

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 13th July, 2022

2.00 pm

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



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 13 July 2022 at 2.00 pm
Council Chamber, Sessions House, County Hall,
Maidstone

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

Membership (16)

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

Labour (2): Ms K Grehan and Ms J Meade

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

Green and Independent (1): Mr S R Campkin

UNRESTRICTED ITEMS

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

- 1 Introduction/Webcasting Announcement
- 2 Apologies and Substitutes
- 3 Declarations of Interest by Members in items on the agenda
- 4 Minutes of the meeting held on 18 May 2022 (Pages 1 - 8)
- 5 Verbal Updates by Cabinet Member and Corporate Director
- 6 22/00028 - Discharge Pathway 1 Services Procurement (Pages 9 - 16)
- 7 22/00073 - Everyday Life Activities, Skills Development and Training Opportunities for People in the Community - Dynamic Purchasing System (Pages 17 - 64)
- 8 22/00062 - People's Voice Activity Contract (Pages 65 - 86)
- 9 22/00056 - Telecare Contract (Pages 87 - 116)
- 10 Kent Homeless Connect Service (Pages 117 - 176)

- 11 Decisions Taken Outside of the Cabinet Committee Meeting Cycle (To Follow)
- 12 Work Programme 2022/23 (Pages 177 - 180)

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, 5 July 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 Wednesday, 18th May, 2022.

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

ALSO PRESENT: Mrs Clair Bell

IN ATTENDANCE: Richard Smith (Corporate Director of Adult Social Care and Health), Chris McKenzie (Director of Adult Social Care and Health North and West Kent), Michael Thomas-Sam (Strategic Business Adviser, Social Care), Sharon Dene (Senior Commissioning Manager), Helen Gillivan (Head of Business Delivery Unit) and Hayley Savage (Democratic Services Officer)

UNRESTRICTED ITEMS

62. Apologies and Substitutes
(Item. 2)

Apologies were received by Ms Grehan and there were no substitutes.

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

Mr Shonk declared a non-pecuniary interest in Item 6 - 22/00051 – *Bespoke Support Service* - as a family member worked for the NHS.

64. Minutes of the meeting held on 31 March 2022
(Item. 4)

RESOLVED that the minutes of the meeting held on 31 March 2022 are correctly recorded and a paper copy be signed by the Chairman.

65. 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:

- (a) The Adult Social Care Reform White Paper was discussed at the last Cabinet meeting in April 2022 and since then the Leader and Mrs Bell had written to Kent MPs to share their concerns and to ask for their support for adequate funding and in delaying implementation by six months so that changes could come into effect in April 2024, instead of October 2023. Mrs Bell would arrange for the letter to be circulated after the meeting.

- (b) At the beginning of May 2022 Mrs Penny Cole, Mr Jordan Meade (Deputy Members for Adult Social Care) and Mrs Bell visited the Harmonia Village in Dover which offered homes for up to 30 people living with dementia. Each resident had their own bedroom, shared kitchen and lounge and the houses were equipped with technology to enable them to live independently. The village had an onsite team of carers and nurses who were available 24 hours a day, a hub for residents and guest rooms for overnight stays. The village was keen to provide local employment, use local services and link in with the local community. In November 2021 the Harmonia Village won the 2020 award for Best Dementia Care Development at the Building Better Healthcare Awards.
- (c) Mental Health Awareness Week took place between 9 and 15 May 2022 and tackled loneliness. Mrs Bell highlighted two support services provided by the Council including Live Well Kent which was a network of community mental health and wellbeing support services managed by charities Porchlight and Shaw Trust, and the Kent Men's Sheds Programme which was set up to combat loneliness, social isolation, and mental health problems.
2. Mr Jordan Meade, Deputy Cabinet Member for Adult Social Care, said he visited Faversham's Men's Sheds Project on Friday 13 May 2022 and was impressed by the significant partnership working, particularly with Canterbury Christchurch University who had provided work placements for Occupational Health students. Other areas of partnership working included social prescribing from local GP practices, and the delivery of peer-to-peer support. Mr Meade said users of the Men's Sheds Project said the project had turned their lives around and Mr Meade encouraged Members to visit the Kent Sheds' website - [Mens sheds | Kent Sheds | Kent](#).
3. Mrs Bell and Mr Meade responded to comments and questions from the committee, including the following:
- (a) Asked whether there were any plans to expand Harmonia Village, Mrs Bell said the project had been driven by individuals following a visit to the Netherlands and Belgium, and they hoped to be able to expand the project within Kent in the future.
- (b) Asked if there was an ideal age group for Men's Sheds, Mr Meade said they welcomed residents of all ages although most were aged 45 or over. Faversham's Men's Sheds Project was working hard to encourage younger men to get involved.
- (c) Asked whether it would be helpful for Members to write to their MP regarding the Adult Social Care Reform White Paper, Mrs Bell said raising awareness of the need for more funding and challenging the implementation timescales would be helpful.
4. The Corporate Director of Adult Social Care and Health, Mr Richard Smith, then gave a verbal update on the following:
- (a) The Kent and Medway Listens Project was a county wide engagement listening programme relating to mental health and wellbeing and was led by the Council's Mental Health Team on behalf of the Integrated Care System

(ICS). Feedback from the event would reflect on the pressures of the last few years and a Better Mental Health Wellbeing Plan would be produced.

- (b) Mr Smith and colleagues attended the Association of Directors of Adult Social Services (ADASS) Spring Seminar 2022 which provided workshops focused on the social care reform and included opportunities for shared learning and provision of peer-to-peer support to other local authorities across the country.
- (c) The Kent and Medway Safeguarding Adults Board Strategic Plan, which highlighted the Council's safeguarding priorities, was currently in draft form and out for consultation.
- (d) Mr Smith reminded Members of the Adult Social Care Cabinet Committee Away Day which was taking place on 8 July 2022.

RESOLVED that the verbal updates be noted.

66. 22/00051 - Bespoke Support Service
(Item. 6)

Mr Simon Mitchell, Senior Commissioner, and Ms Xan Brooker, Commissioner were in attendance for this item.

1. Ms Brooker introduced the report and gave an overview of the current Positive Behavioural Support Framework and the options for the procurement of a new four-year open Bespoke Support Service Framework. The framework would collaborate with providers from the NHS and Social Care.
2. Mr Mitchell and Ms Brooker responded to comments and questions from the committee, including the following:
 - (a) Asked about specific needs of individuals and whether specialist charities were included within the framework, Mr Mitchell said the open framework would allow the flexibility to approach relevant providers to deliver a required service and the number of providers would not be restricted.
 - (b) Asked about the financial implications, and current and future costs for the Council, Ms Brooker said the service was being developed around individual needs and was joint funded by the NHS. The costs had been aggregated and sometimes were in favour of the NHS and sometimes of the local authority. Services were being developed in line with the strategic framework.
 - (c) Asked whether the Cabinet Committee would be informed of the financial effect and benefits of recommissioning the service, Mr Mitchell said these were individual bespoke packages of care and it would be difficult to provide information on each one to the Cabinet Committee. Mrs Bell said more information would be provided to the Cabinet Committee at an appropriate time.
 - (d) Asked about the current number of people receiving the service and how this had changed since the report was written, Ms Brooker said there were 65

inpatients aged over 18, of that number 21 were aged between 18 and 25 and 44 were aged over 25.

- (e) Asked whether there would be opportunities for providers within the arts sector, Ms Brooker said a benefit of an open framework was that it removed categorisation of people and provided a needs led partnership based approach which invited providers to collaborate.
- (f) Members expressed concerns that an Equality Impact Assessment (EIA) had not yet been undertaken for the new service. Ms Dene said an EIA was in place for the existing service and the new EIA would be completed alongside the recommissioning process. Mr Thomas-Sam said the service was currently in a development phase and the EIA would be completed after the committee had endorsed the commencement to develop a new framework. Mrs Bell said the decision to award contracts would come back to the committee along with a completed EIA.

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

be endorsed.

Ms Meade and Mr Streatfeild asked for their abstentions to be noted in the minutes.

67. 22/00049 - Adult Social Care Charging Policy Update
(Item. 7)

Mr Michael Thomas-Sam, Strategic Business Advisor Adult Social Care and Ms Michelle Goldsmith, Finance Business Partner Adult Social Care, were in attendance for this item.

1. Ms Goldsmith introduced the report and said an amendment to the Adult Social Care Charging Policy was required to comply with the primary legislation. This was due to conflicting statutory guidance which may have been issued by the Department of Health and Social Care (DHSC). Ms Goldsmith said an Officer Decision had been taken to revise the application of the Charging Policy for new clients.
2. Ms Goldsmith and Mr Thomas-Sam responded to comments and questions from the committee, including the following:
 - (a) Asked about the process for refunding or recharging residents who had been affected, Ms Goldsmith said this decision looked specifically at repaying individuals where the Council was aware an overcharge had been made. There was the possibility that some residents may have been undercharged

and, in that event, a secondary proposal would be developed at the appropriate time.

- (b) Members discussed taking the issue forward with the Department of Health and Social Care in due course.

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

be endorsed.

68. Adult Social Care Pressures Plan 2021-2022 Review
(Item. 8)

Mr Chris McKenzie, Director North and West Kent, was in attendance for this item.

1. Mr McKenzie introduced the report which reviewed the effectiveness of the Adult Social Care Pressures Plan 2021-2022. Mr McKenzie highlighted the challenges the Council had faced since the plan was produced and these included the Covid-19 pandemic, the European Union exit and unpredictable events such as the fuel crisis in September 2021 and the storms Eunice and Franklin in February 2022. Good planning and robust business continuity arrangements meant the mechanisms within the plan were used effectively. The most significant pressure was the impact on workforce and the national challenge of attracting and retaining a workforce in adult social care that met required needs.
2. Mr McKenzie and Mr Beale responded to comments and questions from the committee, including the following:
 - (a) Asked for information about the Local Resilience Forum, Member involvement and how objectives would be monitored, Mr Beale said he would circulate information to Members.
 - (b) Asked about the waiting list weekly average increase of 46 to 400 per week for the Care and Support in the Home services, Mr McKenzie said this reflected the challenges in relation to the workforce situation and recruiting and retaining staff. Regular assurance arrangements made sure directors had oversight of the actions being taken to reduce waiting times.
 - (c) Asked about the presentation of metrics within the report and the final financial outturns, Mr McKenzie said consistency of metrics would be considered for future reports so services could be quantified. Information regarding financial outturns would be provided to the committee in due course. Mr McKenzie informed Members that the significant funding received

from the NHS for additional support and services for 2021-22 would not be available for the current year, 2022-2023.

- (d) Asked about skills-based recruitment and retention, and engagement with schools and colleges, Mr McKenzie said details regarding engagement with educational establishments would come back to the Cabinet Committee and partnership working to develop a joint workforce for the future was one of the priorities of the Integrated Care System.

RESOLVED that the report be noted.

69. Adult Social Care and Health Performance Q4 2021/22
(Item. 9)

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

1. Mr Chatfield provided an overview of the key activity and performance during Quarter 4 for 2021/22 and introduced the Key Performance Indicators (KPI) for 2022/2023.
2. Mr Chatfield and Mr Beale responded to comments and questions from the committee, including the following:
 - (a) Asked about ASC9 – *Proportion of complaints upheld (upheld and partially upheld)* – Mr Beale said Directors had oversight of upheld complaints and lessons learnt were identified to inform practice changes to processes and pathways. A Member asked whether the actual numbers could be recorded along with the percentage.
 - (b) Asked about the downwards trend of the Kent Enablement at Home indicator Mr Beale said the benefits of the recruitment process would take time to be reflected. Innovative ideas were being explored including joint posts with health to develop the professional route. A Member asked for an update on the work of Kent Enablement at Home to be brought to the committee.
 - (c) Asked about the process for setting KPI percentages and floor targets, Mr Chatfield said targets were set by looking at trend analysis, benchmarking against national averages and Council priorities. Further information regarding this was circulated to Members after the meeting.
 - (d) A Member asked whether a narrative explanation could be included for KPIs where significant decreases or increases in trend had occurred.

RESOLVED that the performance of services in Q4 2021/22 and the new suite of Performance Measures for 2022 onwards be noted.

70. Future Meeting Dates
(Item. 10)

RESOLVED that the future meeting dates be noted.

71. Work Programme 2022/23
(Item. 11)

RESOLVED that the Work Programme 2022/23 be noted.

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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 – 13 July 2022

Subject: **Re-procurement of Discharge Pathway 1 Services**

Decision Number 22/00028

Classification: Unrestricted

Past Pathway of report: Governance Directorate Management Team – 22 April 2022

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: The current contracts for Discharge Pathway 1 Services (Discharge to Assess Service and Assisted Discharge Service) end on 30 September 2022. To avoid any gap in service delivery, arrangements need to be in place to enable Discharge Pathway 1 activities to continue from 1 October 2022 and it is proposed that the current contracts are extended for one year from 1 October 2022 to 30 September 2023).

There are aspirations towards the creation of a jointly commissioned Discharge Pathway 1 Service. During the extension period, Kent County Council will continue to collaborate with the NHS Partners towards the development of a long-term jointly commissioned model for Discharge Pathway 1 Services.

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

- a) **EXTEND** the current Discharge Pathway 1 Services contracts (Discharge to Assess Service and Assisted Discharge Service) for one year, from 1 October 2022 to 30 September 2023;
- b) **COMMENCE** activity to develop a long term jointly commissioned Discharge Pathway 1 Services model; 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 legal agreements, as necessary to extend the current Discharge Pathway 1 Services; and to facilitate activity with regard to developing the jointly commissioned Discharge Pathway 1 Services model, with NHS Partners.

1. Introduction

- 1.1 The current hospital discharge service contracts commissioned by Kent County Council encompass the Discharge to Assess Service and the Assisted Discharge Service, which form part of the Discharge Pathway 1 Service, for people discharged from hospital who need support to recover at home. Across Kent, there are a number of other services that also align with the pathway, commissioned by the Kent and Medway Clinical Commissioning Group (KMCCG) and other health partners.
- 1.2 The contracts were originally due to expire on 31 March 2020 but were extended to 30 September 2022, due to the unprecedented demands of the Covid-19 pandemic and the need to ensure that service delivery was not disrupted.
- 1.3 These services are essential in ensuring that people are able to recover at home following discharge from hospital and be supported until further assessment can be undertaken if required, alleviating blockages in patient flow through the system and preventing unnecessary delayed discharges; as such, it is essential that any new model of service delivery adequately supports both the process and the person, with capacity in the right place, at the right time.
- 1.4 To avoid any gap in service delivery, new arrangements must be in place by 1 October 2022.

2. Background

- 2.1 It is the ambition of Kent County Council (KCC) for the people in Kent to have home based care and support services, in line with Home First principles that: "Support people to live in their own home as independently as possible and with dignity through the delivery of good quality individual care".
- 2.2 Discharge Pathway 1 Services enable the Council to deliver towards this ambition. The pathway relates to people being discharged from hospital with home-based support; all people needing such support should be offered reablement and rehabilitation and, where necessary, time for assessment and future care planning. This includes people whose package of care is being restarted after lapsing during their hospital stay.
- 2.3 The Assisted Discharge Service, currently delivered by the British Red Cross, identifies people who no longer require clinical care but do require assistance to return home. The service helps to get them home safely, quickly and effectively. For the first 72 hours after leaving hospital, the service makes sure those people have everything they need at home.
- 2.4 The Discharge to Assess Service, currently delivered by Hilton Nursing Partners, identifies people, aged 18 years and over, who can be safely discharged home but require short-term enablement support and/or further assessment of their ongoing needs. The aim is to provide wrap-around support post discharge with a focus on maximising the independence of the person.

- 2.5 In 2020, Adult Social Care and Health partners commissioned an independent review of hospital discharge services and the experiences of people using these, undertaken by RETHINK Partners. The review highlighted the importance of the interdependencies between health and social care systems and the need to integrate systems more effectively to create the best discharge experience for people in Kent.
- 2.6 Multiple partners are often involved in the hospital discharge process, each vital in creating a smooth transition from hospital to the relevant care package, but with so many stakeholders, it was clear a more coordinated 'person-centred' approach was needed.
- 2.7 Although the redevelopment of Discharge Pathway 1 Services has been a regular agenda item for the System Discharge Pathways Programme, because of the interdependencies involved and the uncertainty in relation to future funding arrangements for discharge services, it has not been possible to realise a joint approach to the commissioning of this pathway to date.
- 2.8 In March 2022, the Department of Health and Social Care published new 'Hospital discharge and community support guidance', setting out how NHS bodies and local authorities can plan and deliver hospital discharge and recovery services from acute and community hospital settings that are affordable within existing budgets available to NHS commissioners and local authorities, focusing on adopting processes that best meet the needs of the local population. The guidance states that systems should work together across health and social care to jointly plan, commission, and deliver discharge services; this aligns with the strategic direction in Kent and reinforces the need to realise a joint Pathway approach.
- 2.9 Additionally, the National Institute of Health Research have recently begun evaluating Discharge to Assess pathways in Kent, Surrey, and Sussex, in collaboration with the University of Kent. One of the project aims is to ensure that a greater understanding of the impacts and requirements of services outside of hospitals is developed. It is hoped that this evaluation will also provide valuable recommendations to inform future joint commissioning.
- 2.10 Given the aspirations towards the creation of a jointly commissioned Discharge Pathway 1 Service, utilising existing recommendations, the new guidance, and future recommendations from the National Institute of Health Research evaluation, and the time remaining before current KCC contracts expire, both short-term and long-term options are required.
- 2.11 As such, it is recommended that in the short-term further extensions for both Discharge Pathway 1 Services contracts are agreed, for a period of 1 year, until 30 September 2023.
- 2.12 Although these contracts have already utilised the original extensions, Regulation 72(1)(c) of the Public Contracts Regulations 2015 allows for modification of up to 50% of the original contract value where the need is

brought about by circumstances that a reasonable authority could not have foreseen.

- 2.13 As the NHS Kent and Medway Clinical Commissioning Group is integral to the creation of a jointly commissioned pathway, the council is reliant on their involvement in order to progress a new approach. In February 2022, it was announced that the National Discharge Fund would come to an end on 31 March 2022, and there would be no additional NHS ring fenced funding for post-discharge support available in 2022/23; this has implications for funding arrangements of any recommissioning of Discharge Pathway 1 Services.
- 2.14 The timing of the publication of the Department of Health and Social Care 'Hospital discharge and community support guidance' in March, also has implications for the long-term approach to Discharge Pathway 1 Service.
- 2.15 However, given that there is now a clear direction for this activity and commitment from all partners, it is expected that the delivery of a joint pathway can now be achieved; and, given current market pressures and issues in relation to the flow of people through hospitals and into social care, this activity is a priority, and as such, extensions are recommended only in the short-term to allow recommissioning to be completed. As this is a short-term option, extensions also offer best value.
- 2.16 During the extension period, the Council will continue to collaborate with the NHS Kent and Medway Clinical Commissioning Group towards the development of a long-term jointly commissioned model for the Discharge Pathway 1 Services.

3. Financial Implications

- 3.1 The annual budgets for the Discharge Pathway 1 Services are set out in the table below:

Discharge to Assess	Assisted Discharge	Total
£2,953,223	£108,000	£3,061,223

- 3.2 Opportunities to improve the current service model, incorporating the Making a difference everyday (MADE) design principles of ensuring people have the right support, in the right place, at the right time as well as generating efficiencies will be explored as part of the jointly commissioned long-term approach.
- 3.3 Historically, the Kent and Medway Clinical Commissioning Group has financed additional Discharge to Assess capacities; the ability to incorporate additional funding will still be available within the extension period.

4. Legal implications

- 4.1 The provision of services to support people with health and/or social care needs following admission to hospital is detailed within the Care Act 2014. Paragraph 8.14 of the Statutory Care and Support Guidance states that local authorities

may not charge for assessments, community equipment and minor adaptations, intermediate care or reablement for up to six weeks.

- 4.2 Regulation 72(1)(c) of the Public Contracts Regulations 2015 allows for modification of up to 50% of the original contract value where the need is brought about by circumstances that a reasonable authority could not have foreseen.

5. Equalities implications

- 5.1 An Equalities Impact Assessment (EQIA) was completed for the commissioning of Care and Support in the Home, including these services.
- 5.2 An EQIA for this decision has not been completed, as there is no change. The previous variation agreement and extensions were centred on enabling quick and safe discharge and more generally reducing pressure on acute services, and these recommended extensions continue to support that.
- 5.3 An EQIA is being undertaken to support the long-term jointly commissioned option, which is due to commence in October 2023.

6. Data Protection Implications

- 6.1 There are no anticipated data implications associated with this decision, as there will be no change to current services, or the data collected or shared, and therefore this will be covered under existing contract clauses.
- 6.2 A Data Impact Assessment will be undertaken to support the long-term jointly commissioned option.

8. Conclusions

- 8.1 There are aspirations towards the creation of a pathway jointly commissioned with the National Health Service. Give the time remaining before current KCC contracts expire, both short-term and long-term approaches are required, and as such it is recommended that the current contracts are further extended for a term of 1 year from 1 October 2022 to 30 September 2023.
- 8.2 Regulation 72(1)(c) of the Public Contracts Regulations 2015 allows for modification of the contract where the need is brought about by unforeseen circumstances. Changes to future funding arrangements, a reliance on NHS partners and associated delays, and the timing of new guidance, could not have been foreseen. Given that a short-term option is required to allow for the development of a long-term approach, extensions offer best value in the short-term.
- 8.3 During the extension period, the Council will continue to collaborate with the NHS Kent and Medway Clinical Commissioning Group towards the development of a long-term jointly commissioned model for the Discharge Pathway 1 Service.

9. Recommendations

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

a) **EXTEND** the current Discharge Pathway 1 Services contracts (Discharge to Assess and Assisted Discharge) for one year, from 1 October 2022 to 30 September 2023;

b) **COMMENCE** activity to develop a long term jointly commissioned Discharge Pathway 1 Services model; 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 legal agreements, as necessary to extend the current Discharge Pathway 1 Services contracts; and to facilitate activity with regard to developing the jointly commissioned Discharge Pathway 1 Services model, with NHS Partners.

10. Background Documents

Hospital discharge and community support guidance

www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance

11. Lead Officer

Paul Stephen
Senior Commissioning Manager
03000 417573
paul.stephen@kent.gov.uk

Relevant Director

Richard Smith
Corporate Director Adult Social Care and Health
03000 416838
Richard.smith3@kent.gov.uk

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:

22/00028

For publication

Key decision: YES

Expenditure in excess of £1m and affects more than two electoral divisions.

Title of Decision: Re-procurement of Discharge Pathway 1 Services

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

- a) **EXTEND** the current Discharge Pathway 1 Services contracts (Discharge to Assess Service and Assisted Discharge Service) for one year, from 1 October 2022 to 30 September 2023;
- b) **COMMENCE** activity to develop a long term jointly commissioned Discharge Pathway 1 Services model; 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 legal agreements, as necessary to extend the current Discharge Pathway 1 Services; and to facilitate activity with regard to developing the jointly commissioned Discharge Pathway 1 Services model, with NHS Partners.

Reason(s) for decision: The current hospital discharge service contracts commissioned by Kent County Council encompass Discharge to Assess Service and Assisted Discharge Service, which form part of Discharge Pathway 1 Service, for people discharged from hospital who need support to recover at home. Across Kent, there are a number of other services that also align with the pathway, commissioned by the Kent and Medway Clinical Commissioning Group (KMCCG) and other health partners.

The contracts were originally due to expire on 31 March 2020 but were extended to 30 September 2022, due to the unprecedented demands of the Covid-19 pandemic and the need to ensure that service delivery was not disrupted.

These services are essential in ensuring that people are able to recover at home following discharge from hospital and be supported until further assessment can be undertaken if required, alleviating blockages in patient flow through the system and preventing unnecessary delayed discharges; as such, it is essential that any new model of service delivery adequately supports both the process and the person, with capacity in the right place, at the right time.

To avoid any gap in service delivery, new arrangements must be in place by 1 October 2022.

Financial Implications: The annual budgets for the Discharge Pathway 1 Services are set out in the table below:

Discharge to Assess	Assisted Discharge	Total
£2,953,223	£108,000	£3,061,223

Opportunities to improve the current service model, incorporating the Making a Difference Everyday (MADE) design principles of ensuring people have the right support, in the right place, at the right time as well as generating efficiencies which will be explored as part of the jointly commissioned long-term approach. Historically, the Kent and Medway Clinical Commissioning Group has financed additional Discharge to Assess capacities; the ability to incorporate additional funding will still be available within the extension period.

Legal Implications: The provision of services to support people with health and/or social care needs following admission to hospital is detailed within the Care Act 2014. Paragraph 8.14 of the Statutory Care and Support Guidance states that local authorities may not charge for assessments, community equipment and minor adaptations, intermediate care or reablement for up to six weeks. Regulation 72(1)(c) of the Public Contracts Regulations 2015 allows for modification of up to 50% of the original contract value where the need is brought about by circumstances that a reasonable authority could not have foreseen.

Equality Implications: An Equalities Impact Assessment (EQIA) was completed for the commissioning of Care and Support in the Home, including these services. An EQIA for this decision has not been completed, as there is no change. The previous variation agreement and extensions were centred on enabling quick and safe discharge and more generally reducing pressure on acute services, and these recommended extensions continue to support that. An EQIA is being undertaken to support the long-term jointly commissioned option.

Data Protection Implications: There are no anticipated data implications associated with this decision, as there will be no change to current services, or the data collected or shared, and therefore this will be covered under existing contract clauses. A Data Impact Assessment will be undertaken to support the long-term jointly commissioned option.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 13 July 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

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

.....
signed

.....
date

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 – 13 July 2022

Subject: **EVERYDAY LIFE ACTIVITIES, SKILLS DEVELOPMENT AND TRAINING OPPORTUNITIES FOR PEOPLE IN THE COMMUNITY – DYNAMIC PURCHASING SYSTEM**

Key decision no: **22/00073**

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

Past Pathway of report: None

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: To inform the Adult Social Care Cabinet Committee on the progress to establish the Dynamic Purchasing System for the purchasing of support for people to engage in everyday life activities, skills development and training opportunities.

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 creation of the Dynamic Purchasing System for the delivery of Everyday Life Activities, Skills Development and Training Opportunities for People in the Community;
- b) **APPROVE** the opening of the Dynamic Purchasing System on a regular basis to enable new services to join the framework; and
- c) **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, to implement the decision.

1. Introduction

- 1.1 The current Community Day Opportunities for Individuals with Disabilities framework contract is due to expire on 30 September 2022 and new arrangements need to be in place by 1 October 2022.
- 1.2 The name of this support was changed from 'Community Day Opportunities for Individuals with Disabilities' to 'Everyday Life Activities, Skills Development and Training Opportunities' following feedback from people with lived experience commenting that 'community opportunities' did not mean anything to them and it is essential that any contract such as this has a title that is meaningful to people.
- 1.3 The new model of provision is based on the Making a Difference Every Day (MADE) approach and design principles which were developed as part of a stakeholder and resident engagement process in December 2021. Provider engagement events were held in January 2022 on the future strategic direction for this support and the development of the specification.
- 1.4 The new service specification (Everyday Life Activities, Skills Development and Training Opportunities) is outcome focused and based on the Making a Difference Everyday (MADE) approach, the Provider Services design principles and align with a Self-Directed Support approach of Adult Social Care.
- 1.5 It is recognised that a traditional approach to 'day opportunities' is reducing in demand, however this is still an important provision for some individuals and their families. The service and support purchased through the new Dynamic Purchasing System is a flexible, adaptable and evolving model which will include traditional day opportunities as well as wider support outside of traditional times and settings. This offer also aligns with other Adult Social Care Projects such as the Micro-Enterprises development.
- 1.6 This report summarises the commissioning intentions, procurement process and evaluation, together with recommendations for the award of these contracts.

2. Commissioning Intentions

- 2.1 To introduce well-managed contracts for adult social care and to have systems and measures in place to manage its day-to-day operational requirements, including:
 - Key Performance Indicators (KPIs). Ongoing management and monitoring of quality ensures that all providers remain compliant to their contractual commitments; and
 - Contract Management. Regular communication with providers continues to strengthen the relationship. Regular analysis of KPIs, and management information for quality of services and improved contract monitoring.

- 2.2 The scope of Everyday Life Activities can cover all social care activities and all vulnerable people. The support is split into two main areas; Everyday Life Activities and Skills Development and Training Opportunities.
- 2.3 A Dynamic Purchasing System (open framework) approach was approved to allow the opportunity to grow the variety and choice of support throughout the lifetime of the framework. There will be a regular opportunity (the first being after six months) to 're-open' the framework to allow more providers to bid to be a part of the framework.
- 2.4 As this is a framework approach, there is not a fixed contract value for any provider entering into the framework. It will be down to the people we support in conversations with social care practitioners to decide what is the right support or activity for them to engage in and therefore purchase from the framework.

3. Procurement Process

- 3.1 The Everyday Life Activities Dynamic Purchasing System is being procured using three contract Lots;
 - Lot 1a: Everyday Life Activities (1:1 or small groups)
 - Lot 1b: Everyday Life Activities (building based / large groups)
 - Lot 2: Skills Development and Training Opportunities
- 3.2 Lots 1a and 2 include the choice of virtual/remote support as well as face to face/in person support, allowing a greater flexibility in support and choice for the people we support, as well as building resilience in providers.
- 3.3 It was decided to run Lot 1b as a 'closed framework'. This means it will not reopen on regular occurrences as the rest of the Dynamic Purchasing System. This is due to the type of provision included within Lot 1b is of a more traditional nature and not fitting in with the future strategic direction for this type of support, while allowing providers to enter the framework at the beginning to give that choice to people that want it.

3.4 Table 1 shows the procurement timetable:

Table 1: Procurement timetable

Event	Date
Prior Information Notice	29 December 2021
Issue of Invitation to Tender (ITT) and Selection Questionnaire (SQ)	30 May 2022
ITT and SQ Return	17 June 2022
Evaluation of ITT and SQ	20 June – 1 July 2022
Recommendation to Award taken to Adult Social Care Cabinet Committee	13 July 2022
Issue award letters	15 August 2022
Mobilisation	16 August 2022 – 30 September 2022
Service Commencement	1 October 2022

3.5 The successful providers for entry onto the Dynamic Purchasing System on this opening round are included in the attached award report attached as Exempt Appendix 1 (Exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially sensitive information)

4. Financial Implications

4.1 The actual spend (across Adults and Children’s Social Care) for 2021-22 was £9,547,321 (£6,349,221 adults, £3,298,100 children’s) for this service provision.

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

4.3 This new Dynamic Purchasing System allows for flexibility in the fees paid depending on the activity/support delivered and to work with providers and the people we support to use other methods of payment, such as direct payments and individual service funds.

4.4 The Council budget was approved at County Council on 10 February 2022. It is acknowledged that there are significant pressures on the Adult Social Care and Children’s and Young People’s budgets. As such there are identified savings of £1,000,000 against the Adult Social Care budget for this support.

4.5 This Dynamic Purchasing System is a tool to assist Social Care Practitioners and the people we support and their carers to purchase the support and activities they wish to engage in. In line with the future ways of working and Making a Difference Everyday, the savings identified against the Adult Social Care budget for this area will need to be achieved through the conversations and support planning with the people we support in giving them more control and choice about the activities and support they want within their personal

budget to meet their outcomes, and to ensure that as far as is possible that only providers that are a part of the Dynamic Purchasing System with agreed rates are used.

5. Legal implications

- 5.1 The procurement of this Dynamic Purchasing System has been undertaken in line with the Public Contract Regulations (2015). There will need to be resource allocated at the end point contract award for contracts to be sealed. The new contracts will be taken forward in a way which ensures the Council's statutory responsibilities are discharged accordingly.
- 5.2 These services support people with an assessed care and support need and therefore fall under the guidance laid out by the Care Act (2014).
- 5.3 The Strategic Commissioning Division used the standard Care Services Terms and Conditions of contract.

6. Equalities implications

- 6.1 An Equality Impact Assessment has been carried out (Attached as Appendix 2). There should be no negative impact on those with protected characteristics as the aim of this tender is to improve on an existing day opportunities contract.

7. Data Protection Implications

- 7.1 No Data Protection Impact Assessment is required.

8. Other corporate implications

- 8.1 This decision supports Kent County Council's Strategic Statement through supporting key providers that deliver services to vulnerable residents that will ensure they are safe and supported with choices to live independently.
- 8.2 This decision supports the Strategic Reset programme by implementing Asset Based Commissioning.

9. Conclusions

- 9.1 The proposed Dynamic Purchasing System for Everyday Life Activities, Skills Development and Training Opportunities offers a new, adaptable, flexible and evolving tool for social care practitioners to be able to purchase support for or with the people we support in Kent.
- 9.2 This approach allows the ability to work with and grow the market of providers for this type of support and to improve the outcomes for the people we support in Kent.
- 9.3 This approach also supports and aligns with the approach of self-directed support and with the Micro-Enterprises projects to improve choice and control for the people we support in Kent.

10. Recommendations

10.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health (in consultation with the Cabinet Member for Integrated Children's Services) on the proposed decision (attached as Appendix A) to:

a) **APPROVE** the creation of the Dynamic Purchasing System for the delivery of Everyday Life Activities, Skills Development and Training Opportunities for People in the Community;

b) **APPROVE** the opening of the Dynamic Purchasing System on a regular basis to enable new services to join the framework; and

c) **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, to implement the decision.

11. Background Documents

22/00034 - External Community Opportunities for People with Learning and Physical Disabilities

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2603>

12. Report Author

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Relevant Director

Richard Smith
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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:

22/00073

For publication

Key decision: YES

Title of Decision: EVERYDAY LIFE ACTIVITIES, SKILLS DEVELOPMENT AND TRAINING OPPORTUNITIES FOR PEOPLE IN THE COMMUNITY – DYNAMIC PURCHASING SYSTEM

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose (in consultation with the Cabinet Member for Integrated Children’s Services) to:

- a) APPROVE the creation of the Dynamic Purchasing System for the delivery of Everyday Life Activities, Skills Development and Training Opportunities for People in the Community;
- b) APPROVE the opening of the Dynamic Purchasing System on a regular basis to enable new services to join the framework; and
- c) 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, to implement the decision.

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

The name of this support was changed from ‘Community Day Opportunities for Individuals with Disabilities’ to ‘Everyday Life Activities, Skills Development and Training Opportunities’ following feedback from people with lived experience commenting that ‘community opportunities’ did not mean anything to them and it is essential that any contract such as this has a title that is meaningful to people.

The new model of provision is based on the Making a Difference Every Day (MADE) approach and design principles which were developed as part of a stakeholder and resident engagement process in December 2021. Provider engagement events were held in January 2022 on the future strategic direction for this support and the development of the specification.

The new service specification (Everyday Life Activities, Skills Development and Training Opportunities) is outcome focused and based on the Making a Difference Everyday (MADE) approach, the Provider Services design principles and align with a Self-Directed Support approach of Adult Social Care.

It is recognised that a traditional approach to ‘day opportunities’ is reducing in demand, however this is still an important provision for some individuals and their families. The service and support purchased through the new Dynamic Purchasing System is a flexible, adaptable and evolving model which will include traditional day opportunities as well as wider support outside of traditional times

and settings. This offer also aligns with other Adult Social Care Projects such as the Micro-Enterprises development.

Financial Implications: The actual spend (across Adults and Children's Social Care) for 2021-22 was £9,547,321 (£6,349,221 adults, £3,298,100 children's) for this service provision.

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

This new Dynamic Purchasing System allows for flexibility in the fees paid depending on the activity/support delivered and to work with providers and the people we support to use other methods of payment, such as direct payments and individual service funds.

The Council budget was approved at County Council on 10 February 2022. It is acknowledged that there are significant pressures on the Adult Social Care and Children's and Young People's budgets. As such there are identified savings of £1,000,000 against the Adult Social Care budget for this support.

This Dynamic Purchasing System is a tool to assist Social Care Practitioners and the people we support and their carers to purchase the support and activities they wish to engage in. In line with the future ways of working and Making a Difference Everyday, the savings identified against the Adult Social Care budget for this area will need to be achieved through the conversations and support planning with the people we support in giving them more control and choice about the activities and support they want within their personal budget to meet their outcomes, and to ensure that as far as is possible that only providers that are a part of the Dynamic Purchasing System with agreed rates are used.

Legal Implications: The procurement of this Dynamic Purchasing System has been undertaken in line with the Public Contract Regulations (2015). There will need to be resource allocated at the end point contract award for contracts to be sealed. The new contracts will be taken forward in a way which ensures the Council's statutory responsibilities are discharged accordingly.

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

The Strategic Commissioning Division used the standard Care Services Terms and Conditions of contract.

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

Data Protection Implications: No Data Protection Impact Assessment is required.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 13 July 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

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

.....
signed

.....
date

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

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EQIA Submission Draft Working Template

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

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

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

Section A

1. Name of Activity (EQIA Title):	External Community Opportunities Contract for People with Learning and Physical Disabilities
2. Directorate	ASC&H
3. Responsible Service/Division	Strategic Commissioning

Accountability and Responsibility

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

The type of Activity you are undertaking

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

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

The Community Day Opportunities for Individuals with Disabilities framework contract was due to expire on 31st March 2021. However due to the pandemic, it was not possible to commence any engagement activity to begin the re-tendering of the contract. The contract was extended under guidance issued at the time (Procurement Policy Note, PPN 01/20) for 18 months in December 2020. The contract needs to be retendered for October 2022.

It is projected to find £1,000,000 savings from the contract through a new pricing matrix on activities and offering a greater variety of opportunities for individuals and move away, where appropriate, from a more 'traditional' approach to day support.

Section B – Evidence

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

9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i>	Yes
10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i>	Yes
11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i>	
12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>	Yes

13. Who have you involved, consulted and engaged with?
Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

Consultation has taken place with Providers, Adult Social Care officers and Children and Young People's Services Officers.
Limited engagement so far with people supported through these services via the LD Partnership Board, however wider engagement is planned.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i>	No
15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i>	Yes
Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>	

Section C – Impact

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

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

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No	Yes
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18. Please give details of Positive Impacts

To improve the experience of the people supported through the current contract, their carers and families. People that we support include those from protected characteristics groups including: Age; Disability; Religion; Race; and Carers.

To stabilise and ensure there is a sustainable day opportunities market going forward that can support vulnerable people in Kent.

Although the recommission of this service will sustain the service to individuals with learning disabilities and/or individuals living with a physical disability, the savings currently identified for people over 26 may result in a change of opportunities sessions available through the contract. It is proposed to mitigate some of this risk through the procurement, by requesting flexible fees depending on the activity / support delivered and to work with providers and people we support through utilising various methods of payment through a self-directed support approach, such as direct payments and individual service funds.

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

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No, the recommission of this service will sustain the service to individuals .
b) Details of Negative Impacts for Age	
c) Mitigating Actions for age	
d) Responsible Officer for Mitigating Actions - Age	

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No, the recommission of this service will sustain the service to individuals
b) Details of Negative Impacts for Disability	
c) Mitigating Actions for Disability	
d) Responsible Officer for Mitigating Actions - Disability	

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No, the recommission of this service will sustain the service to individuals with disabilities of either sex.
b) Details of Negative Impacts for Sex	
c) Mitigating Actions for Sex	
d) Responsible Officer for Mitigating Actions - Sex	

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

a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No, the recommission of this service will sustain the service to individuals.
b) Details of Negative Impacts for Gender identity/transgender	
c) Mitigating actions for Gender identity/transgender	
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? Answer: Yes/No	No, the recommission of this service will sustain the
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<i>(If yes, please also complete sections b, c, and d).</i>	service to individuals.
b) Details of Negative Impacts for Race	
c) Mitigating Actions for Race	
d) Responsible Officer for Mitigating Actions - Race	
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No, the recommission of this service will sustain the service to individuals.
b) Details of Negative Impacts for Religion and belief	
c) Mitigating Actions for Religion and belief	
d) Responsible Officer for Mitigating Actions - Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No, the recommission of this service will sustain the service to individuals.
b) Details of Negative Impacts for Sexual Orientation	
c) Mitigating Actions for Sexual Orientation	
d) Responsible Officer for Mitigating Actions - Sexual Orientation	
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No, the recommission of this service will sustain the service to individuals.
b) Details of Negative Impacts for Pregnancy and Maternity	
c) Mitigating Actions for Pregnancy and Maternity	
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No, the recommission of this service will sustain the service to individuals.
b) Details of Negative Impacts for Marriage and Civil Partnerships	
c) Mitigating Actions for Marriage and Civil Partnerships	
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No, the recommission of this service will sustain the service to individuals .
b) Details of Negative Impacts for Carer's Responsibilities	
c) Mitigating Actions for Carer's responsibilities	
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	

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

To: Adult Social Care Cabinet Committee – 13 July 2022

Subject: **People’s Voice Activity (Including Healthwatch Kent)**

Decision Number **22/00062**

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

Past Pathway of report: None

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: To inform the Adult Social Care Cabinet Committee on the outcome of the procurement process to establish a new contract for People’s Voice Activity (Including Healthwatch Kent) from 1 October 2022.

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

- a) **AWARD** the contract, to the successful provider identified as part of the procurement process and as detailed in Exempt Appendix 1, for the provision of People’s Voice Activity (Including Healthwatch Kent) for a maximum of five years (initial three-year contract with options for two one-year extensions);
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, after consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Finance, to agree the relevant contract extensions as required; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

1. Introduction

- 1.1 Kent County Council (KCC) has a statutory duty to commission a local Healthwatch organisation to carry out the eight statutory activities laid out in the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007.
- 1.2 Healthwatch Kent has been established since April 2013 to carry out the functions set out in the Act.
- 1.3 Giving people a greater say in relation to how health and care services operate is a key component of the reforms introduced as part of the Health and Social Care Act 2012 and as such Healthwatch have a statutory right to be a member of the local Health and Wellbeing Board and the Health Overview and Scrutiny Committee, supporting the amplification of User Voice.
- 1.4 The aim of the People's Voice Activity Service is to promote and empower Kent citizens to have a voice in influencing, developing, and shaping health and care services in Kent and to provide information and advice as appropriate (in collaboration with other services) and through a variety of methods.
- 1.5 The combination of The People's Voice Activity Service and the statutory Local Healthwatch Service in Kent will ensure the optimum representation of the views of all people living within the Kent County Council footprint.

2. Background

- 2.1 The current contracted service provision was let in April 2015 to Engaging Kent CIC with an initial five-year contract period. The contract was extended following that initial period and the final extension period will end on 30 September 2022.
- 2.2 A key decision taken by the Cabinet Member for Adult Social Care and Public Health taken on 17 December 2021 approved the commencement of a procurement to award a new People's Voice Activity Contract, which includes the delivery of Healthwatch Kent, for a maximum of five years (three years plus two one-year extensions).
- 2.3 Market and stakeholder engagement was undertaken in 2021 to gather views to shape the new service specification and contract before a formal procurement process commenced in March 2022. The procurement timetable is summarised in Table 1:

Table 1: Procurement Milestones

Event	Date
Procurement go-live	16 March 2022
Procurement close	20 April 2022 @ 12:00
Tender evaluation	21 April 2022 – 23 May 2022
Contract award governance (Adult Social Care Cabinet Committee)	13 July 2022
Issue contract award letters	4 August
Service mobilisation	8 August – 30 September 2022
Service commencement	1 October 2022

2.4 The intention of this commissioning process was to procure a well-managed contract for adult social care that contributes to the Council’s Making a difference everyday approach, putting people at the heart of everything we do. This will be ensured using:

- Key Performance Indicators (KPIs). Ongoing management and monitoring of quality ensures that all providers remain compliant to their contractual commitments; and
- Contract Management. Regular communication with the provider to strengthen the relationship. Regular analysis of KPIs, and management information for quality of services and improved contract monitoring.

2.5 Based on the procurement process carried out, the successful provider can be found in Exempt Appendix 1. This is a Restricted Appendix that is exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially confidential information.

3. Financial Implications

3.1 The budget of the People’s Voice Activity Contract is made up from various sources. The annual contribution from each source is:

Government grant (covering the Healthwatch element): £363,000

Adult Social Care: £311,130

Kent and Medway Clinical Commissioning Group: £78,129

Total contract value: £752,259 per annum

3.2 The lifetime value of the contract (including provision for the two one-year extensions) is £3,761,295.

3.3 A budget saving to the Adult Social Care contribution has been applied, equivalent to 10% of the previous year’s contributions.

4. Legal implications

- 4.1 The Strategic Commissioning Division used the standard Care Services Terms and Conditions of contract. There will need to be resource allocated at the end point of the contract award for contracts to be signed and sealed. The new contracts will be taken forward in a way which ensures the Council's statutory responsibilities are discharged accordingly.
- 4.2 The provision of Healthwatch Kent is a statutory responsibility of the Council.

5. Equalities implications

- 5.1 An Equality Impact Assessment (EQIA) has been undertaken as part of the tender process (attached as Appendix 1) and has been updated when changes have occurred and have been fully considered. All the significant changes will be approached in a manner that respect and adhere to the Council's equalities responsibilities.

6. Data Protection Implications

- 6.1 A Data Protection Impact Assessment is not required.

7. Conclusions

- 7.1 The current contracted service provision was let in April 2015 to Engaging Kent CIC with an initial five-year contract period. The contract was extended following that initial period and the final extension period will end on 30 September 2022.
- 7.2 Comprehensive work has been carried out to develop the new contract and a formal procurement process was undertaken in accordance with the Public Contract regulation 2015 (PCR15) to award the People's Voice Activity (including Healthwatch Kent) Contract.
- 7.3 Awarding this contract will allow KCC to discharge its statutory responsibility to commission a local Healthwatch organisation and harness the views, experiences and opinions of Kent's population who are experiencing or have experienced health and or social care problems through the People's Voice Service.

8. Recommendations

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

- a) **AWARD** the contract, to the successful provider identified as part of the procurement process and as detailed in Exempt Appendix 1, for the provision of People's Voice Activity (Including Healthwatch Kent) for a maximum of five years (initial three-year contract with options for two one-year extensions);
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, after consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Finance, to agree the relevant contract extensions as required; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

9. Background Documents

People's Voice Contract (including Healthwatch Kent) – Record of Decision No. 21/00103

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2544>

10. Report Author

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Relevant Director

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

22/00062

For publication

Key decision: YES

Title of Decision: People's Voice Activity (including Healthwatch Kent)

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

- a) **AWARD** the contract, to the successful bidder identified as part of the procurement process and as detailed in exempt Appendix 1, for the provision of People's Voice Activity (Including Healthwatch Kent) for a maximum of five years (initial three-year contract with options for two one-year extensions);
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, after consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director for Finance, to agree the relevant contract extensions as required; and
- c) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

Reason(s) for decision: Kent County Council has a statutory duty to commission a local Healthwatch organisation to carry out the eight statutory activities laid out in the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007.

The current contract expires automatically on 30 September 2022. Following a successful procurement process a preferred provider has been identified. The new People's Voice Activity (Including Healthwatch Kent) Contract will be for a maximum of five years (initial three-year contract with options for two one-year extensions) and will commence on 1 October 2022.

The People's Voice Activity (Including Healthwatch Kent) Contract is a collaboration with Kent and Medway Clinical Commissioning Group to support a joined-up approach for seeking views from people across the county.

Financial Implications: The total budget of the People's Voice Activity (including Healthwatch Kent) Contract is made up from various sources:

Government grant (covers the Healthwatch element): £363,000

Adult Social Care: £311,130

Kent and Medway Clinical Commissioning Group: £78,129

Total contract value: £752,259 per annum

The lifetime value of the contract (including provision for the two one-year extensions) is £3,761,295

A budget saving to the Adult Social Care contribution has been applied, equivalent to 10% of the previous year's contributions.

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

The provision of Healthwatch Kent is a statutory responsibility of the Council.

Equalities implications: An Equality Impact Assessment has been undertaken as part of the tender process and has been updated when changes have occurred and have been fully considered. All the significant changes will be approached in a manner that respect and adhere to the Council's equalities responsibilities.

Data Protection implications: Data Protection Impact Assessment is not required.

Cabinet Committee recommendations and other consultation: Market and stakeholder engagement was undertaken in 2021 to gather views to shape the new service specification and contract before a formal procurement process commenced in March 2022.

The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 13 July 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

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

.....
signed

.....
date

EQIA Submission – ID Number

Section A

EQIA Title	PEOPLE'S VOICE ACTIVITY (INCLUDING HEALTHWATCH KENT)
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Responsible Officer	Simon Mitchell - ST SC
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Type of Activity

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

Accountability and Responsibility

Directorate	Strategic and Corporate Services
Responsible Service	Strategic Commissioning
Responsible Head of Service	Sharon Dene
Responsible Director	Richard Smith

Aims and Objectives

The aim of the Peoples' Voice Service is to promote and empower Kent citizens to have a voice in influencing, developing and shaping health and care services in Kent and to provide information and advice as appropriate (in collaboration with other services) and through a variety of methods.

Section B – Evidence

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

Who have you involved, consulted and engaged with?

ASC representatives. Market Providers. Healthwatch England. KM CCG.

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

Section C – Impact

Who may be impacted by the activity?

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

Details of Positive Impacts	
The impact of this proposed service would mean the potential influence in changes / improvements to health and social care services across Kent. This service brings the voice of the people in Kent to decision making.	
Negative impacts and Mitigating Actions	
19. Negative Impacts and Mitigating actions for Age	
Are there negative impacts for age?	No
Details of negative impacts for Age	
Not Applicable	
Mitigating Actions for Age	
Responsible Officer for Mitigating Actions – Age	Not Applicable
20. Negative impacts and Mitigating actions for Disability	
Are there negative impacts for Disability?	No
Details of Negative Impacts for Disability	
[Q20b_NegativeImpactsDisabilityDetail]	
Mitigating actions for Disability	
[Q20c_MitigatingActionsDisability]	
Responsible Officer for Disability	Not Applicable
21. Negative Impacts and Mitigating actions for Sex	
Are there negative impacts for Sex	No
Details of negative impacts for Sex	
Not Applicable	
Mitigating actions for Sex	
Responsible Officer for Sex	Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
Are there negative impacts for Gender identity/transgender	No
Negative impacts for Gender identity/transgender	
Mitigating actions for Gender identity/transgender	
Responsible Officer for mitigating actions for Gender identity/transgender	Not Applicable
23. Negative impacts and Mitigating actions for Race	
Are there negative impacts for Race	No
Negative impacts for Race	
Not Applicable	
Mitigating actions for Race	
Responsible Officer for mitigating actions for Race	Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief	
Are there negative impacts for Religion and belief	No
Negative impacts for Religion and belief	
Not Applicable	

Mitigating actions for Religion and belief	
Responsible Officer for mitigating actions for Religion and Belief	Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation	
Are there negative impacts for Sexual Orientation	No
Negative impacts for Sexual Orientation	
[Q25b_NegativeImpactsSexualOrientationDetail]	
Mitigating actions for Sexual Orientation	
[Q25c_MitigatingActionsSexualOrientation]	
Responsible Officer for mitigating actions for Sexual Orientation	Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity	
Are there negative impacts for Pregnancy and Maternity	No
Negative impacts for Pregnancy and Maternity	
Not Applicable	
Mitigating actions for Pregnancy and Maternity	
Responsible Officer for mitigating actions for Pregnancy and Maternity	Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships	
Are there negative impacts for Marriage and Civil Partnerships	No
Negative impacts for Marriage and Civil Partnerships	
Not Applicable	
Mitigating actions for Marriage and Civil Partnerships	
Responsible Officer for Marriage and Civil Partnerships	Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities	
Are there negative impacts for Carer's responsibilities	No
Negative impacts for Carer's responsibilities	
Not Applicable	
Mitigating actions for Carer's responsibilities	
Not Applicable	
Responsible Officer for Carer's responsibilities	Not Applicable

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

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

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From: 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 – 13 July 2022

Subject: **Telecare Contract**

Non-Key decision: 22/00056

Classification: Unrestricted

Past Pathway of report: Adult Social Care Governance Directorate Management Team Meeting – 25 May 2022

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: The Telecare contract is due to end on 30 November 2022. The proposed decision to modify the contract for a period of nine months to 31 August 2023, which will allow time to develop and procure a new county wide Technology Enabled Care Service from April 2023, mobilise the new contract and to migrate people from the current Telecare service to the new contract, ensuring there is no gap or impact on provision.

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: **DELEGATE** authority to the Corporate Director Adult Social Care and Health, to modify the Telecare contract with Invicta Telecare Limited Trading as Careium for a period of nine months from 1 December 2022 to 31 August 2023 and take relevant actions as necessary to implement the decision.

1. Introduction

1.1 The Telecare contract is due to end on 30 November 2022. The proposed decision to modify the contract for a period of nine months to 31 August 2023, which will allow time to develop and procure a new county wide Technology Enabled Care Service from April 2023, mobilise the new contract and to migrate people from the current Telecare service to the new contract, ensuring there is no gap or impact on provision.

2. Background

- 2.1 Technology Enabled Care is key within the Making a difference every day approach and is aligned with the Council's priorities set out in "Framing Kent's Future – Our Council Strategy 2022 – 2026: *Seize opportunities to embed technology and digitally-enabled care and support services in meeting people's current and future care needs*".
- 2.2 The Telecare contract was originally awarded in 2015 and has since been adapted to meet the needs of individuals. The purpose of Telecare is to support people to maintain independence, facilitating them to remain in their own home for as long as possible, Appendix 1 provides an overview of Telecare and case studies. The scope of the service in the specification covers three main areas and currently supports 5,190 people:
1. Direct Service Provision: This constitutes a Telecare service including 24-hour monitoring, along with provision for installing and de-staling the equipment. It also includes the provision of Digital Care and Assistive Technology Services, and support and training for people and carers using the equipment.
 2. Staff training and support: This covers both advisory and training services.
 3. Service development: This covers 'horizon scanning' and strategic development in relation to future development and use of the services.
- 2.3 The Care Act 2014 placed a statutory duty on councils for prevention, information, and advice. There are two types of scenarios in which Telecare is prescribed:
1. Where the person has needs for care and support that meet the national eligibility criteria and these needs can be met either wholly or in part through the provision of Telecare ("Telecare Enhanced"). This must be detailed in the care and support plan.
 2. Where the provision of Telecare would prevent or delay the development of need for care and support; no other ongoing care and support services are prescribed ("Telecare Only" or "Telecare Standard").
- 2.4 There have been significant developments in social care and health technologies, including utilising more everyday solutions such as smart speakers. Another key change that will affect how technology interacts with social care is the national transition from analogue telecommunication networks to digital technology, due to be completed in 2025. This means that products that rely on older analogue telephony infrastructure will no longer work, and services will have to switch to newer devices that can connect to broadband networks. Emergent digital devices also present many opportunities and create potential for much greater data-driven care and will allow the Council to do more predictive modelling, provide advanced warning and intervention planning, which will help in making services more proactive.

- 2.5 Adult Social Care has a one-year Technology Enabled Care build and test with Nottingham Rehab Services (NRS) in East Kent. The aim of the build and test is to test different types of technologies with real life assessments and explore the potential in the data this provides. This will inform future requirements and the development of the specification that will be used to procure Technology Enabled Care Services from April 2023.
- 2.6 The aspiration for Technology Enabled Care is the delivery of a clear and innovative assistive technology offer that empowers people, supports independent living and provides greater choice and control to support an outcome-focused approach. The future offer for Kent aspires to access the full range of modern technology available via the market and tailor it to individual need. This is a new approach for the Council and looks to utilise assistive technology that goes beyond traditional Telecare provisions.
- 2.7 Additionally, the KARA video carephone contract was extended to April 2023 to align to the aspiration to bring KARA, Telecare and Technology Enabled Care together under one contractual arrangement from April 2023 onwards.

3. The Telecare Contract

- 3.1 The Telecare contract under its current contractual arrangements, following the decision of 1 + 1 year extension taken in December 2020 is due to end on 30 November 2022. The Telecare contract currently costs the authority approximately £650,000 per year for 5,190 cases.
- 3.2 The contract is with Invicta Telecare Limited, trading as Careium.
- 3.3 **Option 1:** to decommission/end the Telecare service at the end of its existing contract in November 2022.
- 3.4 This will create a risk in gap of provision of Telecare between the end of the Telecare contract in November 2022 and the implementation of the Technology Enabled Care Services contract in April 2023. The 5,190 existing Telecare cases will need to be reviewed and alternative provision considered, which could include:
- People paying privately for the Telecare provision (where this is Telecare only), this means stop providing Telecare for people who do not have ongoing care and support needs. The council's duty for prevention does not extend to the need to pay for preventative services that would help delay or prevent the onset of care needs. It is however required to promote and provide information and advice as to how individuals can undertake such preventative measures themselves. This option would require a full consultation.
 - If people are living in the Technology Enabled Care build and test area (East Kent) they can access alternative provision, however this is only a one year test and will be replaced by the county wide offer. Therefore, people will have three service providers in one year.
 - Where this is part of an eligible need (Telecare enhanced), the care and support package may change from the use of Telecare to more

carer input reducing independence for the person and increasing the pressure on limited capacity within the care market. Or a Direct Payment can be used to access alternative provision. There could also be an adverse impact on people experiencing uncertainty about their future provision and changes to their care and support offer.

- 3.5 Another way to mitigate this risk is to obtain Telecare services from a new contractor for the duration of the proposed extension. However, this will impact on service continuity for people as they will have three providers in one year (the current Telecare, moving to the new contractor and finally onto the county wide service which will be in place from April 2023). The short-term contract will not be attractive to providers and can be at a significant cost. This would require procurement and project resources, which are currently focused on the build and test and development of the county wide Technology Enabled Care Service. Therefore, this option has the potential to undermine the longer-term plan.
- 3.6 **Option 2:** is to modify the Telecare contract by a period of nine months to 31 August 2023.
- 3.7 Option 2 is the preferred option and will allow time to complete the current Technology Enabled Care build and test, develop and procure a county wide Technology Enabled Care Service from April 2023. This will also enable the county wide offer to be mobilised and to migrate people from the current Telecare service to the new contract, ensuring there is no gap or impact on provision. The new county wide offer also provides an opportunity to put in place a service that will allow existing Telecare provision that relies on analogue technology to be switched over to newer devices that can connect to broadband networks.

4. Financial Implications

- 4.1 The Telecare contract currently costs the authority approximately £650,000 per year. The estimated cost of the nine-month contract modification will be around £385k.
- 4.2 Telecare is within the budget for 2022/23.

5. Legal implications

- 5.1 Legal advice was accessed as the 24-month extension provided for in the Contract has already been used, a further extension may amount to a “material modification” of a public contract which should be subject to a new procurement procedure. However, a new procurement procedure will not be required if the proposed modification falls within one of more of the “permitted changes” set out in Regulation 72 of the Public Contracts Regulations 2015.
- 5.2 Legal advice has been provided and stated that there are reasonable arguments that the proposed modification falls within the scope of Regulation 75 of the Public Contracts Regulations 2015 and therefore that a new

procurement procedure is not required. There were recommended steps that can be taken to mitigate the risk of challenge and a contract award notice or transparency notice can be published.

6. Equalities implications

- 6.1 An Equality Impact Assessment (EqIA) has been completed and is attached as Appendix 2 and not expected to have a significant negative impact on any of the protected characteristics.

7. Data Protection Implications

- 7.1 A Data protection impact assessment is not required.

8. Conclusions

- 8.1 The Telecare contract is due to end 30 November 2022. The proposed decision to modify the contract for a period of nine months to 31 August 2023, will allow time to develop and procure a new county wide Technology Enabled Care Service from April 2023, mobilise the new contract and to migrate people from the current Telecare service to the new contract, ensuring there is no gap or impact on provision.
- 8.2 The aspiration for Technology Enabled Care is the delivery of a clear and innovative assistive technology offer that empowers people, supports independent living and provides greater choice and control to support an outcome-focused approach. Which is closely aligned to the Council's priorities set out in "Framing Kent's Future – Our Council Strategy 2022 – 2026".

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 on the proposed decision (attached as Appendix A) to:
DELEGATE authority to the Corporate Director Adult Social Care and Health, to modify the Telecare contract with Invicta Telecare Limited Trading as Careium for a period of nine months from 30 November 2022 to 31 August 2023 and to take relevant actions as necessary to implement the decision.

10. Background Documents

Technology Enabled Care Build and Test - Adult Social Care Cabinet Committee, 1 December 2021

<https://democracy.kent.gov.uk/documents/s108125/Item%209%20-%20Technology%20Enabled%20Care%20Build%20and%20Test.pdf>

11. Report Author

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Relevant Director

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

22/00056

For publication Yes

Key decision: No.

Title of Decision: Telecare Contract

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to: **DELEGATE** authority to the Corporate Director Adult Social Care and Health to modify the Telecare contract with Invicta Telecare Limited Trading as Careium for a period of nine months from 1 December 2022 to 31 August 2023 and take relevant actions as necessary to implement the decision.

Reason(s) for decision: The Telecare contract is due to end on 30 November 2022. The proposed contract modification which will allow time to complete a Technology Enabled Care build and test, which aims to inform the future offer for Technology Enabled Care Services through testing a range of more innovative technologies. This is with a view to commissioning a long-term county wide offer incorporating Telecare from April 2023.

The contract modification, will enable the county wide offer to be mobilised and to migrate people from the current Telecare service to the new service, ensuring there is not a gap or impact on provision. The future county wide offer also provides an opportunity to put in place a service that will allow existing Telecare provision that relies on analogue technology to be switched over to newer devices that can connect to broadband networks.

Financial Implications: The Telecare contract currently costs the authority approximately £650,000 per year. The estimated cost of the nine-month contract modification will be around £385k. Telecare is within the budget for 2022/23.

Legal Implications: Legal advice was accessed as the 24-month extension provided for in the Contract has already been used, a further extension may amount to a “material modification” of a public contract which should be subject to a new procurement procedure. However, a new procurement procedure will not be required if the proposed modification falls within one of more of the “permitted changes” set out in Regulation 72 of the Public Contracts Regulations 2015.

Legal advice has been provided and stated that there are reasonable arguments that the proposed modification falls within the scope of Regulation 75 of the Public Contracts Regulations 2015 and therefore that a new procurement procedure is not required. There were recommended steps that can be taken to mitigate the risk of challenge and a contract award notice or transparency notice can be published.

Equality Implications: An EqIA has been completed and not expected to have a significant negative impact on any of the protected characteristics.

Data Protection Implications: A Data protection impact assessment is not required.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 13 July 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected: The alternative option considered was to decommission/end the Telecare service at the end of its existing contract in November 2022. This will create a risk in gap of provision of Telecare between the end of the Telecare contract in November 2022 and the implementation of the Technology Enabled Care Services contract in April 2023. The 5,190 existing Telecare cases will need to be reviewed and alternative provision considered which could include:

- People paying privately for the Telecare provision (where this is Telecare only), this means stop providing Telecare for people who do not have ongoing care and support needs. The council's duty for prevention does not extend to the need to pay for preventative services that would help delay or prevent the onset of care needs. It is however required to promote and provide information and advice as to how individuals can undertake such preventative measures themselves. This option would require a full consultation.
- If people are living in the Technology Enabled Care build and test area (East Kent) they can access alternative provision, however this is only a one year test and will be replaced by the county wide offer. Therefore, people will have three service providers in one year.
- Where this is part of an eligible need (Telecare enhanced), the care and support package may change from the use of Telecare to more carer input reducing independence for the person and increasing the pressure on limited capacity within the care market. Or a Direct Payment can be used to access alternative provision. There could also be an adverse impact on people experiencing uncertainty about their future provision and changes to their care and support offer.

Another way to mitigate this risk is to obtain Telecare services from a new contractor for the duration of the proposed extension. However, this will impact on service continuity for people as they will have three providers in one year (the current Telecare, moving to the new contractor and finally onto the county wide service which will be in place from April 2023). The short-term contract will not be attractive to providers and can be at a significant cost. This would require procurement and project resources, which are currently focused on the build and test and development of the county wide Technology Enabled Care Service. Therefore, this option has the potential to undermine the longer-term plan.

Therefore, based upon the risk in gap of provision and impact on the longer term plan, the option to decommission the Telecare contract in November 2022 was rejected.

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

.....
signed

.....
date

Appendix 1 Overview of Telecare

What is Telecare?

Telecare consists of a range of equipment and monitoring services, which can support people to remain independent in their own homes for longer. Telecare can have a significant impact on maintaining physical and mental health, and emotional wellbeing.

There is a wide range of equipment solutions to help people with all different needs. Many of these solutions allow people to alert the monitoring centre should they need help, for instance if they have fallen at home or become disorientated when out and about. Others help by providing reminders or help maintain contact with family and friends.

What might Telecare personal alarm look like?



How is telecare personal alarm installed?

The Telecare equipment is typically connected to the telephone socket and mains power. There are some pieces of equipment that also operate from a mobile network instead of a traditional telephone line. The technician who installs the equipment will always make sure that the equipment is in good working order.

How does the monitoring service work?

If the alarm is pressed, the operator at the monitoring centre will assess and discuss with the person whether they need the emergency services. If not, the operator will contact the most appropriate support, whether that is a named family, friend, and / or carer.

Case Studies

Case study 1

Dee is an elderly lady, with early onset dementia and lives with her husband. Dee generally, manages well, but recently started to become more confused and disorientated. Dee enjoys going out taking her dog for walks but has on a couple of occasions been unable to find her way home and the police have had to come out looking for her. A Pebbell GPS tracker (a personal tracking device that combines roaming GSM (mobile communication) and GPS (satellite-based navigation) technologies and is the size of a key fob. It has a fall down monitor and an SOS button for emergencies. It can also transmit its location by SMS or continually by GPRS data connection) was prescribed to locate where Dee is when she is out. A GEO fence (a virtual geographic boundary, defined by GPS or RFID technology, that enables software to trigger a response when a mobile device enters or leaves a particular area) has also been set up to alert when Dee goes outside of her familiar area. Her husband is able to keep track of where she is and find her if she gets lost.

Case study 2

Double amputee wheelchair user lives alone and has had several falls when transferring, in the bathroom was particularly high-risk area, and he was unable to get himself up safely. A falls device was prescribed so that he can push for help wherever he is in the home and falls.

Case study 3

D lives with his wife. D Has late-stage dementia and is cared for by his wife who was reporting to be sleeping on a mattress on the floor next to him as he would often get up and wander in the night (she previously wouldn't hear him from her bedroom). A bed sensor mat and carer pager system was prescribed so that she could go back to using her own bed but would be alerted by the pager when he got out of bed so she could support him.

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

Directorate/ Service: Adult Social Care

Name of decision, policy, procedure, project or service: Telecare Contract

Responsible Owner/ Senior Officer: Paula Parker, Head of Business Delivery Unit, Adult Social Care

Version: v0.5

Author: Lee Inman – Project Officer

Pathway of Equality Analysis: EQIA created to support the decision on the Telecare contract which is due to end 30 November 2022.

Summary and recommendations of equality analysis/impact assessment.

Context of the Project

Technology Enabled Care is key within Making a difference every day approach and is aligned with the Councils priorities set out in “Framing Kent’s Future – Our Council Strategy 2022 – 2026: *Seize opportunities to embed technology and digitally-enabled care and support services in meeting people’s current and future care needs*”.

The Care Act 2014 places general responsibilities on local authorities relating to the care and support for adults and support for carers in its area. In exercising these statutory duties, Kent County Council (the authority) must provide or arrange for the provision of services, facilities and resources, or take other steps which it considers will promote an individual’s well-being, contribute towards preventing or delaying needs for care and support, promote integration of care and support with health services etc., provide information and advice, promote diversity and quality in provision of services, cooperate generally and cooperate in specific cases with relevant partners in the exercise of their respective functions relating to adults with needs for care and support and/or relating to carers.

The Telecare contract was originally awarded in 2015 and has since been adapted to meet the needs of individuals. The purpose of Telecare is to support people to maintain independence, facilitating them to remain in their own home for as long as possible. The scope of the service in the specification covers three main areas and supports 5,190 people:

1. Where the person has needs for care and support that meet the national eligibility criteria and these needs can be met either wholly or in part through the provision of Telecare (“Telecare Enhanced”). This must be detailed in the care and support plan.
2. Where the provision of Telecare would prevent or delay the development of need for care and support; no other ongoing care and support services are prescribed (“Telecare Only” or “Telecare Standard”).

Adult Social Care has a one-year Technology Enabled Care build and test with Nottingham Rehab Services (NRS) in East Kent. The aim of the build and test is to test different types of technologies with real life assessments and explore the potential in the data this provides. This will inform future requirements and the development of the specification that will be used to procure Technology Enabled Care Services from April 2023.

The Telecare contract under its current contractual arrangements, following the decision of 1 + 1 year extension taken in December 2020 is due to end November 2022. There were two options considered and with both of these options all the risks and benefits were considered:

- Option 1: to decommission/end the Telecare service at the end of its existing contract in November 2022.
- Option 2: is to modify the Telecare contract which will be an extension by 9 months up to August 2023.

The preferred options supported by Governance DMT (May '22) was to modify the contract by 9 months. This EQIA has been updated to reflect this decision.

Objectives of this EQIA

- 1) Is to modify the Telecare contract which will be an extension by 9 months up to August 2023.**

The proposed modification is an extension of the Contract term by 9 months. The reason for the proposed modification will allow time to complete the current build and test, develop and procure a county wide Technology Enabled Care service from April 2023. The extension up to August 2023, will enable the county wide offer to be mobilised and to migrate people from the current Telecare service to the new service, ensuring there is not a gap or impact on provision. The future county wide offer also provides an opportunity to put in place a service that will allow existing Telecare provision that relies on analogue technology to be switched over to newer devices that can connect to broadband networks.

- 2) To follow up with everyone with Telecare in advance of county wide contract**

To work with Careium (the Telecare provider) to make contact with people with Telecare to ensure that it is still helpful and if required, where Telecare is no longer required this will be returned. During the contact to check if the person feels comfortable with the

Updated 05/07/2022 2

Telecare and if any further support is required. This will help inform what is needed from the county wide service in April 2023. Contact with people with Telecare will start 13 June and up to November '23. Contact with people will be approached in two ways, for people that have Telecare only this will be a telephone call and it is Telecare enhanced (as part of a wider care and support package) the Telecare discussion will be part of the review process.

Adverse Equality Impact Rating Low

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning Telecare and I agree with the risk rating stated and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service

Signed: _____ Name: _____

Job Title: _____ Date: _____

DMT Member

Signed: _____ Name: _____

Job Title: _____ Date: _____

Part 1 Screening

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

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

Protected Group	Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqlA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/Low Positive Impact Evidence
Age				<p>The vast majority of people with Telecare are 70+ and is the main reason Telecare has been prescribed, to give the person and family reassurance. Therefore, by extending the contract will ensure there is no gap in provision until the county wide contract (from April 2023) is in place and people will migrate from the existing contract to the new service between April-August '23.</p> <p>By contacting people this will ensure that Telecare is still helpful and an opportunity to give advice and support on how to use the Telecare.</p>

<p>Disability</p>				<p>Disability is another main reason why Telecare is prescribed to support someone to live independently. Therefore, by extending the contract will ensure there is no gap in provision until the county wide contract (from April 2023) is in place and people will migrate from the existing contract to the new service between April-August '23.</p> <p>By contacting people this will ensure that Telecare is still helpful and an opportunity to give advice and support on how to use the Telecare.</p>
<p>Sex</p>				<p>There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic.</p> <p>By extending the contract</p>

				<p>will ensure there is no gap in provision until the county wide contract (from April 2023) is in place and people will migrate from the existing contract to the new service between April-August '23.</p> <p>This project provides an opportunity to contact people to check if they still require the Telecare and give advice and support on how to use the Telecare.</p>
Gender identity/ Transgender				<p>There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic.</p> <p>By extending the contract will ensure there is no gap in provision until the county wide contract (from April 2023) is in place and people will migrate from the existing contract to the</p>

				<p>new service between April-August '23.</p> <p>This project provides an opportunity to contact people to check if they still require the Telecare and give advice and support on how to use the Telecare.</p>
Race			<p>3% of people with Telecare are non-white and 10.4% are unknown. Therefore, consideration when contacting people that English may not be the first language.</p>	<p>By extending the contract will ensure there is no gap in provision until the county wide contract (from April 2023) is in place and people will migrate from the existing contract to the new service between April-August '23.</p> <p>This project provides an opportunity to contact people to check if they still require the Telecare and give advice and support on how to use the Telecare.</p>
Religion and Belief				<p>There is no evidence to suggest that people would</p>

				<p>be adversely impacted as a result of this protected characteristic.</p> <p>By extending the contract will ensure there is no gap in provision until the county wide contract (from April 2023) is in place and people will migrate from the existing contract to the new service between April-August '23.</p> <p>This project provides an opportunity to contact people to check if they still require the Telecare and give advice and support on how to use the Telecare.</p>
Sexual Orientation				<p>There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic.</p> <p>By extending the contract will ensure there is no gap</p>

				<p>in provision until the county wide contract (from April 2023) is in place and people will migrate from the existing contract to the new service between April-August '23.</p> <p>This project provides an opportunity to contact people to check if they still require the Telecare and give advice and support on how to use the Telecare and consider any other options if they are not sure they are using the Telecare correctly or nervous about Telecare.</p>
Pregnancy and Maternity				<p>There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic.</p> <p>By extending the contract will ensure there is no gap in provision until the county wide contract (from</p>

				<p>April 2023) is in place and people will migrate from the existing contract to the new service between April-August '23.</p> <p>This project provides an opportunity to contact people to check if they still require the Telecare and give advice and support on how to use the Telecare.</p>
Marriage and Civil Partnerships				<p>There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic.</p> <p>By extending the contract will ensure there is no gap in provision until the county wide contract (from April 2023) is in place and people will migrate from the existing contract to the new service between April-August '23.</p>

				<p>This project provides an opportunity to contact people to check if they still require the Telecare and give advice and support on how to use the Telecare.</p>
<p>Carer's Responsibilities</p>				<p>14.1% of people with Telecare have a carer listed. Telecare gives carers reassurance and supports the carer in their caring role. Therefore, by extending the contract will ensure there is no gap in provision until the county wide contract (from April 2023) is in place and people will migrate from the existing contract to the new service between April-August '23.</p> <p>This project provides an opportunity to contact people to check if they still require the Telecare and give advice and support on how to use the</p>

				Telecare.
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Part 2

Equality Analysis /Impact Assessment

Information and Data used to carry out your assessment.

MOSAIC Data has been used for this assessment.

Of the information available:

- 66.5% are female
 - 0.4% are aged under 26
 - 12.1% are aged between 26 and 54
 - 15.9% are aged between 55 and 69
 - 72.6% are aged 70 and over
- 33.5% are male
 - 0.6% are aged under 26
 - 13.5% are aged between 26 and 54
 - 20.4% are aged between 55 and 69
 - 65.5% are aged 70 and over

- 84.8% are White
- 3% are Non-White
- 10.4% have a not stated ethnic origin

- 14.1% have a carer listed on Mosaic

- 52.4% have a Health Condition listed on Mosaic
 - 45.2% are listed on Mosaic with an 'Other' Health Condition
 - 9.9% have Dementia
 - 4.9% have input due to a Stroke
 - 3.5% have Chronic Obstructive Pulmonary Disease
 - 2.5% have Learning Disabilities
- 47.6% do not have a Health Condition listed on Mosaic

Data provided by KCC ASC Performance Team in May 2022.

Who have you involved consulted and engaged?

Adult Social Care Operational SMT (24 May 2022)

Analysis

The evidence gathered as part of the assessment shows that there could be a potential negative impact on age, disability and carers responsibilities if the contract was not extended and alternative options would need to be considered. Age, disability and carers responsibilities, are three key reasons why Telecare is prescribed, all with an aim to help keep people independent and safe. Therefore, an extension of the Telecare contract will have a positive impact, to ensure that there is continued service provision until a new county wide Technology Enabled Care contract is in place from April '23 and to migrate people from the existing contract to the new service between April and August '23.

Age: The vast majority of people with Telecare are 70+ and is one of the main reasons Telecare has been prescribed, to give the person and family reassurance. Therefore, by extending the contract will ensure there is no gap in provision until the county wide contract (from April 2023) is in place.

Disability: This is another reason why people will have Telecare, to enable them to lead independent and safe lives. Therefore, by extending the contract will ensure there is no gap in provision until the county wide contract (from April 2023) is in place.

Race: 3% of people with Telecare are non-white and 10.4% are unknown. Therefore, consideration when contacting people that English may not be the first language.

Carers: 14.1% of people with Telecare have a carer listed. Telecare gives carers reassurance and supports the carer in their caring role. By extending the contract will ensure there is no gap in provision until the county wide contract (from April 2023) is in place.

Positive Impact:

Telecare is prescribed for a number of reasons but all with an aim to help keep people independent and safe. The extension of the contract will have a positive impact as ensure that there is continued service provision until a new county wide Technology Enabled Care contract is in place which will incorporate Telecare.

JUDGEMENT

- **Adjust and continue** - adjust to remove barriers or better promote equality

Internal Action Required YES

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

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

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age	<p>Some people may not feel comfortable with the Telecare and under pressure to return the Telecare.</p> <p>Whilst there are older digital confident people According to the 2018 UK Consumer Digital Index, 8% of UK population could perform zero out of five given digital tasks, with over 65s making up more than three quarters of those (76%).</p>	Staff involved in contacting people to be aware of Telecare activity (when it was last used) and have a conversation with the person how Telecare is working for them.	To reassure people and provide people with the support	Gina Walton	Starting 13 June and up to November '23	No costs
Disability	Some people may not feel	Staff involved in contacting people	To reassure people and	Gina Walton	Starting 13 June and up to	No costs

	comfortable with the Telecare and feel under pressure to return Telecare.	to be aware of Telecare activity (when it was last used) and have a conversation with the person how Telecare is working for them	provide people with the support		November '23	
Race	If English is not the first language may not be able to engage in the conversation about the Telecare	Consider language requirements and support available	To ensure guidance/ instructions have options for different languages	Gina Walton	Starting 13 June and up to November '23	If required: Translator will result in a cost.
Carers Responsibilities	Some people may not feel comfortable with the Telecare and under pressure to return Telecare.	Staff involved in contacting people to be aware of Telecare activity (when it was last used) and have a conversation with the person how Telecare is working for them.	To reassure people and provide people with the support	Gina Walton	Starting 13 June and up to November '23	No costs

Have the actions been included in your business/ service plan? (If no please state how the actions will be monitored)

Yes, included in the plan

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

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

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

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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 – 13 July 2022

Subject: **KENT HOMELESS CONNECT SERVICE**

Classification: Unrestricted

Past Pathway of report: Adult Social Care and Health Governance Directorate Management Team – 16 June 2022

Future Pathway of report: Cabinet decision

Electoral Division: All

Summary: This report summarises the ongoing activities in relation to the proposal to make savings from the Kent Homeless Connect Service, due to end on 30 September 2022, as part of the Council’s budget plans agreed on 10 February 2022.

The report includes a summary of the engagement with the district, borough and city councils and health colleagues, as well as the findings of the Equalities Impact Assessment and public consultation. Also included is the proposed model for the transition period and the associated costs, which are to be met from the Council’s reserves.

The decision in relation to the contractual arrangements for transition and the associated costs are due to be considered at a meeting of the Council’s Cabinet on 21 July 2022.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **NOTE** and **COMMENT** on the progress made to date, to implement the savings proposals set out in the Council’s budget plans in relation to the transition plans, associated costs and the contractual vehicle to be used to support the proposal to end the Kent Homeless Connect Service in September 2022

1. Introduction

- 1.1 The Kent Homeless Connect (KHC) Service was commissioned by the Council in October 2018 to support adults with complex support needs who are facing homelessness.
- 1.2 On 10 February 2022, the Council approved its draft budget which included the proposal to allow the service to come to an end when the contract expires on 30 September 2022.

1.3 After this date, the Council agreed to provide protection funding, drawn from its reserves, to ensure continued support for people who use the service for at least the remainder of the financial year (2022/2023) whilst transitional plans are drawn up with district and borough authorities and other stakeholders in order that alternative arrangements for support in the future can be put in place.

2. Background

2.1 The KHC service is delivered over four geographic lots by two Prime Providers, Porchlight and Look Ahead.

Lot	Geographical area	Prime Provider
Lot 1	Canterbury, Dover, Folkestone and Hythe, Thanet	Porchlight
Lot 2	Ashford, Maidstone	Porchlight
Lot 3	Dartford, Gravesham, Swale	Look Ahead
Lot 4	Sevenoaks, Tonbridge and Malling, Tunbridge Wells	Look Ahead

2.2 The service is delivered in three ways:-

- **Support in supported accommodation** - provides support in a safe place to live. Assistance is focused on aiding people in their journey to independence and recovery from homelessness. Once people have gained the skills they need to live independently they are supported to move on to more permanent accommodation.
- **Prevention and move on** - support delivered in the community to people who need support and at risk of homelessness or people who are homeless, regardless of where they live. The service also helps people to settle into a new tenancy.
- **Rough Sleeper Outreach** - workers offer help to rough sleepers, supporting them to access and sustain accommodation, health care and other support, appropriate to their needs, in order to recover from homelessness.

2.3 The £5,069,901 annual cost of the contract is met via the Adult Social Care budget and includes a contribution of £393,200 from the Public Health grant.

3. Current Position

- 3.1 Since the budget proposal was published in January 2022, a timetable of engagement with the Kent Chiefs and Leaders has been agreed. Regular updates have been provided to senior leaders in the district, borough and city councils, and the Council has met monthly with each of the housing authorities to plan the transition, using a shared data set.
- 3.2 A weekly report of the activity has been circulated to a wide constituency of stakeholders. There has been regular attendance and engagement with key groups such as the Kent Housing Group and the Kent Housing Options Group, which is also attended by representatives of the Department of Levelling Up, Housing and Communities (DLUHC).

4 Public Consultation

- 4.1 A public consultation was undertaken between 27 April 2022 to 6 June 2022.
- 4.2 The consultation documents and accompanying Equality Impact Assessment were shared with the leaders of the city, district and borough councils, prior to the consultation launch and one-to-one sessions with the Corporate Director Adult Social Care and Health or Cabinet Member for Adult Social Care and Public Health were offered during the consultation period.
- 4.3 The consultation documents were published online and were also available in easy-read and hard copy. The consultation was promoted through several routes, including social media and media release, Equality Cohesion Council, Kent Homeless Connect and Kent Housing Group websites and Healthwatch. It was also promoted by Kent Homeless Connect providers to individuals accessing the service and to registered participants of Kent County Council’s (KCC) online engagement platform, Let’s Talk Kent. A telephone line and email address were provided to enable residents and other stakeholders to ask questions about the consultation if they needed to.
- 4.4 To broaden the reach of the consultation, the Council arranged a series of four public face-to-face events in libraries across the county (Canterbury, Maidstone, Gravesend and Tonbridge) where representatives from KCC were available to discuss the consultation and listen to views.
- 4.5 In addition to these public events, eight closed drop-in sessions were also arranged, specifically ring-fenced for those who have been supported by KHC, now or in the past. The events were designed to ensure that people who are most affected by the proposal had a meaningful opportunity to respond.
- 4.6 The closed events took place in the following areas

Canterbury	Dover	Thanet	Folkestone & Hythe
Gravesham	Maidstone	Swale	Tunbridge Wells

- 4.7 Residents were asked about any impact of the proposal, other sources of help and for comments on alternative ways to offer support.
- 4.8 A total of 228 responses were received from a broad range of professionals, voluntary organisations, people who use the service and from the public. The in-person events were attended by 80 people. A copy of the consultation report is included in Appendix A.
- 4.9 Though concerns were expressed about the impact of a change in all three aspects of the service, should an alternative not be in place, 94% of respondents highlighted an impact on support in supported housing, including increases in
- homelessness and rough sleeping
 - homeless people being impacted by anti-social behaviour, crime, and exploitation
 - mental health related issues including suicide ideation and self-harm
 - drug and alcohol dependency
 - pressure on other public bodies and partnerships, including the NHS and KCC statutory services
- 4.10 When asked about alternatives sources of help, most respondents identified this to be within the public sector.
- 4.11 When asked about how support could be provided differently in future, the most common responses were to
- increase, retain, redirect, and seek new funding
 - bring existing funding within the sector together to redesign services
 - obtain more support from other organisations and increase joint working
 - increase prevention and outreach services
- 4.12 Three respondents questioned whether the council was meeting its legal duties under the Homelessness Code of Guidance.

5. Financial Implications

- 5.1 The Leader of Kent County Council gave an undertaking to the districts that their budgets would not be adversely affected during 2022/2023 financial year.
- 5.2 There is broad consensus that because of changes in legislation and funding since the service was commissioned, many aspects of the service currently delivered could be delivered by the Local Housing Authorities or their agents.
- 5.3 The Homeless Reduction Act was implemented as the KHC service went live, and because of this change, Local Housing Authorities have been awarded a Homelessness Prevention Grant each year to support them to deliver against their new responsibilities under the legislation such as the Prevention Duty. All housing authorities in Kent receive an allocation of this annual grant, which in 2022 amounted to a total of £6,630k across the county.

- 5.4 Since the KHC service went live, and the Government’s pledge to halve rough sleeping by 2022, and ending rough sleeping by 2027, the Department of Levelling Up, Housing and Communities (DLUHC) has made monies available to support Local Housing Authorities to tackle rough sleeping, significantly through the Rough Sleeper Initiative funding. Local Housing Authorities are encouraged to apply for this funding to provide local support for those living on the streets and to reduce rough sleeping. Since 2018, a total of £12,167k of Rough Sleeper Initiative funding has come into Kent.
- 5.5 The latest round of bids was made by housing authorities in February 2022, though the results are yet to be announced. Some of the interventions that the housing authorities have put in place with this funding can be used to deliver elements of support that are currently available within the KHC Service.
- 5.6 A working model of the transition would see a phased move to new arrangements over three six-monthly stages. The model recognises the complexities of a change in arrangements in supported housing, allowing a longer time to achieve this.
- 5.7 The estimated cost of this approach over an 18-month transition period would be £4,563k, as set out in the table below:-

Six-monthly interval	1 Oct 22 - 31 Mar 23	1 Apr 23 - 30 Sept 23	1 Oct 23 - 31 Mar 24	1 April 24 onwards	Total
Percentage of contract value	80%	60%	40%	0%	
Transition activity	Rough Sleeper outreach	Prevention and Move-on	Supported Housing		
Transition Funding Required	£2,027,961	£1,520,971	£1,013,981	£0	£4,562,913

6. Legal Implications

- 6.1 The current framework contract comes to an end on 30 September 2022. The Council intends to vary the current contracts to include a safe transition of these services into alternative arrangements, which would conclude no later than 31 March 2024.
- 6.2 During the consultation the Council received three responses that suggested it had a legal duty to continue to provide these services. An example is given below

“KCC has not addressed how it intends to address the divergence from those duties placed on it and set out in the Homelessness Code of Guidance that places responsibility for the provision of housing related support on upper-tier authorities. This places KCC open to legal challenge for not fulfilling those duties placed on it by government policy.”

- 6.3 The Council has investigated this matter thoroughly and has established that it does not have a duty in terms to provide these services arising from the Code of Guidance as the respondents have suggested.
- 6.4 KCC is of the view that both the Housing Act 1996 and the Care Act 2014 impose a mutual obligation to co-operate in the exercise of the respective functions of the Local Housing Authority and the County Council, as the relevant social services authority, concerning its responsibilities relating to adults with needs for care and support and the obligation to have regard to the homelessness strategies. KCC's policy position is that where it is asked by a district council to assist the housing authority with the exercise of its functions under the Housing Act 1996, it will offer such co-operation and assistance where it is deemed reasonable to do so and, it does not result in the County Council doing anything which another local authority is required to do under the Housing Act 1996.
- 6.5 KCC continues to carry out its adult social care responsibilities in accordance with the Care Act 2014, including s.2, and relevant regulations, statutory and good practice guidance. It conducts its assessment of need for care and support and prevention functions with regard to the homelessness strategies of district councils and the 'duty to refer' responsibilities placed on the County Council by the Homelessness Reduction Act 2017. Where the County Council is not able to comply with a request to co-operate from a district council, it will give a written reason for its decision.
- 6.6 Following a transition period that will close on 31 March 2024, the Council intends to end its provision of housing related support in Kent Homeless Connect where it does not have statutory duty. The Council will ensure it exercises its duties to ensure those who need an assessment under the Care Act receive one and to consider how care and support needs can be met. The Council will work closely with the city, district and borough councils to develop and support transitional plans to meet the needs of individuals.
- 6.7 The Council has set out its vision for how it plans to make changes to the way it works with the people of Kent and its partners such as the Local Housing Authorities in the Making a Difference Every Day Strategy for Adult Social Care. The strategy is part of wider council plans such as the Interim Strategic Plan and 5-year-plan, local strategic documents such as the Kent and Medway Integrated Care System's Five-year Plan. The County Council and the health economy will work in partnership with the city, district and borough councils, to develop support to local communities.
- 6.8 The Adult Social Care Strategy sets out the way the Council will work to support people to lead the lives they want to live, and in a place they call home, by putting people at the heart of everything we do. It shows how the Council will work with communities early on to help people feel empowered, resilient and develop their independence and access trusted support. People will experience more flexible ways of arranging support, promoting a balance of choice for the people we support, quality and value. The strategy will be underpinned by a co-

produced commissioning strategy which will describe the way changes in the market will support the Council's ambitions.

- 6.9 The strategy will be expressed through the implementation of the locality model way of working, demonstrating how the placed-based working arrangements will provide both capacity and capability of more responsive joined-up working with statutory and non-statutory partners at the district level.
- 6.10 The Council will continue to work closely with each district, borough and city authority and other partners and carry out its duties under the Homelessness Reduction Act 2017 and the Homeless Code of Guidance such as the duty to refer. As stated above, it is the Adult Social Care locality model that provides the basis for collaborating at a more local level, including working with housing authorities which are responsible for drawing up their homelessness strategies. In this regard, when assistance is sought by district councils because of the social care functions held by the County Council, such requests will be honoured.
- 6.11 The Council has considered the feedback on the proposed decision as set out in the consultation papers including the Equality Impact Assessment. A revised Equality Impact Assessment is shown in Appendix B, which considers this feedback.
- 6.12 The consultation has highlighted a potential increase in demand for the County Council's own services. The Council will exercise its duties to ensure those who need an assessment under the Care Act and to consider how care and support needs can be met. Under the new strategy, the Council's move towards working more closely in local areas and strengthening partnership with the city, district and borough councils, local providers, and communities will ensure a joined-up approach to meeting people's needs. In addition, the Council will ensure pathways into its other commissioned services such as treatment and rehabilitation services, mental health and wellbeing and domestic abuse support are well established and facilitated.
- 6.13 The key decision required to enact the budget proposal will be considered by Cabinet on 21 July 2022.

7. Equalities Implications

- 7.1 An Equality Impact Assessment (EQIA) has been undertaken and has been reviewed since the consultation. A copy of the EQIA is attached as Appendix B.

7.2 The EQIA has found that should alternative support not be put in place, the decision to allow the service to end may have a greater impact on some people, based on the following protected characteristics:

- Age
- Gender
- Race
- Disability
- Religion or Belief
- Sexual Orientation
- Gender reassignment
- Marriage or Civil Partnership
- Pregnancy and Maternity

7.3 This assessment was confirmed by the consultation and the EQIA has been finalised based on these findings. These impacts will be addressed through the transition planning with the district, borough and city councils and other partners.

8. Data Protection Implications

8.1 A Data Protection Impact Assessment was completed for the service when it was commissioned.

9. Conclusions

9.1 Following the agreement of the budget on 10 February 2022, a program of work has been undertaken to allow the current service for KHC to come to its natural end on 30 September 2022 and to plan for the transition to new arrangements by 1 April 2024.

9.2 The Council does not have a legal duty arising from the Homelessness Code of Guidance to continue to provide these services.

9.3 There has been regular engagement with the Local Housing Authorities to develop transition plans, and a broad consensus has been reached on a phased approach to transition.

9.4. A public consultation has been undertaken and an EQIA has been completed and the learning has informed the transition planning.

9.5 The cost of the phased approach is £4,562,913, to be met from the County Council's reserves.

9.6 A variation to the current contract will be used as a vehicle for the safe transition of these services to alternative arrangements.

9.7 The decision in relation to the reserves, contractual vehicle and the transition of these services will be taken via Cabinet on 21 July.

10. Recommendations

10.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **NOTE** and **COMMENT** on the progress made to date on the work to implement the savings proposals set out in the Council's budget plans in relation to the transition plans, associated costs and the contractual vehicle to be used to support the proposal to end the Kent Homeless Connect Service in September 2022.

11 Background Documents

Making a difference every day. Adult Social Care Strategy April 2022
[Making a difference every day - our adult social care strategy \(kent.gov.uk\)](https://www.kent.gov.uk/adult-social-care-strategy)

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Strategic Commissioning **Consultation Report**

Kent Homeless Connect Public Consultation Report July 2022



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Executive Summary

Since 2003, Kent County Council (KCC) has commissioned a range of prevention and support services for adults with support needs that are also facing homelessness. In October 2018, the model changed significantly to provide a more integrated offer of support, delivered through the Kent Homeless Connect (KHC) contract.

The service aims to empower people to recover from the effects of homelessness.

The contract is split into four geographical lots with two Prime Providers who organise the care and support in their contracted areas. The contract is delivered in a trauma-informed manner in psychologically informed environments.

The service includes three core elements; supported accommodation, prevention and move on, and rough sleeper outreach.

The contracts with the two Prime Providers are due to end on 30 September 2022.

To meet the financial challenge posed by the budget this year and in years to come, KCC consulted on whether the county council could allow the KHC service to come to an end on 30 September 2022, saving the council £2.5m in 2022 and £5m annually each year after that from its Adult Social Care budget.

The consultation ran for six weeks, ending on 6 June 2022 and its documentation provided details on the proposed changes to services and the opportunity for people who are or have been supported by the current service, and other interested parties, to tell KCC how these changes could impact them.

The consultation documents were publicly available at, www.kent.gov.uk/homelessnessconsultation and the consultation questionnaire offered in both online and hard copy formats.

Four public drop-in sessions were arranged, where staff from KCC were available to discuss the consultation and listen to views. A further eight drop-in sessions were arranged for people who use the service and were advertised locally to them.

Summary of findings

A total of 228 responses were received. Of these, 35% (79) of respondents stated that either they, or the person they are responding for, have accessed KHC services that could be affected by a future decision to allow the service to come to an end.

Those responding to the consultation were asked to identify whether there would be an impact if the council's funding to KHC came to an end. The majority of respondents identified that there would be an impact. However, the proportion differed between each service element.

Over 80% of respondents identified that there would be an impact on support in a supported housing setting; the same proportion and impact in both prevention

support to avoid homelessness/rough sleeping and in outreach support to people who are rough sleeping.

A lower proportion, 65% of respondents identified that there would be an impact on resettlement support for people in their new home following a period of homelessness.

Respondents identified that, if this proposal is agreed, there would be an increase in:

- homelessness and rough sleeping
- homeless people being impacted by anti-social behaviour, crime, and exploitation
- mental health related issues including suicide ideation and self-harm
- drug and alcohol dependency
- pressure on other public bodies and partnerships, including the NHS and KCC statutory services.

Respondents also outlined that:

- there would be reduced access to necessary and appropriate accommodation
- people would not be able to achieve and sustain a successful move on to a home of their own
- people who need the service would struggle to establish themselves and resettle successfully
- the situation for those currently in this position would not improve and their personal safety, health and wellbeing will be more at risk, including from exploitation, such as cuckooing.

Those responding to the consultation were also asked to identify what alternative ways would they or the person they represent get support. The most selected options were no alternatives, support from local housing authority and support from local charity/voluntary organisation. A small number of people identified that they would be able to manage by themselves.

In response to how support could be provided differently in the future, respondents stated the need to:

- increase, retain, redirect, and seek new funding
- increase prevention and outreach services
- bring existing funding within the sector together to redesign services
- obtain more support from other organisations and increase joint working
- change the commissioning model by bringing services in-house
- promote, publicise, and increase charity funding
- commission face to face walk in centres, floating support and monitoring to prevent tenancy breakdown
- utilise other properties.

Finally, those responding to the consultation were asked do they have any other comments or suggestions they would like to make about the proposal to allow the

KHC service to end. Respondents suggested that KCC should reconsider the decision due to:

- the negative impact on other public bodies and individuals who are or at risk of homelessness
- the council not fulfilling its statutory duties e.g., under the Homeless Code of Guidance
- the resulting increased costs to other public bodies, such as Health, Adult Social Care and housing authorities.

Respondents also said that the timing is inappropriate, alternative services should be provided and core elements should be retained.

Many of the views shared during the consultation events echoed the responses expressed in the consultation, with attendees stating the proposal would result in:

- increased mental health related issues including suicide ideation and self-harm
- increased risks regarding personal safety and exploitation
- negative impacts on other services and public bodies, including increased costs
- a disproportionate impact on young people.

Attendees also expressed the importance of supported housing in tackling homelessness, the inappropriate timing of this proposed change due to increases in demand and cost of living, and questioned availability of other Adult Social Care services and why the NHS do not contribute?

1. Introduction & Methodology

Since 2003, Kent County Council (KCC) has commissioned a range of prevention and support services for adults with support needs that are also facing homelessness. In October 2018, the model changed significantly to provide a more integrated offer of support, delivered through the Kent Homeless Connect (KHC) contract.

The Kent Homeless Connect service aims to empower people to recover from the effects of homelessness.

This contract is split into four geographical lots with two Prime Providers who organise the care and support in the areas detailed below. The contract is delivered in a trauma-informed manner in psychologically informed environments.

Lot	Geographical area	Prime Provider
Lot 1	Canterbury, Dover, Folkestone and Hythe, Thanet	Porchlight
Lot 2	Ashford, Maidstone	Porchlight
Lot 3	Dartford, Gravesham, Swale	Look Ahead
Lot 4	Sevenoaks, Tonbridge and Malling, Tunbridge Wells	Look Ahead

The service is for adults with complex support needs that are facing homelessness. To get help, there is a single point of access and assessment, to identify risk and support needs and divert people to the most appropriate element of the service for them.

The three service elements are:

- **Supported accommodation** - provides a safe place to live while support is being offered to aid people in their journey to independence and recovery from homelessness. Lengths of stay in supported housing vary according to the needs of the individual. Once people have gained the skills they need to live independently, they are supported to move on to more permanent accommodation. Most people are able to do this within two years.
- **Prevention and move on** - support delivered in the community to people who are at risk of homelessness or people who are already homeless, regardless of where they live. The service also helps people to settle into a new tenancy.
- **Rough Sleeper Outreach** - workers look for those sleeping rough, either following a referral or through searching local areas, to assist those they find, to help them access accommodation, health care and support appropriate to their needs, in order to recover from homelessness.

The contracts with the two Prime Providers are due to end on 30 September 2022.

To meet the financial challenge posed by the budget this year and in years to come, KCC consulted on whether the county council could allow the KHC service to come to an end on 30 September 2022, saving the council £2.5m in 2022 and £5m annually each year after that.

The consultation documentation provided details on the proposed changes to services and the opportunity for people who are or have been supported by the current service, and other interested parties, to tell KCC how these changes could impact them. This information was used to review and update the Equality Impact Assessment (EqIA) and will be considered before any decisions are taken.

This document provides an analysis of the results of the consultation, which ran from 27 April 2022 to 6 June 2022, with those wishing to respond invited to complete an online consultation questionnaire. Hard copy questionnaires were available on request and all the consultation documents were publicly available at www.kent.gov.uk/homelessnessconsultation.

Four public drop-in sessions were also arranged, where staff from KCC were available to discuss the consultation and listen to views. A further eight drop-in sessions were arranged for people who use the service and were advertised locally to them.

The main body of this report provides a summary of the key findings of the consultation.

2. Coverage

The consultation documents were publicly available at, www.kent.gov.uk/homelessnessconsultation and the consultation questionnaire offered in both online and hard copy formats. The consultation was promoted through several routes, including social media and media (press) release, key stakeholders, Equality Cohesion Council, Kent Homeless Connect and Kent Housing Group websites and Healthwatch. It was also promoted by Kent Homeless Connect providers to individuals accessing the service and to registered participants of KCC's online engagement platform, Let's talk Kent.

Four public drop-in sessions were also arranged, where staff from KCC were available to discuss the consultation and listen to views. A further eight drop-in sessions were arranged for people who use the service and were advertised locally to them.

In total 80 individuals attended these events, which enabled them to express their views, ask questions about the questionnaire, and get support to complete the consultation questions.

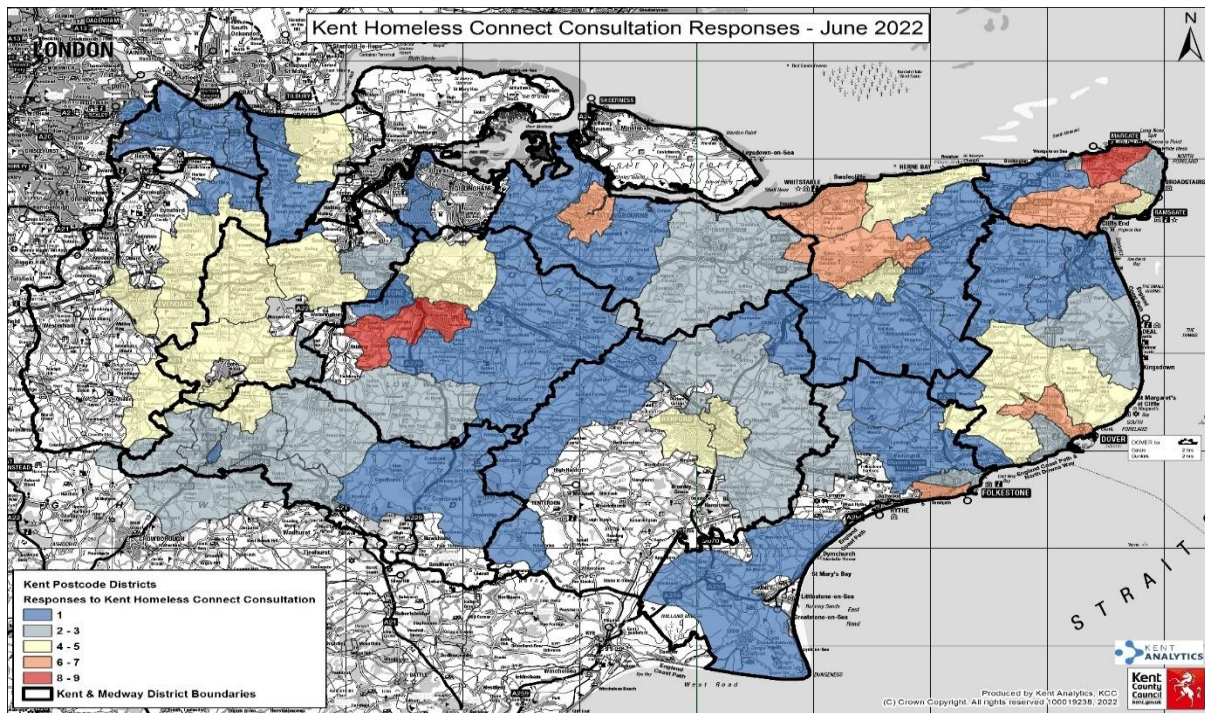
Dates, times, and locations of the four public drop-in sessions are detailed below.

Date	Drop-in Time	Location
Monday 9 May 2022	10am – 12pm	Canterbury Library, Canterbury
Thursday 12 May 2022	1pm – 3pm	Kent History and Library Centre, Maidstone
Tuesday 17 May 2022	10am – 12pm	Gravesend Library, Gravesend
Wednesday 18 May 2022	10am – 12pm	Tonbridge and Malling Library, Tonbridge

A total of 228 responses to the questionnaire were received. Of these, 45 were from people who are either supported or a relative and carer of someone supported by Kent Homeless Connect.

2.1 Geographical Coverage

The figure below shows the geographical distribution of the responses received.

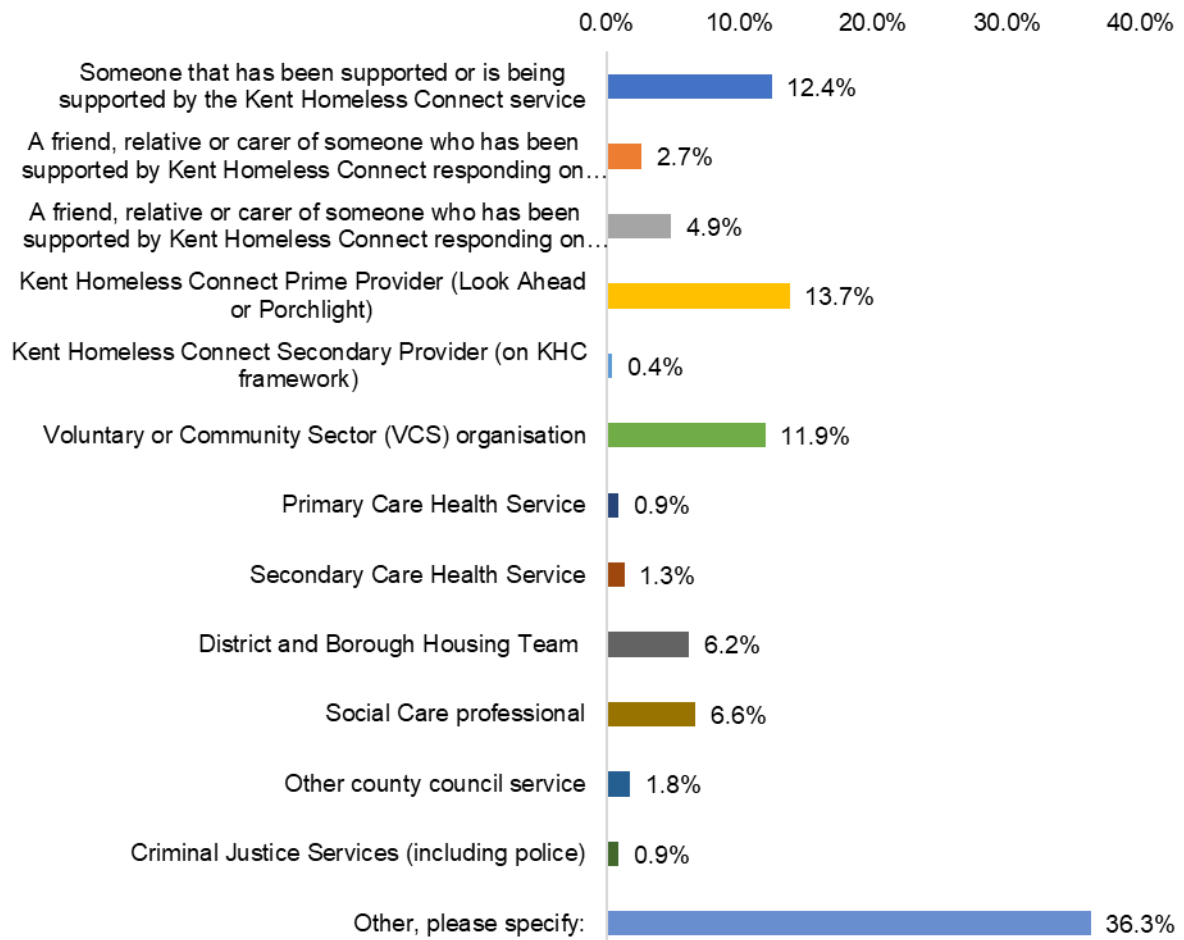


Responses to the consultation were received from residents in all twelve district, city and borough authority areas. However, there were postcode sectors from which no responses were received.

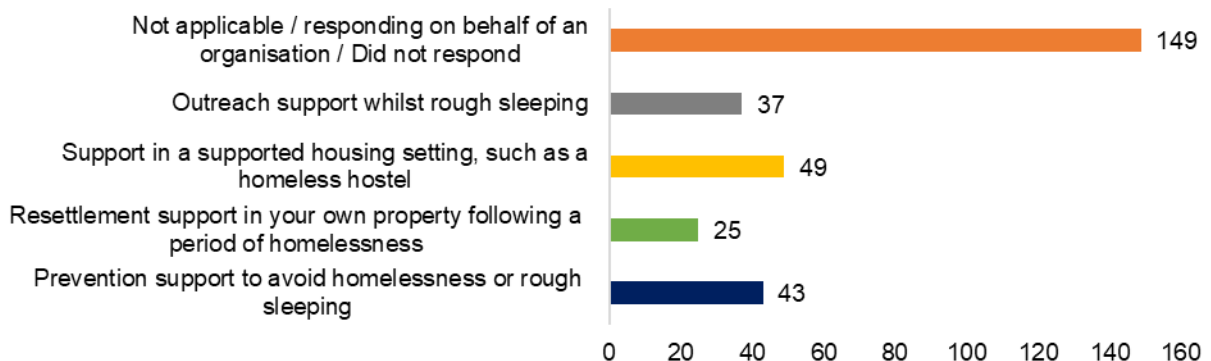
2.2 Response Profile

The charts below provide a summary of the profile of those responding to the consultation. Of those that responded, 35% (79) stated that either they, or the person they are responding for, have accessed KHC services that could be affected by a future decision to allow the service to come to an end.

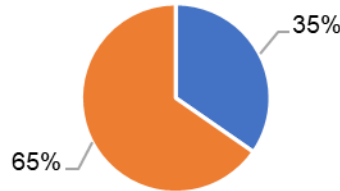
Are you responding as?



Have you or the person you are responding on behalf of used any of the Kent Homeless Connect services that could be affected by a future decision to allow the contract to come to an end (Respondents were able to select more than 1 option)

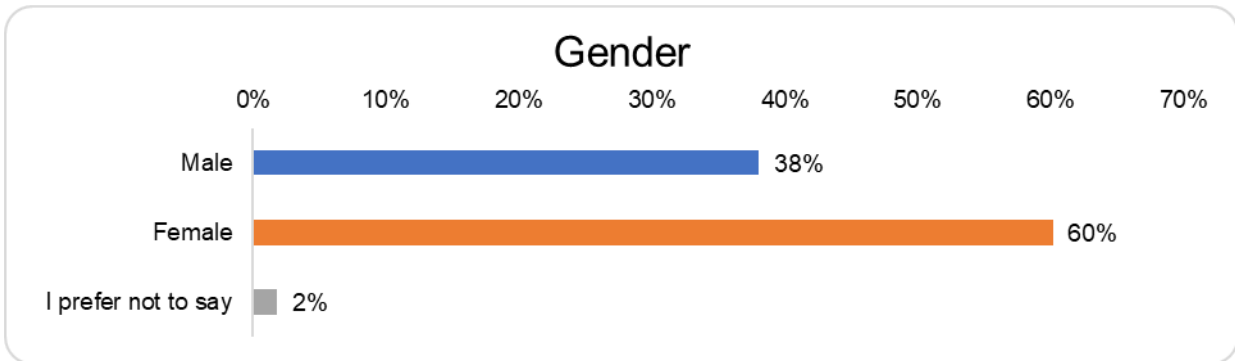


Percentage of respondents who or the person they are responding on behalf of have used at least one of the Kent Homeless Connect services that could be affected by a future decision to allow the contract to come to an end

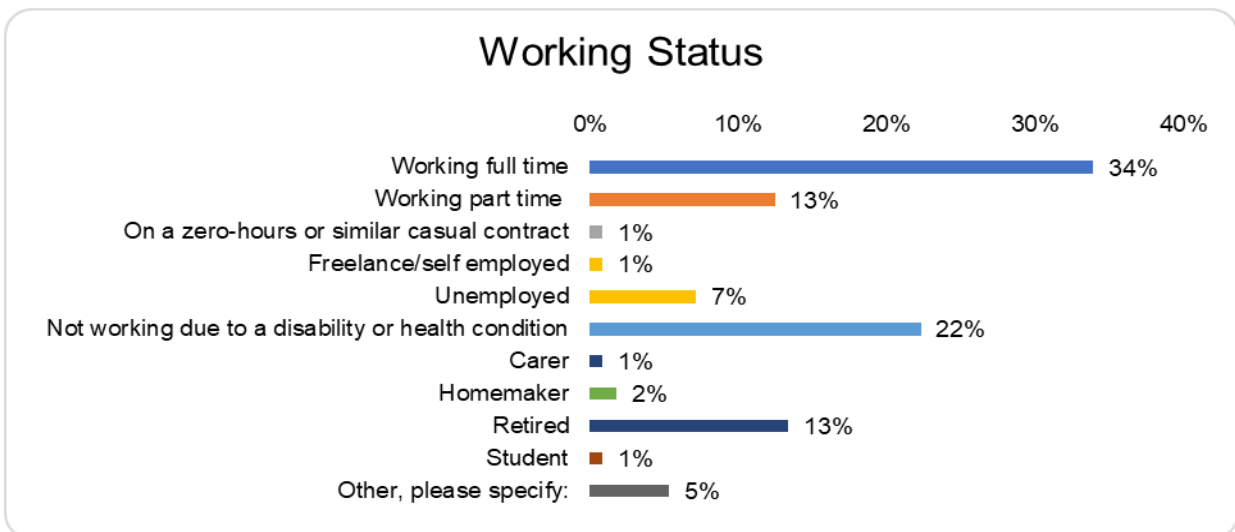


- Have accessed at least one of KHC services
- Not applicable / Responding on behalf of an organisation / Did not respond

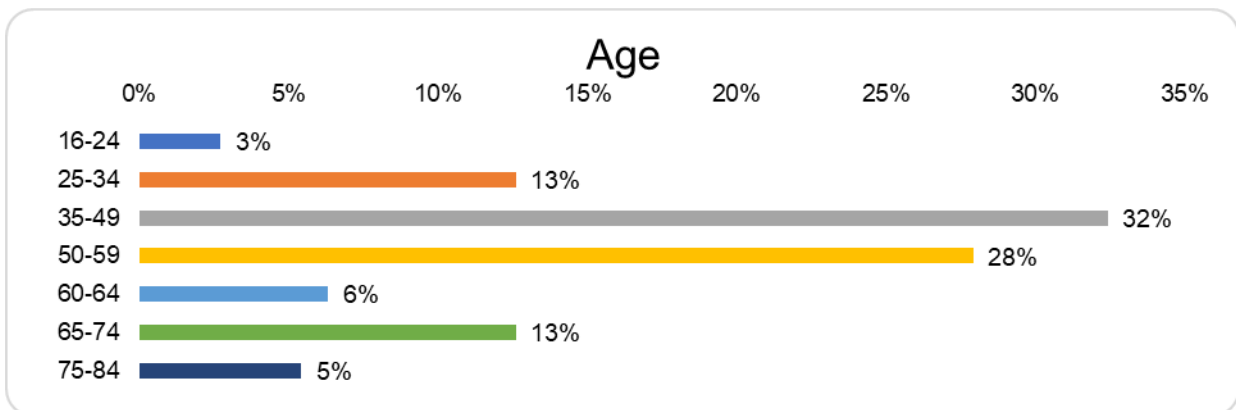
2.2.1 Percentage of respondents by Equality Groups



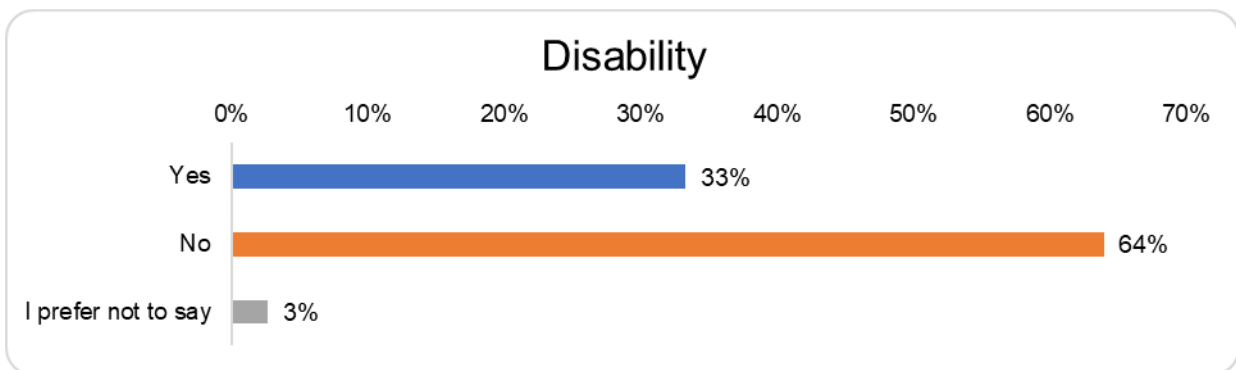
Out of 113 respondents who provided their gender, 60% (68) identified as female of which 53% (36) are employed. 38% (43) identified as male of which 42% (18) are employed.



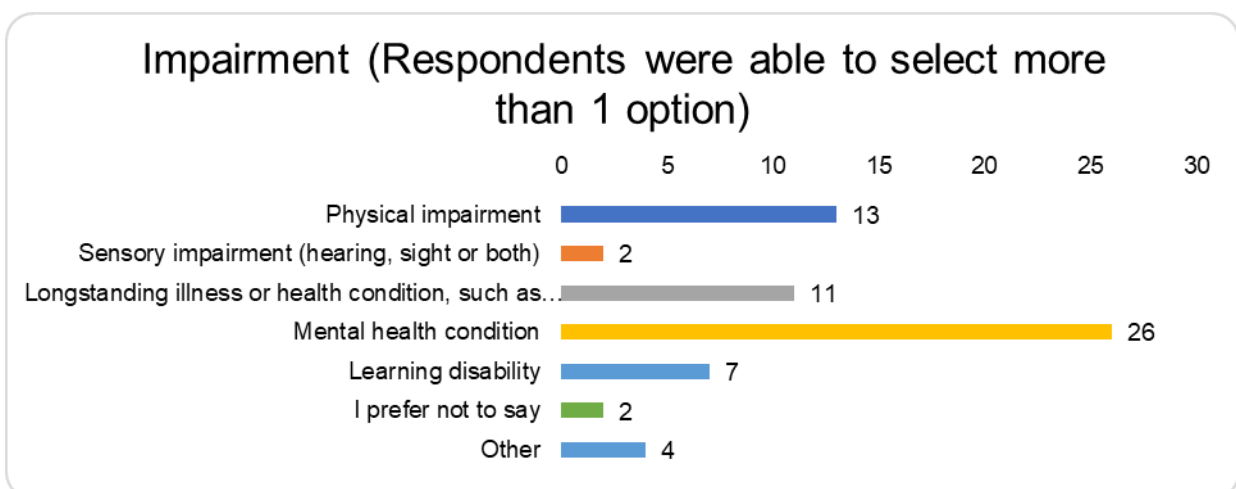
Out of 112 respondents who provided their working status, 48% (54) identified as either working full time, part time, on a zero-hours or similar casual contract or freelance/self-employed.



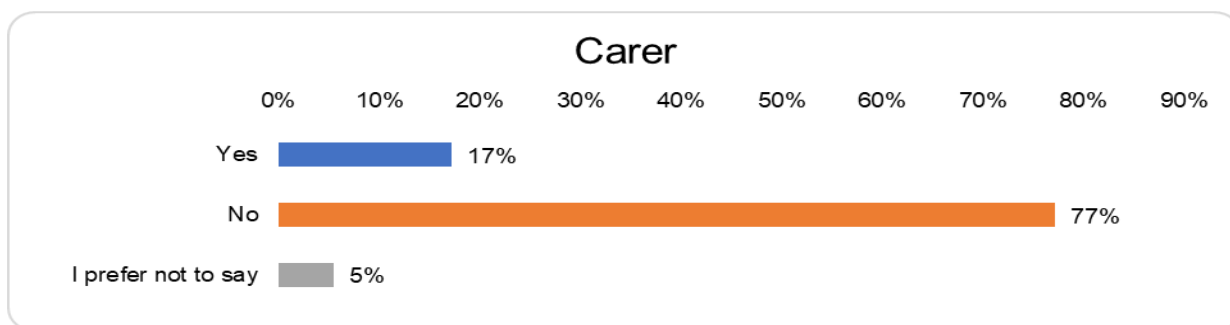
From those who provided their age (111); 60% (67) stated their age is between 35-59.



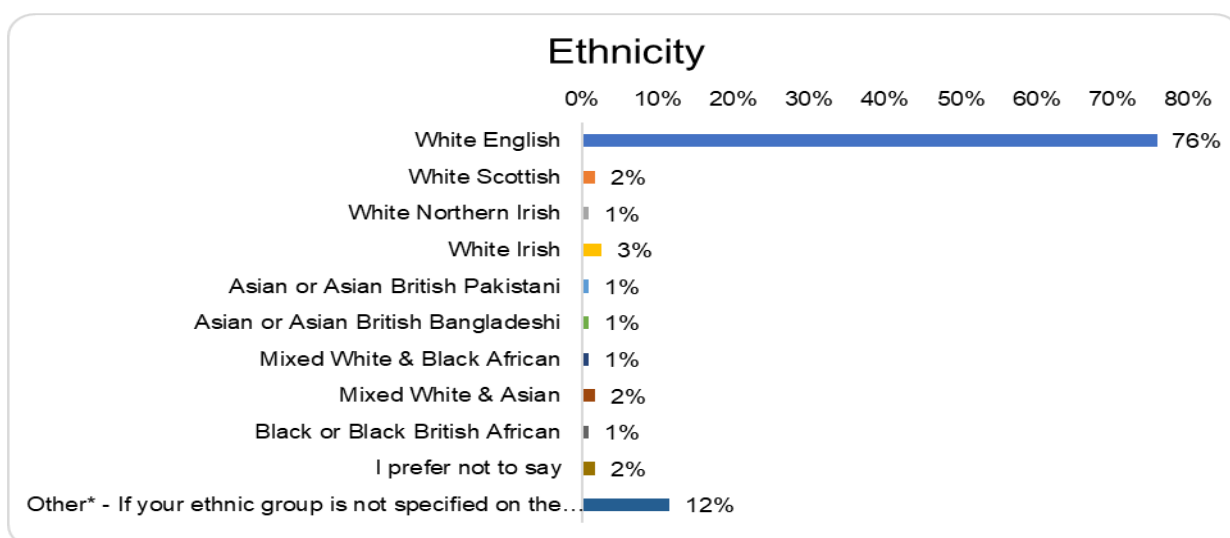
33% (37) of respondents (111) identified as having a disability of which 26 stated they had a mental health condition.



From the responses, 26 people identified as having a mental health condition, 58% (15) of which said they have used the service or are currently being supported by the service.



Of those who responded (110), 17% (19) identified as directly being a carer. 77% (85) did not have any caring responsibilities.



Of those who responded (112), 76% (85) identified as being White English.

3. Consultation Responses

The public consultation intended to understand views on the following:

- The impact of the proposed change to KHC
- The assumptions KCC have made in the draft Equality Impact Assessment (EQIA)
- Additional information KCC needs to consider about the approach and proposal set out in the consultation documents.

On this basis, those responding to the consultation were asked to identify for each service element:

- Whether there would be an impact if the councils funding to KHC comes to an end
- Would the respondent personally or the person they represent be affected by the impact on support and how
- What alternative ways would they get help/support

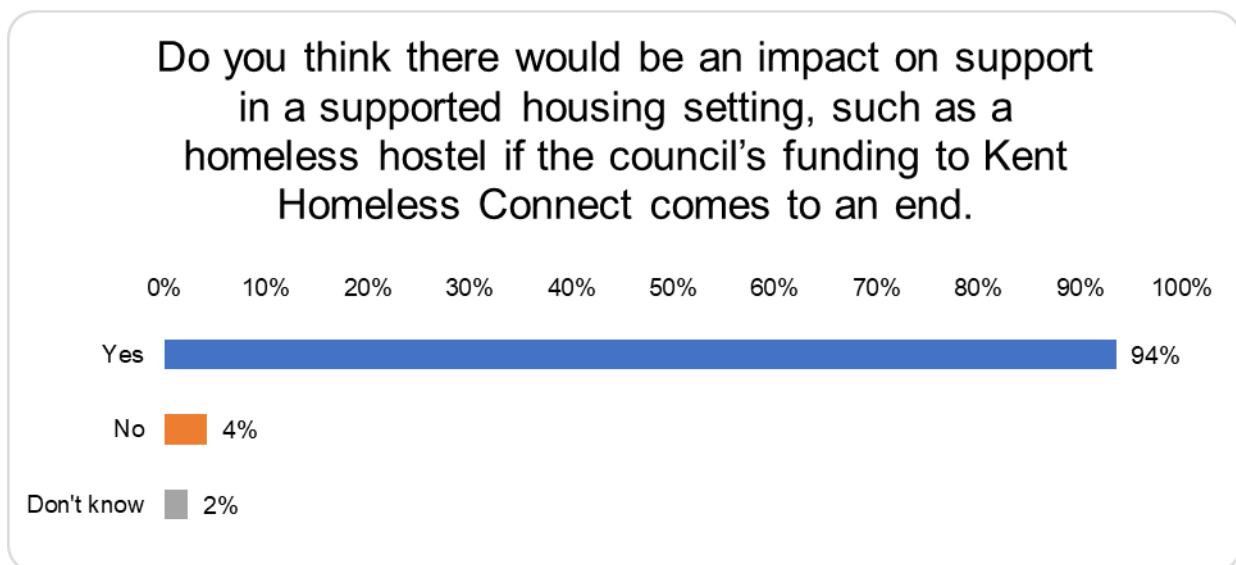
- Any thoughts about how the help could be provided in a different way in the future.

Respondents were also asked for their views on the EQIA and whether there is anything else KCC should consider in regard to equality and diversity.

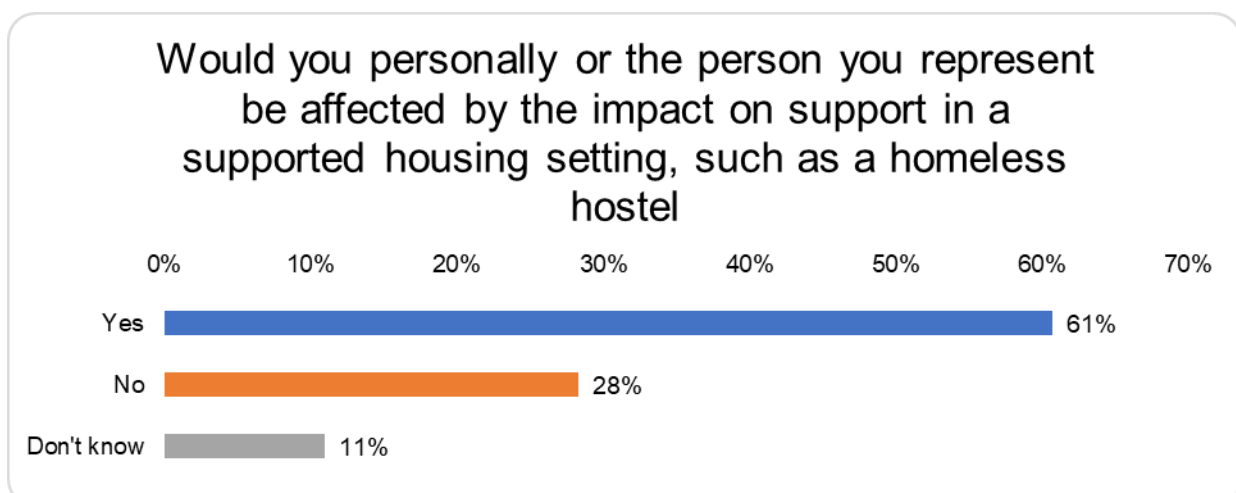
Finally, respondents were asked if they have any other comments or suggestions regarding the proposal to allow the KHC service to end.

The charts and analysis below detail the results.

3.1 Support in a supported housing setting



94% (208) of those who responded (222) identified that there will be an impact, with consistent replies across all demographics and profiles. Of the 4% of respondents who answered “No”, only 1 had accessed the service.



61% (135) of respondents (221) stated they personally, or the person they represented would be affected by the impact.

Respondents were asked to tell us how they or the person they represent would be impacted by the proposal.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 37 respondents identified there would be an **increase in homelessness and rough sleeping**.

“The supported housing, houses some of the most vulnerable and complex individuals that would not be able to maintain independent accommodation. This will increase the number of street homeless people”

“Loss of this contract is likely to lead to an increase in the number of those who are in insecure housing or on the streets and exacerbate all the issues that come with this requiring more costly interventions from already overstretched services such as adult social care, children’s services, mental health, physical health, criminal justice etc. The prevention role of this contract cannot be underemphasised for not only homelessness but for its much wider impacts”

“Supported accommodation is very limited currently, it would create a larger strain if these were to end and close and a higher number of homelessness clients would be the end result”

“A lot of clients within the current Kent Homeless Connect contract would not be able to manage in general needs housing without being supported. They tend to have specialist needs and chaotic lifestyles that limit their successful housing options. There is likely to be an increase in rough sleeping as any non-supported placements/tenancies fail.”

“More homeless people will be sleeping in doorways”

“They'd end up on the streets”

“There is obviously danger of a higher incidence and visibility of rough sleepers in and around the city centres”

“This will affect the whole of our community If the people accessing this service are unable to it will lead to an increase in rough sleepers”

“Will increase rough sleeping”

32 identified there would be an **increase in mental health related issues including suicide ideation and self-harm**.

“They are likely to be street homeless longer than necessary due to the stigma attached to being street homeless. This has an adverse effect on their mental health and an increase in substance misuse.”

"Without this support I would be homeless & would have really bad mental health"

"Without Porchlight's help I would not have had my medical diagnosis - Mental & Physical health"

"I really struggle with very bad anxiety, OCD, depression and PTSD. Having a support worker from Lookahead has been the best thing since being in temporary accommodation the days you feel so lost they are so supporting, help you see light at the end of the tunnel and put in place measures to improve your mental health & get the best out of you even when you're at your lowest to enable you to make the correct choices to get out of temporary. Without my support worker I'm not sure where I would be - probably on the street."

"I am in supported housing now; without this I would not have been able to get clean my mental health & physical health would get worse"

"One of few things that have kept me fighting to stay alive and not take my life"

"My friend would have committed suicide without the help he received"

"The longer people are on the streets the worse their mental health gets"

"Suicide"

"Mental health issues"

"It would affect me to the point of self-harming"

"My mental health would be much worse"

27 outlined there would be an **increase in homeless people being impacted by anti-social behaviour, crime, and exploitation.**

"There is a risk that, with the increase in street homelessness we will see an increase in crime such as exploitation and significant harm to this client group."

"Anti-social behaviour and crime could increase, and the vulnerability of the clients could lead to exploitation especially of the young with placements in unsuitable accommodation."

"likely increase in crime & antisocial behaviour"

"There will be more people sleeping rough in the area, leading to problems with ... safety and crime."

"Failure to tackle and support alleviation of homelessness increases many forms of crime"

"There needs to be provision for these people to reduce reoffending"

25 identified there would be an **increase in drug and alcohol dependency**.

“Without Porchlight I would probably still be using”

“Reduced support will have an effect on people's mental health, ability to cope and drug/alcohol use”

“Relapse into taking drugs and alcohol”

“Drug abuse”

“More people of many ages will end up living on the streets and turn to drink and drugs”

18 outlined there will be **increase pressure on other public bodies and partnerships, including the NHS and KCC statutory services**.

“The end of KHC funding would be devastating and dangerous to homeless people across Kent. It will also cost KCC and councils a huge amount financially due to the impact upon other services.”

“Will increase other organisation cost, NHS, Blue Light Services, DWP”

“As a Mental HEALTH provider this could put pressure on urgent care services to provide meaningful support to Rough sleeping population.”

“The cost of ending the contract is likely to be higher than if it was kept in place due to the other services which would be put under pressure.”

“Providers may need to make cutbacks which will exacerbate unmet needs”

“We have already lost five members of staff since the decision on KHC was announced which impacts existing staff and with an inability to offer contracts past September”

“Without this support, this group would be significantly disadvantaged - leading to potential increase demand on other services including Mental Health and Primary Care”

“Would increase demand on organisation charity's interventions”

“Will negatively impact on the holistic joined up approach with partnerships with other organisations”

“The impact of the closure of the KHC Contract will have a huge impact on the statutory services”

13 identified there would be **reduced access to necessary and appropriate accommodation**.

“Access to supported housing will be reduced to virtually nothing at a time it is needed more than ever”

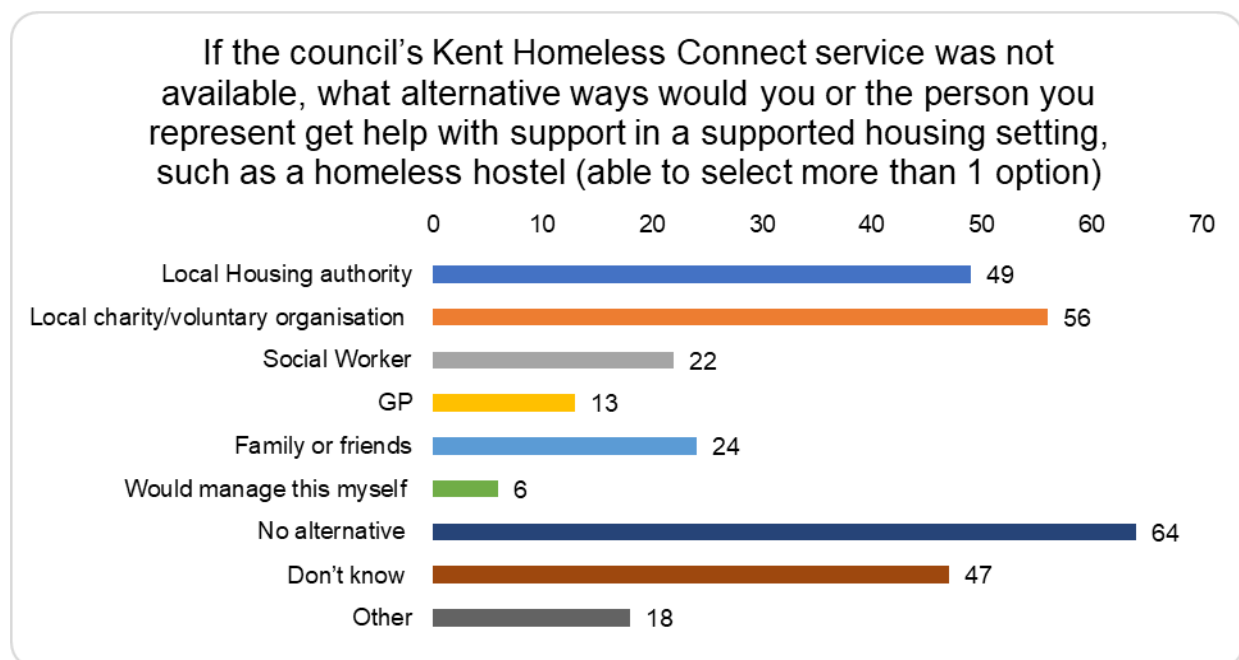
“One other potential negative outcome of this decision is that providers will be rationalising and repurposing their dedicated supported accommodation - if this leads to closure of established and successful services these buildings could be lost forever”

“I am concerned that without the Kent Homeless Connect service, people will die on the streets cold and alone. The people housed are often turned down by councils, or have no trust left in statutory services that have failed them. They will have no alternatives.”

“There is likely to be an increase on the numbers on the housing register for social housing when there is already a demand far exceeding the supply”

“There would be a delay in accommodation provision”

“Our organisation will lose access to supported housing”



From those responding, 64 individuals told us there is no alternative and 49 stated that they would need to turn to their local housing authority to get support. Only 6 said that they would be able to manage by themselves.

The questionnaire asked how support in supported housing could be provided in a different way in the future.

Responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 35 respondents stated the need to **increase, retain, redirect, and seek new funding**.

“This is a vital service”

“Retain funding, provide funding”

“Find funding from somewhere”

“Short sighted cut”

“Seek new funders “

13 stated the need to **utilise other properties**.

“Utilise B&Bs”

“Spare rooms”

“Convert empty office space”

“Holiday rentals”

“Provide more emergency housing hostels suitable for vulnerable people”

11 stated the need to **obtain more support from other organisations and increase joint working**.

“More support from charities to find alternative”

“Local charity + local council partnerships”

“Promote the services of other charities to increase reach and funding”

“Work more closely with local councils who have the responsibility to house homeless people”

6 stated the need to **increase prevention and outreach services**.

“More prevention outreach services”

“Intervene earlier to reduce the need and cost”

“Provide more prevention services through social housing providers”

4 stated the need to **bring services In-House**.

“Bring the contract inhouse at KCC / don't outsource the contract”

“Don't outsource the contract, provide it yourself”

3.1.1 Support in a supported housing setting – Summary of findings

Of those who responded, **94% identified that there would be an impact on support** in a supported housing setting if the councils funding to KHC comes to an end and **61% of respondents stated that either they personally, or the person they represent, would be affected by the impact.**

Respondents identified that, if this proposal is agreed, there would be an increase in:

- homelessness and rough sleeping
- homeless people being impacted by anti-social behaviour, crime, and exploitation
- mental health related issues including suicide ideation and self-harm
- drug and alcohol dependency
- pressure on other public bodies and partnerships, including the NHS and KCC statutory services.

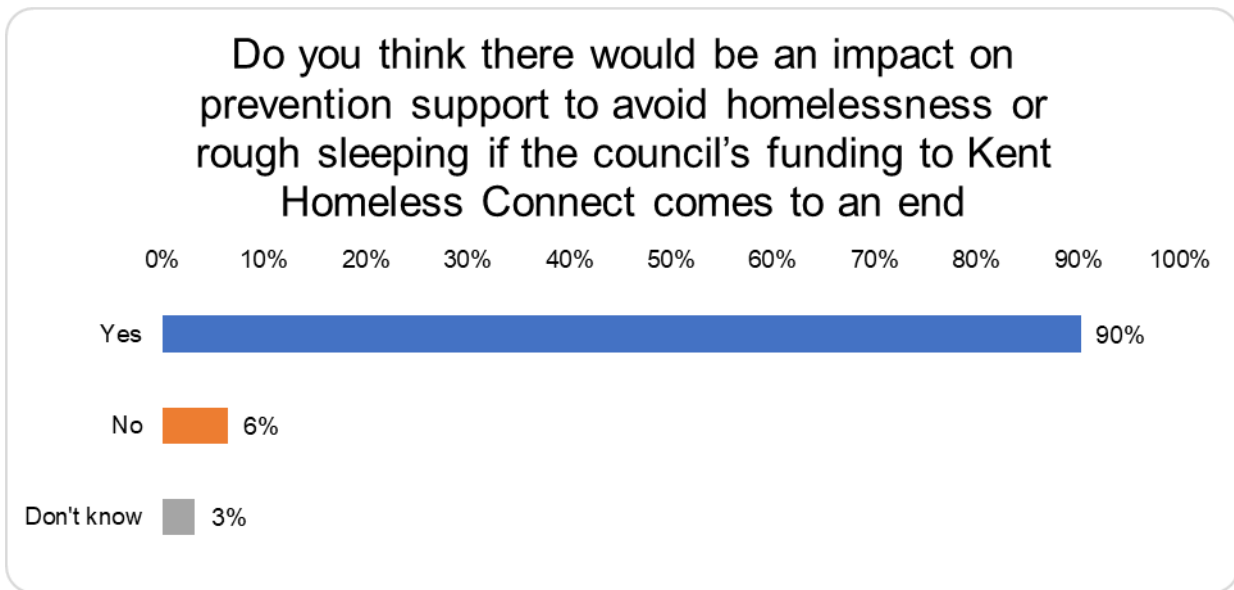
Respondents also outlined there would be reduced access to necessary and appropriate accommodation, which would disrupt an individual's support pathway to attain safe and secure accommodation.

In reply to the question about the alternative ways the respondent or the person they represent would get support, 64 individuals told us there is no alternative and 49 stated that they would need to turn to their local housing authority. **Only 6 people identified that they would be able to manage by themselves.**

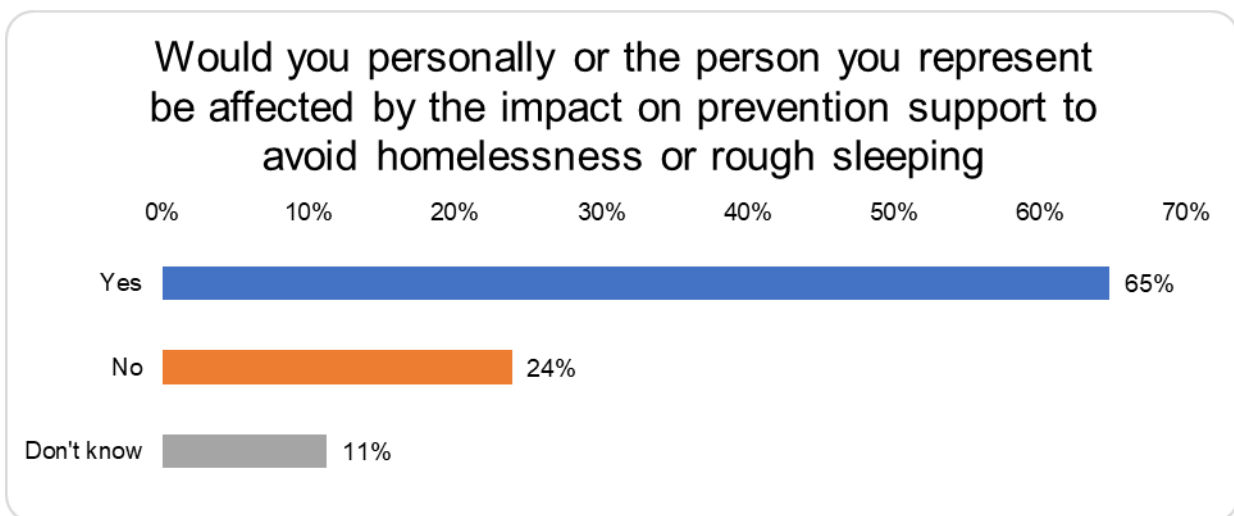
Finally, respondents to the consultation were asked to tell KCC if they have any thoughts about how the help in a supported housing setting could be provided in a different way in the future. Respondents stated the need to:

- increase, retain, redirect and seek new funding
- increase prevention and outreach services
- utilise other properties
- obtain more support from other organisations and increase joint working
- change the commissioning model by bringing services in-house.

3.2 Prevention Support to avoid homelessness or rough sleeping



90% (198) of those who responded (219) said there would be an impact, with consistent replies across all demographics and profiles.



65% (140) of respondents (215) stated they would personally or the person they represent would be affected by the impact.

Respondents were asked to tell us how they or the person they represent would be impacted by the proposal.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 64 identified there would be an **increase in homelessness and rough sleeping**. For some respondents this meant that this would increase the risk of abuse and personal safety. Others argued it would reduce

partnership working and joint pathways, resulting in barriers for those wanting to access support.

“The removal of floating support services for people who are at risk of homelessness will directly result in people ending up on the streets if they are not entitled to statutory accommodation”

“Without the support provided by Porchlight more people will fall into homelessness. The prevention services do just that - support people before they become homeless. without the funding this step will be missed and people will go directly into homelessness. There are more people than ever teetering on the line between secure and being homeless due to the rise in the cost of living. At this time, more than ever, the support is needed.”

“Prevention support is easily the most cost effective method for homelessness and rough sleepers. If the contract were to come to an end then it would become more vague to those at risk who are in need of intervention. It would make the path to support much more difficult for someone who is looking for alternatives or support in avoiding a situation where you end up on the street.”

“The notion of ending the prevention contract goes directly against the Homeless Reduction Act 2007 (sic) and it's (sic) emphasis on partnerships, planning and consistency to end homelessness. Ultimately it is inevitable that this will lead to more homelessness”

“the Local Housing Authority does not have the capacity or resources to provide this alone, and by KCC cutting this it is likely to increase homelessness and rough sleeping.”

“it would increase the numbers of homelessness or rough sleeping if there were no Prevention Support available”

“Important safeguards support will be removed resulting in homelessness”

“Homelessness is already at a great number and if KHC comes to an end it will increase massively.”

“More people will be deemed 'intentionally homeless and ineligible for council housing”

“the end of this contract would inevitably mean more homelessness & rough sleeping”

“Without prevention support, there will be an increasing number of people facing street homelessness.”

“Without early intervention there would be an increase in abuse and homelessness.”

47 people identified there will be **increase pressure on other public bodies and partnerships, including the NHS.**

“At the moment, other services such as social services, mental health providers, the NHS, education, GP's, and employers are all struggling to cope with people suffering from both minor and serious mental and physical health issues, debt, and breakdown of relationships. Any withdrawal of funding that enables early intervention to prevent an escalation of the above triggers of homelessness will have a massive negative knock on effect on other services both within and outside the county.”

“Pressures on other organisations will increase NHS, Police, charities”

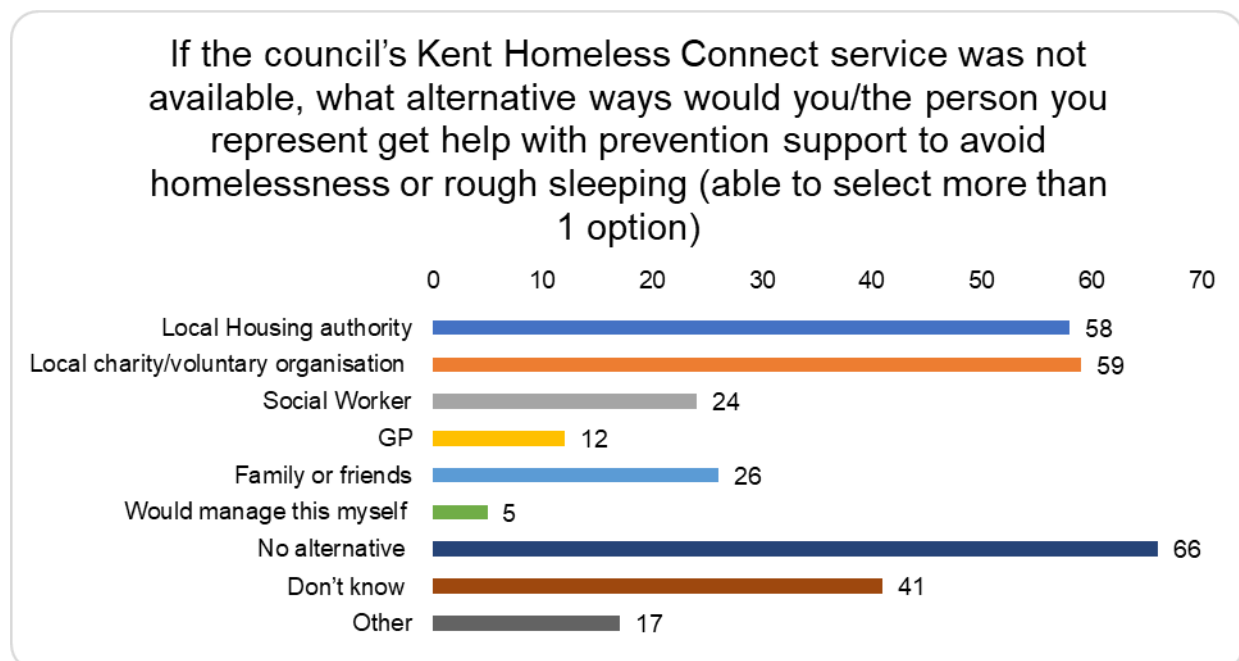
“By reducing the initial support, this would increase pressure in other services and health support services - trying to stop people ending up in this vulnerable situation should be the goal”

“Charities would need to raise more money from other sources”

“People will just end up with more crises, which will cost local authorities and the NHS more money.”

“The likelihood is that the pressures will shift to statutory services once issues are more acute.”

“the added societal problems that this will cause such as crime, disruption, ASB, health issues, destruction of communities, lack of opportunity especially for those with protected characteristics and ultimately a high cost to the public purse.”



From those responding, 59 individuals told us that they would need to turn to local charity/voluntary organisations to get support and 58 stated that they would seek

support from their local housing authority. Only 5 said that they would be able to manage by themselves.

The questionnaire asked how prevention support to avoid homelessness or rough sleeping could be provided in a different way in the future.

Responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 26 stated the requirement to **obtain more support from other organisations and increase joint working**.

“Create a pathway of services from other providers working together”
“Involve charities more”
“KCC to provide more guidance advice and oversight to other support organisations”

15 identified the need to **bring services in-house and obtain more support from local district and borough councils**.

“Local councils need to be held accountable”
“Provide the services inhouse do not outsource the contract”
“More funding and strategic planning from local councils”

14 people suggested that **existing funding within the sector could be brought together to redesign services**.

“Apply levelling-up money to supporting people needing housing”
“Provide prevention services from existing resources redesign, strategic review”
“More funding is needed from somewhere”
“Who would be responsible for this in the future? Maximisation of funding streams does not guarantee funding availability. In addition, how will future opportunities be identified and circulated? Will additional assistance be provided to access such streams? Who will be responsible for this”

11 stated **promote, publicise, and increase charity funding**. For some respondents this meant that KCC should directly fund charities.

“Provide funding to charities”
“Publicise to increase donations to charities”

3.2.1 Prevention Support to avoid homelessness or rough sleeping – Summary of findings

Of those who responded, **90% identified that there would be an impact on prevention support to avoid homelessness or rough sleeping** if the councils funding to KHC comes to an end and **65% of respondents stated that either they personally, or the person they represent, would be affected by the impact.**

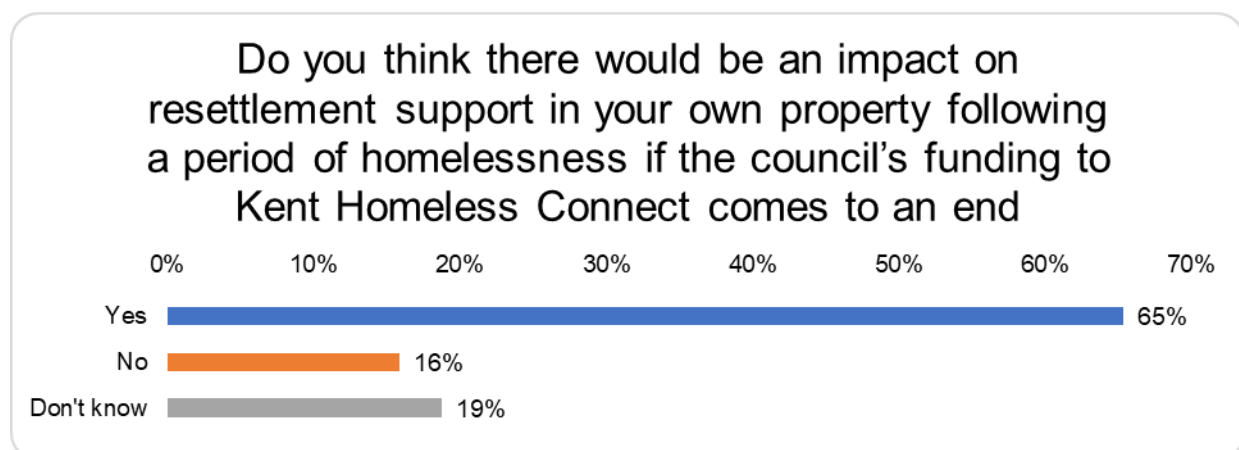
Respondents identified that, if this proposal is agreed, there would be an increase in homelessness and rough sleeping and pressure on other public bodies and partnerships.

In reply to the question about the alternative ways the respondent or the person they represent would get support, 59 individuals told us that they would need to turn to local charity/voluntary organisations to get support and 58 stated that they would seek support from their local housing authority. **Only 5 people identified that they would be able to manage by themselves.**

Finally, respondents to the consultation were asked to tell KCC if they have any thoughts about how support to avoid homelessness or rough sleeping can be provided in a different way in the future. Respondents stated the need to:

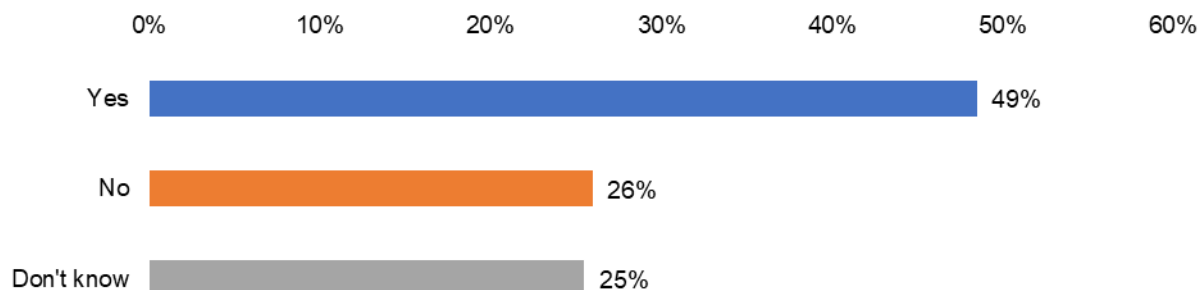
- bring existing funding within the sector together and redesign services
- obtain more support from other organisations and increase joint working
- promote, publicise, and increase charity funding
- change the commissioning model by bringing services in-house.

3.3 Resettlement support in your own property following a period of homelessness



65% (136) of respondents (208) stated there would be an impact, with consistent replies across all demographics and profiles.

Would you personally the person you represent be affected by the impact on resettlement support in your own property following a period of homelessness



49% (99) of respondents (204) stated they would personally or the person they represent would be affected by the impact.

Respondents were asked to tell us how they or the person they represent would be impacted by the proposal.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 21 identified that **people will not be able to achieve and sustain a successful move on to their new home following a period of homelessness.**

“Without this ongoing support period offered after a supported accommodation placements, clients will be set up to fail and it won’t take long for some clients to be homeless again.”

“If people aren’t supported at the start of their tenancies, then we are just setting people up to fail and people will fall in to a revolving door of homelessness. A property on its own will not solve homelessness.”

“A high amount of follow-on support is provided to those who have previously used our services to help them settle into and maintain their tenancy. The ending of KHC funding will remove this support mechanism and lead to more people losing their homes”

“We sometimes see a revolving door effect for those with the greatest needs who struggle to engage with the follow on and tenancy sustainment services. The removal of funding available within KHC for “Move On” for help with items such as white goods is also likely to lead to people struggling to maintain their tenancies”

“People that have been homeless for a long period need support to resettle in their own property. To leave them to do this alone would be setting them up to fail as

they would not have the backing and support for when they need it. These people would give up and possibly return to rough sleeping.”

“There is a real danger these clients become part of a “revolving door” of homelessness as they cannot manage in their home and end up becoming homeless time and time again.”

“The homeless person would be back on the street without resettlement support”

“Resettlement support is as important essential as the initial support”

15 identified that without the support, **people who need the service will struggle to establish themselves and resettle successfully.**

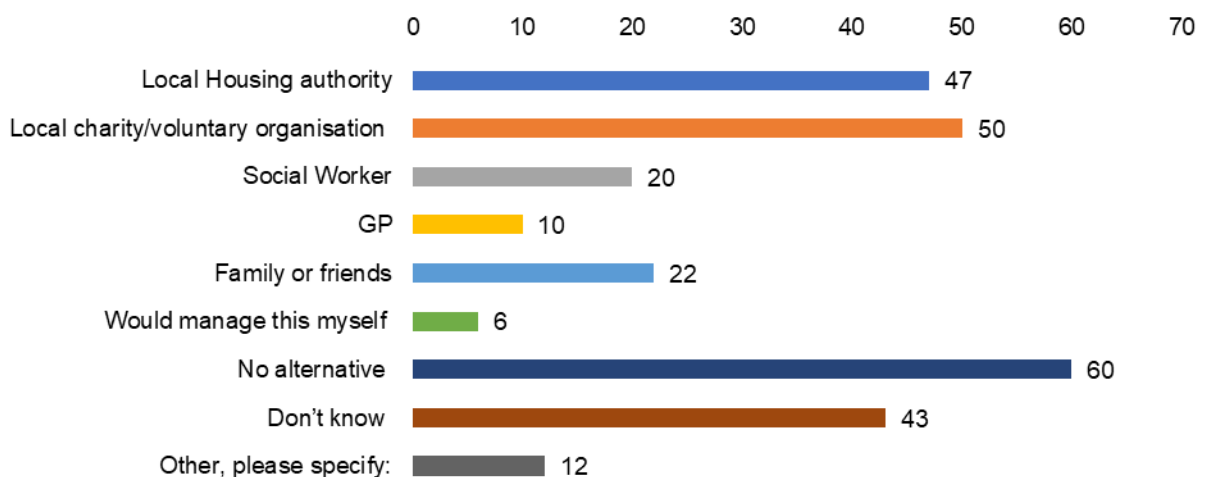
“This is essential in ensuring a client is able to manage a tenancy. This time is used to ensure clients have their bills set up, benefits up to date, looking for grants and funding to furnish the home, settling the client into the area/ signposting to local groups and support.”

“Resettlement support is needed more than ever now in current climate”

“The resettled will not get advice”

“Miss out on important benefits”

If the council’s Kent Homeless Connect service was not available, what alternative ways would you/the person you represent get help with resettlement support in your own property following a period of homelessness (able to select more than 1 option)



From those responding, 47 individuals told us that they would need to turn to their local housing authority to get support and 50 stated that they would seek support

from local charity/voluntary organisations. Only 6 said that they would be able to manage by themselves.

The questionnaire asked how resettlement support after homelessness could be provided in a different way in the future.

These responses were analysed and thoughts on how resettlement support could be provided differently are detailed below. For some respondents this meant commissioning face to face walk in centres, floating support and monitoring to prevent tenancy breakdown.

“Housing providers should employ resettlement workers directly”

“Through advocacy services”

“New providers commissioned with new ideas”

“Single point of contact and a seamless journey of support”

“Face to face walk in centre’s”

“Engagement with religious leaders within the community would be of benefit”

“Comprehensive floating support system”

“Individual assessment”

“Monitoring to prevent tenancy breakdowns”

3.3.1 Resettlement support following a period of homelessness – Summary of findings

Of those who responded, **65% identified that there would be an impact on resettlement support in their own property following a period of homelessness** if the councils funding to KHC comes to an end and **49% of respondents stated that either they personally, or the person they represent, would be affected by the impact.**

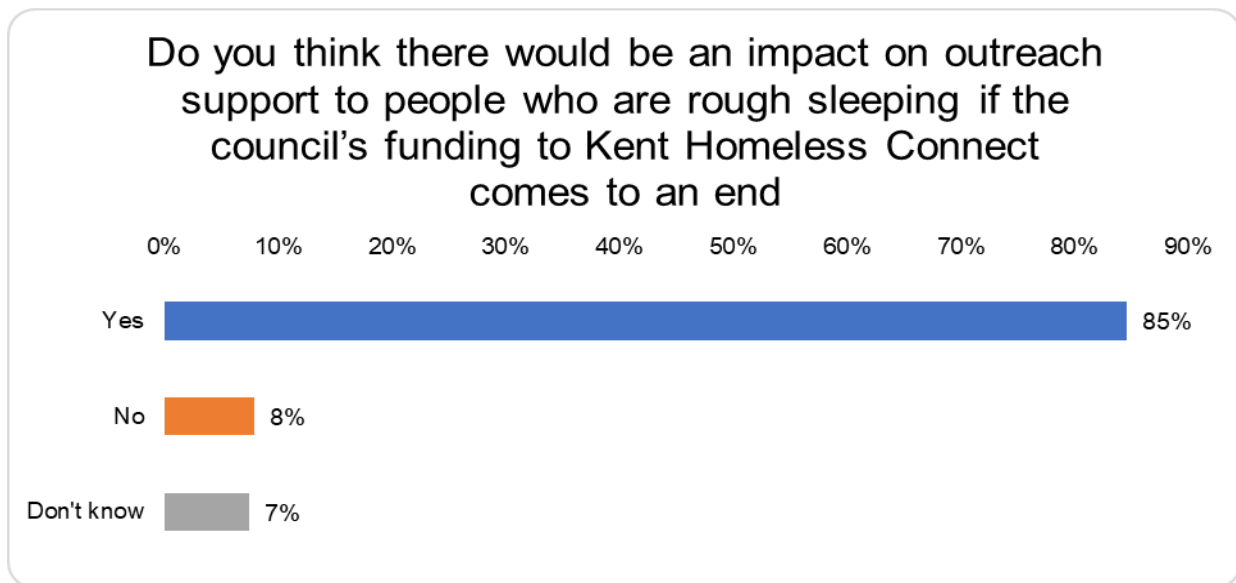
Respondents identified that, if this proposal is agreed, people will not be able to achieve and sustain a successful move on to their new home following a period of homelessness and that tenancies would fail without help.

Asked about alternative ways to get support, 47 individuals told us that they would need to turn to their local housing authority to get support and 50 stated that they would seek support from local charity/voluntary organisations. **Only 6 people identified that they would be able to manage by themselves.**

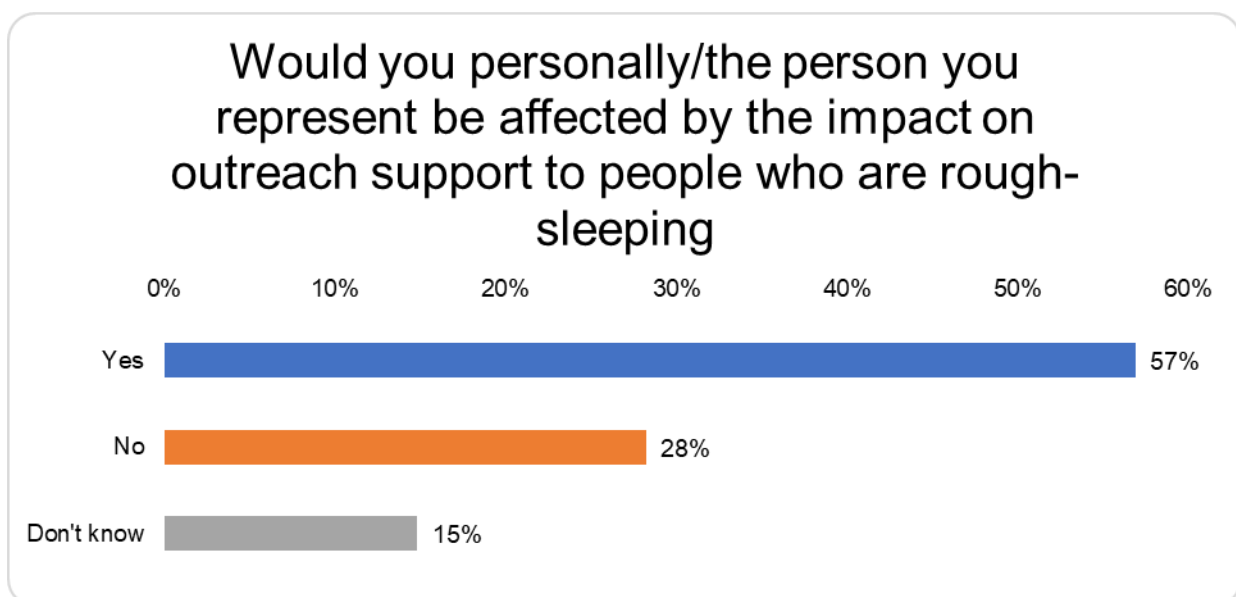
Finally, respondents to the consultation were asked to tell KCC if they have any thoughts about how resettlement support could be provided in a different way in the future. Respondents stated the need:

- for housing providers to employ resettlement workers
- there to be a single point of contact and seamless journey of support
- there to be face to face walk in centres
- comprehensive floating support
- monitoring to prevent tenancy breakdowns.

3.4 Outreach support to people who are rough sleeping



85% (184) of respondents (217) stated there would be an impact, with consistent replies across all demographics and profiles.



57% (119) of respondents (209) stated they would personally or the person they represent would be affected by the impact.

Respondents were asked to tell how they or the person they represent would be impacted by the proposal.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 29 identified there would be an **increase in Homelessness and Rough Sleeping**.

“With fewer outreach services available, people will slip through the net and the cycle of homelessness could worsen”

“It will create more homelessness in Kent”

“Fewer will find safe shelter”

“No other substitute service known with nowhere to turn”

“a greater number of individuals rough sleeping”

“I would still be living rough homeless”

“People living rough will have no voice, will be left to their own means”

“The homeless provision you are thinking of cutting provides such a useful way of engaging with the harder to engage population to come alongside them to optimise chances of engagement and a reduction in homelessness.”

14 identified the **homeless will remain homeless and will be at more risk**. For some respondents this meant increased risks regarding health, wellbeing, personal safety and exploitation.

“More rough sleepers will be trafficked and exploited”

“Safety of young and vulnerable living rough will be at risk”

“Risk of prison, A&E, increased crime”

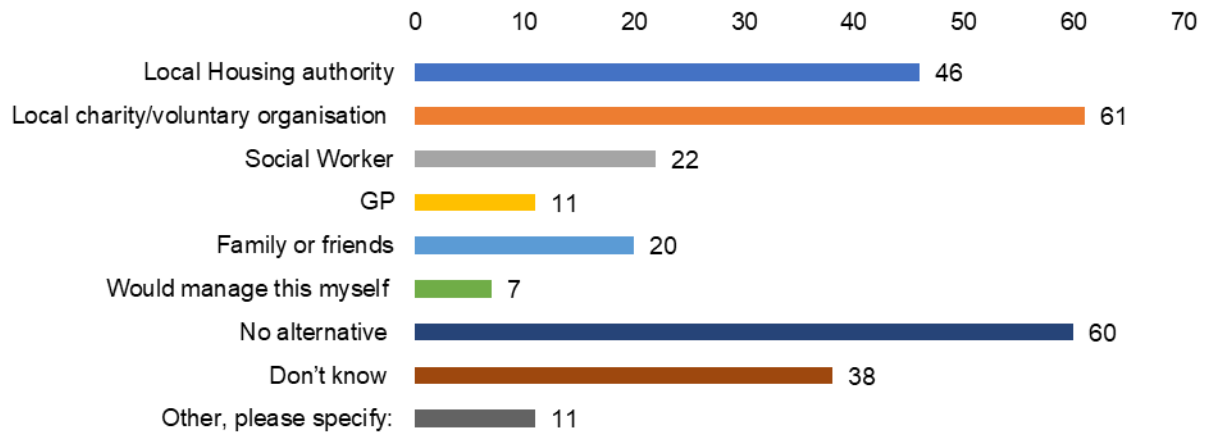
“could drive more people to high-risk situations”

“Long term mental health conditions, addiction”

“Health inequalities experienced”

“More people living rough will have mental health issues”

If the council's Kent Homeless Connect service was not available, what alternative ways would you/the person you represent get help with outreach support to people who are rough sleeping (able to select more than 1 option)



From those responding, 61 individuals told us that they would need to turn to local charity/voluntary organisations to get support and 46 stated that they would seek support from their local housing authority. Only 7 said that they would be able to manage by themselves.

The questionnaire asked how outreach support to people who are rough sleeping could be provided in a different way in the future.

Responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 11 identified that there **should be more or redirection of funding**.

“Provide more investment not less”

“Fund via the department of levelling-up”

“Transfer KCC funding to local districts”

“Finance a locally managed shelter”

“Funding could be given to churches”

8 identified that **there are no other alternative sources of support.**

“No other way still needs people out there looking for people that need help”

There is a lack of provision in all sectors”

“People will be left sleeping rough”

2 identified that the **financial burden to provide these services will fall to other organisations.**

“Will have to go back to being provided by charity organisations”

“Service to be provided by districts and boroughs councils”

3.4.1 Outreach support to people who are rough sleeping – Summary of findings

Of those who responded, **85% identified that there would be an impact on outreach support to people who are rough sleeping** if the council’s funding to KHC comes to an end and **57% of respondents stated that either they personally, or the person they represent, would be affected by the impact.**

Respondents identified that, if this proposal is agreed, there would be **an increase in rough sleeping and homelessness; the situation for those currently in this situation would not improve and their personal safety, health and wellbeing** will be more at risk, including from **exploitation**

In reply to the question about the alternative ways the respondent or the person they represent would get support, 61 individuals told us that they would seek support from local charity/voluntary organisations and 46 stated that they would seek support from their local housing authority. **Only 7 people identified that they would be able to manage by themselves.**

Finally, respondents to the consultation were asked to tell KCC if they had any thoughts about how outreach support to people who are rough sleeping could be provided in a different way in the future. Some respondents stated that:

- there is no other alternative
- there should be more or a redirection of funding
- the financial burden to provide these services will fall to other organisations.

3.5 Equality Impact Assessment

KCC completed a consultation stage Equality Impact Assessment (EqIA) on the service reductions being proposed in this consultation. Respondents to the

consultation were asked their views on the equality analysis and if they think there is anything KCC should consider relating to equality and diversity.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Of those who responded, 13 identified that **all people supported should be treated equally**.

“Each case should be treated the same way”

“Everyone should have equal opportunities”

“It’s inhumane to allow any homelessness to continue”

“The proposal discriminates against people with mental health issues”

“Homeless people are diverse from all walks of life”

9 identified **those who are disabled, and young people will be affected**.

“Young people are disproportionately affected by homelessness”

“There will be a high impact on people with disabilities”

“The equality impact assessment has clearly identified that those mostly affected are aged between 18-34 years of age. This is also the age group that has a reduced LHA (local housing allowance) rate (shared room only) and a reduced standard allowance from Universal Credit meaning they are unlikely to be able to secure any affordable housing.”

3 identified that individuals who are **homeless are likely to have mental health related issues**.

“People with mental health issues are disproportionately affected by homelessness”

3.6 Other comments and suggestions

Respondents to the consultation were asked to tell KCC if they had any other comments or suggestions they would like to make regarding the proposal.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Respondents asked for **KCC to reconsider the decision**. For some, this was **due to the negative impact on other public bodies and individuals who are or at risk of homelessness**.

“The loss of the KHC contract will place additional pressures on district housing authorities, with an increase in the number of applications made for housing assistance under Part 7 of the Housing Act 1996. Many of the clients who are, or become, homeless as a result of the contract ending, will not meet the statutory thresholds for temporary accommodation and would be at risk of rough sleeping. For those clients where there is a duty to provide interim accommodation, it is likely to be away from their support network and the placement is likely to fail.”

“The KHC service is one for all those who approach the district as homeless – and is a primary access to supported accommodation and delivers some local authorities outreach service. If the contract were to end, whilst there is significant funding coming into the districts via RSI, this is for a specific cohort whereas KHC is a prevention and relief tool that gives access to supported housing to more households who are homeless or threatened with homelessness”

“Reconsider will merely push problems to other areas services”

“The cost saving is small relative to the impact”

“Don't end the contract KCC should be offering more support not less”

“Don't end the contract - it does much good there will be more homeless”

“Don't cut funding to essential services supporting the most vulnerable”

“More support will need to be found by the charity sector”

“The prevention role of this contract cannot be overemphasised for not only homelessness but for its much wider impacts.”

For others, it was suggested that the **council will not be fulfilling its statutory duties**

“The government's statutory homelessness Code of Guidance, references the upper tier (KCC's) responsibility for the provision of housing related support, however KCC, by ending the KHC contract, will no longer be fulfilling their responsibility and are passing the burden and costs onto district authorities.”

“KCC have been funded by central government for many years for the provision of housing related support services, to include supported housing and prevented support services. Whilst it is acknowledging the ring fencing of this funding for HRS service has been reported, KCC are funded to delivery this as part of their government financial settlement. To make a decision to end the contract, which may have only been in place for a few years but is reflective of similar services that have been funded for many years, without any prior consultation or EQIA being carried out before the proposal to end the KHC contract is another example of KCC's failure to consult and engage with partners before making a decision that will have such a significant impact on many vulnerable individuals and partner organisations”

Other respondents argued it would **result in increased costs to health, social care and housing systems and specifically Adult Social Care.**

“If the KHC provision was to end, KCC needs to understand that more support from Adult Social Care and commissioned service will be required and it is important that this is provided quickly and whilst the client is in accommodation.”

“The concern here is that whilst KCC are trying to save money by ending the KHC contract, it is merely shifting the cost to another area/department such as Adult Social Care. This raises a question on whether there really a cost saving?”

“Reconsider short-sightedness will cost more in the long run”

“There will also undoubtedly be a direct, knock-on effect on other statutory services Porchlight have estimated these costs to be in the region of £8m a year to the public purse, £3m higher than the current annual contract spends”

17 identified that the **timing is inappropriate and alternative services should be provided.**

“KCC is removing a social safety net at a time of steep rises in cost of living”

“Please outline suitable alternative proposals”

“People living homeless will be more at risk without KHC”

“Establish new support initiatives in communities”

4 identified that the **core elements should be retained.**

“Scale back to core KHC services”

“Reduce the size of the contract instead of ending it in entirety”

4. Consultation Events Findings

In order to further promote the consultation, four public drop-in sessions were arranged, where staff from KCC were available to discuss the consultation, encourage people to submit a response and listen to views. A further eight drop-in sessions were arranged for people who use the service and were advertised locally to them.

In total 80 individuals attended these events, which enabled them to express their views, ask questions about the questionnaire, and get support to complete the consultation questions.

KCC staff took notes on the conversations which were had during these events. Many of the views shared echoed the responses expressed in the consultation, but there were also some other views discussed.

These responses were collated by theme and the boxes below provide examples of comments made linked to each theme.

Increased mental health related issues including suicide ideation and self-harm

Most people who spoke to us revealed ongoing problems with their mental health.

Some individuals showed real fear of returning to their situation prior to receiving support and identified a high risk of self-harm and suicide ideation.

People reported an increased risk of suicide if this proposal goes ahead

Four people told us the service had saved their lives.

Increased risks regarding personal safety and exploitation

Everyone we spoke to expressed concern about the vulnerability of homeless people to county lines and cuckooing (cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation), and said it was a big problem for people who have experienced or are experiencing homelessness.

Negative Impact on other services and public bodies, including increased costs

People supported stated this would not achieve a saving. It would just result in additional expenditure across the system, including Adult Social Care services.

People supported highlighted the impacts of this potential decision on them personally and the other areas of the system, including Health Services, Drug and Alcohol services, Criminal Justice services, Police and Social Care.

A voluntary organisation told us that contract value KCC would save would be outweighed by the cost to KCC and other services by withdrawing the service, especially in supported housing. They pointed to the increased pressures on police, health, and housing teams as well as social care if the service was withdrawn.

Importance of supported housing

In addition to being a safe place to be supported to get back on their feet, several people supported told us of the value of supported housing in getting people together, relearning how to communicate and get along with people, giving them the help they need and reducing loneliness and isolation after time on the streets.

“KHC provides very specialised services, to very complex and vulnerable individuals, which is not available elsewhere in the district, in offering medium to long term supported accommodation that other Rough Sleeping and Homelessness Services wrap around and feed into but cannot replicate or replace. There is no scope for

alternative Rough Sleeping Initiative (RSI) funded services to simply absorb this impact.”

Inappropriate timing

“We have had over 10 years of austerity that has decimated all public services. We have just gone through a pandemic where the inequalities in our society were starkly highlighted, and we are now facing out of control inflation that will only increase homelessness.”

“Demand has never been higher. Following lockdown, we are seeing an increase in homelessness and new people rough sleeping following pressures on the main causes of homelessness, relationship breakdown, increased substance misuse and loss of employment.”

Questioned the availability of other services

People supported questioned whether other services would be able to support current people accessing the services, considering they cannot get access now due to capacity and eligibility issues. They also argued that without the support from this service to access required health and social care services individuals accessing the service will fall through the gaps. Many examples were provided where attempts to obtain mental health / substance abuse / social care support have been unsuccessful.

People supported asked whether there was capacity to get a Care Act Assessment if they needed one, given the pressures in social care, would they get care, if it was found they needed it.

Disproportionate impact on young people

The equality impact assessment has clearly identified that those mostly affected are aged between 18-34 years of age. This is also the age group that has a reduced LHA rate (shared room only) and a reduced standard allowance from Universal Credit meaning they are unlikely to be able to secure any affordable housing.

Query on why the NHS is not contributing

Why aren't the NHS contributing? One person gave us the details of a service they used in the north of England where the NHS fund beds and there are NHS staff on the staff team. They thought this worked well.

Conclusion

The majority of respondents are against the proposal and stated that there would be an impact as a result of the KHC Service coming to an end.

Those responding told us that the proposal would result in increased levels of homelessness and rough sleeping, homeless people being impacted by anti-social behaviour and crime, mental health related issues including suicide ideation and self-harm and drug and alcohol dependency.

Respondents also outlined that:

- there would be reduced access to necessary and appropriate accommodation
- people will not be able to achieve and sustain a successful move on to a home of their own
- people who need the service will struggle to establish themselves and resettle successfully
- the situation for those currently in this position would not improve and their personal safety, health and wellbeing will be more at risk, including from exploitation, such as cuckooing
- there would be increased pressure on other public bodies and partnerships, including the NHS and KCC statutory services.

In response to how support could be provided in a different way in the future, respondents stated the need to:

- increase, retain, redirect, and seek new funding
- increase prevention and outreach services
- bring existing funding within the sector together to redesign services
- obtain more support from other organisations and increase joint working
- change the commissioning model by bringing services in-house
- promote, publicise, and increase charity funding
- commission face to face walk in centres, floating support and monitoring to prevent tenancy breakdown
- utilise other properties.

Finally, respondents suggested that KCC should reconsider the decision due to the negative impact and potential cost to public bodies including adult social care, and impact to individuals who are currently, or at risk of homelessness. Further some respondents questioned whether the council would be fulfilling its statutory duties under the Homelessness Code of Guidance if the proposal was to be implemented.

Appendix A: Consultation Documents



KHC Consultation
Document.pdf

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EQIA Submission Draft Working Template

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

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

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

Section A

1. Name of Activity (EQIA Title):	Kent Homeless Connect Contract
2. Directorate	ST
3. Responsible Service/Division	Strategic Commissioning

Accountability and Responsibility

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

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
	Service Change – operational changes in the way we deliver the service to people.
	Service Redesign – restructure, new operating model or changes to ways of working
	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
	Strategy /Policy – includes review, refresh or creating a new document
X	Other – Please add details of any other activity type here. The Council has proposed to allow the Kent Homeless Connect service to come to an end on 30 September 2022.

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

In its most recent published budget, the council has proposed to allow the Kent Homeless Connect service to come to an end on 30 September 2022. As part of this proposal, the council has committed to put transitional arrangements and protection funding in place, as alternative plans are made with stakeholders, until at least the remainder of the financial year.

Since October 2018 the council has been spending £5,069,901 annually on this contract to provide a wide-ranging support package for adults with complex needs facing homelessness in Kent. This includes, but is not limited to, homeless prevention support for those people who are at risk of homelessness or those who have recently settled into their own accommodation, help in supported accommodation and outreach to rough sleepers.

As this decision reflects a change in policy, there is a need for an EQIA and public consultation, prior to this decision being considered for final approval in July 2022.

This Equality Impact Assessment (EQIA) assesses the impact and considers the implications of allowing the service to come to an end for those people who use the service and focuses on those who are part of a protected group within the Equality Act.

This EQIA has been updated reflecting the comments received during the consultation.

Section B – Evidence

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

9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i>	Yes
10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i>	Yes
11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i>	Yes
12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>	Yes

13. Who have you involved, consulted and engaged with?
Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

Regular programmed engagement with the housing teams within the district and borough authorities are in place to explore the potential impact of the budget proposal and how this may be mitigated.

District and borough leaders and chief executives of these authorities and of other public bodies have been engaged, following KCC publishing its proposed budget.

Members of Kent Housing Group, including the Executive Board, and the Group's subgroups - Kent Housing Officers Group, and Kent Health and Housing and Social Care Group - have also been engaged. Housing authorities have also been made aware of the councils most recent published budget and worked with to ensure that the public consultation reached the widest possible audience.

The EQIA was attached to the public consultation. This consultation provided the opportunity for people who are currently using the service, or who have in the past, providers and interested members of the public to give feedback

about the potential impact if the decision is made. The consultation specifically requested feedback on the contents of the EQIA. The EQIA has been amended in view of this feedback.

We worked with the prime providers of the service and the district housing authorities to plan bespoke events to ensure they were accessible and meaningful opportunities for people who may be affected by the proposal to have their views heard through the consultation.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i>	No
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15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i>	Yes
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Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>	
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Section C – Impact

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

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

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

We are drafting collaborative transition plans with districts, boroughs, KHC providers and other partners. These plans will ensure that alternative arrangements are explored and that support for this group of people is continued beyond the ending of the service in a sustainable way. This includes accessing and maximising the available funding streams now and, in the future, to ensure a seamless move to these new arrangements when the KHC transition period ends.

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

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
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b) Details of Negative Impacts for Age	<ul style="list-style-type: none"> To date, appropriate interventions have been provided to all individuals aged 18 years old and above, meeting the criteria for support. 21.4% of the people who use Kent Homeless Connect
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	<p>are aged 18-24; 27.7% are aged 25-34.</p> <ul style="list-style-type: none"> • In comparison, only 11.7% of Kent’s residents are aged between 25-34, making members of this age group almost two and a half times more likely to be using the service • Nationally, the ability of young adults to form households of their own continues to fall¹. It is estimated that 7% of rough sleepers in Kent are under 25 years old (2018)². • Young adults (18-34) have a reduced local housing allowance (LHA) rate and a reduced standard allowance from Universal Credit which impacts their ability of securing affordable housing. • The decision to allow the service to end may have a disproportionate impact on adults within the 18-34 age range, if alternative provision cannot be arranged.
<p>c) Mitigating Actions for age</p>	<ul style="list-style-type: none"> • Transitional planning is being undertaken with districts, boroughs, health, and other support services, to identify alternative sources of support for those that have this protected characteristic. • The council has committed to ensuring that transitional funding will be made available whilst alternative sources of support are sought • KHC’s prime providers have provided data around the way the service is used, including an estimation of the likely numbers that could require a social care assessment. This will help to ensure that people with these protected characteristics that are statutorily eligible for support, will be supported to put alternative support arrangements in place
<p>d) Responsible Officer for Mitigating Actions - Age</p>	<p>Max Guest and Luke Edwards</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>	
<p>a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Disability</p>	<ul style="list-style-type: none"> • 68% of the referrals to Kent Homeless Connect are for those with some form of physical or mental disability or condition, which limits their ability to carry out normal day-to-day activities. • This is almost four times higher than the Kent wide

¹ https://www.crisis.org.uk/media/238700/homelessness_monitor_england_2018.pdf

² https://www.kent.gov.uk/_data/assets/pdf_file/0020/91361/Rough-sleepers-in-Kent-report.pdf

figure of 17.6% of residents having a disability which limits their day-to-day activities.³

- The current service provides clear pathways of support for those with additional or complex needs and makes sure that all staff have appropriate training in mental health issues. Should KHC end, these pathways and specialisms will no longer be available unless suitable alternative provision is arranged.
- Within the service, people are supported to manage their mental and physical health, e.g., by helping to keep appointments and referring to additional services if needed. People may experience negative impacts on their health if alternative provision for these purposes is not in place.
- A proportion of the supported accommodation each area is currently wheelchair accessible in each Lot of the contract. Some of these accessible units could be lost if they cannot be included in a future model of support.
- This indicates that people with disabilities could be disproportionately impacted if alternative provision cannot be arranged.

³ https://www.kent.gov.uk/__data/assets/pdf_file/0018/8181/Disability-in-Kent.pdf

<p>c) Mitigating Actions for Disability</p>	<ul style="list-style-type: none"> • Transitional planning is being undertaken with districts, boroughs, health, and other support services, to identify alternative sources of support for those that have this protected characteristic. • The council has committed to ensuring that transitional funding will be made available whilst alternative sources of support are sought • KHC's prime providers have provided data around the way the service is used, including an estimation of the likely numbers that could require a social care assessment. This will help to ensure that people with these protected characteristics that are statutorily eligible for support, will be supported to put alternative support arrangements in place • KCC will work with the Kent Housing Options Group (KHOG) to identify and agree the future pathways for support and the protocols to support them where necessary • We will identify where the existing wheelchair accessible units are and work with districts, boroughs, and landlords to prioritise these units where possible • Alternative sources of support for those with disabilities have been identified. Where appropriate, referrals will be made to the physical disability and mental health social work teams, where a statutory assessment and specialist support can be put in place to support those living with a disability • Referrals may also be made to the council's other commissioned support services, such as Live Well Kent, which provides support for individuals' mental and physical health and general wellbeing
<p>d) Responsible Officer for Mitigating Actions - Disability</p>	<p>Max Guest and Luke Edwards</p>
<p>21. Negative Impacts and Mitigating actions for Sex</p>	
<p>a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).</p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Sex</p>	<ul style="list-style-type: none"> • 65.97% of KHC's clients are male, compared to 49.1% of Kent's population. This could indicate that changes to KHC could negatively impact males. • 32% of homeless women from the general population reported that domestic violence contributed to their homelessness and 52% of domestic abuse survivors need support to help them stay in their own home or move to new accommodation.⁴ • Females may be more impacted if alternative provision is not made available, as they are more

⁴ <https://safelives.org.uk/spotlight-5-homelessness-and-domestic-abuse>

	likely to be affected by domestic abuse.
c) Mitigating Actions for Sex	<ul style="list-style-type: none"> • Transitional planning is being undertaken with districts, boroughs, health, and other support services, to identify alternative sources of support for those that have this protected characteristic. • The council has committed to ensuring that transitional funding will be made available whilst alternative sources of support are sought • KHC's prime providers have provided data around the way the service is used, including an estimation of the likely numbers that could require a social care assessment. This will help to ensure that people with these protected characteristics that are statutorily eligible for support, will be supported to put alternative support arrangements in place • Appropriate referrals will be made to KCC's domestic abuse commissioned services which has recently been boosted by additional funding for support in accommodation as result of the Domestic Abuse Act. • As rough sleepers are disproportionately male, mitigation can be achieved through utilising government funding to reduce rough sleeping such as the Rough Sleeper Initiative (RSI) funding that is provided to districts and boroughs. The RSI funding was designed as the primary vehicle to achieve central government's ambition to end rough sleeping by 2024. • Conversations are ongoing with districts and boroughs, to identify how this funding and any other funding streams available from government in relation to homelessness and rough sleeping can be maximised. • The Homeless Reduction Act 2017 introduced an increased focus on prevention, after placing the duties to prevent and relieve homelessness on district and borough housing authorities. This should help to minimise the numbers of male adults reaching the point of rough sleeping. This reaffirms the need for KCC to work closely with district and boroughs.
d) Responsible Officer for Mitigating Actions - Sex	Max Guest and Luke Edwards
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Gender identity/transgender	<ul style="list-style-type: none"> • One in four transgender people have experienced homelessness at some point in their lives. Issues

	<p>related to gender identity can play a key role in the onset of homelessness, particularly if traumatic.</p> <ul style="list-style-type: none"> • 82 KHC clients have identified as being transgender, equivalent to 1.06% of total referrals, since the contract's inception. • The Government Equalities Office tentatively estimate that there are approximately 200,000-500,000 trans people in the UK. Even if we take the higher figure of 500,000, this is less than 0.8% of the population. • The data indicates that that transgender people are more highly represented in KHC, compared to the national average. This could mean that this group has an increased likelihood of being disproportionately impacted by this decision if alternative support is not in place.
<p>c) Mitigating actions for Gender identity/transgender</p>	<ul style="list-style-type: none"> • Transitional planning is being undertaken with districts, boroughs, health, and other support services, to identify alternative sources of support for those that have this protected characteristic. • The council has committed to ensuring that transitional funding will be made available whilst alternative sources of support are sought • KHC's prime providers have provided data around the way the service is used, including an estimation of the likely numbers that could require a social care assessment. This will help to ensure that people with these protected characteristics that are statutorily eligible for support, will be supported to put alternative support arrangements in place
<p>d) Responsible Officer for Mitigating Actions - Gender identity/transgender</p>	<p>Max Guest and Luke Edwards</p>
<p>23. Negative Impacts and Mitigating actions for Race</p>	
<p>a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).</p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Race</p>	<ul style="list-style-type: none"> • Whilst the majority of service users (86.4%) are White British, the three ethnicities that have the highest proportionate representation and are likely to be most disproportionately impacted by KHC's removal are: <ul style="list-style-type: none"> – Black/ Black British: Caribbean – which make up 0.86% of KHC's clients, but only 0.22% of the countywide population, – Mixed: White and Black Caribbean – which make up 1.2% of KHC's clients, but only 0.43% of the countywide population,

	<ul style="list-style-type: none"> – Arab – which make up 0.29% of KHC’s clients, but only 0.1% of the countywide population, • Due to their immigration status, some residents have limited access to benefits and other essential services that help to prevent and relieve homelessness • Whilst KHC interventions are targeted for residents of Kent who have recourse to public funding (i.e., British nationals or EU nationals that have a ‘right to reside’ or are ‘exercising a treaty right’), advice and signposting at the single point of access is available to anyone.
c) Mitigating Actions for Race	<ul style="list-style-type: none"> • Transitional planning is being undertaken with districts, boroughs, health, and other support services, to identify alternative sources of support for those that have this protected characteristic. • The council has committed to ensuring that transitional funding will be made available whilst alternative sources of support are sought • KHC’s prime providers have provided data around the way the service is used, including an estimation of the likely numbers that could require a social care assessment. This will help to ensure that people with these protected characteristics that are statutorily eligible for support, will be supported to put alternative support arrangements in place
d) Responsible Officer for Mitigating Actions - Race	Max Guest and Luke Edwards
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Religion and belief	<ul style="list-style-type: none"> • If no alternative provision can be arranged, the impact of this service ending will disproportionately be felt by those who have responded as having no religion, making up 62.21% of KHC’s clients, compared to 26.75% of Kent’s population. • After this, the second most disproportionately impacted religious group will be Muslims, who make up 1.1% of the KHC’s clients but only 0.95% of the countywide population.
c) Mitigating Actions for Religion and belief	<ul style="list-style-type: none"> • Transitional planning is being undertaken with districts, boroughs, health, and other support

	<p>services, to identify alternative sources of support for those that have this protected characteristic.</p> <ul style="list-style-type: none"> • The council has committed to ensuring that transitional funding will be made available whilst alternative sources of support are sought • KHC's prime providers have provided data around the way the service is used, including an estimation of the likely numbers that could require a social care assessment. This will help to ensure that people with these protected characteristics that are statutorily eligible for support, will be supported to put alternative support arrangements in place
d) Responsible Officer for Mitigating Actions - Religion and belief	Max Guest and Luke Edwards
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Sexual Orientation	<ul style="list-style-type: none"> • The ONS consider the figures for gay or lesbian and bisexual for Kent as “unreliable for practical purposes”. The ONS recommends that only national figures on sexual identity should be used for analysis. • The group that would be most disproportionately impacted here are those who identify as bisexual, who make up 3.01% of KHC's clients, and only 1.1% of the UK's population, according to national figures from the ONS. • The national figures show that 1.1% of the population are gay men, whereas 1.23% of KHC clients are gay men, making them the second disproportionately impacted group. • 16% of LGB (non-trans) people have experienced homelessness at some point in their lives. The likelihood is exacerbated further for disabled LGBT (28%).
c) Mitigating Actions for Sexual Orientation	<ul style="list-style-type: none"> • Transitional planning is being undertaken with districts, boroughs, health, and other support services, to identify alternative sources of support for those that have this protected characteristic. • The council has committed to ensuring that transitional funding will be made available whilst alternative sources of support are sought • KHC's prime providers have provided data around the way the service is used, including an estimation of the likely numbers that could require a social care assessment. This will help to ensure that people with

	these protected characteristics that are statutorily eligible for support, will be supported to put alternative support arrangements in place
d) Responsible Officer for Mitigating Actions - Sexual Orientation	Max Guest and Luke Edwards
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Pregnancy and Maternity	<ul style="list-style-type: none"> • There is no service data collected on those who are pregnant at the point of referral into the service. • It is known that there are people who are pregnant and/or have children in the community prevention and outreach pathways. • There is no supported accommodation within the contract that permit children on the premises.
c) Mitigating Actions for Pregnancy and Maternity	<ul style="list-style-type: none"> • When pregnancy and maternity are involved, additional support with homelessness is triggered. This assists to prevent support needs from escalating.
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	Max Guest and Luke Edwards
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Unknown
b) Details of Negative Impacts for Marriage and Civil Partnerships	<ul style="list-style-type: none"> • Data on marriage and civil partnership status is not collected. • Relationship breakdown with a partner presents as the leading reason people give for losing their home nationally.⁵ • However, the protection afforded by the Equality Act does not extend to those that are single, divorced or have had a civil partnership dissolved.
c) Mitigating Actions for Marriage and Civil Partnerships	<ul style="list-style-type: none"> • Transitional planning is being undertaken with districts, boroughs, health, and other support

⁵ <https://www.homeless.org.uk/facts/understanding-homelessness/causes-of-homelessness>

	<p>services, to identify alternative sources of support for those that have this protected characteristic.</p> <ul style="list-style-type: none"> • The council has committed to ensuring that transitional funding will be made available whilst alternative sources of support are sought • KHC's prime providers have provided data around the way the service is used, including an estimation of the likely numbers that could require a social care assessment. This will help to ensure that people with these protected characteristics that are statutorily eligible for support, will be supported to put alternative support arrangements in place
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	Max Guest and Luke Edwards
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Carer's Responsibilities	<ul style="list-style-type: none"> • 5.57% of KHC referrals reported having some carer responsibilities, compared to a countywide figure of 11%. Carers should not be disproportionately impacted by the decision to end KHC. • Families with children or other members requiring care tend to have access to statutory services and as such move through KHC quickly, with limited support required.
c) Mitigating Actions for Carer's responsibilities	<ul style="list-style-type: none"> • As there are no expected impacts on the basis of carer's responsibilities, no further mitigating action is raised.
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	N/A

From: Ben Watts, General Counsel
To: Adult Social Care Cabinet Committee – 13 July 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.

5. **Recommendation:** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **NOTE** its work programme for 2022/23.

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)

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	Interpreting Framework for People who are D/Deaf or Deafblind	Key Decision
8	Community Navigation and Carers Support	Key Decision
9	Community Mental Health Wellbeing Service	Key Decision
10	Technology Enabled Care Service	Key Decision
11	Market Sustainability Plan	
12	Performance Dashboard	
13	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	
7	Performance Dashboard	
8	Liberty Protection Safeguards	

9	Dementia Strategy	
9	Work Programme	Standing Item

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

Down Syndrome Act 2022	Suggested by Mr Ross (ASC CC 1/12/21) – TBC but approx. between Nov 2022 and May 2023
Covid-19 – how has it affected vulnerable communities in Kent	Suggested by Mr Streatfeild (ASC CC 18/01/22)
Adult Social Care Workforce and Recruitment/Careers Pathways	Suggested by Mr Streatfeild at ASC CC 18/01/22, discussed at ASC Agenda Setting 18/05/22 - TBC after ASC Away Day in July
Bespoke Support Service – Service Update	Suggested by Mr Streatfeild at ASC CC 18/5/22 – mid 2023
Kent Enablement at Home - presentation on work being done	Suggested by Mr Meade at ASC CC 18/5/22
External Community Opportunities for People with Learning and Physical Disabilities Update - positive impacts of the service on users	Suggested at ASC CC 31/3/22

Updated: 5/7/22