 onwards.

6. Background Documents

None

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

GREEN



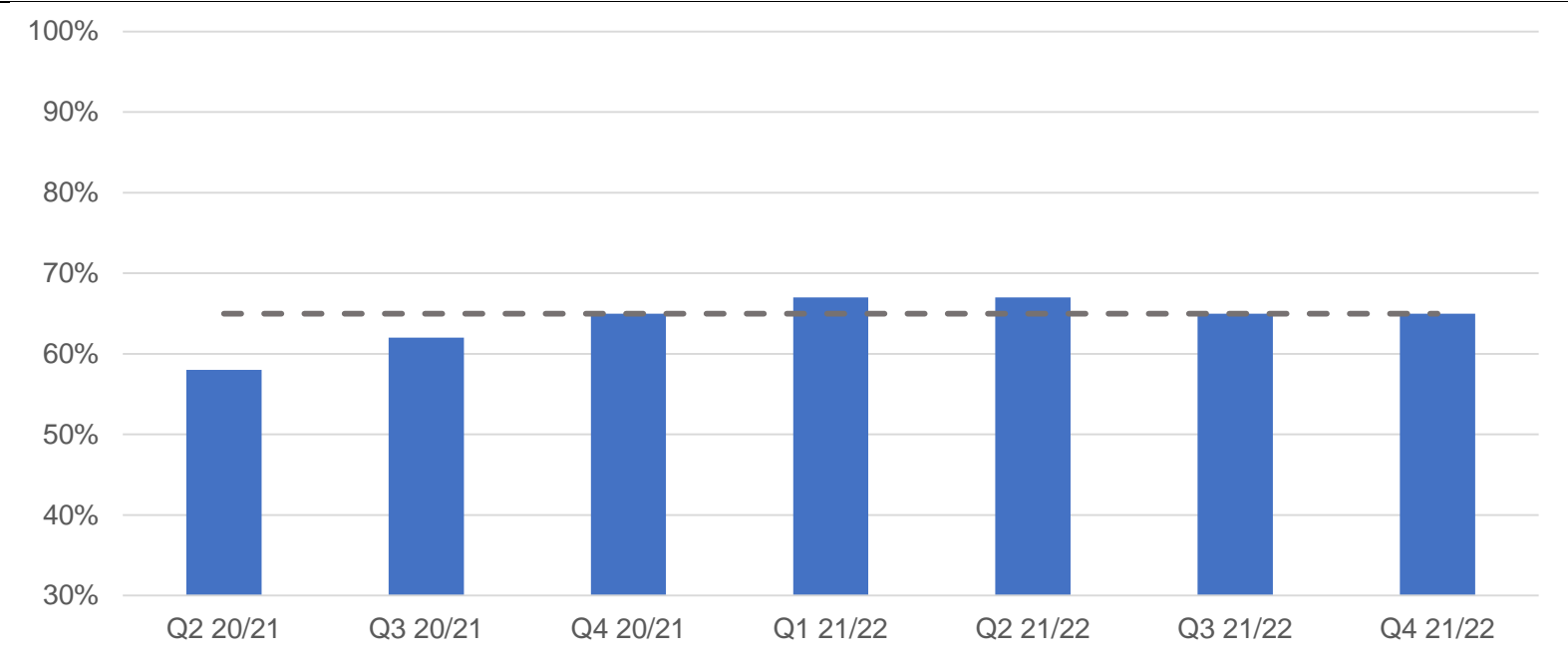
Technical Notes:

Target set at 65% (dotted line)

Short term services include Short Term Beds and Enablement services.

The Direction of Travel is not significant.

Please note axis does not start at 0



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Commentary:

The proportion of people needing either no support or support at a lower level having received short term services continued at 65% into Quarter 4 21/22; there was a however a decrease in the number of people receiving a short-term service from 1,226 in Quarter 3 to 1,085 in Quarter 4

1,085 people accessed short term Services during this quarter with 706 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



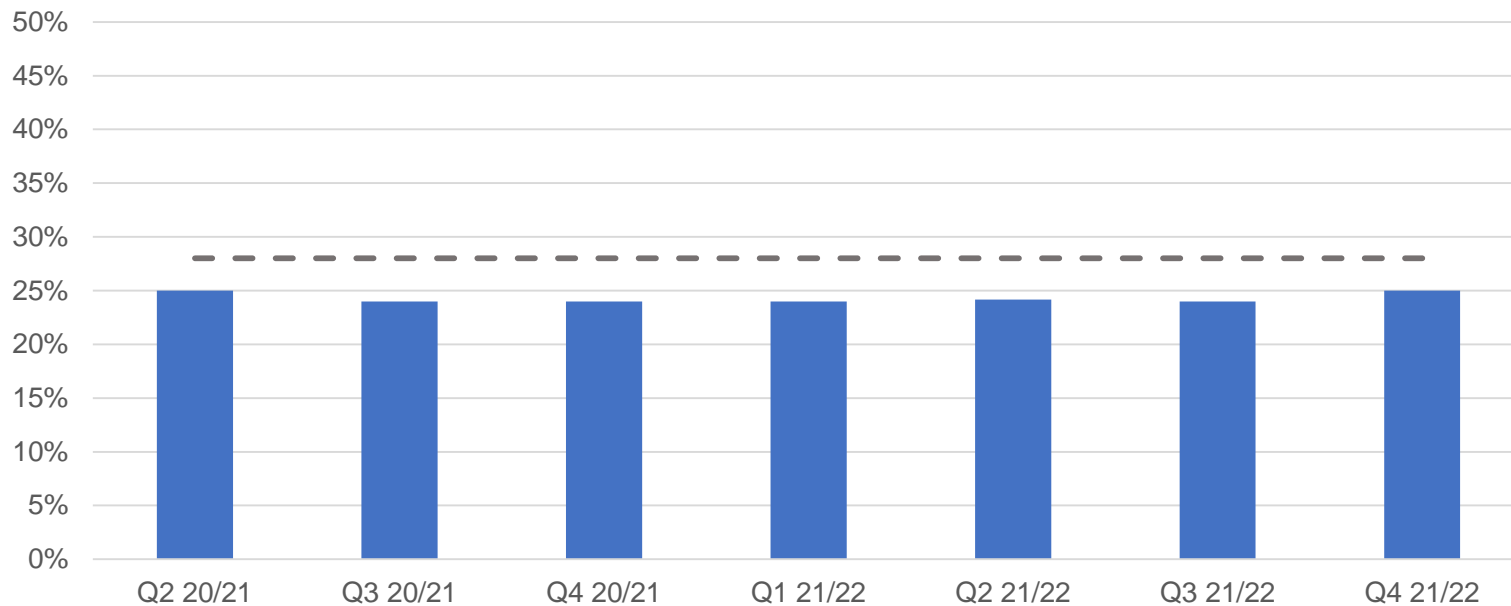
Technical Notes:

Target set at 28% (dotted line)

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

The Direction of Travel is not significant.

Please note axis does not end at 100



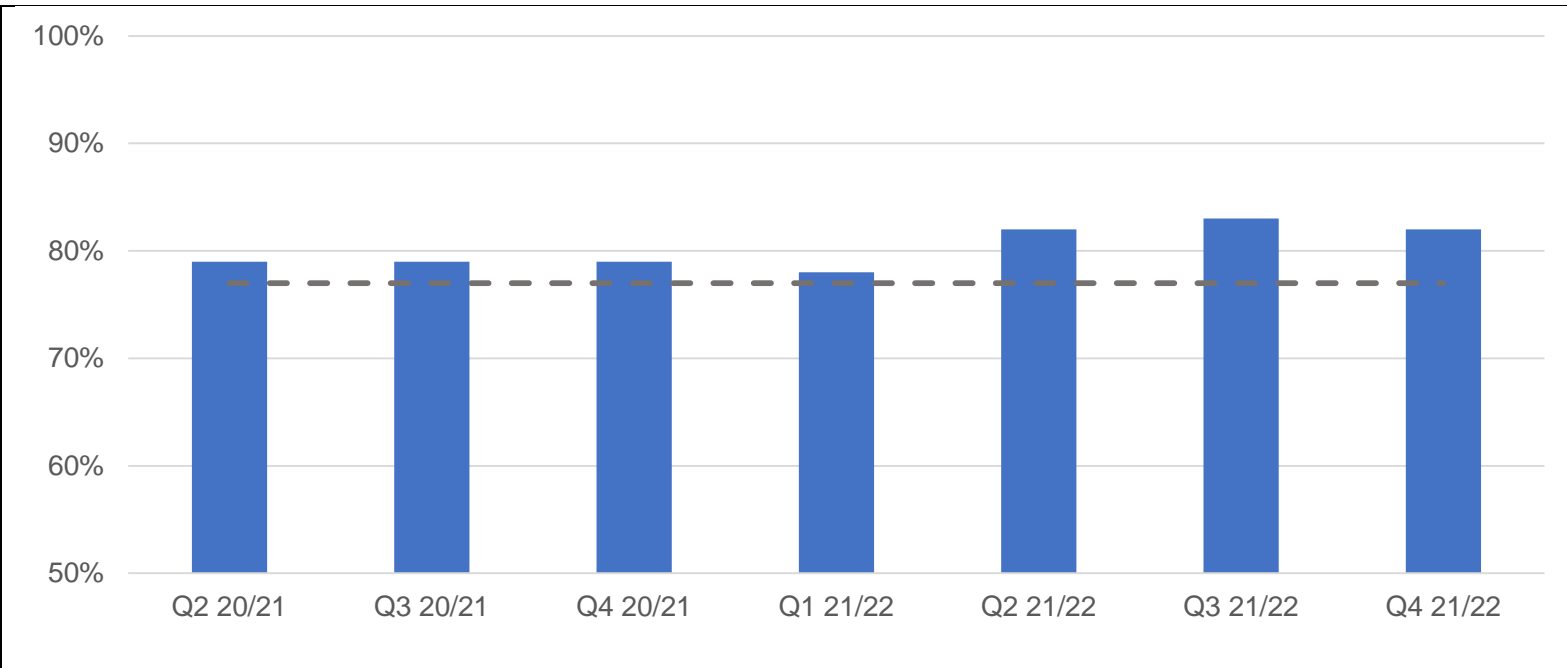
Commentary:

The proportion of people in receipt of a Direct Payment increased to 25% in Quarter 4, having previously remained consistent at 24% over the previous 5 quarters

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. Work continues to increase the number of people taking up Direct Payments and improve the processes and communications for both ASCH Colleagues and the people we 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.

Please note axis does not start at 0

Commentary:

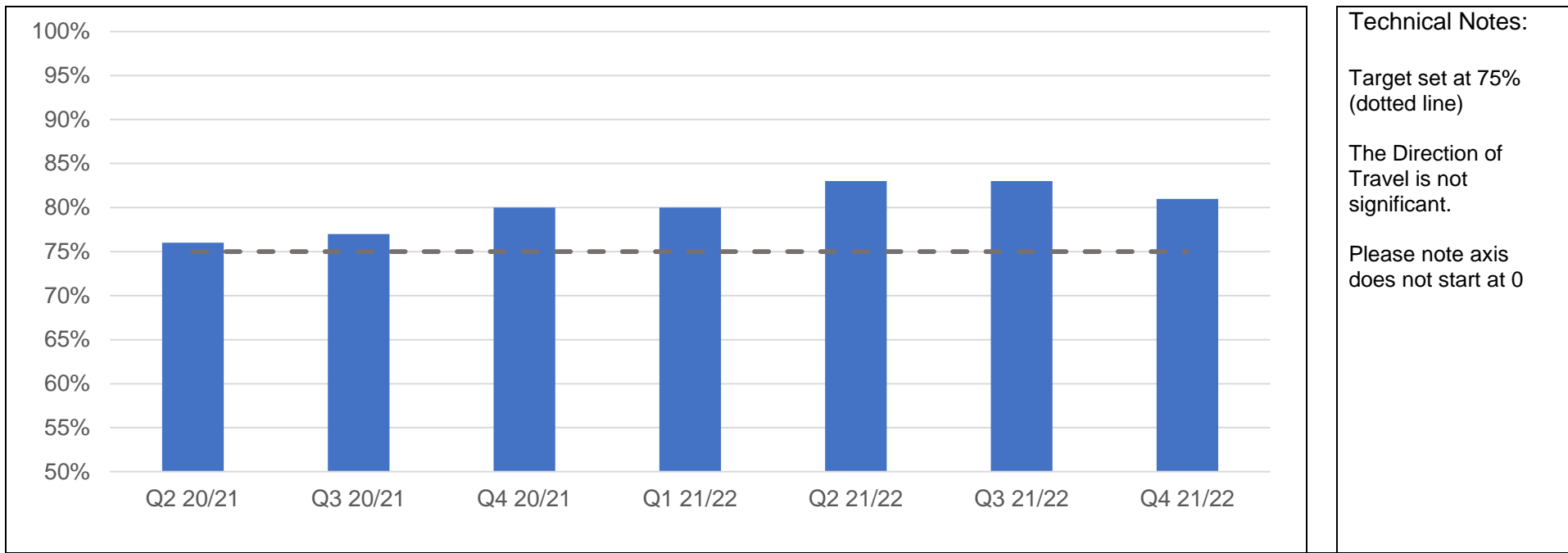
The proportion of people with Learning Disabilities in settled accommodation was 82% in Quarter 4, down 1% from the previous quarter. Kent compares well to both the National (78.3%) and SE Region (75.6%) position on this measure in 2020/21.

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



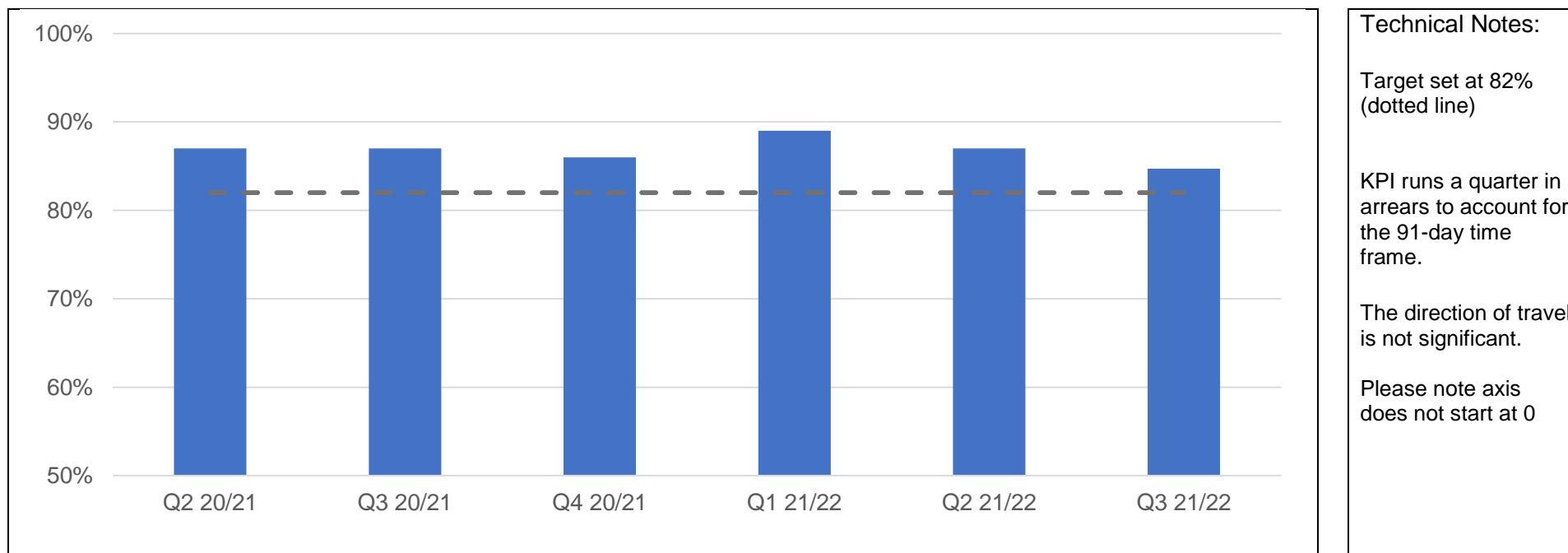


Commentary:

There was a decrease of 2% in Quarter 4 of those in Good or Outstanding CQC rated homes with Care Homes being rated as Requires Improvement correspondingly increasing from 15% to 17% This includes new care homes being assessed and those whose rating decreased.

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

GREEN
↓

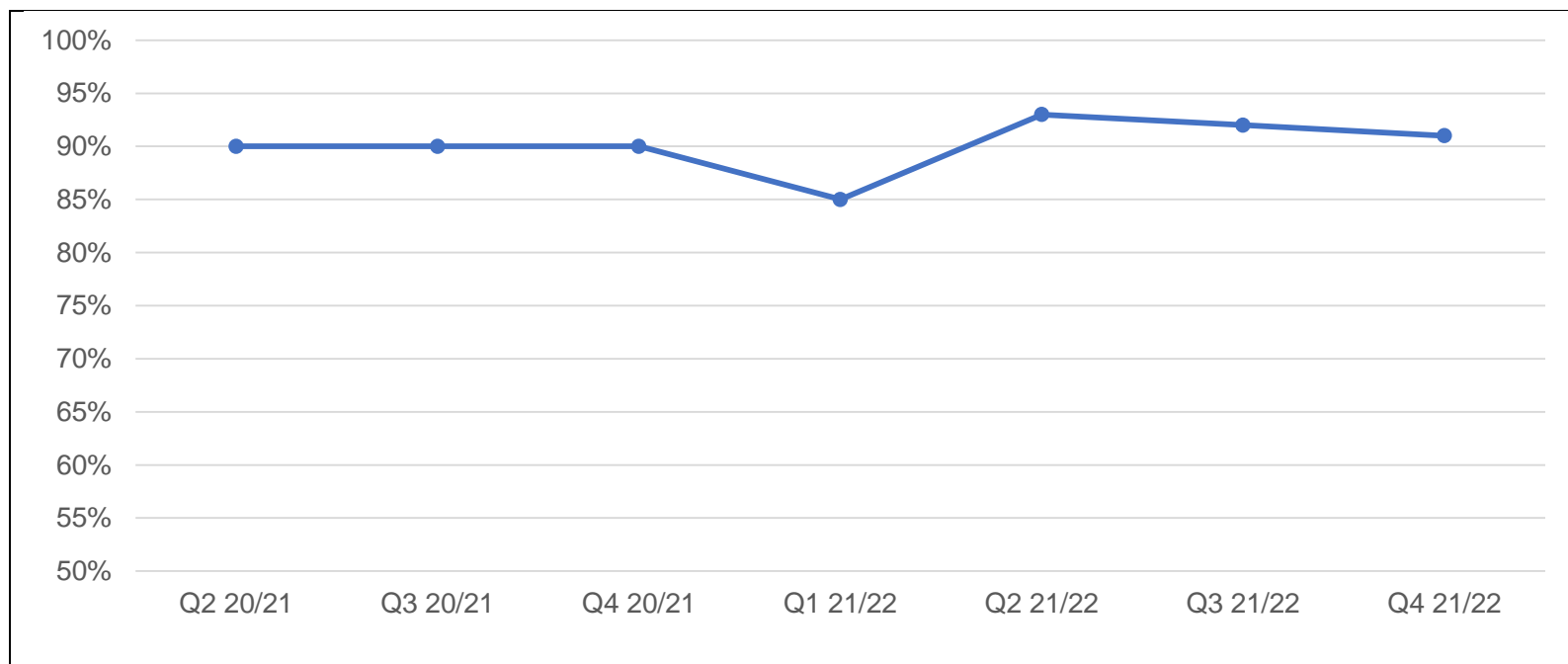


Commentary:

In Quarter 3 there was an increase in the number of people who had been discharged into reablement services compared to previous quarters, with 929 in Quarter 3 and 809 in Quarter 2, of these a slightly lower proportion, 85%, 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:**

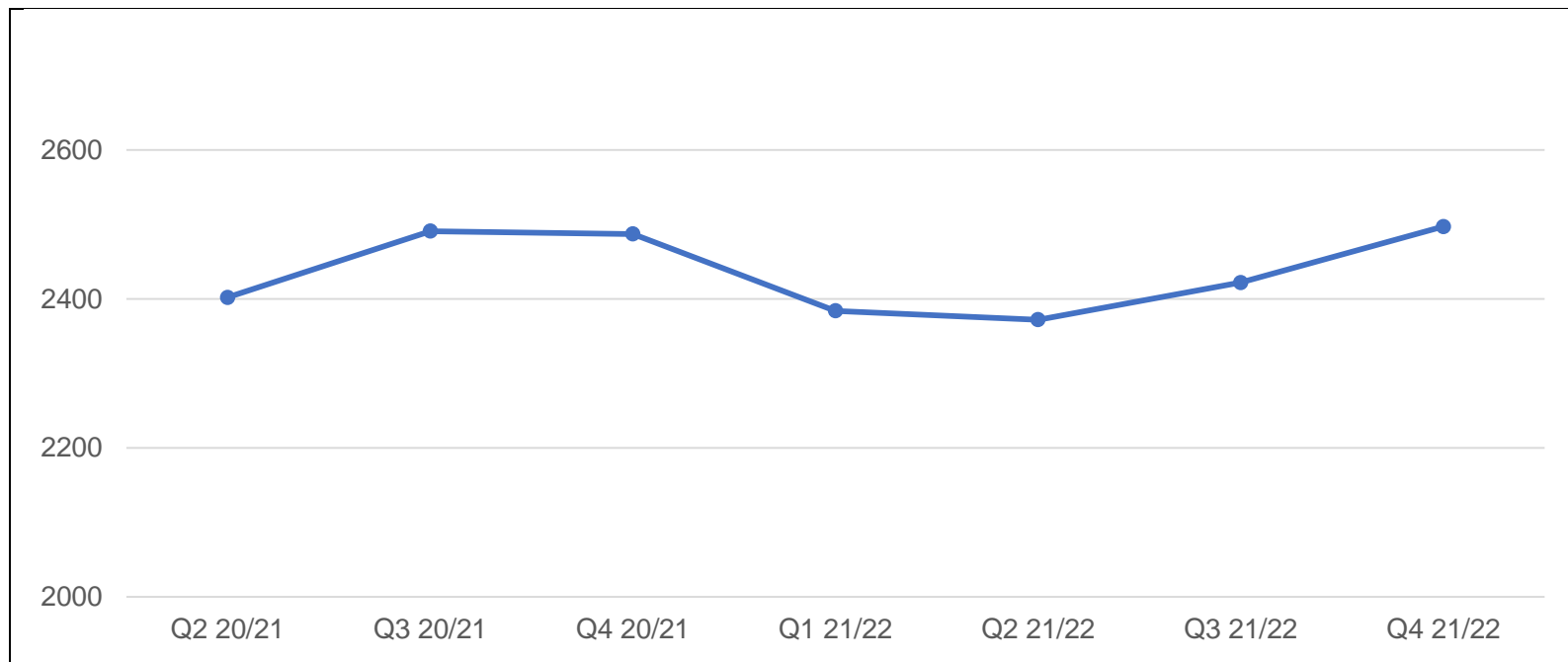
Activity measure, no specified target

Please note axis does not start at 0

Commentary:

The percentage of safeguarding enquiries where a risk was identified, and the risk removed or reduced continued above 90% and was 91% in Quarter 4; this was a 1% decrease on the previous quarter. 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.

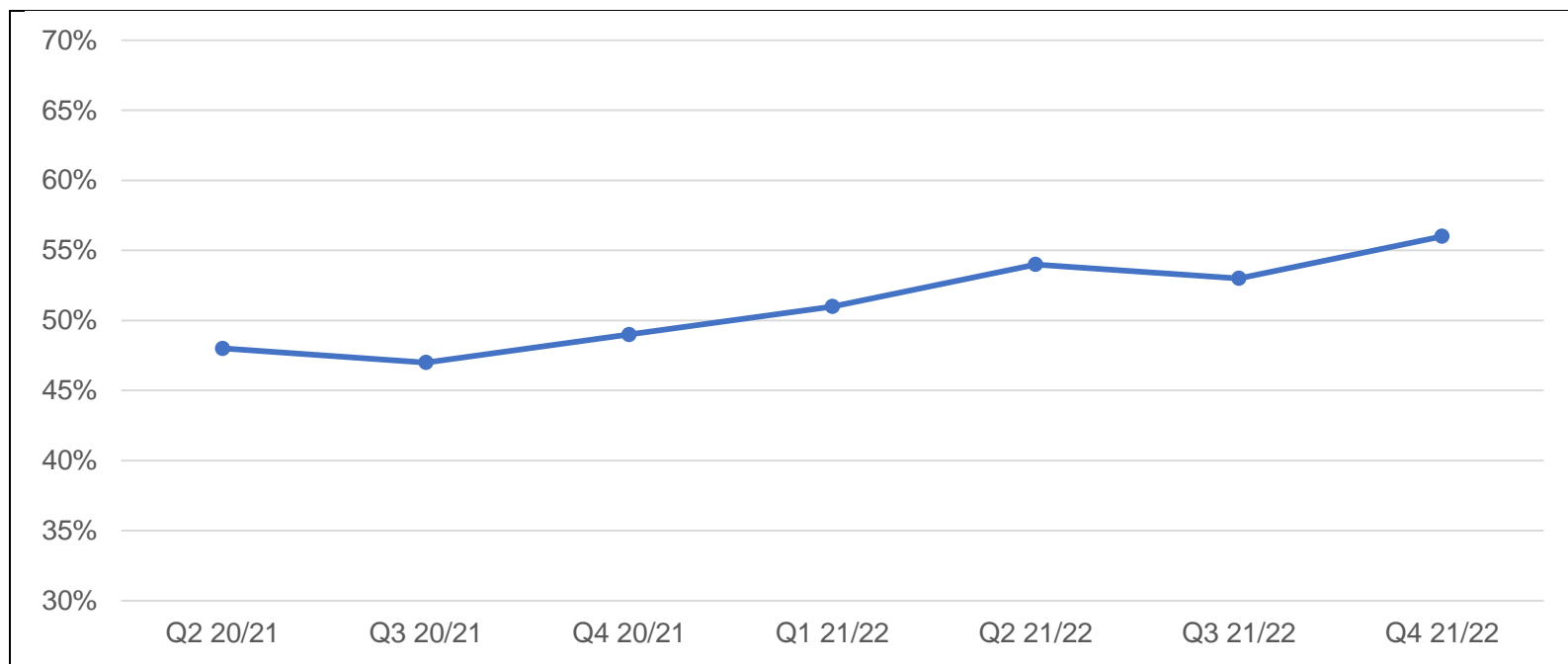
Please note axis
does not start at 0

Commentary:

The number of carers being supported by ASCH increased in Quarter 4 to 2,947.

In order to support the crucial role carers provide, ASCH continue to encourage the use of carers assessments and promote the availability of services and the assistance provided by voluntary 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.

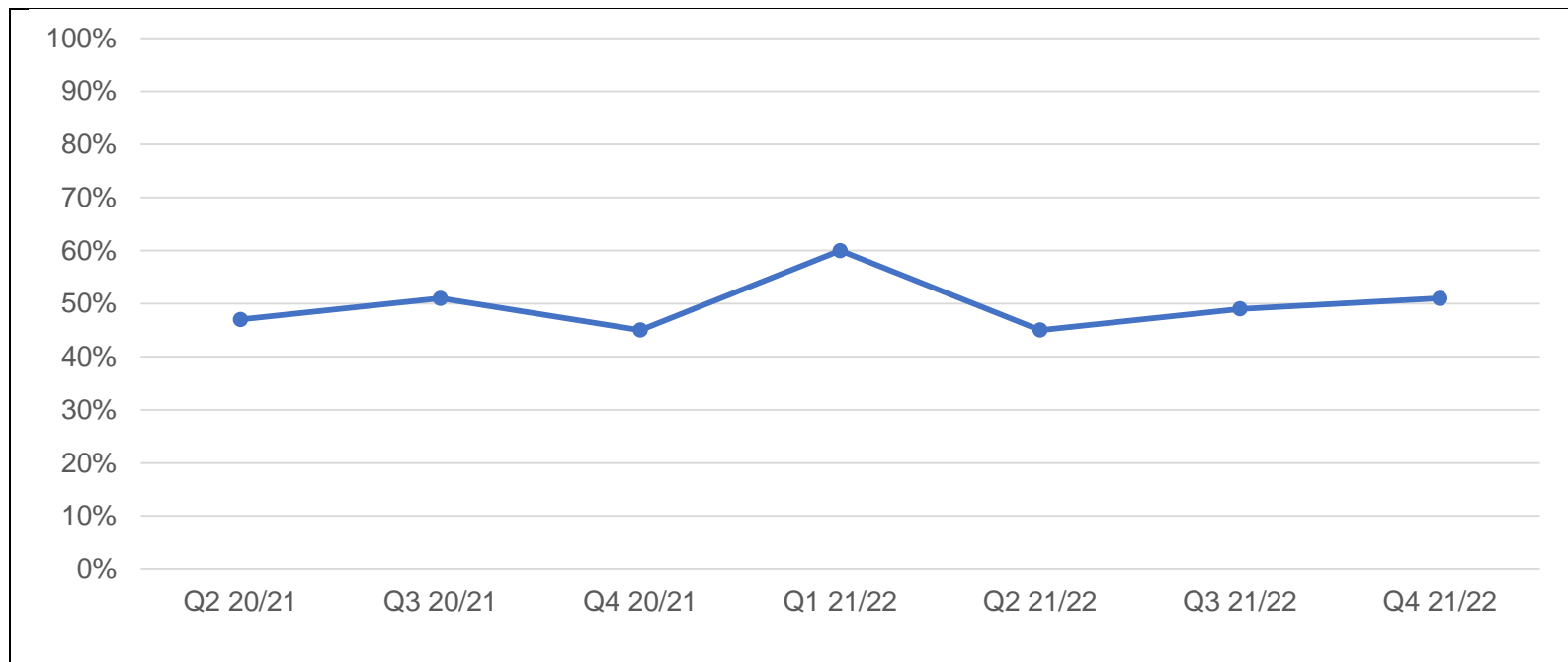
This measure
looks at the
reviews conducted
within the previous
12 months.

Please note axis
does not start at 0
or end at 100

Commentary:

The proportion of carers with either a review or assessment in the last 12 months saw a 3% increase in Quarter 4 and is now at 56%; overall delivery on this measure has increased over the past 21 months.

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

**Technical Notes:**

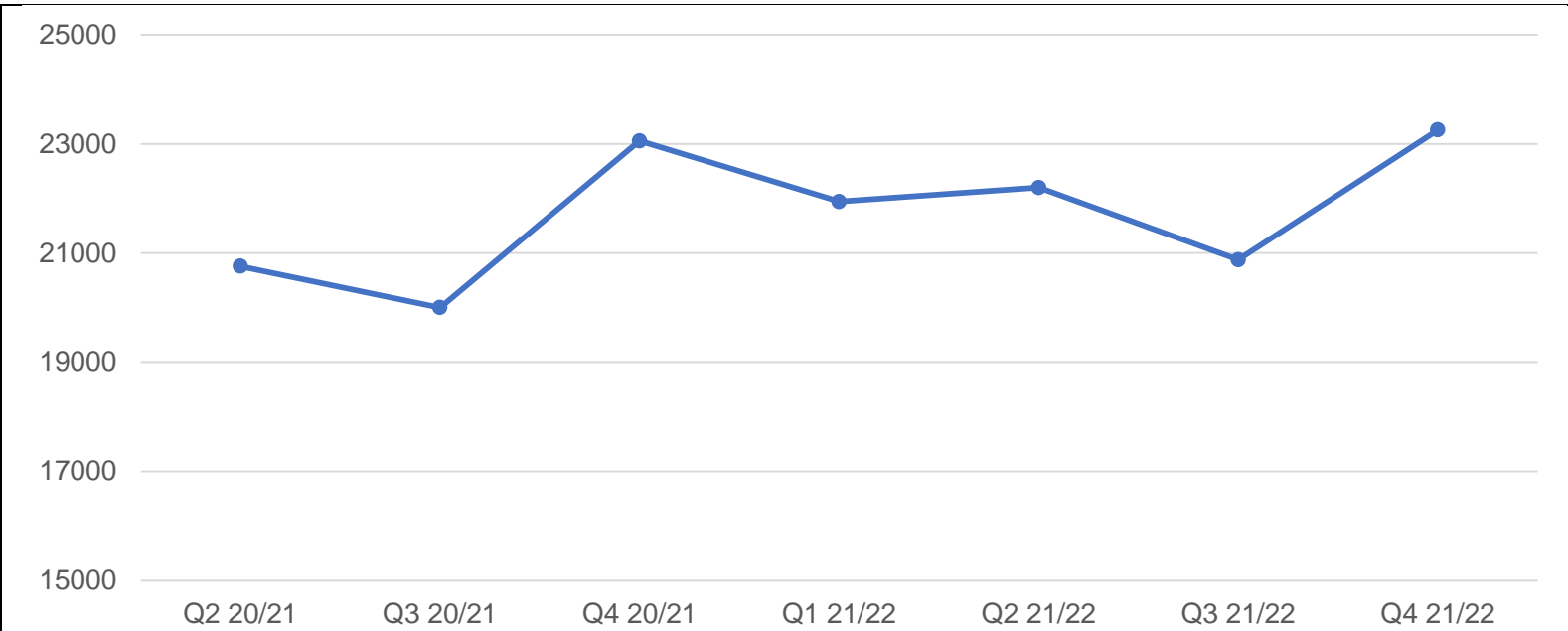
Activity measure,
no specified target

Commentary:

51% of the complaints closed during Quarter 4 were either fully or partially upheld. 22% were resolved upon receipt and a small number were withdrawn. This was a very similar pattern to Quarter 3.

The overall annual pattern is generally showing a lower percentage of those being upheld (fully or partially) over the past 4 years. 2018/19 and 2019/20 were 65% and 66% respectively. However, there is a higher annual percentage of 56% in 21/22 compared to 2020/21 which was 45%.

ASC10: Number of people making contact with ASC



Technical Notes:

Activity measure,
no specified target

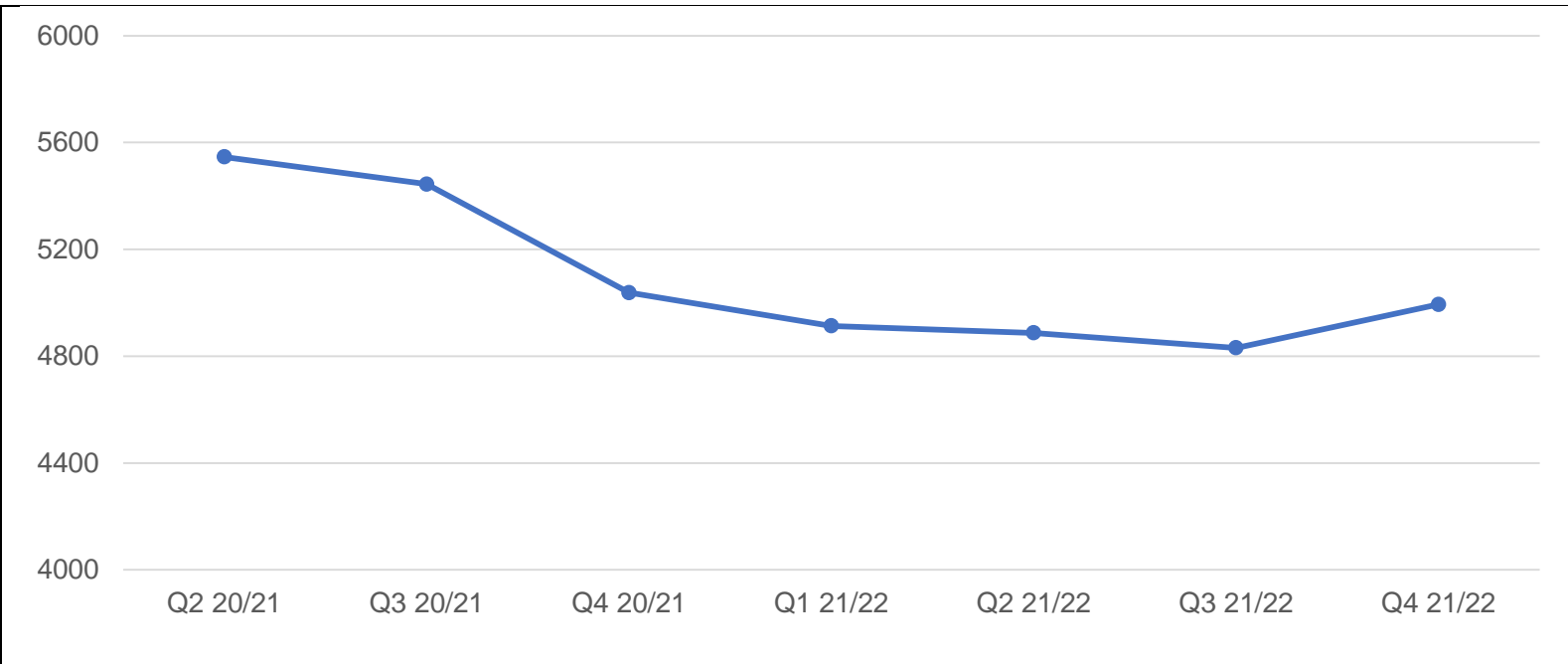
Includes all forms
of contact

Please note axis
does not start at 0

Commentary:

There is an ongoing trend whereby Adult Social Care & Health receive fewer contacts during Quarter 3, especially in December, and go on to have much higher volumes of people making contact in Quarter 4, when compared to all other quarters. Within Quarter 4, March is the busiest month, and has been for the last 3 years.

Adult Social Care & Health consistently monitor and assess the levels of contact to ensure the Directorate can respond and work with people in a timely manner.

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

Activity measure,
no specified target

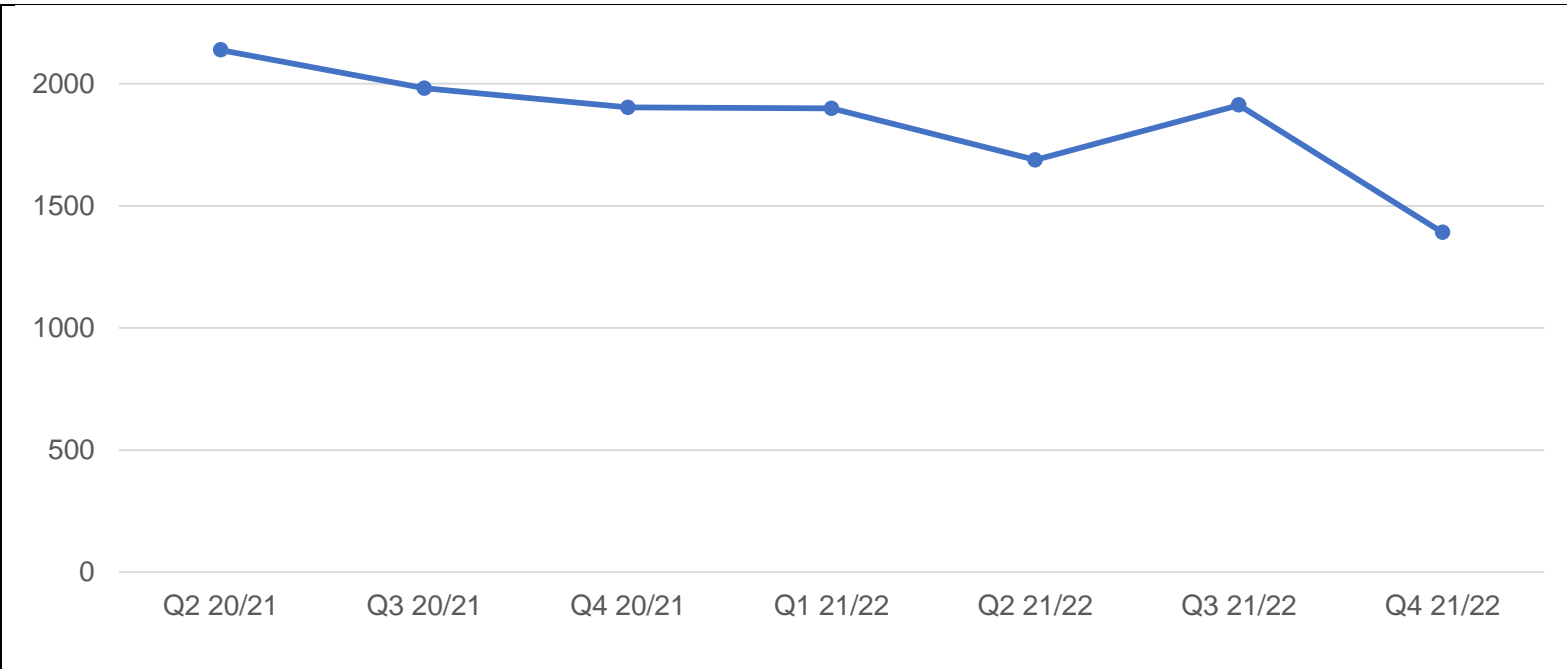
Please note axis
does not start at 0

Commentary:

Since the onset of the pandemic, the number of Care Needs Assessments delivered has been decreasing, however during Quarter 4 the number has increased, with March being the month with the highest volume completed in the Financial year. The previous March was also high.

March also saw a rise in the number of people contacting Adult Social Care & Health, and an increase in those being referred for a Care Needs Assessment.

ASC12: Number receiving enablement



Technical Notes:

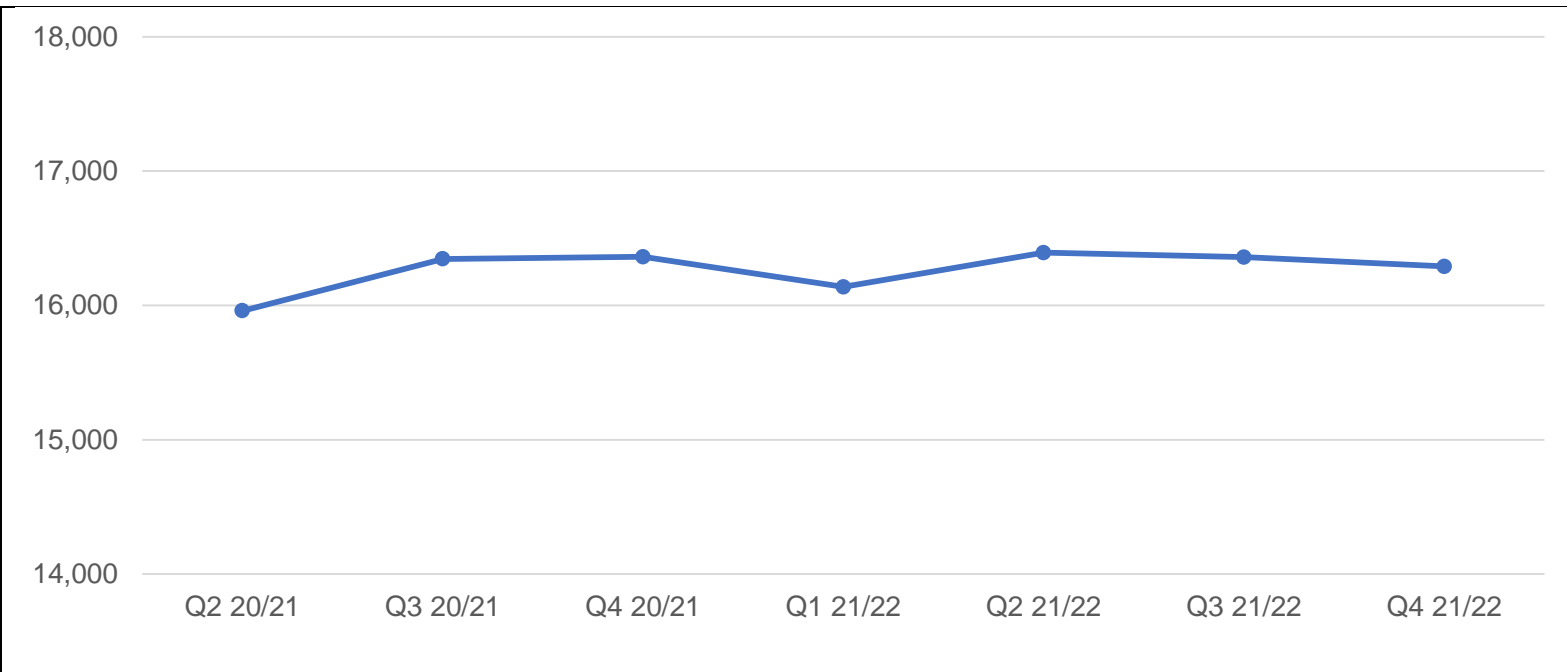
Activity measure,
no specified target

People receiving
services with Kent
Enablement at
Home (KEaH)

Commentary: There has been a substantial decrease in the number of people receiving enablement with the Kent Enablement at Home (KeaH) service in Quarter 4. There has been a reduction in referrals to the service leading to less people starting, and new people have been unable to start with KeaH due to the number of people who are ready to leave the service but are unable to do so (this occurs where the person requires ongoing support but a new package of care cannot be sourced). The KeaH service has also been supporting people on behalf of the NHS, where the NHS cannot secure placements themselves, and supporting other social care services such as Homecare, due to the effect of Covid on staffing availability, or where there is no capacity in the market to continue or start new packages of care. In addition to this the service itself has had Covid and sickness outbreaks within their staff, all of which have reduced their capacity to take on new people

KeaH started a recruitment campaign in February 2022, working with the KCC Communications Team, where they were able to proactively use Social Media for the first time and produced a video where one of the support workers discusses the benefits of working in the Service. This generated a lot of interest and they were able to recruit to around 95% of their vacancies in most areas of Kent

ASC13: Number receiving long term services



Technical Notes:

Activity measure, no specified target

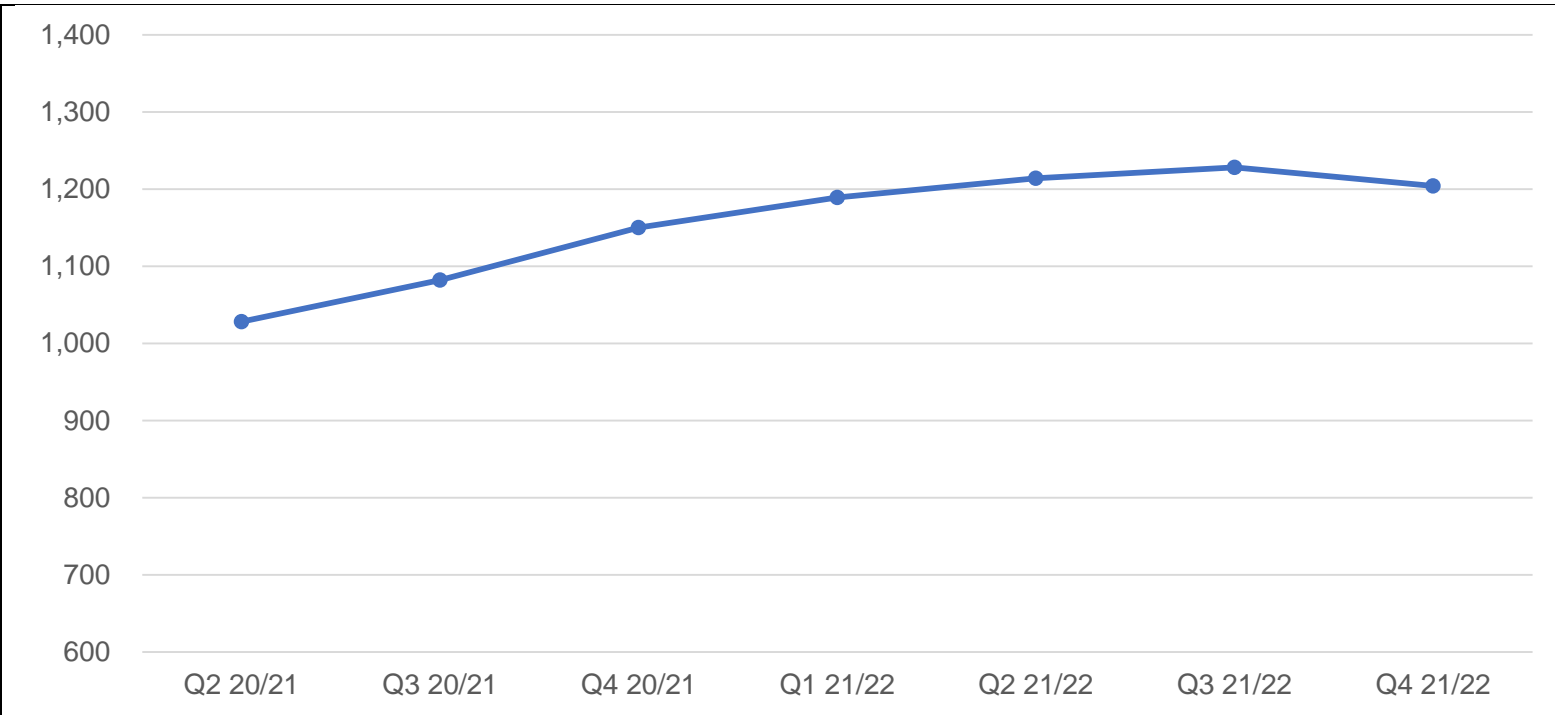
Long term services are long term residential, long-term Nursing, Homecare, Direct Payment, Shared Lives, Supported Living/SIS & Day Care

Please note axis does not start at 0

Commentary:

ASCH experienced another small decrease in the number of people receiving a long-term service during Quarter 4, with a lower number of people in residential and nursing services. This decrease was also influenced by 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

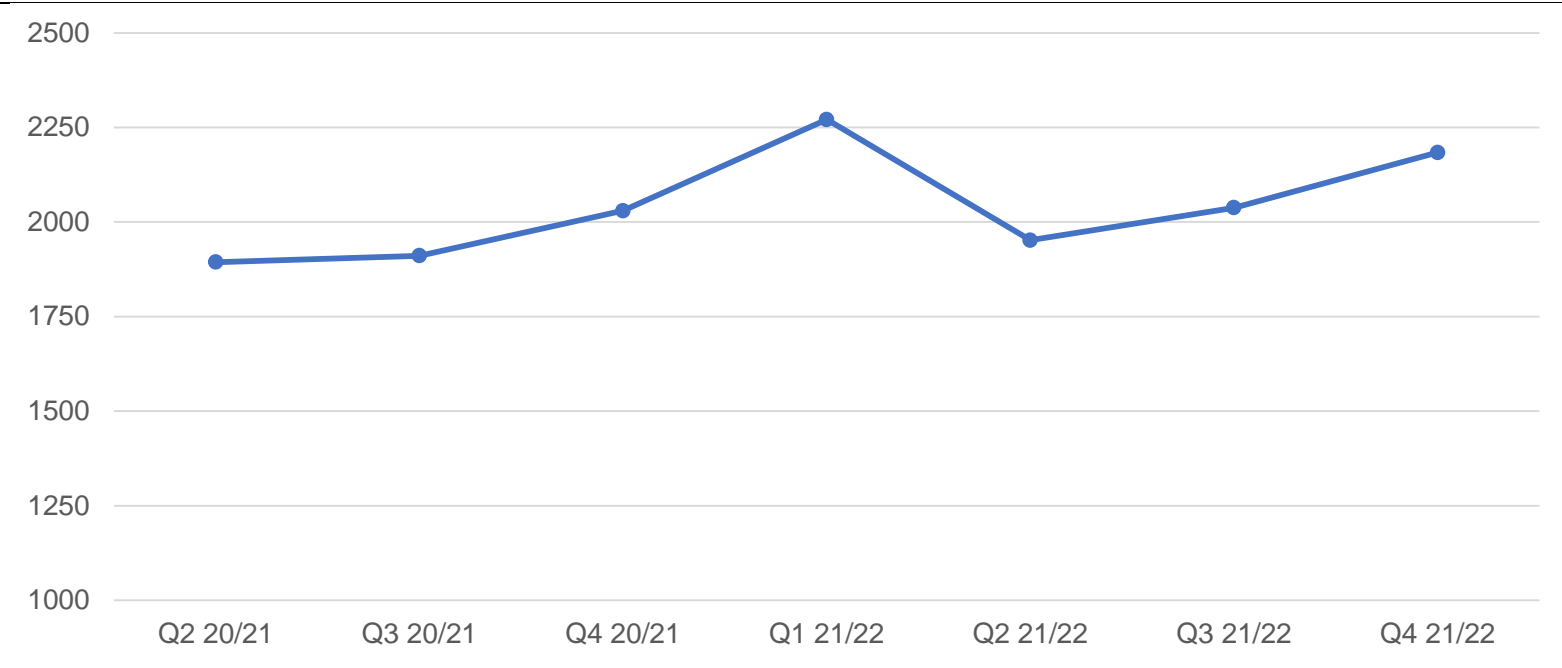
Please note axis
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Commentary:

Following increases in the numbers of people accessing Adult Social Care services with a mental health need prior to the Pandemic and then with accelerated increases during it, Quarter 4 saw the first period for over 2 years where the figures look to be stabilising. ASCH will continue to monitor these figures to ascertain whether this trend continues.

Although the Services provided vary, most people with a Mental Health need are having Supported Independence Services or Supported Living.

ASC14: Number of DoLS applications received



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0

Commentary:

The number of DoLS applications received in Quarter 4 increased again from Quarter 3, and although not as high as the number received in Q1 2021/22, it is at a higher amount than Quarter 4 last year. Quarter 4 also saw an increase in the number of urgent applications.

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Appendix 2: Adult Social Care and Health 2022/23 Key Performance Indicators and Activity Measures

ASCH Measure:	Target	Floor/ Threshold	CRR reference
The number of people making contact with ASCH (ASCH7)	-	-	-
The percentage of people who have their contact resolved by ASCH but then make contact again within 3 months. (ASCH1)	9%	13%	-
The number of new Care Needs Assessments to be undertaken (ASCH8)	-	-	CRR0002
The proportion of new Care Needs Assessments delivered within 28 days. (ASCH2)	90%	80%	-
The number of people requiring a Care needs Assessment on the last day of the quarter (ASCH8)	-	-	CRR0002
The number of new Carers assessments delivered (ASCH9)	-	-	CRR0015
The number of people with an active Care & Support Plan at the end of the Quarter (ASCH10)	-	-	-
The number of new support packages being arranged for people in the quarter. (ASCH11)	-	-	CRR0002 CRR0015
The average cost of new support packages arranged for people in the quarter. (ASCH12)	-	-	
The number of people in Long Term Residential or Nursing Services. (ASCH16)	-	-	
The number of people receiving a long-term community services during the quarter. (ASCH16)	-	-	-
The percentage of people in receipt of a Direct payment with Adult Social Care & Health. (ASCH3)	30%	24%	-
The number of people in Short Term Beds. (ASCH15)	-	-	-
The number of people in Kent Enablement at Home. (ASCH14)	-	-	-
The number of people accessing ASC Services who have a Mental Health need. (ASCH17)	-	-	-
The number of people requiring an annual review to be completed on the last day of the quarter. (ASCH13)	-	-	CRR0002

ASCH Measure:	Target	Floor/ Threshold	CRR reference
The number of DoLS applications received. (ASCH18)	-	-	CRR0002
The number of DoLS applications completed. (ASCH18)	-	-	-
The number of safeguarding enquiries open on the last day of the quarter (ASCH19)	-	-	CRR0002
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (Better Care Fund) (ASCH4)	85%	80%	-
Long Term support needs of older people (65 and over) met by admission to residential and nursing care homes, per 100,000 (Better Care Fund) (ASCH5)	111 per 100,000	138 per 100,000	-
The % of KCC supported people in residential or nursing care where the CQC rating is Good or Outstanding. (ASCH6)	80%	75%	CRR0015

From: Ben Watts, General Counsel
To: Adult Social Care Cabinet Committee – 18 May 2022
Subject: **Work Programme 2022/23**

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 2022/23.

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 2022/23

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.

<p>5. Recommendation: The Adult Social Care Cabinet Committee is asked to CONSIDER and NOTE its work programme for 2022/23.</p>
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6. Background Documents

None.

7. Contact details

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**ADULT SOCIAL CARE CABINET COMMITTEE
WORK PROGRAMME 2022/23**

Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2022/23	Standing Item
Key Decision Items	
Performance Dashboard	Sept 22, Nov 22, March 23, May 23
Draft Revenue and Capital Budget and MTFP	Annually (January)
Risk Management: Adult Social Care	Annually (March)
Annual Complaints Report	Annually (November)

13 JULY 2022 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	22/00028 - Discharge Pathway 1 Services	Key Decision
7	External Community Opportunities	Key Decision
8	People's Voice Contract	Key Decision
9	Kent Homeless Connect Service	
10	Work Programme	Standing item

28 SEPTEMBER 2022 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes of the meeting held on 18 January 2022	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Integrated Community Equipment Service	Key Decision
7	Dementia Strategy	
8	Liberty Protection Safeguards	
9	Market Sustainability Plan	
10	Performance Dashboard	
11	Work Programme	Standing item

17 NOVEMBER 2022 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Adult Social Care Annual Complaints Report	Annual
7	Performance Dashboard	
8	Work Programme	Standing Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING

Down Syndrome Bill	Added by Mr Ross (ASC CC 1/12/21)
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)