

**ADULT SOCIAL CARE CABINET COMMITTEE**

**Wednesday, 28th September, 2022**

**2.00 pm**

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



## AGENDA

### ADULT SOCIAL CARE CABINET COMMITTEE

**Wednesday, 28 September 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 13 July 2022 (Pages 1 - 8)
- 5 Verbal Updates by Cabinet Member and Corporate Director
- 6 22/00081 - Integrated Community Equipment Service (Pages 9 - 20)
- 7 22/00090 - Procurement of Interpreting and Communication Services for People who are D/deaf and Deafblind (Pages 21 - 32)
- 8 22/00092 - Community Navigation Services Contract Extension (Pages 33 - 72)
- 9 22/00093 - Carers Short Breaks Service - Direct Award (Pages 73 - 98)
- 10 22/00082 - Community Mental Health and Wellbeing Services Contract Award (Pages 99 - 134)

- 11 Update on Adult Social Care Reform (Pages 135 - 144)
- 12 Adult Social Care and Health Performance Q1 2022/2023 (Pages 145 - 170)
- 13 Local Account for Kent Adult Social Care (September 2020 to December 2021)  
(Pages 171 - 192)
- 14 Decisions Taken Outside of the Cabinet Committee Meeting Cycle (Pages 193 -  
196)
- 15 Work Programme 2022/2023 (Pages 197 - 202)

### **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, 20 September 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, 13th July, 2022.

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

ALSO PRESENT: Mrs C Bell

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

**UNRESTRICTED ITEMS**

**72. Apologies and Substitutes**  
(Item. 2)

Apologies for absence were received from Mr Campkin and there were no substitutes.

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

Mr Webb declared a non-pecuniary interest under item 10 – *Kent Homeless Connect Service* - as he had accountability for housing and health on Maidstone Borough Council.

Mr Shonk declared an interest in that a family member worked for the NHS.

**74. Minutes of the meeting held on 18 May 2022**  
(Item. 4)

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

**75. 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) A hot weather warning had been announced for the week of 11 July 2022 which had led to advice from the Kent Public Health Team to help vulnerable residents stay safe and well. On 12 July 2022 an amber warning for

extreme heat for 17 and 18 July 2022 was issued, and the accumulative effect of the heat was expected to bring widespread impact on people and infrastructure.

- (b) The Council buildings on the Isle of Sheppey had been closed due to Southern Water supply issues. Mrs Bell had received assurances that Blackburn Lodge, the Council's care home on the Isle of Sheppey, and other care homes on the island had a supply of water.
- (c) The Kent Pharmaceutical Needs Assessment had recently been circulated to Members and included a short questionnaire for feedback. The assessment was used by NHS England in the consideration of new pharmacy applications and helped to inform the Integrated Care Board and the public health teams of the current provision of pharmacy services. The consultation would be open until 21 August 2022.
- (d) Carers' Week took place from 6 June to 12 June 2022 and provided an opportunity for everyone to recognise and appreciate the county's carers, and support them to get the practical, financial, and emotional help they needed.
- (e) Following the decision made on the Council's Supported Bus Funding Review the Kent Karrier service was to be retained and would be funded in future years from several external sources.

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

- (a) The Adult Social Care and Health directorate restructure consultation process had been launched on 12 July 2022. Mr Smith said an assurance process for the adult social care reform was underway and following active engagement with the workforce, the Social Work Practice Framework and the Quality Assurance Framework had been launched giving the Council's practitioners the tools to ensure sufficient quality and provision was provided. The Carers Strategy and Adult Social Care Strategy - Making a Difference Everyday - had also been launched internally and fundamental changes to the current structure was required to deliver on those areas. Mr Smith said he would be happy to discuss the restructure further with Members outside of the meeting.
- (b) Regrettably, the Adult Social Care Cabinet Committee Away Day on 8 July 2022 had been cancelled due to the rise in Covid-19 infection rates.
- (c) The Kent and Medway Integrated Care System was established on 1 July and the Integrated Care Partnership would develop an Integrated Care Strategy setting out how the health and care needs of people in Kent and Medway would be met.
- (d) Mr Smith had the pleasure of a tour round the Gurdwara temple in Gravesham and spoke with Sikh elders about what they would like to see in their communities and how the Council could work in partnership with the voluntary sector to provide support.

RESOLVED that the verbal updates be noted.

**76. 22/00028 - Discharge Pathway 1 Services Procurement**  
(Item. 6)

*Mr Paul Stephen, Senior Commissioner, was in attendance for this item.*

1. Mr Stephen introduced the report and said the current contracts for Discharge Pathway 1 Services would end on 30 September 2022 and it was proposed that the current contracts be extended for one year from 1 October 2022 to 30 September 2023. Mr Stephen said although the maximum number of extensions to these contracts had been used the Public Regulations allowed for modification of a contract where the need was brought about by unforeseen circumstances.
2. Mr Stephen and Mr Smith responded to comments and questions from the committee, including the following:
  - (a) Asked about the annual budgets for the Discharge Pathway 1 Services, if there was any scope for the NHS to contribute financially, and whether any of the costs would be reimbursed, Mr Stephen said there were ongoing discussions with NHS colleagues around funding the services. To date the NHS has directly contributed towards the services to add capacity and the report included the basic contract costs which were topped up by the NHS. The mechanisms for funding going forward for all discharge services were being discussed.
  - (b) Asked whether there were any failings in the Discharge Pathways 1 Services Mr Stephen said there were issues with the social care recruitment and retention of providers generally and some system issues in the provision of domiciliary care post B services, and effective communication with health colleagues was important to ensure the correct discharges. Analysis was being undertaken to develop the longer-term approach.
  - (c) Asked how much confidence there was that the new integrated solution with the NHS would be in place by September 2023, Mr Stephen said joint workshops had taken place to develop the new model and a Discharge Pathway Group was in place. The Integrated Care Partnership provided a lot of momentum around joint activities with the NHS.
  - (d) Asked whether there would be cost benefits from a jointly commissioned service Mr Smith said mechanisms were in place by way of the Better Care Fund to manage how the NHS and the Council jointly commissioned and risk shared for the best outcomes.

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

be endorsed.

**77. 22/00073 - Everyday Life Activities, Skills Development and Training Opportunities for People in the Community - Dynamic Purchasing System (Item. 7)**

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

1. Mr Mitchell introduced the report and highlighted the name change of the service from 'Community Day Opportunities for Individuals with Opportunities' to 'Everyday Life Activities, Skills Development and Training Opportunities'. Mr Mitchell said, as well as supporting adult social care outcomes, the service contributed to the Change for Kent Children Programme to improve outcomes and life chances for children and young people in Kent.
2. Mr Mitchell responded to comments and questions from the committee, including the following:
  - (a) A Member questioned the change to the service available to people over the age of 26 with learning difficulties, and the subsequent financial savings which would be gained through a self-directed support approach and asked for reassurance that support and better outcomes would be provided. Mr McKenzie said it was important to understand that the service was part of a wider approach and core to the Making a Difference Everyday Strategy where people were given more choice and control over their lives through individual support planning to enable them to meet their aspirations. Mr McKenzie said he felt the £1million saving would bring financial benefits but more importantly there would be benefits for residents. Mr Smith said self-directed support was a way of giving power and control to individuals to live their lives.
  - (b) A Member questioned the use of Dynamic Purchasing Systems for adult social care, in particular for older vulnerable people, where money was withdrawn from basic every day care.

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

be endorsed.

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

**78. 22/00062 - People's Voice Activity Contract**  
(Item. 8)

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

Mr Mitchell introduced the report and reminded Members that the new contract would include the statutory responsibility of Healthwatch Kent. There were no questions.

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

be endorsed.

**79. 22/00056 - Telecare Contract**  
(Item. 9)

*Ms Georgina Walton, Senior Project Manager, Innovation Delivery Team, was in attendance for this item.*

1. Ms Walton introduced the report and set out the purpose of the Telecare Contract. Ms Walton said the contract extension would be for nine months to August 2023 which would allow time to procure and mobilise a new countywide Technology Enabled Care Service from April 2023.
2. Ms Walton responded to comments and questions from the committee, including the following:
  - (a) Asked how many of the 5,190 people currently supported by the service used digital technology, Ms Walton said the numbers were constantly

changing but the majority (just under 5,000) were using analogue. There was an opportunity for future contractors to move from analogue to a digital solution.

(b) Members expressed their praise and support for the service.

(c) Asked, with reference to Financial Implications in paragraph 4.1 of the report, for clarity on the cost of the contract, Ms Walton said the annual cost of the contract was £650,000 and the contract value for the extended nine months was estimated at £385,000.

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

**80. Kent Homeless Connect Service**  
*(Item. 10)*

*Ms Melanie Anthony, Senior Commissioner, was in attendance for this item.*

1. Ms Anthony introduced the report in relation to the proposal to make savings from the Kent Homeless Connect Service, due to end on 30 September 2022 and highlighted the proposed transition period and engagement with local authorities. The decision in relation to the contractual arrangements for transition and the associated costs was due to be considered at Council's Cabinet meeting on 21 July 2022.
2. Ms Anthony responded to comments and questions from the committee, including the following:
  - (a) A Member asked for reassurance that lessons had been learnt from the process, noting that local authorities had been required to take measures to ensure the cut in funding did not affect service provision. Ms Anthony said it was understood that the main challenge had been timing and said good relationships with district colleagues had been made.
  - (b) Members discussed whether integrated working between local authorities, where required, would have a negative impact on the service and asked whether help regarding transition plans and integrated working had been given to local authorities to ensure the best level of support was provided. Ms Anthony said close working and strategic monthly meetings with local authorities and the Kent Housing Group were taking place to share information and to look at how organisations could work together effectively. Ms Anthony said information from the provider had been obtained, regarding the needs of individuals using the service at present, to predict how organisations would work together in the future. Many of the proposed changes had been developed during the life of the contract, due to changes in funding and legislation, and some local authorities, for example Folkestone and Hythe District Council and Maidstone Borough Council, were

already delivering services and avoiding the issue of duplication. Ms Anthony said work was ongoing with the implementation of transition plans.

RESOLVED that the report be noted.

POST MEETING NOTE: Subsequent to the meeting the Governance pathway of this project was amended resulting in two linked key decisions being taken by the relevant Cabinet Members without collective Cabinet consideration.

**81. Decisions Taken Outside of the Cabinet Committee Meeting Cycle**  
(Item. 11)

1. Mrs Bell gave an overview of the semi-urgent decision and explained why this had been taken outside of the Cabinet Committee meeting cycle.
2. Asked whether the additional funding was sufficient, Mrs Bell said there were many factors to consider but it was a substantial amount of money on top of funding provided during the Covid-19 pandemic. Commissioners work closely with the Council's providers and would continue to review the situation.

RESOLVED that the decision – 22/00063 – Additional Mid Year Adult Social Care Community Contract Fee Uplifts – had been taken in accordance with the process as set out in Part 2 paragraph 12.36 of the Constitution.

**82. Work Programme 2022/23**  
(Item. 12)

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 – 28 September 2022

**Subject:** **Integrated Community Equipment Service**

**Decision Number:** **22/00081**

**Classification:** Unrestricted

**Past Pathway of report:** Governance Directorate Management Team – 15 June 2022

**Future Pathway of report:** Cabinet Member decision

**Electoral Division:** All

**Summary:** The current Integrated Community Equipment Service contract is due to expire on 30 November 2022 and new arrangements need to be in place by 1 December 2022. There is opportunity to design a service that meets the needs of local populations, promotes choice and retains equity of service provision. A contract extension of the current service will provide the time needed to undertake the service redesign.

**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 Integrated Community Equipment Service Contract for 16 months from 1 December 2022 to 31 March 2024;
- b) **PROCURE** a new long term sustainable service model; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, to finalise the terms of the required contract extension and to facilitate procurement activity, as necessary to implement the decision.

## 1. Introduction

- 1.1 The current Integrated Community Equipment Service (ICES) Contract is due to expire on 30 November 2022 and new arrangements need to be in place by 1 December 2022.
- 1.2 There is opportunity to design a service that meets the needs of local populations, promotes choice and retains equity of service provision.

- 1.3 The new service will be integrated with health and social care and based on the Making a Difference Everyday (MADE) approach. It will align to the new Strategic Direction principles including Self-Directed Support.
- 1.4 A contract extension of the current service for 16 months will provide the time needed to undertake the service re-design.

## **2. Background**

- 2.1 The ICES is jointly funded and commissioned by Kent County Council (KCC) in partnership with the NHS Kent and Medway Integrated Care Board (formerly the Kent and Medway Clinical Commissioning Group). KCC is the lead commissioner for the contract.
- 2.2 The ICES Contract covers purchase, delivery and repair/servicing and installation of equipment into people's homes enabling them to live more independently. All items of equipment are loaned and collected on a recycle and re-use basis and KCC receive a credit of between 70% - 85% of the original cost.
- 2.3 The service supports essential timely hospital discharge. It seeks to reduce the need for care and support in the home and mitigate stays in residential care by providing the right equipment to support independence. It aligns to the seven principles of the MADE approach.
- 2.4 Increased demand during the pandemic, together with pressure on global supply chains; and freightage is impacting on service costs.
- 2.5 Consideration was given to service re-procurement with small efficiency changes, and this would have enabled re-procurement within the time limit of the current contract, however rising demand and costs of logistics and raw materials that are driving up service costs meant this option is a financially high risk one and would threaten future sustainability of the service. It is therefore recommended that a full service re-design is needed to address these risks.
- 2.6 The new service model will align to the priorities of "Framing Kent's Future – Our Council Strategy 2022 – 2026" and will: -
  - Narrow the gaps in outcomes between different parts of Kent with a particular focus on providing the right type of equipment to improve life in deprived communities.
  - Harness digital connectivity to ensure people are aware of all their options and have access to all the equipment and services they need and want.
  - Contribute to the Net Zero targets, by exploring options to reduce the carbon footprint of the service.
  - Manage future demand and resource challenges facing the service to ensure it continues to support people to lead the lives they want to live in the future.

- 2.7 The new service will incorporate digital technology to promote self-directed support and reduce the costs of providing new equipment and emergency deliveries.
- 2.8 A report detailing the outcome of the service redesign and subsequent contract award will be presented to a future meeting of this committee.

**3. Financial Implications**

3.1 The annual budget for this service has steadily increased since the contract inception with annual growth from c£9m to £15m net to the indicated levels in the below table:

2021/ 2022				
Annual Budget	KCC Adults	KCC Other	Joint	Health only
15,451,934	2,511,379	519,213	3,036,510	9,384,831

- 3.2 KCC receive funding from the NHS Kent and Medway Integrated Care Board (formerly the Kent and Medway Clinical Commissioning Group) for 2 posts linked to the management of this contract. They have also agreed to contribute £50,000 to the re-procurement costs.
- 3.3 The combined health and social care cost of extending the current service for 16 months until 31 March 2024 would be circa £20,602,578 million based on current spend 2021/22. KCC’s proportion of this is likely to be in the region of £6,062,462 based on current spend 2021/22.
- 3.4 Commissioners are working with the current provider on early cost efficiency schemes to address the risk of rising costs during the contract extension period.

**4. Legal implications**

- 4.1 The provision of services to support people with health and/or social care needs following discharge from hospital is detailed within the Care Act 2014.
- 4.2 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*”.
- 4.3 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.

4.4 Independent legal advice is to extend the current contract under Regulation 72 1 (e) of the Public Contracts Regulations 2015 and to commence market engagement as early as possible.

## **5. Equalities implications**

5.2 An Equality Impact Assessment (EQIA) has been developed to support the service re-design and long-term jointly commissioned service (Attached as Appendix 1). This will be updated as work on the service re-design progresses.

## **6. Data Protection Implications**

6.1 There are no anticipated data implications associated with the contract extension as there will be no change to current service, 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.

## **7. Conclusions**

7.1 The service is jointly funded and commissioned by Kent County Council in partnership with Kent and Medway Integrated Care Board.

7.2 Increased demand, together with pressure on global supply chains; and freightage is impacting on service costs. This is not unique to Kent. The service is not sustainable in its current form without investment.

7.3 The current contract is due to expire on 30 November 2022 and new arrangements need to be in place by 1 December 2022.

7.4 There is opportunity to design a service that is sustainable for the future, meets the needs of local populations, promotes choice and retains equity of service provision.

7.5 The new service will be integrated with health and social care and based on the Making a Difference Everyday (MADE) approach. It will align to the new Strategic Direction principles including Self-Directed Support.

7.6 A contract extension of the current service for 16 months will provide the time needed to undertake the service re-design.

7.7 The new service will incorporate digital technology to promote self-directed support and reduce the costs of providing new equipment and emergency deliveries. A report detailing the outcome of the service redesign and subsequent contract award will be presented to a future meeting of this committee.

## **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) **EXTEND** the current Integrated Community Equipment Service Contract for 16 months from 1 December 2022 to 31 March 2024;

b) **PROCURE** a new long term sustainable service model; and

c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, to finalise the terms of the required contract extension and to facilitate procurement activity, as necessary to implement the decision.

## 9. Background Documents

None

## 10. Report Author

Sharon Wilcock  
Interim Senior Commissioner  
03000 423160  
[Sharon.wilcock@kent.gov.uk](mailto:Sharon.wilcock@kent.gov.uk)

## 11. Relevant Director

Richard Smith  
Corporate Director Adult Social Care and Health  
03000 416838  
[Richard.smith3@kent.gov.uk](mailto:Richard.smith3@kent.gov.uk)

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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:

22/00081

For publication Yes

Key decision: Yes

## Title of Decision INTEGRATED COMMUNITY EQUIPMENT SERVICE

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

- EXTEND** the current Integrated Community Equipment Service Contract for 16 months from 1 December 2022 to 31 March 2024;
- PROCURE** a new long term sustainable service model; and
- DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, to finalise the terms of the required contract extension and to facilitate procurement activity, as necessary to implement the decision.

**Reason(s) for decision:** The current Integrated Community Equipment Service (ICES) Contract is due to expire on 30 November 2022 and new arrangements need to be in place by 1 December 2022.

There is opportunity to design a service that meets the needs of local populations, promotes choice and retains equity of service provision.

The new service will be integrated with health and social care and based on the Making a Difference Everyday (MADE) approach. It will align to the new Strategic Direction principles including Self-Directed Support.

A contract extension of the current service for 16 months will provide the time needed to undertake the service re-design.

**Financial Implications:** The annual budget for this service has steadily increased since the contract inception with annual growth from c£9m to £15m net to the indicated levels in the below table:

2021/ 2022				
Annual Budget	KCC Adults	KCC Other	Joint	Health only
15,451,934	2,511,379	519,213	3,036,510	9,384,831

KCC receive funding from the NHS Kent and Medway Integrated Care Board (formerly the Kent and Medway Clinical Commissioning Group) for 2 posts linked to the management of this contract. They have also agreed to contribute £50,000 to the re-procurement costs.

The combined health and social care cost of extending the current service for 16 months until 31

March 2024 would be circa £20,602,578 million based on current spend 2021/22. KCC's proportion of this is likely to be in the region of £6,062,462 based on current spend 2021/22. Commissioners are working with the current provider on early cost efficiency schemes to address the risk of rising costs during the contract extension period.

**Legal implications:** The provision of services to support people with health and/or social care needs following discharge from 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.

Independent legal advice is to extend the current contract under Regulation 72 1 (e) of the Public Contracts Regulations 2015, to commence market engagement as early as possible.

**Equalities implications:** An EQIA has been developed to support the service re-design and long-term jointly commissioned service. This will be updated as work on the service redesign progresses.

**Data Protection Implications:** There are no anticipated data implications associated with the contract extension as there will be no change to current service, 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 28 September 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Full public consultation will be undertaken and this will inform redesign of the new service.

**Any alternatives considered and rejected:** Consideration was given to service re-procurement with small efficiency changes, and this would have enabled re-procurement within the time limit of the current contract, however rising demand and costs of logistics and raw materials that are driving up service costs meant this option is a financially high risk one and would threaten future sustainability of the service. It is therefore recommended that a full service re-design is needed to address these risks

**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

Integrated Community Equipment Service Re-Tender

#### Responsible Officer

Sharon Wilcock - ST SC

### Type of Activity

#### Service Change

No

#### Service Redesign

Service Redesign

#### Project/Programme

No

#### Commissioning/Procurement

Commissioning/Procurement

#### Strategy/Policy

No

#### Details of other Service Activity

No

### Accountability and Responsibility

#### Directorate

Adult Social Care and Health

#### Responsible Service

Strategic Commissioning - Adult Social Care

#### Responsible Head of Service

Clare Maynard - ST SC

#### Responsible Director

Richard Smith - AH CDO

### Aims and Objectives

Align the service with the new KCC strategic direction.

Promote self-directed support via digital signposting

Reduce waste and improve service delivery and efficiency

### Section B – Evidence

#### Do you have data related to the protected groups of the people impacted by this activity?

No

#### 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?

No

#### Who have you involved, consulted and engaged with?

Service Users general

Service Users from protected groups

Prescribers from Health

Prescribers from Social Care

General Public

<b>Has there been a previous Equality Analysis (EQIA) in the last 3 years?</b>
No
<b>Do you have evidence that can help you understand the potential impact of your activity?</b>
Yes
<b>Section C – Impact</b>
<b>Who may be impacted by the activity?</b>
<b>Service Users/clients</b> Service users/clients
<b>Staff</b> Staff/Volunteers
<b>Residents/Communities/Citizens</b> Residents/communities/citizens
<b>Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?</b>
Yes
<b>Details of Positive Impacts</b>
wider choice of equipment through digital signposting greater understanding of other equipment / services available through digital signposting
<b>Negative impacts and Mitigating Actions</b>
<b>19. Negative Impacts and Mitigating actions for Age</b>
<b>Are there negative impacts for age?</b>
Yes
<b>Details of negative impacts for Age</b>
older people may be less likely to use digital technology and may miss the opportunity of having increased choice or awareness of what other equipment or services are available.
<b>Mitigating Actions for Age</b>
Ensure prescribers are able to advise and support people to make the right choice for their needs and wants.
<b>Responsible Officer for Mitigating Actions – Age</b>
Sharon wilcock
<b>20. Negative impacts and Mitigating actions for Disability</b>
<b>Are there negative impacts for Disability?</b>
Yes
<b>Details of Negative Impacts for Disability</b>
Some people may not be able to use digital technology and may miss the opportunity of increased choice and awareness of what other equipment or services are available
<b>Mitigating actions for Disability</b>
Ensure prescribers are able to support people to use digital technology to find the equipment or service to their needs and wants
<b>Responsible Officer for Disability</b>
Sharon Wilcock
<b>21. Negative Impacts and Mitigating actions for Sex</b>
<b>Are there negative impacts for Sex</b>
No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval
<b>Details of negative impacts for Sex</b>
Not Completed
<b>Mitigating actions for Sex</b>
Not Completed

<b>Responsible Officer for Sex</b>
Not Completed
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>
<b>Are there negative impacts for Gender identity/transgender</b>
No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Gender identity/transgender</b>
Not Completed
<b>Mitigating actions for Gender identity/transgender</b>
Not Completed
<b>Responsible Officer for mitigating actions for Gender identity/transgender</b>
Not Completed
<b>23. Negative impacts and Mitigating actions for Race</b>
<b>Are there negative impacts for Race</b>
No. Note: If Question 23a is "No", Questions 23b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Race</b>
Not Completed
<b>Mitigating actions for Race</b>
Not Completed
<b>Responsible Officer for mitigating actions for Race</b>
Not Completed
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
No. Note: If Question 24a is "No", Questions 24b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Religion and belief</b>
Not Completed
<b>Mitigating actions for Religion and belief</b>
Not Completed
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
Not Completed
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Sexual Orientation</b>
Not Completed
<b>Mitigating actions for Sexual Orientation</b>
Not Completed
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
Not Completed
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Pregnancy and Maternity</b>
Not Completed
<b>Mitigating actions for Pregnancy and Maternity</b>
Not Completed

<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>
Not Completed
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Marriage and Civil Partnerships</b>
Not Completed
<b>Mitigating actions for Marriage and Civil Partnerships</b>
Not Completed
<b>Responsible Officer for Marriage and Civil Partnerships</b>
Not Completed
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
No. Note: If Question 28a is "No", Questions 28b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Carer's responsibilities</b>
Not Completed
<b>Mitigating actions for Carer's responsibilities</b>
Not Completed
<b>Responsible Officer for Carer's responsibilities</b>
Not Completed

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

**To:** Adult Social Care Cabinet Committee – 28 September 2022

**Subject:** **Interpreting and Communication Services for People who are D/deaf and Deafblind**

**Non-Key decision** 22/00090

**Classification:** Unrestricted

**Past Pathway of report:** Adult Social Care Governance Directorate Management Team - 15 June 2022

**Future Pathway of report:** None

**Electoral Division:** All

**Summary:** Kent County Council's statutory responsibilities under The Care Act 2014, Equality Act 2010 and the Accessible Information Standard 2016 are partly delivered through an Interpreting and Communication Framework for People who are D/deaf or Deafblind. The framework provides a list of pre-vetted and approved communication professionals that interpreting and translation services can be purchased from as and when required. The framework commenced in June 2019 and will expire in June 2023. New contractual arrangements for purchasing these communication services need to be in place by 17 June 2023 and it is proposed to procure a new framework of qualified providers to meet this requirement.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as appendix 1) to:

- a) **APPROVE** the procurement of Interpreting and Communication Services for People who are D/deaf and Deafblind; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions to facilitate the required procurement activity.

## 1. Introduction

- 1.1 Kent County Council (KCC) has a statutory responsibility under The Care Act 2014 to meet the needs of people assessed as having eligible needs, including people with sensory impairments.

- 1.2 A person's method of communication should not cause for them a barrier which obstructs them from accessing any services that they may need. D/deaf and deafblind people in Kent need to be able to live safely and independently in their local communities. Public sector agencies must also ensure equality of access to services within their communities and prevent discrimination as detailed in the Equality Act 2010.
- 1.3 One of the key ways that KCC achieves its responsibilities in these areas is through the provision of a British Sign Language interpreting service. This service supports D/deaf people to access services and support, and to be able to express, communicate and advocate for themselves. It can be accessed by any department in KCC and by a number of public sector partners who have signed up to access the service (see paragraph 2.3 for further details).
- 1.4 This report details the current provision of interpreting and communication services for people who are D/deaf or deafblind and recommends the procurement of a new framework of providers to deliver this service going forward.

## **2. Background**

- 2.1 The Kent Deaf Interpreting Service (KDIS) was established in July 2019 in response to the challenges faced by the previous provision of a managed deaf interpreting service by a single provider when this contract came to an end. KDIS sits within the Adult Social Care and Health (ASCH) Sensory Services Team, with members of the Business Support Team using the external framework of communication professionals to book interpreters for requestors (KCC officers and officers from other public sector contract partners).
- 2.2 KDIS provides interpreting, translation and transcription services for professionals who need to communicate with a person who is D/deaf or Deafblind. All KCC departments have access to this service to support the multitude of interactions with residents in need of these types of interpreting, translating and transcription services, although it is used mostly by Social Care Practitioners.
- 2.3 As well as by KCC officers, KDIS is also currently used by a number of public sector contract partners in Kent, namely:
  - Kent Police
  - Kent Fire and Rescue
  - Kent and Medway Partnership Trust (KMPT)
  - National Deaf Children and Adolescent Mental Health Services (CAMHS) Kent
  - Dover District Council
- 2.4 The framework model allows for service flexibility. Assignments can be booked more easily at short notice, meaning that urgent scenarios, which are often critical requirements such as child protection cases or police custody requirements, are able to be covered more often.

- 2.5 Recently, the Council's Corporate Management Team agreed to support the development of greater equality for D/deaf and deafblind people in Kent through a number of actions, including agreeing that D/deaf awareness and the importance of using qualified and registered interpreters is standard practice. Provision of this is included in the budget for all directorates in KCC and/or the commissioning of services, and that corporate funds for video interpreting to be on KCC virtual front door/initial point of contact are made available.
- 2.6 An options appraisal reviewing the most effective way to provide interpreting services in the future has resulted in the recommendation to procure a new framework of external providers that can be used by KDIS to book communication professionals as and when required. The benefits of renewing this kind of contractual arrangement include:
- Business continuity is maintained
  - Benefits of the high quality of the current service are maintained
  - Maintains the current deaf awareness culture of the service
  - Retains consistency for Contract Partners accessing services through KDIS
  - It is manageable within the budget
  - It offers a commercial advantage by giving access to a wide selection of service options and providers in one contract, that providers can join at any time to maintain levels of competition in a limited market
  - An opportunity to create more social value with greater community wealth and using interpreters local to the Kent community
  - Creating a continuous improvement opportunity with long term relationships between providers, people in receipt of the service and other stakeholders.
- 2.7 It is recommended that the new framework to be procured is put in place for a period of four years commencing June 2023 and expiring in June 2027.
- 2.8 Since its set-up in 2019, the operation of the current framework of providers has allowed tenders from potential providers to be submitted for evaluation periodically on a regular basis. This has worked well, with the number of providers on the framework doubling in the three-year period, serving to maintain choice and service availability in a restricted market. Therefore, it is recommended that this approach is maintained as part of the new procurement.

2.9 The draft procurement timetable for the service is:

Market Engagement	September 2022
Initial round ITT published (anticipated)	24 October 2022
Initial round ITT closes (anticipated)	24 November 2022
Contract award governance (Adult Social Care Cabinet Committee)	15 March 2023
Contract start	1 April 2023

### **3. Financial Implications**

3.1 The estimated annual cost of this service to Kent County Council is £20,000 per annum, or £80,000 over the proposed four-year contract period. Other public sector authorities will be able to use the contract, making the total estimated spend via the contract £50,000 per annum and £200,000 over the four-year contract period.

### **4. Legal implications**

4.1 Commissioners will follow the Public Contract Regulations (2015) and Spending the Council's Money guidance in relation to the procurement undertaken.

### **5. Equalities implications**

5.1 An Equality Impact Assessment has been carried out (Attached as Appendix A) and has concluded that there should be no negative impact on people with protected characteristics.

### **6. Data Protection Implications**

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

### **7. Conclusions**

7.1 The current Framework for Interpreting and Communication services is working well to provide a high service quality for people with specialist communication needs, as well as meeting budget requirements.

7.2 It is therefore proposed that KCC commissions a new Interpreting and Communications framework, similar to the current arrangements, ready for the expiry of the current arrangements in June 2023.

7.3 Commissioning these services via a framework of service provision supports the delivery of Making a difference everyday approach by delivering a person-centred approach to accessing communication support for people who need it.

## 8. Recommendations

8.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as appendix 1) to:

- a) **APPROVE** the procurement of Interpreting and Communication Services for People who are D/deaf and Deafblind; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions to facilitate the required procurement activity.

## 9. Background Documents

None

## 10. Report Author

Simon Mitchell  
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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:**

22/00090

**For publication** Yes

**Key decision:** No

**Title of Decision:** Procurement of Interpreting and Communication Services for People who are D/deaf and Deafblind

**Decision:** As Cabinet Member for Adult Social Care and Public Health, I propose to:  
a) **APPROVE** the procurement of Interpreting and Communication Services for People who are D/deaf and Deafblind  
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions to facilitate the required procurement activity.

**Reason(s) for decision:** Kent County Council's (KCC) statutory responsibilities under The Care Act 2014, Equality Act 2010 and the Accessible Information Standard 2016 are partly delivered through an Interpreting and Communication Framework for People who are D/deaf or Deafblind. The framework provides a list of pre-vetted and approved communication professionals that interpreting and translation services can be purchased from as and when required. The framework commenced in June 2019 and will expire in June 2023. New contractual arrangements for purchasing these communication services need to be in place by 17 June 2023. This decision supports the delivery of the KCC Adult Social Care Strategy 2022-2027 - Making a Difference Every Day by offering a person-centred approach to accessing communication support for people who need it.

**Financial Implications:** The estimated annual cost of this service to Kent County Council is £20,000 per annum, or £80,000 over the proposed four-year contract period. Other public Sector authorities will also be able to use the contract, making the total estimated spend via the service £50,000 per annum and £200,000 over the four-year contractual period.

**Legal Implications:** Commissioners will follow the Public Contract Regulations (2015) and Spending the Council's Money guidance in relation to the procurement undertaken.

**Equality Implications:** An Equality Impact Assessment has been carried out and has concluded that there should be no negative impact on people with protected characteristics.

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

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 28 September 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

**Any alternatives considered and rejected:**

- Do nothing – This would pose risks to the council in terms of control over costs, service quality and inconsistent service provision
- Commission managed interpreting services from a single provider – This option has been discounted due to the lost opportunity to develop relationships with and support local interpreters, and the potential to lose control over quality and interpreter availability.
- Commissioning D/deaf interpreting services from an external provider via an existing Framework – National frameworks do not guarantee the provision of qualified interpreters, and research suggests this type of framework directly leads to a poor service to users which in turn increases the demand on social services e.g., poor interpreting can lead to people not understanding the issue and the person may require additional support from health and social care providers.

**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	Interpreting and Communication Services for People who are Deaf and Deafblind
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Responsible Officer	Katherine Clark - ST SC
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### Type of Activity

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

### Accountability and Responsibility

Directorate	Adult Social Care and Health
Responsible Service	Sensory Services
Responsible Head of Service	Sharon Dene - ST SC
Responsible Director	Clare Maynard - ST SC

### Aims and Objectives

A person's method of communication should not cause for them a barrier which obstructs them from accessing any services that they may need. D/deaf and deafblind Individual in Kent need to be able to live safely and independently in their local communities. Public sector agencies must therefore ensure equality of access to services within their communities and prevent discrimination as detailed in the Equality Act 2010. Kent County Council also has a statutory responsibility under The Care Act 2014 to meet the needs of people assessed as having eligible needs including individuals with sensory impairments.

- 11 million people in the UK are deaf or hard of hearing.
- There are 151,000 British Sign Language (BSL) users in the UK.
- Deaf people are more likely to have poor mental health - up to 50%, compared to 25% for the general population, and be unemployed - 65% of working age deaf people are in employment, compared to 79% of the general population

KCC currently has a Framework arrangement (contract reference SC18074) for Interpreting and Communication Services for People who are D/deaf and Deafblind used to purchase service from a list of pre-qualified interpreters and interpreting agencies. Other public sector organisations in Kent also have access to use this contract and contract partners currently include Kent Police, Kent Fire and Rescue Service and KMPT.

This Framework contract will expire in June 2023 and alternative purchasing arrangements for this service will need to be established before this date.

Recommendations – A new framework of external providers is put in place from June 2023 for the council to use when required to provide any type of communication support for people who are D/deaf or Deafblind.

### Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?	Yes
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It is possible to get the data in a timely and cost effective way?	Yes
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Is there national evidence/data that you can use?	Yes
Have you consulted with stakeholders?	Yes
<b>Who have you involved, consulted and engaged with?</b>	
Stakeholder Engagement - May 2022: Understanding of impact of service and any potential changes	
Current service Providers - May 2022: Understanding existing provision and opportunities for service improvements	
External contract partners - Scheduled Jun 2022: Understanding of impact of service and any potential changes	
National Registers of Communication Professionals Working with Deaf and Deafblind People (NRCPD) - 2021:Key knowledge regarding numbers of qualified interpreter across England and in Kent	
Other local authorities (East Sussex CC & Medway Council) - May 2022: Knowledge of other purchasing and contracting solutions	
Service user engagement - 2021: Importance of access to high quality interpreters for D/deaf people	
CMT Equalities paper- 2022: Agreement to proceed with recommendations to improve equality for D/deaf citizens in Kent.	
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
<b>Section C – Impact</b>	
<b>Who may be impacted by the activity?</b>	
Service Users/clients	Service users/clients
Staff	Staff/Volunteers
Residents/Communities/Citizens	Residents/communities/citizens
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?	Yes
<b>Details of Positive Impacts</b>	
<p>The procurement of specialist communication support for people who are D/deaf and Deafblind via a framework of qualified external providers will work dynamically to support services which are necessary but not always in high demand, enabling flexibility with bookings and the ability to book assignments efficiently and flexibly for people at a high level of quality.</p> <p>There is a national shortage of registered interpreters for D/deaf people, and demand exceeds supply in Kent as it does elsewhere in the country.</p> <p>Video Interpreting services will ensure high-quality low-cost provision is in place for short provision needs; this negates the need for interpreters requiring long time slots for very short provision e.g., ad-hoc communication requirements, providing best value services and increasing the likelihood that an interpreter can be sourced immediately.</p> <p>An external framework of providers will allow access to a range of communication methods, ensuring equality of access for everyone.</p>	

Research demonstrates that carers have sometimes been asked to act as interpreter for friends/ family/ partners/ which is inappropriate. The provision of externally sourced interpreting services will protect carers' rights.

### Negative impacts and Mitigating Actions

#### 19. Negative Impacts and Mitigating actions for Age

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

#### 20. Negative impacts and Mitigating actions for Disability

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

#### 21. Negative Impacts and Mitigating actions for Sex

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

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

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

#### 23. Negative impacts and Mitigating actions for Race

Are there negative impacts for Race	No
Negative impacts for Race	
Not Applicable	
Mitigating actions for Race	
Not Applicable	
Responsible Officer for mitigating actions for Race	Not Applicable

#### 24. Negative impacts and Mitigating actions for Religion and belief

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

**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 and Health Cabinet Committee – 28 September 2022

**Subject:** **COMMUNITY NAVIGATION SERVICES CONTRACT EXTENSION**

**Decision no:** 22/00092

**Classification:** Unrestricted

**Past Pathway of report:**

**Future Pathway of report:** Cabinet Member decision.

**Electoral Division:** All

**Summary:** Kent County Council's statutory responsibility under The Care Act 2014 to deliver access to support, information for unpaid Carers, older people (over 55 years), people with complex issues/frailty (under 55 years) is delivered through a number of contracts.

The Community Navigation Service Contracts come to the end of their initial period (of four years) at the end of March 2023. This paper sets out proposals to extend the current Community Navigation Services Contracts whilst Commissioners explore options for the future recommissioning strategy for the services from April 2024.

**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 Health on the proposed decision (attached as Appendix 1) to:

- a) **AGREE** to use the first of the two, one-year contract extension options to extend the current Community Navigation Services Contracts for a period of 12 months, from 1 April 2023 to 31 March 2024;
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to use the second one-year contract extension option (1 April 2024 to 31 March 2025), should it be required; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

## 1. Introduction

- 1.1 Kent County Council (KCC) has a statutory responsibility under The Care Act 2014 to meet the needs of people who are 18 years or older, identifying as unpaid Carers, older people who are frail and vulnerable, and those who are under 55 years of age who are frail and vulnerable. KCC meets this duty through the provision of the Community Navigation Services.
- 1.2 The Community Navigation Services Contracts are jointly funded by Kent County Council (Adult Social Care) and the NHS Kent and Medway Integrated Care Board (formerly the Kent and Medway Clinical Commissioning Group).
- 1.3 The current Community Navigation Services Contracts commenced in April 2019, for an initial four-year period, with the fourth year ending on 31 March 2023. There is provision within the current contract to extend for two single year periods. All the Community Navigation Services Contracts are set out below:

### Community Navigation (Universal)

	Annual Value	Contract value (4 year)
East Kent	£599,595	£2,398,380
West Kent	£232,306	£929,224
Dartford, Gravesham & Swanley	£473,574	£1,894,296
Swale	£235,885	£943,540

### Community Navigation (Carers Support and Assessment)

	Annual Value	Contract value (4 year)
East Kent	£1,928,899	£7,715,596
West Kent	£1,127,188	£4,508,752
Dartford, Gravesham & Swanley	£515,859	£2,063,436
Swale	£188,259	£753,036

## 2. Background

- 2.1 These services support access to a range of wellbeing support, including and not exhaustive of the following within two parts of the contract through a range of responses that are tailored to the specific requirements of the people that we support:

<b>Part A: Community Navigation for older people over 55 years and people with complex issues/frailty:</b>	<b>Part B: Community Navigation for unpaid Carers:</b>
<ul style="list-style-type: none"> <li>• Exploring and building social networks.</li> <li>• Supporting people to access the health and social care system.</li> <li>• Enabling identification of services needed within the local community and purchasing those required.</li> <li>• Provision of initial practical assistance and advice to people, including entitlements and accessing services and activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Access information, advice and guidance, and integrated personalised services.</li> <li>• Supporting people to access the health and social care system.</li> <li>• Support Carers to attain outcomes to support having a life of their own, maintaining social contacts and personal relationships.</li> <li>• Optimise physical and emotional</li> </ul>

<ul style="list-style-type: none"> <li>• Community Navigators as trusted assessors assessing and identify a person’s adaptations, equipment assistive technology needs, and arrange for appropriate supply.</li> <li>• Making referrals and providing information for people to access local services and liaising with other specialist community services.</li> <li>• Promote and support financial wellbeing.</li> <li>• Holistically review the needs and support aspects of the service to be delivered which may also benefit an unpaid Carer supporting the person.</li> </ul>	<p>wellbeing, enjoying separate social and community activities.</p> <ul style="list-style-type: none"> <li>• Promote and support financial wellbeing.</li> <li>• Support participation in paid or voluntary work, leisure activities or education.</li> <li>• Promote the access, support and maintain good health.</li> <li>• Have a voice about services for the person they care for and themselves.</li> </ul>
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2.2 The Community Navigation Services are a community resource commissioned by Kent County Council, jointly with the previous Clinical Commissioning Group(s), that aims to improve people’s quality of life, health and wellbeing by recognising that this can be affected by a range of social, economic and environmental influences

2.3 Community Navigation works together with the contracted Wellbeing Services and is complimented by general social prescribing; however, it also stands alone as a way of ensuring people are supported so that they do not move into crisis, that they have choices, control, and independence within their lives, whilst being supported by expertly trained Community Navigators.

2.4 Community Navigation also provides a proactive link between different parts of the social care and health systems; being both a first point of contact for people we support, carers and health and social care professionals, as well as guiding and co-ordinating the person’s journey through the care system. Community Navigation works collaboratively across agencies to support individuals to gain access to care packages, health support, groups, sessions; using social prescribing; working beyond signposting and referrals. The Community Navigation Service supports and puts in place care and support in addition to social prescribing.

2.5 A review of the contracts has recently taken place to gain further insight into performance, demonstrating the effectiveness of the contract. The key observations from the review are as follows:

- YEAR 1: Providers established and embedded Community Navigation within the community.
- The contract was in early development stages when the Covid19 pandemic national restrictions came into place in March 2020. With some early changes to services from February 2020, the service remained open during the national restrictions, and supported additional services for people accessing the service e.g., medication

delivery, food delivery, welfare checks and ensuring people remained buoyant.

- The performance of the service has been consistently good; with no waiting lists used during the first three years of the service.

- 2.6 The service was innovative when originally commissioned and embraces the key elements of Making a Difference Every day (MADE); the style and complexity of the Community Navigation role helps people maintain and improve their wellbeing, supports the development of resilience, builds confidence, and supports choice, control and personalised care which can move people to living as independently as possible.
- 2.7 KCC has recently completed significant engagement in developing and launching a new Carers Strategy, setting the strategic direction for Carers Support for the next 5 years.
- 2.8 The Kent Adult Carers' Strategy 2022-2027 ensures a commitment to working together to ensure essential roles are valued, supported and people's lives maintained and valued.
- 2.9 A Kent Social Prescribing and Navigation Strategy, is being jointly written by Kent County Council, Medway Council and the NHS Kent and Medway Integrated Care Board (formerly the Kent and Medway Clinical Commissioning Group).

### **3. Options considered and dismissed, and associated risk**

- 3.1 The current Community Navigation Services Contracts have been operating for just over three years, with Covid19 national restrictions having a significant impact. The additional extensions would give an opportunity to further understand the services including how best to re-design them in line with wider system objectives such as the Social Prescribing and Navigation Strategy and the Kent Adult Carers' Strategy.
- 3.2 Further engagement will be required to coproduce a new offer for Carer Support Services, covering the offer provided through the current Community Navigation Services and Carers' Short Breaks Contracts.
- 3.3 To progress developing any future offer it is recommended allowing sufficient time to review and refine the following:
- Key Performance Indicators (KPIs) -ongoing management and monitoring of quality ensures that all providers remain compliant to their contractual commitments
  - Purchasing - a requirement for the continued support for Carers, a more efficient, streamlined purchasing function, that minimises bureaucracy and is responsive to the levels of demand. Efficiency could be enhanced with improved procedures and processes.
  - Contract Management – continue the existing contract management system with the jointly developed enhanced Locality contract management

to support the contract, ensure KPIs are collected and with regular partnership working across all the contract providers. Regular review of the KPIs and management information for quality of care and improved contract monitoring.

3.4 The following options were considered (detailed in Appendix A):

- Extend for 12 months
- Extend for 24 months
- Reprocure the contract within a short timeframe
- End the contract on 31 March 2023

3.5 While it is recognised that ending these contracts could deliver a significant saving to the Council, ending the contract was dismissed at this point for the following reasons:

- Potentially increase the number of vulnerable adults, older people and carers becoming isolated and lonely, with the potential to therefore increase demand on health and social care services.
- There is a Social Prescribing and Navigation Strategy being developed, and the outcome and direction set for these services through that Strategy should in some way determine the future of these services.

3.6 Procuring the contracts within a short timeframe, by April 2023, was dismissed due to the strategy development underway.

3.7 Extending the current Community Navigation Service Contracts for which there is provision, is the recommended option. This allows for the Kent Social Prescribing and Navigation Strategy to be developed and published, setting the future direction for these services, with the potential to align health and social care funding in the future. It also sustains the current provision to allow further analysis of demand post Covid19.

3.8 The proposal to seek approval to use both the existing contract extensions (for the two single years) at this point allows for flexibility in the event of any delays in the development of the Kent Social Prescribing and Navigation Strategy or delays in recommissioning the service and will ensure that the Council continues to meet its statutory responsibility under The Care Act 2014 to meet the needs of people who are 18 years or older, identifying as unpaid Carers, older people who are frail and vulnerable, and those who are under 55 years of age who are frail and vulnerable.

3.9 Every effort will be made to take this to market as quickly as possible with a view to achieving best value for the Council, countered with the finalisation of the strategy driving what the contract needs to look like.

#### **4. Financial Implications**

4.1 The Community Navigation Services contract is jointly funded by Kent County Council and NHS Kent and Medway Integrated Commissioning Board (NHS K&M ICB).

- 4.2 The current Adult Social Care budget is subject to an identified saving in 2023/24; the NHS K&M ICB funding will be requested for the recommended option. The Council is working in partnership with the ICB to ensure funding is secured for the option. The ICB Commissioners have made enquiries to the ICB Committee Teams to provide more information regarding the governance process for the recommended option.
- 4.3 There are identified savings (£335,633) to be taken from these contracts (from the Adult Social Care contribution) 2023/24 onwards. Work will begin with providers to identify where these savings can be attributed, to reduce impact on service delivery.
- 4.4 The total value for the contract extensions will be two annual amounts of £4.945m each (total £9.89m).

## **5 Legal implications**

- 5.1 Kent County Council has a statutory responsibility under The Care Act 2014 to meet the needs of people who are 18 years or older, identifying as unpaid Carers, older people who are frail and vulnerable, and those who are under 55 years of age who are frail and vulnerable. Kent County Council meets this duty is through the provision of the Community Navigation Services.
- 5.2 The current Community Navigation Services contracts commenced in April 2019, for an initial four-year period, with the fourth year ending on 31 March 2023. There is provision, under the existing contract, to extend for two single year periods.

## **6. Equalities implications**

- 6.1 An Equality Impact Assessment (EQIA) was completed as part of the original commissioning of these services; and will be revised and updated for any future recommissioning. The current EQIA is attached as Appendix B

## **7. Data Protection Implications**

- 7.1 A Data Protection Impact Assessment was developed and will be updated with the contract extension.
- 7.2 Data Protection is monitored within the contract management function of the contract; there were no issues highlighted and no data breaches.

## **8. Conclusions**

- 8.1 Kent County Council has a statutory responsibility under The Care Act 2014 to meet the needs of people who are 18 years or older, identifying as unpaid Carers, older people who are frail and vulnerable, and those who are under 55 years of age who are frail and vulnerable. Kent County Council meets this duty is through the provision of the Community Navigation Services.
- 8.3 The proposal to seek approval to use the first of the existing one-year contract extensions (1 April 2023 to 31 March 2024) will allow Commissioners to explore

options for the future recommissioning strategy for the services from April 2024 and for Strategic Commissioning, in partnership with the NHS K&M ICB, to develop the work that is underway to deliver a plan to grow a joint culture for change in approach and to review the current internal procedures and processes to support the contract in line with the development of the Kent Social Prescribing and Navigation Strategy.

- 8.4 The second of the two single year contract extensions (1 April 2024 – 31 March 2025) will only be used should it be required. This allows for flexibility in the event of any delays in the development of the Kent Social Prescribing and Navigation Strategy or delays in recommissioning the service and will ensure that the Council continues to meet its statutory responsibility under The Care Act 2014 to meet the needs of people who are 18 years or older, identifying as unpaid Carers, older people who are frail and vulnerable, and those who are under 55 years of age who are frail and vulnerable.
- 8.5 Every effort will be made to take this to market as quickly as possible with a view to achieving best value for the council, countered with the finalisation of the strategy driving what the contract needs to look like.

## 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 Health on the proposed decision (attached as Appendix 1) to:

- a) **AGREE** to use the first of the two, one-year contract extension options to extend the current Community Navigation Services Contracts for a period of 12 months, from 1 April 2023 to 31 March 2024;
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to use the second one-year contract extension option (1 April 2024 to 31 March 2025), should it be required; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

## **10. Background Documents**

Community Navigation Service (Care Navigation and Social Prescribing)  
[Decision - 18/00041 - Community Navigation Service \(Care Navigation and Social Prescribing\) \(kent.gov.uk\)](#)

## **11. Report Author**

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# KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

## DECISION TO BE TAKEN BY:

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

## DECISION NO:

22/00092

For publication Yes

Key decision: YES.

## Title of Decision: COMMUNITY NAVIGATION SERVICES CONTRACT EXTENSION

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

- EXTEND** the current Community Navigation Services Contracts for a period of 12 months, from 1 April 2023 to 31 March 2024; and
- DELEGATE** authority to the Corporate Director Adult Social Care and Health to use the second one-year contract extension option (1 April 2024 to 31 March 2025), should it be required; and
- DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

**Reason(s) for decision:** Kent County Council has a statutory responsibility under The Care Act 2014 to meet the needs of people who are 18 years or older, identifying as unpaid Carers, older people who are frail and vulnerable, and those who are under 55 years of age who are frail and vulnerable. Kent County Council meets this duty through the provision of the Community Navigation Services. The Community Navigation Services Contracts are jointly funded by Kent County Council (Adult Social Care) and the NHS Kent and Medway Integrated Care Board (formerly the Kent and Medway Clinical Commissioning Group).

The current Community Navigation Services Contracts commenced in April 2019, for an initial four-year period, with the fourth year ending on 31 March 2023. There is provision within the current contract to extend for two single year periods.

Extending the current Community Navigation Services Contracts for 12 months (from 1 April 2023 to 31 March 2024) will allow Commissioners to explore options for the future recommissioning strategy for the services from April 2024 and for Strategic Commissioning, in partnership with the NHS K&M ICB, to develop the work that is underway to deliver a plan to grow a joint culture for change in approach and to review the current internal procedures and processes to support the contract in line with the development of the Kent Social Prescribing and Navigation strategy

The proposed decision supports the New Models of Care Support priorities of 'Framing Kent's Future – Our Council Strategy 2022 – 2026' of

- reshaping our commissioning practice to ensure we build strategic partnerships with our providers, through earlier engagement, more consistent and proactive commissioning practice, and a stronger focus on co-designing services
- seizing the opportunity of integrating our planning, commissioning and decision making in adult, children's, and public health services through being a partner in the Kent and Medway Integrated Care System at place and system level

**Financial Implications:** The Community Navigation Services contract is jointly funded by Kent County Council and NHS Kent and Medway Integrated Commissioning Board (NHS K&M ICB). The current Adult Social Care budget is subject to an identified saving in 2023/24; the NHS K&M ICB

funding will be requested for the recommended option. The Council is working in partnership with the ICB to ensure funding is secured for the option. The ICB Commissioners have made enquiries to the ICB Committee Teams to provide more information regarding the governance process for the recommended option.

There are identified savings (£335,633) to be taken from these contracts (from the Adult Social Care contribution) 2023/24 onwards. Work will begin with providers to identify where these savings can be attributed, to reduce impact on service delivery.

The total value for the contract extensions (of twelve months) will be £4.945m.

**Legal Implications:** Kent County Council has a statutory responsibility under The Care Act 2014 to meet the needs of people who are 18 years or older, identifying as unpaid Carers, older people who are frail and vulnerable, and those who are under 55 years of age who are frail and vulnerable. Kent County Council meets this duty is through the provision of the Community Navigation Services. The current Community Navigation Services Contracts commenced in April 2019, for an initial four-year period, with the fourth year ending on 31 March 2023. There is provision, under the existing contract, to extend for two single year periods.

**Equalities implications:** An Equality Impact Assessment was completed as part of the original commissioning of these services; and will be revised and updated for any future recommissioning.

**Data Protection implications:** A Data Protection Impact Assessment was developed and will be updated with the contract extension. Data Protection is monitored within the contract management function of the contract; there were no issues highlighted and no data breaches

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 28 September 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

**Any alternatives considered and rejected:** The following options were considered and discarded

- Extend for 24 months
- Reprocare the contract within a short timeframe
- End the contract on 31 March 2023

While it is recognised that ending these contracts could deliver a significant saving to the Council, ending the contract was dismissed at this point for the following reasons:

- Potentially increase the number of vulnerable adults, older people and carers becoming isolated and lonely, with the potential to therefore increase demand on health and social care services.
- There is a Social Prescribing and Navigation Strategy being developed, and the outcome and direction set for these services through that Strategy should in some way determine the future of these services.

Procuring the contracts within a short timeframe, by April 2023, was dismissed due to the strategy development underway.

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

.....  
signed

.....  
date

## Appendix A: Options Appraisal – Community Navigation Services

### Option 1 - Extend the contract for 12 months

Risks	Benefits
<p>Evaluate funding sustainability from NHS Kent and Medway Integrated Commissioning Board (NHS K&amp;M ICB). Delays in development of Social Prescribing and Navigation strategy could mean this 1 year extension is not enough time.</p>	<p>Keep consistency of service for unpaid Carers and older people. Opportunity to encompass the outcomes of the Kent Social Prescribing Strategy. Sustain navigator workforce security to support the contract. Gives opportunity to scope recommissioning/design for service. Opportunity to encompass the evaluation of the Community Connectors project. Sustain existing providers. Opportunity for Kent Social Prescribing Strategy to be launch with outcomes set. Contract variation for licensing costs can be put in place. Kend and Medway Carers Emergency Card (KMCEC) Contract variation to review needs within contract. Opportunity to understand the performance and trends of the contract. Opportunity to understand the equality and diversity elements of the contract. Opportunity to include the KMCEC within the contract fully.</p>

### Option 2 Extend the contract for 24 months

Risks	Benefits
<p>Evaluate funding sustainability from NHS K&amp;M ICB</p>	<p>Keep consistency of service for unpaid Carers and older people. Opportunity for Kent Social Prescribing Strategy to be launch with outcomes set. Sustain navigator workforce security to support the contract. Gives longer opportunity to scope recommissioning/design for service. Opportunity to encompass the evaluation of the Community Connectors project. Sustain existing providers. Opportunity for Kent Social Prescribing Strategy to be launch with outcomes set. KMCEC contract variation to review needs within contract. Opportunity to understand the performance and trends of the contract. Opportunity to understand the equality and diversity elements of the contract. Opportunity to include the KMCEC within the contract fully.</p>

### Option 3 Recommission the contract within a short timeframe.

Risks	Benefits
<p>Funding unclear for recommissioning without scope of the redesign</p> <p>Adults Strategic Commissioning resources placed under further pressure with procurement and tender exercises.</p> <p>Evaluate funding sustainability from ICB.</p> <p>Limited time to recommission service.</p> <p>Navigators within existing providers may leave their roles due to instability of the future contract.</p>	<p>Opportunity to change the contract and encompass some minor changes.</p> <p>Opportunity to include the KMCEC within the contract fully.</p>

### Option 4 End contract on 31 March 2023

Risks	Benefits
<p>People accessing the contract may fall into crisis resulting in a high financial pressure on Kent County Council operational services.</p> <p>Increased isolation and loneliness to unpaid Carers.</p> <p>Statutory duties non-compliance under the Care Act 2014.</p> <p>Financial savings to the value of the contract.</p>	<p>Opportunity to change the contract and encompass some minor changes.</p> <p>Opportunity to include the KMCEC within the contract fully.</p>

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

**Directorate/ Service:**

Strategic and Corporate Services

**Name of decision, policy, procedure, project or service:**

Community Navigation (care navigation and social prescribing) – new contract from April 2019

**Responsible Owner/ Senior Officer:**

Clare Maynard

**Version:**

V1.0	29/06/2018	Kate Silver	Initial draft
V1.1	26/07/2018	Sylvia Rolfe	Review
V1.2	01/08/2018	Kate Silver	Updated
V1.3	13/08/2018	Akua Agyepong	Review
V1.4	15/08/2018	Kate Silver	Updated
V1.5	16/08/18	Samantha Sheppard	Review

**Author:**

Kate Silver – Commissioner, Strategic Commissioning

**Pathway of Equality Analysis – to include:**

- Public consultation as part of the Older People and People Living with Dementia Core Offer (12 June – 23 July 2017)
- Design Workshops and meetings with representatives from:
  - the Kent & Medway Sustainability and Transformation Partnership (STP)
  - Kent Clinical Commissioning Groups (CCGs)
  - Kent's District Councils
- KCC ASCH DivMT (OPPD)
- KCC ASCH DMT
- KCC Strategic Commissioning Board

## Summary and recommendations of equality analysis/impact assessment.

### Context

Under the Care Act 2014 the Council's has a statutory duty regarding:

Promotion of peoples' wellbeing

- Provide information and advice enabling people to make good decisions about their care and support
- Promote peoples' wellbeing by providing Services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.

Carers

- The wellbeing principle applies both to those with care needs and those caring
- Prevention includes the duty to provide preventative services which reduce carers need for support
- Provision of assessment based on the appearance of need meaning that the only requirement for a carers assessment is that the carer may have need for support now or in the future

The Council currently grant funds a range of services in accordance with these duties, including care navigators, information and advice, day services, befriending services, dementia outreach services and voluntary transport services. In addition, the Council commissions support for carers and has delegated its duty to undertake carers assessments to the external provider market. These services all support people to remain well, independent and connected to their communities and enable carers to keep caring for friends and family members.

A number of services currently funded by KCC Adult Social Care include elements of care navigation / social prescribing within their role. This includes 12 grant funded Community Care Navigators (one in each district across the county), which are delivered by the following organisations (or 'providers'):

Provider	Number of Care Navigators	Districts Covered
Imago	5	Maidstone, Tonbridge and Malling, Tunbridge Wells, Dartford, Gravesham
Peabody	3	Thanet, Dover, Shepway
Ashford District Volunteer Bureau	1	Ashford
Age UK Canterbury	1	Canterbury
Age UK Faversham and Sittingbourne	1	Swale
West Kent Housing Association	1	Sevenoaks

The grants for these posts (which total £381,104 for 2018/19) are scheduled to end 31<sup>st</sup> March 2019.

- **Aims and Objectives**

In Kent, care navigation and social prescribing have been commissioned in an ad hoc way over the past years – by both Kent County Council (KCC) and the Clinical Commissioning Groups (CCGs). As a result, there are a diverse range of commissioned services in place across the county, which has resulted in a patch work approach with demand being met through a multiplicity of roles. Both adult social care and Kent CCG's are cognisant of the need to remove duplication within the workforce and make pathways clearer to people, and are committed to jointly designing a new contract for care navigation/ social prescribing in order to achieve this.

The proposal is that care navigation / social prescribing services are recommissioned so that:

- A new contract for Community Navigation is commissioned for 1<sup>st</sup> April 2019
- That this is a 4 year block contract with variation clauses that allow for variation of the specification, as well as addition or reduction of funding to reflect demand and potential for Clinical Commissioning Groups to invest.
- That additional funding is invested in these services to commission additional navigators, in recognition of the key role that they play in the strategy to reduce demand on health and social care resources

This EqIA reviews the anticipated impact of recommissioning the service in this way.

**Summary and recommendations of equality analysis/impact assessment.**

**Adverse Equality Impact Rating**

**Medium**

We have rated this EqIA as medium because we are currently unable to secure information about some protected characteristics in relation to those currently accessing the service, and there may be some groups who are under-represented compared to the county population profile which KCC needs to be aware of. A number of actions have been identified in the 'Action Plan' at the end of this document, which will be monitored and updated throughout the life of the contract, accordingly.

**Attestation**

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

**Head of Service**

Signed:

Name: Clare Maynard

Job Title: Head of Commissioning Portfolio (Outcomes 2 and 3)

Date:

**DMT Member**

Signed:

Name: Anne Tidmarsh

Job Title: Director Older People and Physical Disability

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 <b>brief</b> commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/Low Positive Impact Evidence
<b>Age</b>	No	Yes - Decommissioning of grant funded services to re-commission community navigation through a formal tender process may affect older people (55+) and people with dementia currently accessing this support via grant funded services, as they may experience a change in the provider delivering their current service offer.		<p>Yes - 88% of those currently being supported by the Care Navigators funded by KCC are aged 55+.</p> <p>There will be no change to the eligibility criteria with regard to age, as the proposal is to continue with the current model of delivering a service targeted at older people (aged 55+) and those with complex issues / frailty (under 55 years). There will therefore be no change in the services available for people based on age.</p> <p>We anticipate that the contracts will result in improved referral pathways</p>

Community Navigation

				to match people requiring support with the organisations delivering the service. Better matching means a stronger likelihood that service users' needs are met and personal goals are achieved. The focus on a personalised approach will continue.
<b>Disability</b>	No	No	No - There will be no change to the eligibility criteria with regard to disability, therefore there will be no change in the services available for people with a disability to access (based on this criteria alone). Older people (55+) with a physical or learning disability are likely to already be known to adult social care and receiving support through that route.	
<b>Gender</b>	No	No	No - The service will continue to be accessible to all regardless of gender, although there are more females over 55 than males (both in terms of	

Community Navigation

			demographic trends, and those who have historically accessed the Care Navigation services commissioned by Kent County Council).	
<b>Gender identity/ Transgender</b>	No	No - The service will continue to be accessible to all regardless of gender identity /transgender, and we therefore assume there will be no impact to this group. However, we have no statistical or anecdotal evidence to support this decision.	No	Yes - More person centred, outcome based services should have a positive impact on the basis of gender identity / transgender.
<b>Race</b>	No	No	No - Ethnicity data gathered by Care Navigators shows that current uptake of the service is in line with the race breakdown of the whole local population aged 55+ (as detailed in appendix 2).  There will be no change to the eligibility criteria with regard to race, therefore there will be no change in the services available for people	Yes - More person centred, outcome based services should have a positive impact on the basis of race.

Community Navigation

			based on this. We are aware, however, that language barriers or cultural attitudes to accepting support may continue to impact on the success of the contract, and we do not know how attitudes have changed through successive generations of immigrants.	
<b>Religion and Belief</b>	No	No - There will be no change to the eligibility criteria with regard to religion and belief, therefore there will be no change in the services available for people based on this. However, older people of different religions may have differing attitudes towards services that impact on social and familial support systems. A variety of daily living activities may be profoundly influenced by a person's religious and spiritual beliefs: modesty and privacy; clothing, jewellery and	No	Yes - More person centred, outcome based services should have a positive impact on the basis of religion and belief

Community Navigation

		make-up; washing and hygiene; hair care; prayer; holy days and festivals; physical examination; contraception; attitudes to death, dying and mourning; medication; healing practice etc. We need to understand this better and Key Performance Indicators (KPIs) will be put in place to address this gap in knowledge (see action plan)		
<b>Sexual Orientation</b>	No	No - The service will continue to be accessible to all regardless of sexual orientation, and we therefore assume there will be no impact to this group. However, as we have no statistical or anecdotal evidence to support this decision Key Performance Indicators (KPIs) will be put in place to address this gap in knowledge (see action plan).	No	No
<b>Pregnancy and Maternity</b>	No	No	No - The Care Navigation service is	No

			<p>currently, and will continue to be, targeted at those aged 55+, so it is unlikely (although possible) that any changes to the contract will have a negative impact on pregnant women or those on maternity leave. Whilst it is possible that adult carers who require support, or a carers assessment, may be pregnant, there will be no change to the eligibility criteria with regard to pregnancy and maternity, therefore there will be no change in the services available for people based on this alone. However, as we have no statistical or anecdotal data regarding the uptake of Care Navigation services by pregnant women, Key Performance Indicators (KPIs) will be put in place to address this gap in knowledge (see action plan).</p>	
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<b>Marriage and Civil Partnerships</b>	n/a	n/a	n/a	n/a
<b>Carer's Responsibilities</b>	No	Yes - Recommissioning carers' assessments may have a negative impact on this group as they may experience a change in the provider delivering their current service offer.	No	Yes - Approximately 15% of those currently being supported by Care Navigators are carers. With Carer Assessments and support being brought into scope for this contract we anticipate that this percentage will increase. The contracts will result in improved referral pathways to match people requiring support with the organisations delivering the service. Better matching means a stronger likelihood that service users' needs are met and personal goals are achieved. The focus on a personalised approach will continue.

## **Part 2**

### **Equality Analysis /Impact Assessment**

#### **Protected groups**

A merged role undertaking both care navigation and social prescribing tasks would focus on older people (over 55 years) as this represents the largest area of demand on both health and social care systems. (CCG commissioning will focus on those higher on a frailty index and with complex levels of need). Carers' Assessments would also be brought into scope.

#### **Information and Data used to carry out your assessment**

- CCG local care toolkits put together by Carnall Farrar (using Kent Integrated Dataset (KID) data from 2015/16, and CCG and local authority data returns)
- Kent Public Health Observatory
- Kent.gov.uk – facts and figures about Kent (Equality and Diversity)
- 2011 Census

#### **Who have you involved consulted and engaged?**

- Kent & Medway STP
- Representatives from all Kent CCGs (commissioners and local care leads)
- Representatives from all District Councils in Kent
- Patient and Public Advisory Group (PPAG)
- Market Engagement
- Pre-engagement with over 200 older people, people living with dementia and their carers
- DivMT (OPPD)

The Older People and People Living with Dementia Core Offer (which included information and advice, and a new model of care navigation) was subject to a public consultation that ran from 12th June to 23rd July 2017.

Appendix 1 contains a summary of the engagement carried out.

#### **Analysis**

Adult social care currently grant fund 12 community-based care navigators. They support adults over age 55, but there are minimal other criteria focusing their work. The original job descriptions stated that the purpose of the role is:

*To act as a community service that supports resolution of identified needs/life stage/change through a person centred planning process that identifies local resources that enable people to choose the option that best fits their need.*

Care navigation and social prescribing type services can be shown to have a significant impact on reducing demand for health and social care services and as such there is a focus on these roles within the STP and Local Care Models.

## Community Navigation

Following a period of extensive engagement in 2017, and subsequent engagement with CCGs, district councils and providers in June 2018, it was agreed that the new contract would focus on a merged role undertaking both care navigation and social prescribing tasks. The role will focus on older people as this represents the largest area of demand on both health and social care systems. The role would not be 'case holding' and so would be time limited, but it must also be flexible enough to meet individual needs. It will not be a model that supports behaviour change but will need to extend beyond simple signposting as there is recognition that vulnerable people may need support in order to engage in new activities or seek additional support.

Carers assessments have recently been moved to a contract (as of 1<sup>st</sup> April 2018) to facilitate more detailed performance monitoring and data collection. From this it can be seen that a significant portion of time and contract value is spent on the brokerage element of the role. This is akin to the role that care navigators play in supporting people to identify support that is right for them and the proposal is therefore that this service is brought into scope for this contract.

Based on the analysis done, the proposal is for KCC to increase the level of investment made in this service in anticipation of additional demand that will come from linking more closely to GP clusters / hubs. Based on population data (using a ratio of 1 community navigator : 20,000 people over 55) social care would require an additional 13 roles across the county, as shown below:

CCG	Total Population	Total Population Aged 55+	% of Kent	Number of Community Navigators Required	Current Number of KCC Care Navigators	Number of Additional Posts Needed	Additional Annual Investment Required
Ashford	127,250	38,479	30.2%	2	1	1	£ 31,634.00
C&C	215,077	68,319	31.8%	3	1	2	£ 63,268.00
DGS	258,962	73,868	28.5%	4	2	2	£ 63,268.00
SKC	198,365	75,499	38.1%	4	2	2	£ 63,268.00
Swale	108,131	34,481	31.9%	2	1	1	£ 31,634.00
Thanet	142,587	50,285	35.3%	3	1	2	£ 63,268.00
West Kent	478,966	147,289	30.8%	7	4	3	£ 94,902.00
<b>Total for Kent</b>	<b>1,529,338</b>	<b>488,220</b>	<b>31.9%</b>	<b>25</b>	<b>12</b>	<b>13</b>	<b>£ 411,242.00</b>

### Scope of the role:

The role will focus on supporting the following groups:

- Older people (over 55 years)
- People with complex issues / frailty (under 55 years)

The role will encompass (but will not be limited to) the following tasks:

- Care Navigation tasks
- Social Prescribing tasks
- Trusted Assessor role
- Benefits maximisation

## Community Navigation

The contract will be let in 3 geographic lots (East Kent, West Kent, DGS&S), with the option to commission the following lots in each area:

- Community Navigator (the term being used to refer to the combined care navigator and social prescribing role)
- Carers Assessment

This support will apply equally to all eligible adults, regardless of whether or not they are currently receiving other services through adult social care, and those delivering the service will be mindful of specific needs based on protected characteristics.

### Age

The majority of people currently supported by KCC commissioned Care Navigators are over the age of 55, however, flexibility is given based on the judgement of the care navigator, to offer support to others below that age range who have complex needs. This will not change under the new contracts.

Those aged over 55 years represent the following section of the Kent population:

CCG	Total Population	Total Population Aged 55+	% of Kent
Ashford	127,250	38,479	30.2%
C&C	215,077	68,319	31.8%
DGS	258,962	73,868	28.5%
SKC	198,365	75,499	38.1%
Swale	108,131	34,481	31.9%
Thanet	142,587	50,285	35.3%
West Kent	478,966	147,289	30.8%
<b>Total for Kent</b>	<b>1,529,338</b>	<b>488,220</b>	<b>31.9%</b>

As the intention is to increase the number of posts delivering the service within the community, and to jointly commission the service with CCGs, the expectation is that the new contract will have a positive effect on age groups characteristics.

### Disability

Having a disability or long-term condition is not a prerequisite for eligibility to this type of service. KCC commissioned Community Navigators will compliment and work in conjunction with CCG commissioned navigation roles focusing on those with the highest levels of need. We therefore consider that this characteristic will be positively affected.

(see appendix 2 for data taken from 2011 Census)

- **Gender**

The gender split of those currently receiving a care navigation service is roughly in-line with the whole Kent population aged 55+ (54% female, 46% male). We do not consider that this characteristic will be affected adversely.
- **Gender Identity/Transgender**

There is no data available concerning gender identity, however, we do not consider that this characteristic will be affected adversely. More person centred, outcome based services should have a positive impact on the basis of gender identity/ transgender identity. KCC has Transgender Guidance which can be shared with contracted providers, to complement their own equality and diversity policy.
- **Race**

Ethnicity data gathered by Care Navigators shows that current uptake of the service is in line with the race breakdown of the whole local population aged 55+ (as detailed in appendix 2). We do not consider that this characteristic will be affected adversely.
- **Religion and Belief**

We do not have any data relating to care navigation services that identifies peoples' religion and beliefs, however, we do not consider that this characteristic will be affected adversely. Action has been identified to follow up on this during life of the contract.  
(see appendix 2 for data taken from 2011 Census)
- **Sexual Orientation**

We do not have any data relating to the uptake of the care navigation services currently commissioned by KCC that identifies peoples' sexual orientation. Whilst we do not consider that this characteristic will be affected adversely, statistics published by Stonewall ([https://www.stonewall.org.uk/sites/default/files/older\\_people\\_final\\_lo\\_res.pdf](https://www.stonewall.org.uk/sites/default/files/older_people_final_lo_res.pdf)) tell us that a significant proportion of older gay people are likely to live alone, have limited family support and rely on formal services for help in the future. Action has therefore been identified to follow up on this and gather data on the sexual orientation of those who access the service during life of the contract.
- **Pregnancy and Maternity**

We do not consider that this characteristic will be affected adversely.
- **Carers Responsibilities**

Bringing carers assessments into scope of the contract will streamline the support available, meaning the same point of contact can be used for signposting or brokering support for carers once the assessment is completed. We therefore consider that this characteristic will be positively affected. (see appendix 2 for information regarding the numbers of carers in Kent aged 65+, by sex and CCG/CCG Cluster)

### **Potential Adverse Impact:**

Ending grants could potentially have a negative impact on both the people accessing the services and the providers themselves. If organisations are not awarded contracts and become unviable due to the withdrawal of funding, their services may end or may need to be redesigned. Financial analysis will be completed on existing providers to understand the financial viability of organisations whose funding will be impacted. For those people currently accessing care navigation support via grant funded services this means that they may experience a change in the provider delivering their current service offer depending on which organisations are awarded the contract. We need to be aware of the people who use these services and if changing providers would have an adverse effect on any of the older people, people with disabilities, transgender individuals, LGBT, carers and BME groups. This may create anxiety for them. However, the risk of this is considered to be low as the new contract is looking to replicate and enhance the services currently being delivered by the grant funded organisations rather than remove services already in place, and all commissioned services must be open to all older people with wellbeing needs, with providers being required to demonstrate adherence to equality legislation and the ability to meet the needs of people with protected characteristics. In addition, TUPE is likely to apply regarding individual workers, and the service is not case holding i.e. people move through the service. It may however be necessary to halt referrals prior to contract handover in order to prevent people the need to transfer people over to different providers.

### **Potential Positive Impact:**

We anticipate that the proposed model will simplify the process for members of the public who are in need of care navigation and social prescribing support, and result in more equitable service delivery across the county. We anticipate that the contracts will result in improved referral pathways to match people requiring support with the organisations delivering the service. The focus will be on an outcomes based approach to best meet peoples' identified needs. The care navigation and social prescribing roles delivered by the contract will provide the support vulnerable people may need in order to engage in new activities or seek additional support. Aligning the roles to district and CCG commissioned roles, and to GP clusters will provide clear referral pathways for professionals, enabling them to refer people to care navigators easily and quickly.

Moving to longer term contracts will provide sustainability for the providers and services, moving away from annual grant funding that creates uncertainty. This will mean reduced anxiety about the continuity of services for older people and their families and carers and give providers opportunity to invest in the development of their services.

### **JUDGEMENT**

It is acknowledged that there may be potential adverse effects on some groups with protected characteristics as a result of the proposed changes linked to this project. These impacts are assessed as being low to medium

## Community Navigation

and in most cases are rated as such due to the absence of concrete performance information related to how people with specific protected characteristics are accessing the current services. Actions have been identified to mitigate these effects, including the development of Key Performance Indicators that will measure this information. We anticipate that this model will simplify the process for members of the public who are in need of care navigation and social prescribing support, and result in more equitable service delivery across the county.

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

**Internal Action Required**                      **Yes**

There is potential for adverse impact on particular groups and we have found scope to improve the proposal, as detailed in the action plan.

**Equality Impact Analysis/Assessment Action Plan**

Protected Characteristic	Issues Identified	Action to be Taken	Expected Outcomes	Owner	Timescale	Cost Implication
Age	Decommissioning of grant funded services to re-commission community navigation through a formal tender process may affect older people (55+) currently accessing this support via grant funded services and as a result they may experience a change in the provider delivering their current service offer.	<p><b>No major change:</b></p> <p>Incorporate feedback from engagement sessions into the service specification.</p> <p>Understand the number of people that are receiving support from current providers and will be impacted.</p> <p>Continue to engage with people and providers.</p> <p>Develop a performance framework to ensure that the outcomes of the contract are monitored and delivered.</p> <p>Ensure that the specification recognises that people using services should continue to be engaged in their re-design and / or transformation.</p> <p>Give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare.</p> <p>Ensure that all commissioned services will be open to all older people with wellbeing needs and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of people with protected characteristics.</p>	<p>The design process will provide standardised outcomes and a standard service specification for all elements of the service across the county.</p> <p>The service will be commissioned for older people 55+ and people with dementia (but there will be some flexibility around this based on complexity of needs).</p> <p>The proposal will reflect the range of needs of older people, from universal support through to specialist support services (including adult safeguarding, the needs of those at risk of self-neglect, mental health issues, frailty, autism, sensory impairments etc.)</p>	Samantha Sheppard	<p>July 2018 – September 2018</p> <p>Ongoing throughout life of contract</p>	None
Disability	Decommissioning of grant funded services to re-commission community navigation through a formal tender process may affect older people	<p><b>Adjust and continue:</b></p> <p>Incorporate feedback from engagement sessions into the service specification.</p> <p>Continue to engage with CCGs and providers.</p>	The proposal will improve and standardise the community navigation service commissioned by including support services for older people with a	Samantha Sheppard	<p>July 2018 – September 2018</p> <p>Ongoing throughout</p>	None

## Community Navigation

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 63</p>	<p>(55+) with disabilities accessing grant funded services and as a result they may experience a change in the provider delivering their current service offer.</p>	<p>Develop a performance framework to ensure that the outcomes of the contract are monitored and delivered.</p> <p>Ensure that the specification recognises that people using services should continue to be engaged in their re-design and / or transformation.</p> <p>Give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare.</p> <p>Ensure that all commissioned services will be open to all older people with wellbeing needs and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of people with protected characteristics.</p> <p>Contracts will stipulate that all services will meet the needs of those who use them, regardless of any disability they may have, including people with sensory impairments.</p> <p>Assess the number of older people with learning disabilities accessing community navigation services through performance monitoring of the new contract.</p>	<p>disability.</p> <p>The redesign process will provide standardised outcomes and a standard service specification for all elements of the service across the county</p> <p>The proposal will reflect the range of needs of older people, from universal support through to specialist support.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which people with disabilities are accessing the service. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals, including whether specific groups / services are required for older people with a learning disability and / or mental health issue are required.</p>		<p>life of contract</p>	
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## Community Navigation

Gender Identify	<p>Historical service commissioning may not have taken the needs of this population into account</p> <p>No historical monitoring data of gender identity therefore KCC has limited understanding of the populations needs.</p>	<p><b>No major change</b></p> <p>Ensure that all commissioned services will be open to all older people with wellbeing needs and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of people with protected characteristics.</p> <p>The number of people on the gender reassignment pathway is unknown, in part as equalities monitoring data cannot be collected from grant funded providers, but also as this is a sensitive topic that people may not wish to disclose. Assess this through contract performance monitoring.</p>	<p>Intelligence from performance monitoring will inform any further decision making concerning inclusion of these groups.</p>	Samantha Sheppard	<p>July 2018 – September 2018</p> <p>Ongoing throughout life of contract</p>	None
Religion/belief or none	<p>Older people of different religions may have differing attitudes towards wellbeing services that impact on social and familial support systems.</p>	<p><b>Adjust and continue</b></p> <p>Give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare.</p> <p>Commissioned services will be open to all older people and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of people with protected characteristics.</p> <p>Contracts will stipulate that services will not adversely affect older people's religion and beliefs.</p>	<p>The proposal will improve and standardise the community navigation service commissioned.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which people with specific religious and beliefs are accessing services. This will be used to inform future commissioning proposals.</p> <p>The performance monitoring of equality information will enable commissioners to determine whether the number of people accessing the services</p>	Samantha Sheppard	<p>July 2018 – September 2018</p> <p>Ongoing throughout life of contract</p>	None

## Community Navigation

			meet expectations based on demographic information. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services.			
Pregnancy and Maternity	No historical monitoring data of the uptake of services in relation to pregnancy and maternity therefore KCC has limited understanding of the impact of the contract for this section of the population.	<p><b>No major change</b></p> <p>Ensure that all commissioned services will be open to all older people with wellbeing needs and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of people with protected characteristics.</p>	<p>The proposal will improve and standardise the community navigation service commissioned.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which pregnant women and those on maternity leave are accessing services. This will be used to inform future commissioning proposals.</p>	Samantha Sheppard	<p>July 2018 – September 2018</p> <p>Ongoing throughout life of contract</p>	None
Carers	Recommissioning carers' assessments may have a negative impact on this group as they may experience a change in the provider delivering their current service offer.	<p><b>No major change:</b></p> <p>Incorporate feedback from engagement sessions into the service specification.</p> <p>Understand the number of people that are receiving support from current providers and will be impacted.</p> <p>Continue to engage with people and providers.</p> <p>Develop a performance framework to ensure that the outcomes of the contract are</p>	<p>Carer Assessments and support are being brought into scope for this contract. We anticipate that the contracts will result in improved referral pathways to match people requiring support with the organisations delivering the service. The focus on a personalised approach will continue.</p>	Samantha Sheppard	<p>July 2018 – September 2018</p> <p>Ongoing throughout life of contract</p>	None

Community Navigation

		<p>monitored and delivered.</p> <p>Ensure that the specification recognises that people using services should continue to be engaged in their re-design and / or transformation.</p> <p>Give maximum notice to current service providers (minimum 6 months) of contracts terminating in order for them to prepare.</p>				
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**Have the actions been included in your business/ service plan?** (If no please state how the actions will be monitored)  
Yes

## **Appendix 1**

### **Engagement as part of the Core Offer**

Extensive engagement was undertaken with a range of stakeholders in relation to this project. A new model of care navigation (the wellbeing coordination service) was initially designed in 2017 as part of the Older People and People Living with Dementia Core offer. That proposal was subject to engagement both with those accessing the services and their carers, market engagement and public consultation and findings have been integrated into the design of Community Navigation model.

Pre-engagement with over 200 older people, people living with dementia and their carers identified the accessibility of good quality information and advice as vital in supporting people to live independently.

#### **How people get their information**



#### **Key feedback**

- Majority of people did not have access to computers.
- Even people with a computer did not necessarily trust the information provided and used the computer to identify someone to talk to.
- Most people sought information and advice from family and friends, local GP's, faith groups and local charities.

#### **Quotes included:**

*"Everything is on the 'internet' some of us don't have a computer or want one."*

*"I can look things up on google but if it's something important I would want to talk to a person, you can't always trust what you find out on google."*

*"We have a noticeboard here but there is very little on it and it's not in a good place, by the bus stop would be good!"*

*"I hear most things by word of mouth and I like it that way."*

Based on this engagement a number of personal outcomes related to information and advice were included in the proposal for a new contract. This was subject to a public consultation that ran from 12<sup>th</sup> June to 23<sup>rd</sup> July 2017.

The outcomes identified were:

- I know where to find information and advice and I am confident that this is accurate and easily understood
- I have knowledge of which benefits are available and where to source financial advice
- I know what is available in my community

## Community Navigation

The question relating to outcomes received 204 responses, with a slight majority of people either agreeing or strongly agreeing with the outcomes identified. Less than a third of respondents actively disagreed with the proposed outcomes.

109 of the people asked also identified other outcomes that they thought should be considered including:

- Information and advice for carers
- Information and advice for self-funders
- Information and advice that is easy to understand and not full of jargon
- Information and advice that is accessible
- The need to differentiate between information and advice and signposting
- The importance of a multi-media approach i.e. leaflets, website and someone to speak to
- The importance of impartial advice
- Information needs to be timely, appropriate and proportionate
- Clear information about the financial aspects of paying for care
- Issues with information becoming out of date
- Need for GP surgeries to do more signposting
- People who are housebound are safely supported to discuss confidential issues such as abusive partner, debt worries
- Challenges in accessing information for people who are not on the internet
- Suggestions of ways that people can receive information related to their care when they receive other information e.g. regarding power of attorney, GP's
- People value someone to talk to

“People only seem to look into these things when these services are needed, and it can be quite confusing especially for anyone without IT facilities.”

“Without internet access my mother finds it very hard to access services. She has no idea what is available or how to access it. As a result she is reliant on me. It is essential that all services are easily accessible with a ‘one stop’ contact number that is widely known.”

“Whilst empowerment is a worthy aspiration, many elderly persons will value help and assistance – ‘a friendly familiar place to turn to’.”

### Recent engagement

Subsequent engagement has been undertaken with a range of stakeholders as part of this Community Navigation design project. With this, there has been a focus on defining the outcomes of the service, clarifying terms, defining the role, agreeing scope and timelines for support and discussing what a future contract might look like.

Engagement has included two workshops and ongoing dialogue with representatives from Kent CCG's (commissioners and local care leads), attendance at Patient and Public Advisory Group (PPAG), district councils and market engagement events.

## Community Navigation

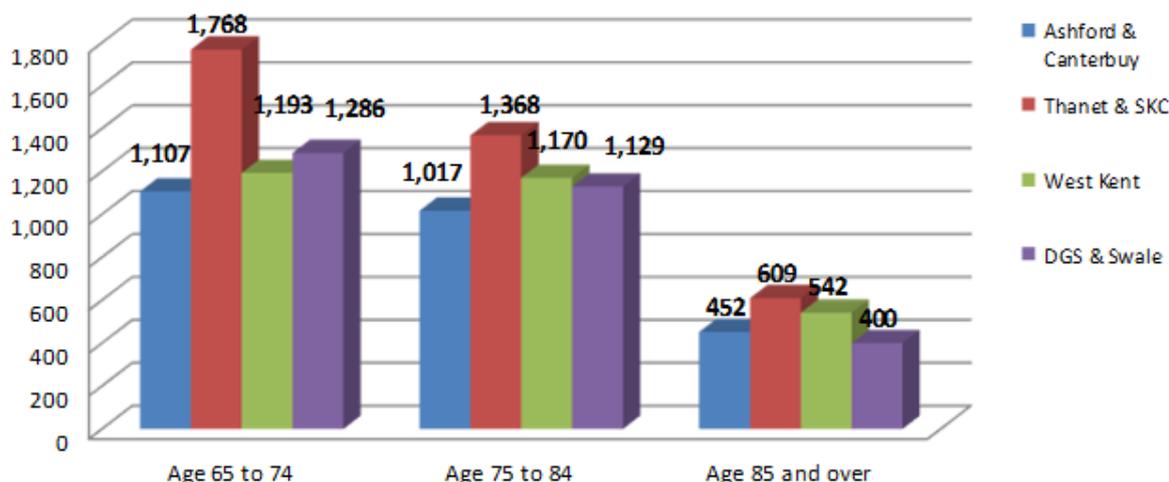
### *Feedback from PPAG included:*

- Social prescribing and care navigation should be one role to avoid duplication / confusion
- The role should be signposting people only
- People who need ongoing support should be referred to 'buddies' or services
- Prevention aspect of the role is key
- They need to be available to people where they are, so could be virtual in terms of location and need to be visible around hubs
- There should be a set intervention period, but this needs to be flexible

## Appendix 2

### People Aged 65+ with a Long-term Health Problem or Disability whose Day to Day Activities are Limited a Lot or whose Health is Bad or Very Bad

N.B. This information is limited to those aged 65+, rather than 55+  
(Source: 2011 Census - Table DC3203EW)



### Ethnicity 55+, by CCG/CCG cluster

(Source: 2011 Census - Table DC2101EW)

Ethnicity	Ashford & Canterbury	DGS & Swale	South Kent Coast & Thanet	West Kent
White	79,475	87,646	119,553	147,836
Mixed/Multiple Ethnic Group	308	361	476	537
Asian/Asian British	788	2,844	858	1,538
Black/African/Caribbean/ Black British	203	469	212	298
Other Ethnic Group	110	354	179	234

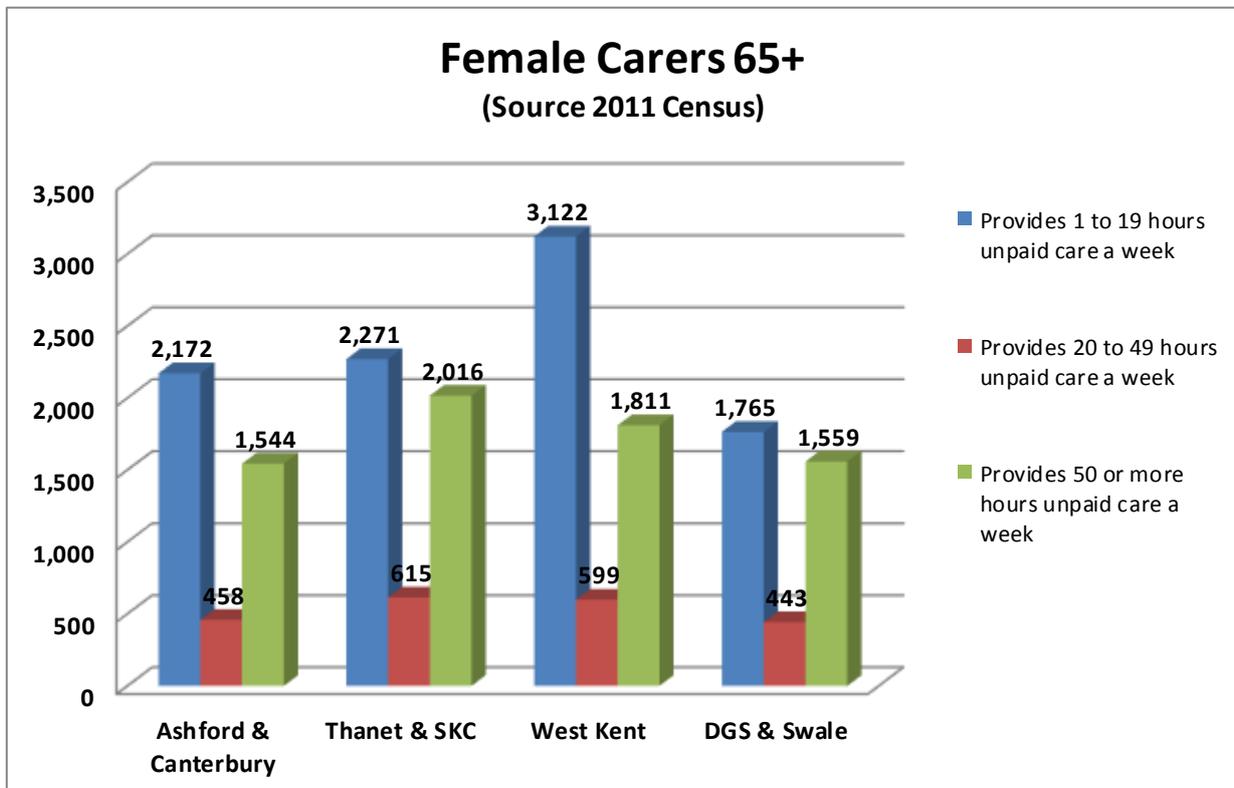
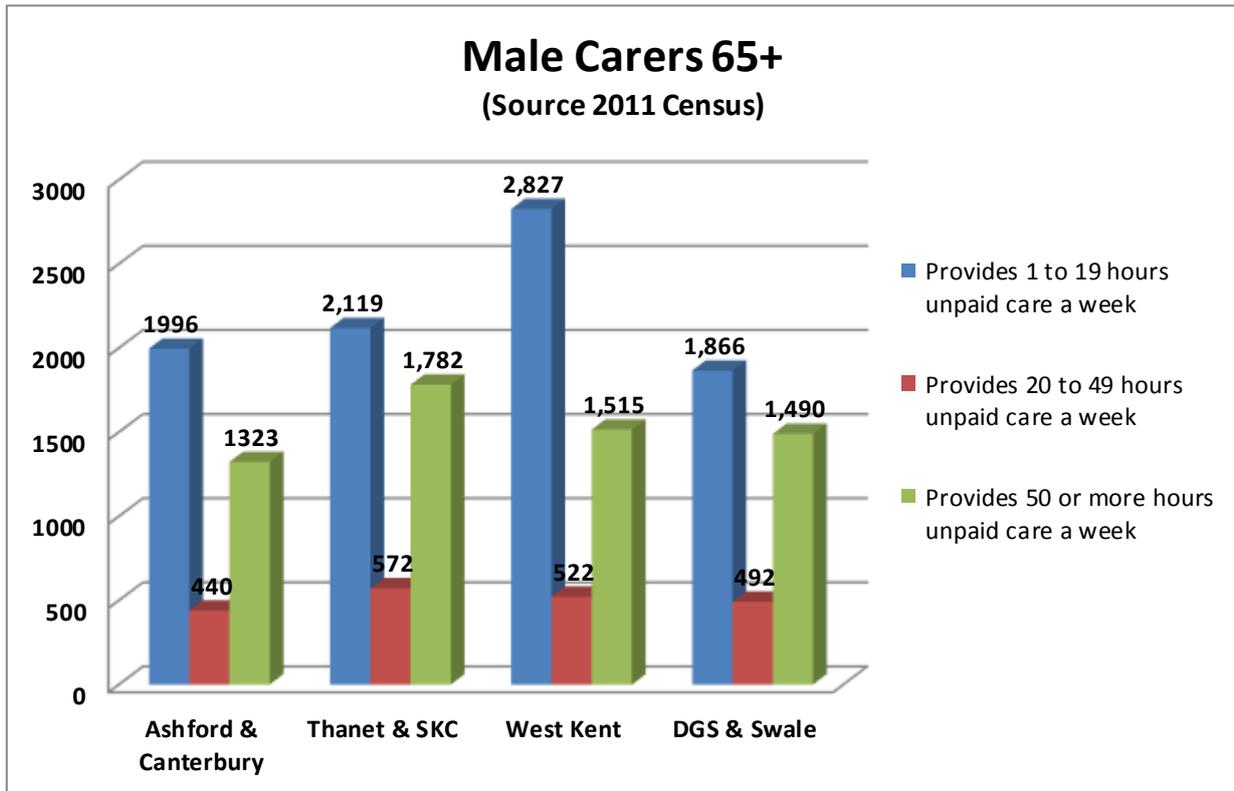
### Religion 55+, by CCG/CCG Cluster

(Source: 2011 Census - Table DC2107EW)

Religion	Ashford & Canterbury	DGS & Swale	South Kent Coast & Thanet	West Kent
Christian	62,634	71,783	94,528	117,666
Buddhist	223	210	326	378
Hindu	214	478	239	417
Jewish	130	101	234	245
Muslim	179	279	219	340
Sikh	46	1,731	27	98
Other religion	296	323	444	409

**Numbers of Carers 65+ by sex and CCG/CCG Cluster**

N.B. This information is limited to those aged 65+, rather than 55+



## Community Navigation

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

**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 and Health Cabinet Committee – 28 September 2022

**Subject:** **CARERS' SHORT BREAKS SERVICE – DIRECT AWARD**

**Decision no:** **22/00093**

**Classification:** Unrestricted

**Past Pathway of report:**

**Future Pathway of report:** Cabinet Member decision.

**Electoral Division:** All

**Summary:** Kent County Council has a statutory responsibility under The Care Act 2014 to deliver access to support and information for unpaid Carers', older people (over 55 years) and people with complex issues/frailty (under 55 years). This is delivered through a number of contracts.

The current Carers' Short Breaks Contract arrangements end on 31 March 2023. This paper sets out proposals for an additional one-year contract with the incumbent provider via a Direct Award, to run from 1 April 2023 to 31 March 2024, allowing time for Commissioners to explore options for the future recommissioning strategy for this service from April 2024.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix 1) to:

a) **APPROVE** a Direct Award contract for a period of twelve months for Carers' Short Breaks, from 1 April 2023 to 31 March 2024, in accordance with the relevant justifications set out in Regulation 32 of the Public Contract Regulations 2015; and  
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

## 1. Introduction

1.1 Kent County Council (KCC) has a statutory responsibility under The Care Act 2014 to meet the needs of people who are 18 years or older and identifying as unpaid Carers'. KCC meets this duty through the provision of its Carers' Short Breaks Services.

1.2 The Carers' Short Breaks Contract commenced in April 2018, as an initial interim contract. It is currently in an extension period via a previous Decision to Direct Award. Following this decision, the contract is currently due to end on 31 March 2023. There are currently no provisions to extend this contract. The annual contract value for Carer Short Breaks is £3,087m.

## **2. Background**

2.1 The Carers' Short Breaks Service provides replacement care for Carers' for a short period (typically three hours a week) to allow them a break from their caring role. There are also a number of specific support elements within this contract; to provide replacement care when a carer is in Crisis or needs to attend a health appointment.

2.2 This service is open access, and Carers' accessing support through this contract may not be known to Adult Social Care; or receive a formal Carers' Care Act assessment.

2.3 This contract is jointly funded by the previous Kent and Medway Clinical Commissioning Group (CCG) and Adult Social Care. However, the funding from the previous CCG is only for certain activities and in certain areas. This has led to an inequity of service availability across Kent.

2.4 KCC has recently completed significant engagement in developing and launching a new Carers' Strategy, setting the strategic direction for Carers' Support for the next 5 years.

2.5 The Kent Carers' Strategy 2022-2027 ensures a commitment to working together to ensure essential roles are valued, supported and people's lives maintained and valued.

## **3. Options considered and dismissed, and associated risk**

3.1 The Kent Carers' Strategy 2022-2027 ensures a commitment to working together to ensure essential roles are valued, supported and people's lives maintained and valued.

3.2 This report should be considered alongside the report setting out the proposals to extend the Community Navigation Services Contracts by a further year. These contracts, which contain a significant requirement to deliver community navigation for unpaid carers', have been operating for just over three years, with Covid19 national restrictions having had a significant impact. An additional year of provision for both contracts would allow an opportunity to further understand the services, including how best to re-design them in line with wider system objectives such as the Social Prescribing and Navigation Strategy and the Kent Adult Carers' strategy.

3.3 Further engagement will be required to coproduce a new offer for Carers', covering the offer provided through the Community Navigation Services and Carers' Short Breaks contracts.

- 3.4 To progress developing the offer of Carers' Short Breaks, it is recommended sufficient time to review and refine the following:
- Key Performance Indicators (KPIs) -ongoing management and monitoring of quality ensures that all providers remain compliant to their contractual commitments
  - Purchasing -a requirement for the continued support for Carers', a more efficient, streamlined purchasing function, that minimises bureaucracy and is responsive to the levels of demand. Efficiency could be enhanced with improved procedures and processes.
  - Contract Management – continue the existing contract management system with the jointly developed enhanced Locality contract management to support the contract, ensure KPIs are collected and with regular partnership working across all the contract providers. Regular review of the KPIs and management information for quality of care and improved contract monitoring.
- 3.5 The following options were considered (detailed in Appendix A)
- Option 1: Direct Award the contract for 12 months
  - Option 2: Reprocure the contract within a short timeframe
  - Option 3: Split the contract into smaller geographical locations and reprocure within a short timeframe
  - Option 4: End the contract on 31 March 2023
- 3.6 In consideration of Option 4, whilst it is recognised that ending these contracts could deliver a significant saving to the Council, ending the contract was dismissed at this point for the following reasons:
- Loss of current support to vulnerable people
  - People accessing the contract may fall into crisis resulting in a high financial pressure on Kent County Council operational services (negates possible benefit of saving on the contract value)
  - Increased isolation and loneliness to unpaid Carers'.
  - Statutory duties non-compliance under the Care Act 2014.
- 3.7 Splitting the contract into smaller geographical locations (Option 3) and reprocuring within a shorter timeframe was dismissed, owing to a lack of clarity as to funding without scope of the redesign, long term Integrated Commissioning Board (ICB) funding sustainability, workforce implications, and the additional pressures on Adults Strategic Commissioning resource.
- 3.8 Option 2 was disregarded owing for similar reasons to Option 3.
- 3.9 A Direct Award to the incumbent provider, is the recommended option. This will allow the outcomes of the Kent Carers' Strategy to be embedded within the future service design, whilst keeping consistency of service for unpaid carers' in the interim. It will also allow the opportunity to understand the performance and trends of the contract to better inform and scope the design and recommissioning of the service. The Direct Award will be made in accordance with stipulations within Regulation 32 of the Public Contracts Regulations 2015.

3.10 Regulation 32 sets out limited circumstances in which contracting authorities may use the negotiated procedure without prior publication of a notice (otherwise known as a direct award). Relying on Regulation 32 to make a direct award brings an increased risk of facing a procurement challenge from an aggrieved service provider as compared to the situation where the Council carries out published procurement process in the normal fashion. The Council will therefore be taking a risk-based approach in deciding to proceed with the direct award. This risk is mitigated (although not altogether eliminated) by the justifications and procurement mitigation strategy set out below.

### ***Regulation 32(2)(b)(ii) justifications***

Regulation 32(2)(b)(ii) of the regulations specifically states that a direct award may be made:

- *“where the... services can be supplied only by a particular economic operator [because]... competition is absent for technical reasons*
- *But only... where no reasonable alternative or substitute exists and the absence of competition is not the result of an artificial narrowing down of the parameters of the procurement”*

3.11 Having regard to the contents of this report and the statutory duties that the Carers' Short Breaks Service fulfils, consideration is required for the following reasons for approval of the direct award:

*(i) Technical reasons/no reasonable substitute:*

- based on Officers' knowledge of the local market for services of this nature (particularly noting the fact that these services were innovative and bespoke when first implemented in 2018), Officers reasonably believe that there is no alternate provider that is able to deliver these services for the period required.
- disruption to vulnerable people served by the current service provider if the provider was changed for this 12-month period (especially since it is likely that a further provider change will take place following a wholistic procurement once the Kent Social Prescribing and Navigation Strategy has been developed and aligned with the Kent Carers' Strategy 2022-2027).
- The availability of any reasonable alternative provider is also inhibited by the excessive costs in mobilising a change in provider for such a complex service by 1 April 2024 and the excessive cost to providers (and therefore the Council) in attempting to do so.

*(ii) No artificial narrowing down of the parameters of the procurement*

- the services required are those activities that are needed to fulfil the Council's statutory duties to carers' and so have not been artificially narrowed to suit any one particular service provider;
- the relatively short-term (12 month) requirement has not been artificially selected to favour the incumbent service provider but rather to enable the development and alignment of the strategies mentioned above, resulting in a better and more wholistic approach to the market in due course.

- 3.12 Approval is sought to the use of Regulation 32 of the Public Contracts Regulations 2015 on the basis that it is rational to rely on the justifications listed above. The risk to the Council is that an alternate service provider will bring a legal challenge, arguing that the justifications in paragraph 6.4 do not satisfy Regulation 32.
- 3.13 Officers will mitigate the risk of such a challenge by publishing a Contract Award Notice on the central government "Find a Tender Service". This will notify the market of the Council's intention to award this contract under Regulation 32 and start the 30-day time limit in which procurement challenges must be brought. This will have the effect of flushing out and/or time-barring any procurement challenge, allowing the Council to make the direct award with confidence once the 30-day time period has expired.

#### **4. Financial Implications**

- 4.1 The Carers' Short Breaks Contract is jointly funded by KCC and NHS Kent and Medway Integrated Commissioning Board (NHS K&M ICB).
- 4.2 The current Adult Social Care (ASC) budget is subject to an identified saving in 2023/24; the NHS K&M ICB funding will be requested for the recommended option. The Council is working in partnership with the ICB to ensure funding is secured for the option. The ICB Commissioners have made enquiries to the ICB Committee Teams to provide more information regarding the governance process for the recommended option.
- 4.3 The total value of the one-year contract extension will be £3.087m. (ASC £2.5m/ICB £585k)

#### **5. Legal implications**

- 5.1 The Council has a statutory duty to ensure that there is sufficient and fit for purpose provision of social care services to Kent residents, who are eligible under the Care Act 2014 and that a sustainable market is maintained which the Carers' Short Breaks contributes to. The direct award of the contract is in line with PCR Regulation 32 (2)(b)(ii).)

#### **6. Equalities implications**

- 6.1 An Equality Impact Assessment (EQIA) was completed as part of the original commissioning of these services; and will be revised and updated for any future recommissioning. The EQIA is attached as Appendix B

#### **7. Data Protection Implications**

- 7.1 A Data Protection Impact Assessment was developed and will be updated with the contract extension.
- 7.2 Data Protection is monitored within the contract management function of the contract; there were no issues highlighted and no data breaches.

## 8. Conclusions

- 8.1 KCC has a statutory responsibility under The Care Act 2014 to meet the needs of people who identify as unpaid Carers'. Kent County Council meets this duty in part through the provision of the Carers' Short Breaks Service
- 8.2 The proposal for a Direct Award Contract for one year from 1 April 2023 to 31 March 2024, will allow time for Commissioners to explore options for the future recommissioning strategy for this service from April 2024. Also for Strategic Commissioning in partnership with the NHS K&M ICB to develop the work that is underway between the Adult Social Care and Health Directorate and the Strategic Commissioning Division to deliver a plan to grow a joint culture for change in approach, and to review the current internal procedures and processes to support the contract in line with the development of the Kent Social Prescribing and Navigation Strategy.

## 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 Health on the proposed decision (attached as Appendix 1) to:

a) **APPROVE** a Direct Award contract for Carers' Short Breaks for a period of 12 months, from 1 April 2023 to 31 March 2024; and

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

## 10. Background Documents

Community Based Wellbeing Services and Carers' Short Breaks Contracts  
[Decision - 21/00110 - Community Based Wellbeing Services and Carers' Short Breaks Contracts \(kent.gov.uk\)](#)

## 11. Report Author

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# KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

## DECISION TO BE TAKEN BY:

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

## DECISION NO:

22/00093

For publication Yes

Key decision: Yes

**Title of Decision: CARERS' SHORT BREAKS SERVICE – DIRECT AWARD**

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

- a) **APPROVE** a Direct Award contract for a period of twelve months for Carers' Short Breaks, from 1 April 2023 to 31 March 2024, in accordance with the relevant justifications set out in Regulation 32 of the Public Contract Regulations 2015 and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

**Reason(s) for decision:** Kent County Council has a statutory responsibility under The Care Act 2014 to deliver access to support and information for unpaid Carers, older people (over 55 years) and people with complex issues/frailty (under 55 years). The Council meets this duty through the provision of its Carers' Short Breaks Services.

The Carers' Short Breaks Contract commenced in April 2018, as an initial interim contract. It is currently in an extension period via a previous Decision to Direct Award. Following this decision, the contract is currently due to end on 31 March 2023. There are currently no provisions to extend this contract. The proposals for an additional one-year contract with the incumbent provider via a Direct Award, to run from 1 April 2023 to 31 March 2024, will allow time for Commissioners to explore options for the future recommissioning strategy for this service from April 2024.

Kent County Council has recently completed significant engagement in developing and launching a new Carers' Strategy, setting the strategic direction for Carers' Support for the next five years. The Kent Carers' Strategy 2022-2027 ensures a commitment to working together to ensure essential roles are valued, supported and people's lives maintained and valued

The proposed decision supports the New Models of Care Support priorities of 'Framing Kent's Future – Our Council Strategy 2022 – 2026' of

- reshaping our commissioning practice to ensure we build strategic partnerships with our providers, through earlier engagement, more consistent and proactive commissioning practice, and a stronger focus on co-designing services
- seizing the opportunity of integrating our planning, commissioning and decision making in adult, children's, and public health services through being a partner in the Kent and Medway Integrated Care System at place and system level

**Financial Implications:** The Carers' Short Breaks Contract is jointly funded by KCC and NHS Kent and Medway Integrated Commissioning Board (NHS K&M ICB). The current Adult Social Care (ASC) budget is subject to an identified saving in 2023/24; the NHS K&M ICB funding will be requested for the recommended option. The Council is working in partnership with the Integrated

Commissioning Board (ICB) to ensure funding is secured for the option. The ICB Commissioners have made enquiries to the ICB Committee Teams to provide more information regarding the governance process for the recommended option.

The total value of the one-year contract extension will be £3.087m. (ASC £2.5m/ICB £585k)

**Legal Implications:** The Council has a statutory duty to ensure that there is sufficient and fit for purpose provision of social care services to Kent residents, who are eligible under the Care Act 2014 and that a sustainable market is maintained which the Carers' Short Breaks contributes to. The direct award of the contract is in line with PCR Regulation 32 (2)(b)(ii).)

**Equalities implications:** An Equality Impact Assessment (EQIA) was completed as part of the original commissioning of these services; and will be revised and updated for any future recommissioning

**Data Protection implications:** A Data Protection Impact Assessment was developed and will be updated with the contract extension. Data Protection is monitored within the contract management function of the contract; there were no issues highlighted and no data breaches

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 28 September 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

**Any alternatives considered and rejected:** In consideration of this proposal the following options were considered and discarded:

- Option 2: Reprocure the contract within a short timeframe
- Option 3: Split the contract into smaller geographical locations and reprocure within a short timeframe
- Option 4: End the contract on 31 March 2023

In consideration of Option 4, whilst it is recognised that ending these contracts could deliver a significant saving to the Council, ending the contract was dismissed at this point for the following reasons:

- Loss of current support to vulnerable people
- People accessing the contract may fall into crisis resulting in a high financial pressure on Kent County Council operational services (negates possible benefit of saving on the contract value)
- Increased isolation and loneliness to unpaid Carers.
- Statutory duties non-compliance under the Care Act 2014.

Splitting the contract into smaller geographical locations (Option 3) and reprocuring within a shorter timeframe was dismissed, owing to a lack of clarity as to funding without scope of the redesign, long term Integrated Commissioning Board (ICB) funding sustainability, workforce implications, and the additional pressures on Adults Strategic Commissioning resource.

Option 2 was disregarded owing for similar reasons to Option 3.

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

.....  
signed

.....  
date

## Appendix A: Carers' Short Breaks Service – Options Appraisals

<b>Option 1</b>	<b>Direct Award the contract for 12 months.</b>	
<b>Risks</b>		<b>Benefits</b>
<ul style="list-style-type: none"> <li>▪ Funding sustainability from ICB.</li> <li>▪ Risk of challenge to direct award (using Reg 32 from the PCR 2015).</li> </ul>		<ul style="list-style-type: none"> <li>▪ Keep consistency of service for unpaid Carers</li> <li>▪ Opportunity to encompass the outcomes of the Kent Carers Strategy.</li> <li>▪ Sustain workforce security to support the contract.</li> <li>▪ Gives opportunity to scope recommissioning/design for service.</li> <li>▪ Sustain existing provider</li> <li>▪ Opportunity to understand the performance and trends of the contract.</li> <li>▪ Opportunity to understand the equality and diversity elements of the contract.</li> </ul>
<b>Option 2</b>	<b>Reprocure the contract within a short timeframe.</b>	
<b>Risks</b>		<b>Benefits</b>
<ul style="list-style-type: none"> <li>▪ Funding unclear for recommissioning without scope of the redesign</li> <li>▪ Adults Strategic Commissioning resources placed under further pressure with procurement and tender exercises.</li> <li>▪ Funding sustainability from ICB.</li> <li>▪ Carers within existing provider may leave their roles due to instability of the future contract.</li> <li>▪ Risk of loss of service to vulnerable people</li> </ul>		<ul style="list-style-type: none"> <li>▪ Opportunity to change the contract and encompass some minor changes</li> </ul>
<b>Option 3</b>	<b>Split contract to smaller geographical contracts and reprocure within a short timeframe</b>	
<b>Risks</b>		<b>Benefits</b>
<ul style="list-style-type: none"> <li>▪ Funding unclear for recommissioning without</li> </ul>		<ul style="list-style-type: none"> <li>▪ Opportunity to change the contract and encompass changes</li> </ul>

<p>scope of the redesign</p> <ul style="list-style-type: none"> <li>▪ Adults Strategic Commissioning resources placed under further pressure with procurement and tender exercises.</li> <li>▪ Funding sustainability from ICB.</li> <li>▪ Carers within existing provider may leave their roles due to instability of the future contract, or not transfer to new providers</li> <li>▪ Risk of new providers unable to source a suitable workforce in timeframe required</li> <li>▪ Risk of loss of service to vulnerable people</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduces / mitigates some risk of challenge to a direct award of the countywide contract</li> </ul>
<b>Option 4</b>	<b>End contract on 31<sup>st</sup> March 2023</b>
<b>Risks</b>	<b>Benefits</b>
<ul style="list-style-type: none"> <li>▪ Loss of current support to vulnerable people</li> <li>▪ People accessing the contract may fall into crisis resulting in a high financial pressure on Kent County Council operational services (negates possible benefit of saving on the contract value)</li> <li>▪ Increased isolation and loneliness to unpaid Carers.</li> <li>▪ Statutory duties non-compliance under the Care Act 2014.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Financial savings to the value of the contract.</li> </ul>

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**KENT COUNTY COUNCIL  
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)**

**This document is available in other formats, Please contact  
[Grant.thompson@kent.gov.uk](mailto:Grant.thompson@kent.gov.uk) or telephone on 03000 410258**

**Directorate:** Social Care Health and Wellbeing

**Name of policy, procedure, project or service**  
Carers short Breaks (Adults) Commissioning

**What is being assessed?**

*Impact of re-commissioning the Carers Short Breaks service*

**Responsible Owner/ Senior Officer**

Mark Lobban, Director of Commissioning, Social Care Health Wellbeing.

**Date of Initial Screening**

*5 October 2015*

**Date of Full EqIA :**

<b>Version</b>	<b>Author</b>	<b>Date</b>	<b>Comment</b>
0.1	Steve Lusk	5/10/15	1 <sup>st</sup> draft initial screening
0.2	Clive Lever	10/10/15	Equality and Diversity Team comments
0.3	Steve Lusk	15/10/15	Updated following comments

**Screening Grid**

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact <b>HIGH/MEDIUM</b> <b>LOW/NONE</b> UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age  Page 84	<p>Yes – A disproportionate number of carers accessing the service are age category 65 and over compared to total carers in Kent.</p> <p>However, the impact may be greater (either positively or negatively) if the re-commissioning results in a new provider being responsible for the delivery of the services. A new provider may also result in additional anxiety for existing users of the service.</p> <p>It should be noted that a change in Care Worker is always a possibility. This may result from service</p>	medium	low	<p>a) Internal action is required.</p> <p>Ensure that a clear service mobilisation plan for existing service users is put in place.</p> <p>b) This Equality Impact Assessment will be updated if the proposed service is amended in a way that could affect this group.</p>	<p>Yes – the service will promote wellbeing of the carer and the cared for person through the delivery of replacement care services to the person with care needs. Carers will be able to take a break from their caring role.</p>

	user or Care Worker choice, or that the Care Worker leaves the organisation.				
<b>Disability</b>	Yes – Information on carer disability is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably.	Medium	Low	<p>a) Internal action is required. Ensure that a clear exit strategy for existing service users can be developed. Ensure that a clear service mobilisation plan for existing service users is developed. However, if the proposed service is amended in a way that affects this group</p> <p>b) A requirement to collect carer disability will be included in the service specification.</p>	Crisis services will prevent the person with care needs being admitted to a hospital or care home and allow additional support for the affected group in their own home.
<b>Gender</b> Page 85	<p>Yes – A greater percentage of females provide unpaid care than the Kent average number of female carers.</p> <p>This is inconsistent with Kent census data that states, men aged 65 and over provide a higher percentage of unpaid care than women aged 65 and over.</p> <p>Male carers over the age of 65 may be a hidden group.</p>	medium	low	<p>a) internal action is required</p> <p>The service specification will require the provider to work with other commissioned carers support services to ensure that male carers are aware of the short breaks services.</p> <p>b) Monitoring of this protected characteristic during scheduled performance meetings.</p>	Yes for male carers over the age of 65. The winning provider will work with other carers' services to share information about the service.

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<b>Gender identity</b>	No	None	None		No
<b>Race</b>	Yes	Medium	Medium	Yes. a) Specification will be updated to collect information about this protected characteristic.	Yes – Carers from ethnic minorities are at risk of being doubly disadvantaged due to culture. The service will ensure that accessible information is available and workers are trained in equality and diversity.
<b>Religion or belief</b>	Yes – a large proportion of carers did not state their religion. Lack of information does not provide confidence that the service is accessible to all.	medium	medium	a) Internal action required.  Specification will be updated to collect information about this protected characteristic and providers will encourage carers to identify their religion.	Yes – further intelligence about how the service is being delivered for this characteristic will allow commissioning to ensure it is inclusive.
<b>Sexual orientation</b>	No	None	None		No
<b>Pregnancy and maternity</b>	No.	None	None		No
<b>Marriage and Civil Partnerships</b>	No.	None	None		No
<b>Carer's responsibilities</b>	Yes – the service is specifically for carers.  However, the impact may be greater (either positively or negatively) if the re-commissioning results in a new provider	Medium	Low	a) Internal action is required.  Ensure that a clear service mobilisation plan for existing service users is put in place.  b) This Equality Impact Assessment will be updated if the proposed service is	Yes – the service is designed to support carers to maintain their caring role and have opportunities to achieve their own outcomes.

Updated 20/09/2022

KCC/EqIA2013/October

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	<p>being responsible for the delivery of the services. A new provider may also result in additional anxiety for existing users of the service.</p> <p>It should be noted that a change in Care Worker is always a possibility. This may result from service user or Care Worker choice, or that the Care Worker leaves the organisation.</p>			<p>amended in a way that could affect this group.</p>	
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## Part 1: INITIAL SCREENING

**Proportionality** - Based on the answers in the above screening grid what weighting would you ascribe to this function? **MEDIUM**

<b>Medium</b>
Medium relevance or Insufficient information/evidence to make a Judgement.

The current service is to be re-commissioned. The service will be like for like in terms of deliverables to carers and cared for persons. The service affects 500+ carers and cared for persons. The greatest impact is likely to be a result of any changes to the provider as a result of an open tender.

### Context

The service is part of a suite of carer services which seek to reduce and prevent carer breakdown by increasing carer resilience. This is achieved through the provision of planned and unplanned 'breaks' in the home where a paid carer (carer support worker) provides support to the 'cared for' that the carer can have a break from their caring role. Carers support workers employed to deliver the service will be expected to have sufficient and appropriate training to support the needs of the cared for.

### Aims and Objectives

The contract for the current service is due to end on the 30 April 2016. The aim is to re-commission a like for like service that will start on 1May 2016 in order to minimise disruption to those receiving the service.

The aim of the service is to:

- Maintain current service levels for carer
- to increase carer resilience by providing a break from their caring role
- Reduce hospital admissions and residential carer home admissions due to carer breakdown
- Promote carer health and wellbeing through support to access health appointments.

### Beneficiaries

The service will benefit:

- Adult Carers by providing support to them in their caring role, and enabling them to take care of their own physical and emotional health and wellbeing
- The cared for person by enabling them to remain in their own homes with their carer

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- Adult Social care by reducing admissions to residential care homes or the need to provide costly formal social care services
- Health services by reducing admissions to hospitals of carers with health crisis.

## Information and Data

Research carried out by the Personal Social Service Research Unit (PSSRU) in Kent in 2012 showed that 31% of residential or nursing home admissions are caused by carer breakdown.

There is widely accepted evidence that Carers contribute £119bn to the UK economy each year by supporting vulnerable people to remain outside of formal services for longer<sup>1</sup>. The Kent Health and Wellbeing Strategy recognises the importance of maintaining carers to continue their caring roles and particularly highlights the need to support carers of people with dementia by increasing the numbers of carers assessments and carers accessing short breaks.

In 2011 151,777 people, or 10.4% of Kent's total population, provided unpaid care. This proportion is higher than the regional average of 8.9% and the national average of 10.2%.

Out of the Kent local authority districts, Thanet has the highest proportion of unpaid carers with 11.6% or 15,502 residents. Tunbridge Wells has the smallest proportion of unpaid carers with 9.2% or 10,539 people.

The provision of unpaid care is a key indicator of care needs and has important implications for the planning and delivery of health and social care services.

- In Kent, the majority of unpaid carers (64.2%) provide care for less than 20 hours a week. This proportion is lower than the regional average of 68.1% but slightly higher than the national average of 63.6%. 23.6% of all unpaid carers in Kent provide care for 50 or more hours a week.
- Ages 50 to 64 provide the highest proportion of unpaid care for both men and women.
- 96.0% of unpaid carers are from the White ethnic group.
- 9,197 or 6.1% of people who provide unpaid care report bad or very bad health.
- 56.9% of unpaid carers are economically active. This proportion is a higher than the regional average of 40.8% and the national average of 42.1%.

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<sup>1</sup> Buckner and Yeandle, 2011 <http://circle.leeds.ac.uk/files/2012/08/110512-circle-carers-uk-valuing-carers.pdf>

The largest BME group in Kent is the Asian/Asian British group. There are 3,440 carers in the Asian/Asian British group, which is equal to 2.3% of all carers.

In Kent, women provide a higher proportion of unpaid care between ages 0 to 64 but men aged 65 and over provide a higher percentage of unpaid care than women aged 65 and over.

Outcomes for carers are generally poorer than for society as a whole, as highlighted by the Governments Equalities Review undertaken as part of work to develop the National Carers Strategy 2008<sup>2</sup>.

Carers are more likely to suffer health problems themselves, to live in poorer areas and in households with fewer resources. They are less likely to have educational qualifications or to be in employment.

Many of those with caring needs are older people and much of the help they need is provided by other older people or by those in middle age.

Carers from black and ethnic minority backgrounds and other disadvantaged groups are at risk of being doubly disadvantaged by both sets of circumstances. Minority ethnic carers were particularly likely to report they felt restricted in using services because of a lack of information, or as a result of services they perceived as too expensive, inflexible, or not suitable for their individual needs and are therefore more likely to become isolated within their caring role, more likely to experience poor health outcomes and more likely to enter into crisis.

### Current data on carer who use Short Term Break Services:

There are 1447 carers accessing short breaks services commissioned by Kent County Council this represents 1.01% of Adult carers in Kent.

#### Age

Age	Not known	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 and over	Totals
Number of carers in Kent ( Census 2011)	0	3436	7590	11236	38614	55706	35195	151,777
Percentage of carers according to census 2011	0	2.26%	5.00%	7.40%	25.44%	36.70%	23.19%	100.00%
Number of carers assessing service	211	0	2	6	69	321	838	1447
Percentage of carers accessing the service by age	14.58%	0.00%	0.14%	0.41%	4.77%	22.18%	57.91%	100%

<sup>2</sup>[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_cons um\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_086581.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_cons um_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_086581.pdf)

A disproportionate number of carers accessing the service are age category 65 and over compared to total carers in Kent. The service prioritises according to need and the risk of the caring situation breaking down. It is expected that a higher proportion of carers accessing the service are aged 65+. Of those carers aged 65 and over 58% were over the age of 75.

### Ethnicity

		Kent	number	Carers 10.4% of Kent population	Carers accessin g service	% of carers ethnicity
White:	English / Welsh / Scottish / Northern Irish / British	89.06%	1,303,558	135,570	478	33.03%
	Irish	0.70%	10,239	1,065	7	0.48%
	Gypsy or Irish Traveller	0.32%	4,685	487	0	0.00%
	Other White	3.59%	52,620	5,472	2	0.14%
Mixed/ multiple ethnic groups:	White and Black Caribbean	0.43%	6,266	652	3	0.21%
	White and Black African	0.20%	2,997	312	0	0.00%
	White and Asian	0.51%	7,520	782	0	0.00%
	Other Mixed	0.36%	5,324	554	2	0.14%
Asian/Asian British:	Indian	1.24%	18,136	1,886	2	0.14%
	Pakistani	0.16%	2,406	250	0	0.00%
	Bangladeshi	0.23%	3,381	352	0	0.00%
	Chinese	0.41%	5,978	622	1	0.07%
	Other Asian	1.21%	17,713	1,842	2	0.14%
Black/African/ Caribbean/ Black British	African	0.79%	11,523	1,198	0	0.00%
	Caribbean	0.22%	3,293	342	0	0.00%
	Other Black	0.10%	1,400	146	0	0.00%
Other ethnic group:	Arab	0.10%	1,535	160	0	0.00%
	Any other ethnic group	0.35%	5,166	537	0	0.00%
Total Black Minority Ethnic (BME) population		6.33%	92,638	9,634	0	0.00%
Not disclosed					950	65.65%

66% of carers did not disclose their ethnicity. Conditions of the contract will be to capture information on protected characteristics of carers accessing the service.

Of those carers who did disclose their ethnicity 96% were white - English / Welsh / Scottish / Northern Irish / British, a higher proportion of the carers in Kent. Carers from ethnic minorities are at risk of being doubly disadvantaged due to culture. The service will ensure that accessible information is available and workers are trained in equality and diversity as well as understanding the cultural needs of specific groups within their local areas.

### Gender

Row Labels	Number of Carers using service	Percentage Carers using service	Kent Carers	Percentage Kent Carers
Female	942	65.10%	88164	58.30%
Male	454	31.38%	62948	41.70%
Not identified	51	3.25%	-	-

There are a higher proportion of female carers receiving the service across all ages compared to the percentage of carers in Kent.

This is inconsistent with census information that states women provide a higher proportion of unpaid care between ages 0 to 64 but men aged 65 and over provide a higher percentage of unpaid care than women aged 65 and over.

### Gender identity

Unknown - data is not kept on KCC adult systems. Data source is providers own database and this is not collected.

### Disability

Disability Category	Cared for category
Adult-Physical Access and Mobility	299
Adult-Physical Personal Care	420
Adult-Sensory Visual Impairment	15
Adult-Sensory Hearing Impairment	0
Adult-Sensory Dual Impairment	0

Adult-Memory and Cognition	675
Adult-Learning Disability Support	25
Adult-Mental Health Support	9

Because the service is delivered to the cared for person in order to provide a break for the carer, data on carers' disability is not currently captured. However, this will be included in the new contract.

In the above table, there are a higher number of people within the Memory and Cognition category. This reflects that fact that because the service provides dementia crisis support.

### Religion or belief

	Kent	Number	Apply carer population 10.4%	carers accessing service	% carers religion
<b>All categories: Religion</b>	100%	1,463,740	152,229	1447	100%
<b>Christian</b>	62.52%	915,200	95,181	470	32.48%
<b>Buddhist</b>	0.46%	6,802	707	2	0.14%
<b>Hindu</b>	0.75%	10,943	1,138	1	0.07%
<b>Jewish</b>	0.12%	1,777	185	0	0.00%
<b>Muslim</b>	0.95%	13,932	1,449	0	0.00%
<b>Sikh</b>	0.72%	10,545	1,097	0	0.00%
<b>Other religion</b>	0.42%	6,145	639	21	1.45%
<b>No religion</b>	26.75%	391,591	40,725	91	6.29%
<b>Religion not stated</b>	7.30%	106,805	11,108	862	59.57%

A high proportion of carers' religion was not stated. Future contract will ensure that this protected characteristic is collected.

### Sexual orientation

Row Labels	carers accessing service
<b>Gay Man</b>	<b>1</b>
<b>Lesbian</b>	<b>1</b>
<b>Hetrosexual</b>	<b>394</b>
<b>Not asked</b>	<b>104</b>
<b>Not disclosed</b>	<b>946</b>
<b>Other</b>	<b>1</b>

March 2014

### **Pregnancy and maternity**

Unknown - data is not kept on KCC adult systems. Data source is providers own database and this is not collected.

### **Marriage and Civil Partnerships**

Unknown - data is not kept on KCC adult systems. Data source is providers own database and this is not collected.

### **Involvement and Engagement**

Engagement has taken place within existing carers support carer forums to support commissioning intentions for the 2015 service, but the 2015 commissioning did not happen as planned. Hence using this information to inform and reaffirm the existing service specification

Discussion and activities have taken place to enable carers to identify key features of a short breaks service.

October 2013 – approximately 50 carers

January 2014 – approximately 20 carers

Carers reported that they wanted flexible, free services to meet their needs. They wanted reliable services that arrive on time, workers who are friendly and trained appropriately. Carers also identified the need for night sitting services. These characteristics are in the current service provision and will remain in the new commission.

### **Potential Impact**

The overall impact of re tendering this service is positive as carers will retain a service which meets their needs and enables them to keep caring for their 'cared for' person. In addition, it will enable us to improve the service specification by collecting more information about protected characteristic information to ensure that the service is accessible for all.

### **Adverse Impact:**

Individual service users may lose continuity of care in the event that their current provider does not tender or is not awarded a contract. A change in the person who provides the care may cause anxiety and disruption to existing relationships. This will be addressed by the development of a service mobilisation plan to minimise any disruption and offer a choice of options for those affected.

However, it should be noted, that under normal circumstances change in Care Worker could occur as a result of Care Workers leaving the organisation. It is also possible that the existing Care Worker may transfer to the new provider



March 2014

Signed:

Name:

Job Title:

Date:

**DMT Member**

Signed:



Name: Mark Lobban

Job Title: Director of Commissioning

Date: 9<sup>th</sup> November 2015

**Equality Impact Assessment Action Plan**

<b>Protected Characteristic</b>	<b>Issues identified</b>	<b>Action to be taken</b>	<b>Expected outcomes</b>	<b>Owner</b>	<b>Timescale</b>	<b>Cost implications</b>
<b>Race</b>	Insufficient information by provider to assess	Specification will require appropriate collection of this protected characteristic.	Robust data for analysis to ensure that the service is accessible to all.	Steve Lusk	01 May 2016	zero
<b>Age</b>	There is a lower proportion of male carers over age of 65 accessing the service than the Kent average	Monitoring issue at quarterly performance meeting.  Specification will require the provider to liaise with other commissioned carers support services to promote service.	Increase in male carers aged 65+ accessing the service  Commissioning to gain greater understanding of the barriers for male carers aged 65+	Steve Lusk	01 May 2016 – 31 <sup>st</sup> March 2017	Zero
<b>Gender</b>	There is a lower proportion of male carers over age of 65 accessing the service than the Kent average	Monitoring issue at quarterly performance meeting.  Specification will require the	Increase in male carers aged 65+ accessing the service  Commissioning to gain greater	Steve Lusk	01 May 2016 – 31 <sup>st</sup> March 2017	Zero

		provider to liaise with other commissioned carers support services to promote service.	understanding of the barriers for male carers aged 65+			
<b>Carers responsibility</b>	Tender process may mean a change of provider. This could cause anxiety and confusion	Develop a clear mobilisation plan for transfer of existing clients.  Provider submits a mobilisation plan for the service as part of their tender.	Smooth transfer of clients to new provider.  KCC and stakeholders are aware of new provider and referral pathways.	Steve Lusk  provider	01 May 2016	Zero
<b>Religion or belief</b>	A large proportion (60%) of carers did not state their religion. Lack of information does not provide confidence that the service is accessible to all.	Specification will be updated to collect information about this protected characteristic and providers will encourage carers to identify their religion.	Further intelligence about how the service is being delivered for this characteristic will allow commissioning to ensure it is inclusive.	Steve Lusk  provider	01 May 2016	Zero

**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 - 28 September 2022

**Subject:** **Community Mental Health and Wellbeing Service – Contract Award**

**Key decision:** 22/00082

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

**Future Pathway of report:** Cabinet Member decision

**Electoral Division:** All

**Summary:** The Community Mental Health and Wellbeing Service (commonly known as Live Well Kent and Medway) is due to end on 31 March 2023. This paper provides the Adult Social Care Cabinet Committee with a progress update on establishing a new contract for Community Mental Health and Wellbeing Services (known as Live Well Kent & Medway) from 1 April 2023.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as appendix 1) to:

- a) **AWARD** the contract, to the successful providers identified in Exempt Appendix A, for the provision of Community Mental Health and Wellbeing Services (known as Live Well Kent and Medway) for a period of three years from 1 April 2023 to 30 March 2026 with the option to extend for further two years (24 months);
- 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 Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

## 1. Introduction

- 1.1 One in four adults in Kent experience at least one diagnosable mental health problem in any given year, and it is estimated that around 212,000 people in the county have a common or severe mental illness.
- 1.2 In line with national guidance and the NHS Five Year Forward View, Kent County Council (KCC) and Kent and Medway Clinical Commissioning Group (now known as Kent and Medway Integrated Care Board – K&M ICB) jointly commissioned an integrated offer of community mental health and wellbeing support, which came to be known as Live Well Kent & Medway (LWK&M).
- 1.3 The vision for LWK&M is to keep people well and provide a holistic offer of support for individuals living with and without a mental health diagnosis.
- 1.4 Under the Care Act, KCC is obliged to provide or arrange for services, facilities or resources which would prevent, delay, or reduce individuals' needs for care and support, or the need for support of carers. Within the Care Act statutory guidance, secondary prevention or early intervention is defined as more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing.
- 1.5 Section 117 of the Mental Health Act places a duty on Health and Social Care to provide aftercare services to individuals in relation to the reason for their admission under Section 3, 37, 45A, 47, or 48 of the Mental Health Act 1983. to reduce the risk of readmission.
- 1.6 The NHS Long Term Plan reinforces a focus on better care for vulnerable groups, better access to preventative mental health services and a reduction in suicide rates.
- 1.7 The Community Mental Health and Wellbeing Service plays a vital role in ensuring the effective and timely provision of preventative and recovery mental health and wellbeing services and can help meet key priorities:
  - Promote independence, social inclusion and improved quality of life
  - Prevent/reduce admissions to emergency and urgent care
  - Reduce the number of people entering secondary mental health care
  - Reduce suicides
  - Reduce levels of homelessness
  - Improve economic wellbeing and reduce unemployment rates
  - Respond to the high activity and complexity needs of clients living in the community and avoid need for care home admissions
  - Provide more holistic solutions and reduce care packages
  - Improve mental health and wellbeing
  - Play a key role in the delivery of early intervention and prevention strategies.

- 1.8 A key decision taken by the Cabinet Member for Adult Social Care and Public Health on 22 April 2022 approved the commencement of a procurement to award a new Community Mental Health and Wellbeing Service Contract, for a maximum of three years, with a two-year extension option.
- 1.19 This paper aims to inform the Adult Social Care Cabinet Committee on the progress to date to establish a new contract for Community Mental Health and Wellbeing Services (known as Live Well Kent and Medway) from 1 April 2023.

## 2. Background

- 2.1 The current Community Mental Health and Wellbeing Service (Live Well Kent and Medway (LWK&M)) commenced on 1 April 2016 and will run to 31 March 2023. The current service is delivered by two Strategic Partners, Porchlight and Shaw Trust, who both deliver services directly and subcontract to a Delivery Network of providers.
- 2.2 A comprehensive service review was conducted in 2019, which identified that LWK&M continues to deliver successful outcomes in line with the original vision for the service, supporting the market to increase and improve the overall offer of mental health and wellbeing interventions available in Kent.
- 2.3 Market, stakeholder engagement and a public consultation was undertaken in 2021 to gather views to shape the new service specification and contract before a formal procurement process commenced in May 2022.
- 2.4 The procurement timetable is summarised below

### Procurement Milestones

Event	Date
Procurement go-live	4 May 2022
SQ stage tender submission deadline	1 June 2022
Invitation To Tender (ITT)	29 June 2022
ITT stage tender submission deadline	2 August 2022
Tender evaluation	3 August 2022 – 22 August 2022
Adult Social Care Cabinet Committee	28 September 2022
Cabinet Member decision	w/b 3 October 2022
Issue contract award letters	w/b 10 October 2022
Service mobilisation	October – 31 March 2023
Service commencement	1 April 2023

- 2.5 The intention of the commissioning process was to procure a well-managed contract for adult social care and public health that contributes to the Making a difference everyday approach of 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 and review of KPIs, and management information for quality of services and improved contract monitoring.

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

2.8 The contract will be jointly commissioned by KCC Adult Social Care and Public Health, Kent and Medway Integrated Care Board (K&M ICB – Formerly known as Kent & Medway Clinical Commissioning Group) and Medway Council. Medway Council will only be contributing funding for the following service element; The 24-7 Telephone and Online Support Service (Release the Pressure helpline).

### 3. Financial Implications

3.1 The contract is due to commence on 1 April 2023 for a period of three years (with an optional two-year extension option), unless terminated in accordance with the Conditions of Contract.

3.2 The tables below outline the contract costs

#### **Contract costs to KCC Adult Social Care and Public Health (Initial three years and extension options)**

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

The above contract values can be funded within the approved budget.

**Contract costs for Kent and Medway Integrated Care Board  
(Initial three years and extension options)**

	<b>Kent and Medway ICB</b>
Initial 3-Year Contract Term	£4,466,511.00
2 Year Optional Extension Period	£2,977,674.00
<b>Total (Initial 3-Year Contract Term + 2 Optional Extension Period)</b>	<b>£7,444,185.00</b>

3.3 The annual contribution from each funding partner can be found in the table below

**Annual Contribution by Funding Partner**

<b>Funding Partner</b>	<b>Annual Contribution</b>
KCC Public Health	£2,252,648.50
KCC Adult Social Care	£3,077,536.50
Kent and Medway Integrated Care Board	£1,488,837.00
Medway Council	£22,850.00
<b>Total</b>	<b>£6,841,872.00</b>

3.4 The service will include an annual uplift. This uplift will be solely funded by the K&M ICB and therefore there is no financial commitment to KCC. The annual uplift % and amount will be agreed with the K&M ICB each year for the subsequent year and will be based on known factors and budget availability.

3.5 Medway Council will only be contributing funding for the following service element; The 24-7 Telephone and Online Support Service (Release the Pressure helpline).

**4. Legal implications**

4.1 A procurement exercise was undertaken to identify suitable suppliers in accordance with PCR 2015 Regulation 32(2)(c) and Procurement Policy Note 01/20.

4.2 The Strategic Commissioning Division used the standard Terms and Conditions of contract. There will need to be resource allocated at the end point contract award for contracts to be signed and sealed.

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

4.4 Section 2 of the Care Act 2014 places a general duty on local authorities to provide, arrange or otherwise identify services, facilities, and resources to

prevent, delay or reduce the needs of adults for care and support. The Community Mental Health and Wellbeing Service contributes significantly to:

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

4.5 TUPE regulations will apply. During mobilisation, KCC needs to be conscious to mitigate the disruptive effect that this may have on current people accessing the service.

## **5. Equalities implications**

5.1 An Equality Impact Assessment (EQIA) is in place for the re-commissioning of the Community Mental Health and Wellbeing Contract. The EQIA is attached as appendix A.

5.2 An initial assessment was undertaken prior to the public consultation; market engagement and procurement exercise and no major issues were identified. Since then, the Equality Impact Assessment has been reviewed and there continues to be no major issues that have been identified.

## **6. Data Protection Implications**

6.1 It will be necessary to get the successful Strategic Partners to complete a Data Protection Impact Assessment (DPIA) as they will be controlling confidential data.

## **7. Conclusions**

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

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

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

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

- 7.5 KCC commissioners responsible for the management of the contract completed a comprehensive market analysis. The market analysis concluded by stating, considering the evidenced need for community mental health and wellbeing services in Kent, the success of current provision and the clear interdependencies between the continuation of these services and the success of the Community Mental Health Transformation Programme, it is recommended KCC continue to work in collaboration with K&M CCG (Now known as K&M ICB) and Medway Council to jointly commission the Community Mental Health and Wellbeing Service. This approach supports the aspiration for closer integration and working with Health/CCG (ICB) commissioning colleagues.
- 7.6 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 Community Mental Health and Wellbeing Service Contract, to the successful providers identified in Exempt Appendix A. This is a Restricted Appendix that is exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially confidential information.

## 8. Recommendations

8.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as appendix 1) to:

- a) **AWARD** the contract, to the successful providers identified in Exempt Appendix A, for the provision of Community Mental Health and Wellbeing Services (known as Live Well Kent and Medway) for a period of three years with the option to extend for further two years (24 months);
- 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 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

22/00033 - Community Mental Health and Wellbeing Service Commissioning  
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2596>

## **10. Report Author**

Luke Edwards  
Senior Commissioner  
03000 421748  
luke.edwards@kent.gov.uk

### **Relevant Director**

Richard Smith  
Corporate Director of 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:

22/00082

For publication

Key decision: Yes

## Title of Decision COMMUNITY MENTAL HEALTH AND WELLBEING SERVICE – CONTRACT AWARD

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

a) **AWARD** contracts, to the successful providers identified in the exempt appendix, for the provision of Community Mental Health and Wellbeing Services (known as Live Well Kent and Medway) for a period of three years from 1 April 2023 to 30 March 2026, with the option to extend for a further two years (24 months);

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 Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

**Reason(s) for decision:** The current Community Mental Health and Wellbeing Service Contract expires automatically on 31 March 2023. Following a successful procurement process there will be preferred providers to award a new Community Mental Health and Wellbeing Service Contract to, starting from 1 April 2023. The new contract will be for a maximum of three years with a two-year extension option.

The Contract is jointly commissioned by Kent County Council Adult Social Care and Public Health, Kent and Medway Integrated Care Board (K&M ICB – Formerly known as Kent & Medway Clinical Commissioning Group) and Medway Council. Medway Council will only be contributing funding for the following service element; The 24-7 Telephone and Online Support Service (Release the Pressure helpline).

The Community Mental Health and Wellbeing Service plays a vital role in ensuring the effective and timely provision of preventative and recovery mental health and wellbeing services and can help meet key priorities:

- Promote independence, social inclusion and improved quality of life
- Prevent/reduce admissions to emergency and urgent care
- Reduce the number of people entering secondary mental health care
- Reduce suicides
- Reduce levels of homelessness
- Improve economic wellbeing and reduce unemployment rates
- Respond to the high activity and complexity needs of clients living in the community and avoid need for care home admissions

- Provide more holistic solutions and reduce care packages
- Improve mental health and wellbeing
- Play a key role in the delivery of early intervention and prevention strategies.

**Financial Implications:** The contract is due to commence on 1 April 2023 for a period of three years (with an optional two-year extension option), unless terminated in accordance with the Conditions of Contract. The tables below outline the contract costs

**Contract costs to Adult Social Care and Public Health  
(Initial 3 years and extension options)**

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

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(Initial three years and extension options)**

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The annual contribution from each funding partner can be found in the table below

**Annual Contribution by Funding Partner**

Funding Partner	Annual Contribution
KCC Public Health	£2,252,648.50
KCC Adult Social Care	£3,077,536.50
Kent and Medway Integrated Care Board	£1,488,837.00
Medway Council	£22,850.00
<b>Total</b>	<b>£6,841,872.00</b>

The service will include an annual uplift. This uplift will be solely funded by K&M ICB and therefore there is no financial commitment to KCC. The annual uplift % and amount will be agreed with K&M ICB each year for the subsequent year and will be based on known factors and budget availability.

Medway Council's contribution towards the 24-7 Telephone and Online Support Service (Release the Pressure helpline) will be £22,850 annually.

**Legal Implications:** A procurement exercise was undertaken to identify suitable suppliers in accordance with PCR 2015 Regulation 32(2)(c) and Procurement Policy Note 01/20. The Strategic Commissioning Division used the standard Terms and Conditions of contract. There will need to be

resource allocated at the end point contract award for contracts to be signed and sealed. A Section 256/Memorandum of Agreement will be entered in to by all funding parties to provide a framework within which to work with health partners and other local authorities and includes financial protections for KCC.

Section 2 of the Care Act 2014 places a general duty on local authorities to provide, arrange or otherwise identify services, facilities, and resources to prevent, delay or reduce the needs of adults for care and support. The Community Mental Health and Wellbeing Service contributes significantly to:

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

TUPE regulations will apply. During mobilisation, KCC needs to be conscious to mitigate the disruptive effect that this may have on current people accessing the service.

**Equalities implications:** An Equality Impact Assessment has been completed for the commissioning of the Community Mental Health and Wellbeing Contract.

An initial assessment was undertaken prior to the public consultation and market engagement and no major issues were identified. Since then, the Equality Impact Assessment has been reviewed and no further issues have been identified.

**Data Protection implications:** It will be necessary for the successful Strategic Partners to complete a Data Protection Impact Assessment as they will be controlling confidential data.

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 28 September 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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## EQIA Submission – ID Number

### Section A

**EQIA Title**

Re-Procurement of the Community Mental Health and Wellbeing Service

**Responsible Officer**

Keri Spring - ST SC

### Type of Activity

**Service Change**

No

**Service Redesign**

No

**Project/Programme**

No

**Commissioning/Procurement**

Commissioning/Procurement

**Strategy/Policy**

No

**Details of other Service Activity**

No

### Accountability and Responsibility

**Directorate**

Adult Social Care and Health

**Responsible Service**

Strategic Commissioning

**Responsible Head of Service**

Sharon Dene - ST SC

**Responsible Director**

Clare Maynard - ST SC

### Aims and Objectives

Kent County Council (KCC), Kent & Medway CCG (K&M CCG) and Medway Council are responsible for providing mental health and wellbeing services in Kent and Medway.

In line with national guidance and the NHS Five Year Forward View, KCC and K&M CCG jointly procured an integrated offer of community mental health and wellbeing support, which was soon named Live Well Kent (LWK). A competitive procurement process was used to select Strategic Partners. Tender submissions were evaluated against robust criteria to evidence each bidder's ability to enable and support a flourishing network of providers and ensure delivery of quality services to meet the needs of local residents.

The service commenced on 1 April 2016 and ends on 31 March 2023.

The vision for LWK is to keep people well and provide a holistic offer of support for individuals living with and without a mental health diagnosis. The outcome-based contract was designed to engage people in innovative approaches to improving their mental health and wellbeing, based on their individual needs. LWK aims to help prevent entry into formal social care and health systems, reduce suicide and prevent negative health outcomes associated with poor mental health.

The outcome-based contract was designed to engage people in innovative approaches to improving their mental health and wellbeing, based on their individual needs and has a system outcome to reduce stigma and discrimination.

The service is delivered by two Strategic Partners, Porchlight and Shaw Trust, who take on a market stewardship role to build capacity and sustainability within the voluntary sector network, which is funded through the contract. The network has changed over the life of the contract, responding to the needs of users. The contract limits the amount Strategic Partners can deliver themselves.

The service provides a universal offer across Kent, supported by the LWK website. Providers actively promote positive wellbeing messages to reduce mental health stigma in communities. The service is targeted at individuals who reside in the most deprived quintiles (quintiles 1 and 2), where there are higher levels of mental illness.

A comprehensive service review was conducted in 2019, which identified that LWK continues to deliver successful outcomes in line with the original vision for the service, supporting the market to increase and improve the overall offer of mental health and wellbeing interventions available in Kent.

Market and stakeholder engagement and a public consultation was undertaken in 2021 to gather views to shape the new service specification and contract before a formal procurement process commenced in May 2022.

A key decision taken by the Cabinet Member for Adult Social Care and Public Health on 31 March 2022 approved the commencement of a procurement to award a new Community Mental Health and Wellbeing Services Contract, for a maximum of five years (three years plus one two-year extension).

Governance approval to be sought to award the contract for the provision of Community Mental Health and Wellbeing Services commencing 1 April 2023. This EQIA will inform decision making.

## Section B – Evidence

**Do you have data related to the protected groups of the people impacted by this activity?**

Yes

**It is possible to get the data in a timely and cost effective way?**

Yes

**Is there national evidence/data that you can use?**

Yes

**Have you consulted with stakeholders?**

Yes

**Who have you involved, consulted and engaged with?**

KCC Adult Social Care  
 KCC Public Health  
 Kent & Medway Clinical Commissioning Group  
 Medway Council Adult Social Care and Public Health  
 Residents  
 People who access the service  
 Providers (including VCSE)

**Has there been a previous Equality Analysis (EQIA) in the last 3 years?**

Yes

**Do you have evidence that can help you understand the potential impact of your activity?**

Yes

## Section C – Impact

**Who may be impacted by the activity?**

**Service Users/clients**

Service users/clients

**Staff**

Staff/Volunteers

**Residents/Communities/Citizens**

Residents/communities/citizens

**Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?**

Yes

**Details of Positive Impacts**

Overall, the equality impacts of Community Mental Health Service (Commonly Known as Live Well Kent - LWK) are positive, with minimal potential that the service eligibility criteria for mental health housing related support regarding age could be interpreted as having low adverse impacts.

The service specification states:

- Equal Opportunities - In carrying out the Services the Service Provider will be "exercising public functions" for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver Services accordingly. The Equality Act 2010 relates to people who access the service and employees. The Service Provider has responsibilities as a provider to people who access the service and as an employer to its employees. Services will respond positively to the needs of all groups who have a protected characteristic within the Equality Act 2010. These characteristics are race, religion or belief, sexual orientation, pregnancy and maternity, age, disability, gender and gender identity. The Service is expected to engage with these groups through all necessary means to ensure inclusion is in a positive and meaningful way. In delivery of any services commissioned on behalf of Kent County Council, Service Providers must demonstrate awareness and be responsive to the accessibility and needs of groups described above either in or attempting to access services. Accessibility relates to (but is not limited to); physical and mental impairment, communication needs those with either a hearing or sight impairment, translation/interpretation if English is not a first language, the expectation with regards to acceptance of individuals defined under gender identification, respect of faith and beliefs. The Equality Act 2010 replaces the Disability Discrimination Act 1995 (reviewed 2005). Proof of compliance will be required in the form of a current and up to date Access Audit with an action plan outlining any needs and how these will be addressed.

The contract (clause 25 – Equalities) stipulates that:

- The Supplier shall and shall ensure its Sub-Contractor's and Staff at all times comply with the requirements of the Equality Act 2010 and all other related statutory and regulatory requirements and the Council's policies and procedures copies of which are available on request relating to equal opportunities and shall not treat any person or group of people less favourably than another on the grounds of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, pregnancy and maternity, marriage and civil partnerships.

The service currently and will continue to be provided based on the assessed needs of each individual, tailoring the support offered as appropriate, without discrimination on the grounds of protected characteristics. The service takes and will continue to take a trauma informed care approach to delivery and acknowledges that trauma may often be related to an inequality experienced on the grounds of a protected characteristic (or many); therefore, this service promotes positive impacts for all protected groups. LWK will tailor support based on the demographic make-up of locations and develops support services for specific groups.

There is evidence that diverse groups are engaging with the service, and no signs of indirect discrimination have been identified in the practices. This will be monitored throughout the new contract.

A due regard to the Equality Act 2010 was given during re-procurement of the service. Commissioners will make sure this ethos will be embedded in the contract and reflected in the service provision.

The successful Strategic Partners will engage with people who access the service and the Delivery Network (Sub contactors delivering service) to provide support interventions that not only make a positive difference, but also do so in ways that respect and value diversity. Addressing the causes and consequences of stigma, discrimination, social inequality, and exclusion of people requiring support in and through the Service. This will involve supporting the procurement of interventions through the innovation fund to test and pilot new offers as need arises.

### **Negative impacts and Mitigating Actions**

#### **19. Negative Impacts and Mitigating actions for Age**

##### **Are there negative impacts for age?**

No

##### **Details of negative impacts for Age**

Not Applicable

##### **Mitigating Actions for Age**

Not Applicable

##### **Responsible Officer for Mitigating Actions – Age**

Not Applicable

#### **20. Negative impacts and Mitigating actions for Disability**

##### **Are there negative impacts for Disability?**

No

##### **Details of Negative Impacts for Disability**

Not Applicable

##### **Mitigating actions for Disability**

Not Applicable

##### **Responsible Officer for Disability**

Not Applicable

#### **21. Negative Impacts and Mitigating actions for Sex**

##### **Are there negative impacts for Sex**

No

##### **Details of negative impacts for Sex**

Not Applicable

##### **Mitigating actions for Sex**

Not Applicable

##### **Responsible Officer for Sex**

Not Applicable

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

##### **Are there negative impacts for Gender identity/transgender**

No

##### **Negative impacts for Gender identity/transgender**

Not Applicable

##### **Mitigating actions for Gender identity/transgender**

Not Applicable

##### **Responsible Officer for mitigating actions for Gender identity/transgender**

Not Applicable

#### **23. Negative impacts and Mitigating actions for Race**

##### **Are there negative impacts for Race**

No

<b>Negative impacts for Race</b>
Not Applicable
<b>Mitigating actions for Race</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Race</b>
Not Applicable
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
No
<b>Negative impacts for Religion and belief</b>
Not Applicable
<b>Mitigating actions for Religion and belief</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
Not Applicable
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
No
<b>Negative impacts for Sexual Orientation</b>
Not Applicable
<b>Mitigating actions for Sexual Orientation</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
Not Applicable
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
No
<b>Negative impacts for Pregnancy and Maternity</b>
Not Applicable
<b>Mitigating actions for Pregnancy and Maternity</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>
Not Applicable
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
No
<b>Negative impacts for Marriage and Civil Partnerships</b>
Not Applicable
<b>Mitigating actions for Marriage and Civil Partnerships</b>
Not Applicable
<b>Responsible Officer for Marriage and Civil Partnerships</b>
Not Applicable
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
No
<b>Negative impacts for Carer's responsibilities</b>
Not Applicable
<b>Mitigating actions for Carer's responsibilities</b>
Not Applicable
<b>Responsible Officer for Carer's responsibilities</b>

Not Applicable

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 – 28 September 2022

**Subject:** **UPDATE ON ADULT SOCIAL CARE REFORM**

**Classification:** Unrestricted

**Past Pathway of report:** N/A

**Future Pathway of report:** N/A

**Electoral Division:** All

**Summary:** This report provides an update on the programme of work being taken forward in response to the Government’s Adult Social Care Reform policy commitments. This includes the Fair Cost of Care, the cap on personal care cost, extension to the means test and self-funders right to request support and the new assurance framework.

The paper also describes the key challenges for Kent County Council as they relate to the implementation of the national reform programme.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** the content of the report.

## 1. Introduction

- 1.1 The Adult Social Care Cabinet Committee considered a presentation on the ‘Adult Social Care Reform’ at its meeting on 31 March 2022. The presentation provided Members with an overview of the main policy proposals set out in the ‘People at the Heart of Care, Adult Social Care Reform White Paper’, published in December 2021 (the White Paper).
- 1.2 It was outlined then, that the policy proposals will have two important effects. Firstly, the changes will lead to some major changes to the operational and system processes and secondly, they will lead to some significant increase in the workload of the service and have an effect on the overall financial envelope. The likelihood that the financial impact associated with the ‘Fair Cost of Care’ and the potential reduction or elimination of self-funders cross subsidies were highlighted then as these could have huge impact and add to the pressures on Council’s budget, if adequate central government funding was not forthcoming.

- 1.3 This report is intended to inform Members about the different pieces of work being undertaken which will ensure that Kent County Council (KCC) fulfil its statutory duties and the meet policy requirements. The update report focuses on the Fair Cost of Care, the Adult Social Care Charging Reform with the implementation of the cap on personal care costs, extended means-test, and preparations for the new Care Quality Commission national assurance framework.

## **2. Background**

- 2.1 On 7 September 2021, the government set out its new plan for [Adult Social Care Reform](#) in England. This covers a 10-year national programme which includes the following key changes:
- Reform Adult Social Care charging with the introduction of a cap on personal care cost and extended means-test.
  - Fair Cost of Care and market sustainability plan.
  - Implementation of Section 18(3) of the Care Act which gives self-funders a right to ask a local authority to arrange their care, which has since been revised.
  - New national assurance framework under which the Care Quality Commission (CQC) inspects local authorities and the Integrated Care Systems (Integrated Commissioning Boards and Integrated Commissioning Partnerships).
  - Professional development plan for the social care workforce.
  - More supported housing and reform of the Disabled Facilities Grant.
  - Integration of health and social care.
  - Accelerate the digitisation of social care.
  - Innovative Models of Care Programme - new ways of delivering care in the community.
  - Change in services to support unpaid carers.
- 2.2 The following section of the report describes the steps taken to date to assess and understand the policy requirements and muster the necessary resources to manage the programme of work to meet the expectations placed on the Council.

## **3. Fair Cost of Care Exercise and Market Sustainability Plan**

- 3.1 The Fair Cost of Care exercise is one of the first policy objectives of the Social Care Reform, which Councils are required to fulfil. The policy objective is to ensure that local authorities commission social care services in a sustainable way and are not paying less than it costs to provide the care. Councils are required to survey a range of providers (representative of the local market) as part of the cost of care exercise, to improve the understanding of the actual costs of delivering care in the area. Local authorities are required to use the exercise to determine and report the median actual operating costs for the following categories, plus evidence and values for return on capital and return on operations. Together these make up the Fair Cost of Care. The categories are:

- 65+ care homes.
- Standard residential care.
- Residential care for enhanced needs.
- Standard nursing care.
- Nursing care for enhanced needs.
- 18+ domiciliary care.

3.2 KCC is in the process of completing the analysis of the Fair Cost of Care exercise, which will feed into the Market Sustainability Plan. KCC has taken all reasonable steps and engaged all care providers to participate in the cost of care survey during May and July 2022. Different means of communications were used to engage with the provider market to support them in completing these survey tools. The engagement took the form of direct e-mails; a dedicated mailbox to answer any queries; newsletter articles; engagement with the representative Trade Associations; virtual drop-in sessions; a set of frequently asked questions; telephone follow up to offer support and presentations at provider forums. The analysis work on the data collected as part of the cost of care exercise is progressing and it is expected that KCC should be able to meet the deadline of 14 October 2022 set by the Department of Health and Social Care (DHSC), however if it proves necessary the Council may seek an extension to the deadline.

3.3 It is expected that the Market Sustainability Plan will refer to the Fair Cost of Care exercise and must address the following three key areas which are:

- An assessment of the current sustainability of local care markets
- An assessment of the impact of future market changes (including funding reform) over the next 1-3 years, for each of the service markets and
- Plans for each market to address sustainability issues identified, including how Fair Cost of Care funding will be used to address these areas over the next 1 to 3 years.

#### **4. Preparations for the implementation of the reformed Adult Social Care charging with the introduction of a cap on personal care cost and extended means-test**

4.1 The White Paper details the introduction of a cap of a maximum of £86,000 that individuals will have to pay towards their personal care cost and a new means-test threshold. The lower capital threshold will change from £14,250 to £20,000 and the upper capital threshold will increase from £23,250 to £100,000. These revised capital thresholds will come into effect in October 2023 and will apply to everyone newly assessed as being eligible for care and support as well as those people who are already in receipt of and who continue to receive care and support. The upper threshold of £100,000 will become the limit above which people will fund their own care.

4.2 Anyone assessed by the local authority as having eligible care and support needs, whether a new entrant or an existing social care recipient, can begin to progress towards the cap from October 2023 onwards. This is based on what the local authority charges the person to meet their eligible care and support

needs, or in the case of self-funders who arrange their care themselves, what the cost would be to the local authority of meeting those needs. There is ongoing work to confirm the likely additional demand for care and support needs assessment and financial assessment because of the implementation of the cap on personal care costs. The operational analysis of the impact on Kent carried out by the County Council Network (CCN) projected that:

- An estimated care assessment of 4,600 per year will arise
- 182 additional workers required to manage demand from the reform
- An estimated increase of 4,190 financial assessment will be required to be completed each year
- 32 additional financial assessment officers required to manage demand from the reform.

4.3 Analysis is at an advanced stage to confirm the result of our modelling of the additional demand that will have to be managed because of this aspect of the reform. Early indications predict significantly increased numbers for Kent than those projected by the CCN. The ongoing modelling work will also factor in, to the best of our knowledge, the impact of the extension of the means-test which will bring in more people who will rely on publicly funded support.

4.4 The government launched a consultation which closed on 23 September 2022, on introducing a new Adult Social Care Charging Framework from October 2023. The consultation was on proposals for distributing funding to support the first year of delivery of Adult Social Care Charging Reforms in 2023 to 2024. There were proposals on the distribution of funding for needs and financial assessments, the extension to the means-test and the cap on personal care costs. KCC used the opportunity to make its voice heard through its response to the consultation. Our main concerns were centred on the funding formulae used to allocate the available resources between individual authorities and the quantum of the funding to be made available for the reform.

4.5 The Government's stated objectives in the consultation are to provide authorities with funding certainty, transparency, robustness, and fairness. Inevitably, the funding options in the consultation represent a compromise between these objectives. Most of the options either allocate resources based on population adjusted for relative needs or a simpler approach based purely on population. However, the relative needs are based on a presumption of building on the existing formula (which has been in place for many years and has been criticised for being out of date/not fit for purpose) to reflect the new responsibilities. The largest estimated costs are for the changes to the means test and the implementation/additional assessments

4.6 The analysis work carried out to date, which is informed by government guidance and our understanding of the overall policy changes, has identified that there may be:

- Significant changes to the operational and financial systems which will affect both Adult Social Care and Corporate functions
- The creation of a new Care Account that must be set up for every person who comes forward and is entitled to the cap on personal care costs
- The potential increase in the number of appeals by individuals (or others on their behalf) against decisions about care packages along with the outcome of the Financial Assessment
- The commissioning and contractual framework will need to reflect the separation of care costs from daily living cost (costs such as rent, food and utility bills)
- Transparency of cost of care information and market sustainability plan.
- Any changes will affect policy and practice
- The necessity for training staff and provide public education information
- Requirement for additional resources in several impacted areas indicated above
- The need to put in place a robust communication plan.

4.7 Further strategic analysis continues to fully establish the potential financial implications of the reforms relating to the cap on care, extension of the thresholds and arranging the care of self-funders.

4.8 The changes outlined in the reforms will significantly alter some of the processes within Adult Social Care and the systems and technology that support them. The DHSC has been working with providers of social care case management systems which includes the Access Group who provide KCC Adult Social Care and Health with Mosaic (our social care case management system) to specify the changes required. In turn, officers from KCC are meeting with the Access Group to ensure all required changes will be successfully implemented in Kent. Although it is agreed in principle that the DHSC will pay for these changes to the case management system, the details of how the funding will be administered have not yet been shared.

## **5. Self-funders right to ask the local authority to arrange their care**

5.1 The Government, as part of the reforms, announced the extension of Section 18 (3) of the Care Act 2014 to now include the arrangement of residential and nursing care placements for self-funders through the local authority (previously only available to those requiring domiciliary care). This will allow individuals to benefit from local authority provider commissioned contracts and the assisted support of arranging care. Concerns have been raised about the sustainability of the social care market and the difficulty in understanding the demand from self-funders.

5.2 KCC will be required to make self-funders who want to progress towards the cap on personal care aware that they can ask the local authority to meet their

needs at any time. KCC, therefore, will have a duty to meet the self-funder's needs, if all of the following conditions are satisfied:

- The person asks KCC
- KCC finds (through an assessment) that the person has eligible care and support needs
- The person is not, and has not been, in residential care in the 6 months preceding October 2023 (unless this residential care was paid for by the NHS, or purchased by the individual on a temporary basis, for example respite care).

5.3 The effect of the last condition in the above paragraph, means that individuals who are already in residential care in October 2023 will not initially be able to use section 18(3). The Government has committed to review this after 12 months (in October 2024) and this condition will be removed after no more than 18 months (by April 2025). This is a change of policy by the government in response to the consultation on the implementation of the cap on personal care cost.

## **6. New national assurance framework under which the Care Quality Commission inspects local authorities and the Integrated Care Systems (Integrated Commissioning Boards and Integrated Care Partnerships)**

6.1 Through the Health and Care Act 2022, the Government has confirmed the introduction of a new Assurance Framework whereby the Care Quality Commission (CQC) will independently review and assess local authority performance in delivering Adult Social Care duties under the Care Act 2014 and assure the performance of the Integrated Care Board (ICB) and Integrated Partnership Board (IPB).

6.2 KCC's preparation for the new assurance process has been to adopt the "Best We Can Be" approach which looks to tell our story through the voice of the people we support, our staff and our partners within KCC, our health partners and the wider community. Peer Review Groups, have been established, to support the implementation and Kent has been buddied with West Sussex and Hampshire councils in reviewing the regional self-assessment.

6.3 The progress to date in Kent has been focused on completing the regional self-assessment tool, which provides KCC with the key source of evidencing achievements in improving outcomes for people. KCC will need to effectively demonstrate how successful we are in meeting our duties and listening to the people we support.

6.4 A review of the Ofsted process for Children, Young People and Education was undertaken to establish learning that can shape what we do in Adult Social Care, and this has been informative in the following areas:

- Use the different ways of working as an opportunity to create a robust team who will drive practice and improvement.
- Tell a story, a team approach "the best we can be" and demonstrate continuous improvement.

- What are our systems telling us? Why do we write the things we do?
- Regular systematic reviews and improvement.
- People being at the heart of what we do. Hear lots of people stories.
- Each team to understand “what good looks like for them.”
- A Practice Framework and Quality Assurance Framework is the work plan for being, the “Best We Can Be.”

6.5 The next steps in our CQC inspection readiness are as follows:

- Receive RAG ratings from our Buddy Local Authorities and take forward learnings from our Peer Review.
- Engage in the CQC Consultation process.
- Practice Development Officer’s to continue to work within localities to support the development of the Quality Assurance Audit Tool from Aug 2022.
- Launch the Quality Assurance Framework from October 2022.

6.6 It is notable that the main risk considered for the CQC inspections remains the current state of the social care market, the workforce issues and front-line practitioners’ management of risks.

## **7. Financial Implications**

7.1 In 2022 to 2023, £162 million was allocated to local authorities through the Market Sustainability and Fair Cost of Care Fund. KCC was allocated £ £4.6m for the Fair Cost of Care and £98k for the Implementation Support Funding which has been factored into the 2022-2023 budget. Local authorities are expected to use at least 75% of the allocated funding in 2022 to 2023 to increase fee rates paid to providers in scope, where necessary, and beyond pressures funded by the Local Government Finance Settlement 2022 to 2023. Up to 25% of allocated funding in 2022 to 2023 can be used to fund implementation activities associated with meeting the fund purpose.

7.2 Further tranches of an additional £600m through the Market Sustainability and Fair Cost of Care Fund are anticipated in 2023-24 and 2024-25. The 2022-23 allocations were based on the existing adult social care Relative Needs Formula (RNF) used for other grants e.g., social care support grant and the Improved Better Care Fund. This formula takes no account of the changes under the reforms. The Government intend to review allocations for 2023-24 and 2024-25.

7.3 The Market Sustainability and Fair Cost of Care Fund will amount to £1.36 billion (out of the £3.6 billion to deliver the charging reform programme). The consultation on the allocation of additional funding to implement the reforms in 2023-24 outlined in paragraphs 4.4 and 4.5 is in addition to the Market Sustainability and Fair Cost of Care Fund.

7.4 As a condition of receiving future funding, local authorities will need to evidence the work they are doing to prepare their markets and submit the following to DHSC by 14 October 2022:

- Cost of care exercises for 65+ care homes and 18+ domiciliary care.
- A provisional market sustainability plan, using the cost of care exercise as a key input to identify risks in the local market, with consideration given to the further commencement of Section 18(3) of the Care Act 2014 (which is currently in force only for domiciliary care) – a final plan will be submitted in February 2023.
- A spend report detailing how funding allocated for 2022 to 2023 is being spent in line with the fund's purpose.

## **8. Legal implications**

8.1 It is understood that local authorities will continue to fulfil their statutory duties of the Care Act 2014 on the understanding that the Social Care Reforms are consistent with the responsibilities enshrined in the relevant legislation including the Care Act 2014, the Mental Capacity Act 2005, and the Mental Health Act 1983.

## **9. Equalities implications**

9.1 Depending on the nature of the work to be done in respect of the Adult Social Care Charging Reform and the new National Assurance Framework, related impact assessments may need to be completed.

## **10. Data Protection Implications**

10.1 A Data Protection Impact Assessment Screening (DPIA) had been completed for scrutiny by the Data Protection Office. The DPIA will be updated throughout the exercise to reflect all relevant changes.

10.2 It has not been determined that a DPIA is required at this stage for the other elements of the reform (cap on personal care cost and extended means-test, self-funders right to ask the local to arrange their care and implementation of the new assurance framework), however this will be kept under review.

## **11. Other corporate implications**

11.1 Whilst the Social Care Reforms are centred on the Adult Social Care responsibilities, key components of the reform activity impact on corporate functions such as Finance including Client Financial Services, Strategic Commissioning, Human Resources, and Legal Services.

## **12. Conclusions**

12.1 The Adult Social Care Reform has set in train several policy changes with far reaching implications for KCC, care providers, adults with care and support needs and carers. The Fair Cost of Care exercise, the first of the policy objectives to be delivered, is associated with clear budget implications for KCC. The work undertaken means that KCC can submit the required outputs from the Fair Cost of Care exercise and the related initial Market Sustainability Plan by deadline of 14 October 2022.

12.2 Work is progressing to finalise the estimation of the additional demand arising from the implementation of the cap on personal care cost and extended means-test and self-funders right to ask the local to arrange their care.

12.3 It is planned to continue to update Members periodically as the reform work progresses including making available information in the routine performance monitoring reports to this Cabinet Committee.

### 13. Recommendations

13.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to <b>CONSIDER</b> the content of the report.
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### 14. Background Documents

People at the Heart of Care- Adult Social Care Reform White Paper Adult Social Care Charging Reform Guidance- [Adult social care charging reform: further details - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

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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 - 28 September 2022

**Subject:** **ADULT SOCIAL CARE AND HEALTH PERFORMANCE - Q1 2022/2023**

**Classification:** Unrestricted

**Previous Pathway of Paper:** None

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** This paper provides the Adult Social Care Cabinet Committee with an oversight of Adult Social Care activity and performance during Q1 for 2022/2023.

For 2022/2023 there is a new suite of Adult Social Care and Health Key Performance Indicators and activity measures designed to reflect the breadth of Adult Social Care and Health delivery, responsibilities, and strategic priorities. Some 2022/2023 measures were part of the previous indicator set presented to Cabinet Committee.

The numbers of contacts to adult social care, incoming Care Needs Assessments and Deprivation of Liberty Safeguards applications received this quarter remain high. Delivery of Care Needs Assessments and annual Care and Support Plan Reviews remain a priority as part of the adult social care performance assurance process. Adult social care is delivering more Carers Assessments this quarter compared to the previous Quarter 1 (2021/2022) and is providing more Carer respite services via short term bed services.

Admissions to long term residential or nursing services have decreased, and the provision of community support services remains the priority, with actions being implemented to increase the use of Direct Payments.

Of the six KPIs, four were RAG rated Green having met their targets, one is Amber, and one is Red. The KPI RAG rated Red is the measure looking at the percentage of new Care Needs Assessments delivered within 28 days, this has improved on the previous quarter and ASCH are prioritising delivery of Care Needs Assessments as part of its Performance Assurance process.

**Recommendation:** The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q1 2022/23.

## **1. Introduction**

- 1.1 A core function of the Cabinet Committee is to review the performance of services which fall within its remit. This report provides an overview of the Key Performance Indicators (KPI) for Kent County Council's (KCC) Adult Social Care and Health (ASCH) services. It includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR).
- 1.2 Appendix 1 contains the full table of KPIs and activity measures with performance over previous quarters and where appropriate against agreed targets.

## **2. Overview of Performance**

- 2.1 ASCH continue to have over 20,000 people making contact each quarter, with 21,725 people making contact in Quarter 1. In response to this high demand and to improve how adult social care respond to requests for assistance, work is being undertaken to refine and diversify how people can contact us. This includes expanding the use of online tools and self-service options.
- 2.2 The new KPI on the percentage of people who re-contacted ASCH having had a previous contact resolved with advice and information, allows the monitoring of the effectiveness of the service provided at first contact with ASCH, albeit there are factors that will affect this, for example where someone has experienced a change in circumstance or an increased need not related to the original contact. ASCH aim to not have more than 9% of all contacts made up of re-contacts within a 3-month period, achieving this in Quarter 1 (RAG Rated Green).
- 2.3 A Care Needs Assessment (CNA) is where a person's social care needs are identified and eligibility for support is assessed (Care Act 2014). ASCH have on average 4,975 CNAs incoming each month. There were 4,725 new CNAs in Quarter 1 which is down from 4,994 in Quarter 4.
- 2.4 Of the CNAs newly incoming in Quarter 4, 75% were completed within 28 days. This KPI runs a quarter in arrears and looking at 2021/2022, ASCH was delivering below the 2022/23 target of 90% (RAG Rated Red). The time taken to complete a CNA is dependent on the person and their needs, with some people with complex circumstances needing to take months to complete. However, the majority of CNAs can be completed within 28 days (Care Act compliance is that they are timely) and ASCH is prioritising work on completing CNAs as part of its Performance Assurance process. Targets are being set with operational teams to increase the number being completed, whilst those in progress are being risk assessed to ensure those needed to be prioritised are seen quicker.

- 2.5 Alongside delivering CNAs there are also Carer Assessments being delivered and there are more being completed now than in the same quarter a year ago. 1,102 were delivered in Quarter 1. Commissioned Carers Organisations deliver these assessments for ASCH. The Kent Adult Carers' Strategy was co-produced and consulted on and is now available online. Colleagues in Adult Social Care and Health have been visiting community locations (libraries, Gateways and health settings covering Ashford, Canterbury, Maidstone, Gravesend, Dartford, Sevenoaks, Tonbridge and Paddock Wood) to start conversations about carers and social care. The initial roadshow took place during the summer and hard copies of both the Kent Adult Carers' Strategy and wider Adult Social Care Strategy were distributed. Approximately 200 individuals with an interest in social care or with lived experience, have been directly engaged with so far. The aim being to connect face to face with communities, hear people's views and test our engagement approach for the future.
- 2.6 A series of engagement events are planned for the autumn and these will be promoted via social media and through community networks as we continue this work to raise awareness. Further pop-up stands are planned for Sheppey Gateway, the Queen Mother Queen Elizabeth Hospital Margate and Tunbridge Wells Library. These will be advertised via our stakeholder channels including social media, in the coming weeks.
- 2.6 Following the Assessments, and where eligible for support, people receive a Care and Support Plan which details how a person will be supported and the services they may receive. ASCH had 16,932 people with an active Care and Support Plan at the end of Quarter 1, which is the highest number of people since before Q3 2020/2021. Not everyone will go on to need a support package (for example Residential care, Homecare, Supported Living) and ASCH has seen decreasing numbers of new support packages being arranged each quarter. ASCH has seen an increase in the number of people receiving a support package for over 12 months, so although the new support packages are decreasing people are being supported for a longer period of time. Whilst the numbers have decreased, the average weekly cost of the newly arranged support packages has increased in general, indicating a rise in the cost of care or increases in the complexity of care and support needs.
- 2.7 When people have a Care and Support Plan in place and are receiving support from ASCH, they receive an initial 8-week review, and then an annual review 12 months later. The number of people requiring an annual review on the last day of Quarter 1 was 5,044, and the number has been increasing quarter on quarter. In Quarter 1 over 3,300 annual reviews were delivered. Work on completing annual reviews is also prioritised as part of the ASCH Performance Assurance process; targets to increase the number of reviews completed are being set and managed at an operational team level, with a focus on those most overdue, with examples of best practice being shared amongst teams where actions have led to decreases in those awaiting an annual review.
- 2.8 Where people need short-term enablement services, ASCH has the Kent Enablement at Home service (KEaH) which aims to keep people independent

and in their home. In Quarter 1 there were 2,109 people actively receiving this support. In order to address pressures both within the service and the wider social care market, KEaH is re-running a recruitment campaign which successfully increased capacity earlier this year.

- 2.9 Some individuals require residential or nursing care on a temporary basis (either while their longer-term needs or circumstances are assessed, or to provide respite) and ASCH has seen increasing numbers of people in short term beds since the pandemic with 1,322 individuals in Quarter 1. Carer respite includes the use of short-term beds accounting for over 400 people this quarter (a 11% increase on the previous quarter).
- 2.10 Long Term Support is provided either through community or residential/nursing care. ASCH has nearly 12,000 people in long term community services each quarter, which include Direct Payments, Day Care, Supported Living and Homecare. A key priority for ASCH is to enable people to remain independent and in their own homes with clear personal choice of their support. Direct Payments are nationally recognised as an effective way of delivering these aims and ASCH has set itself a challenging target for 2022/2023 at 30% of people in community services having a Direct Payment. For Quarter 1 this measure is Rag Rated Amber with 24%.
- 2.11 With the percentage of people in community services with a Direct Payment remaining around 25% over the last two years, ASCH is addressing this by actively promoting growth in this area, including recruiting a specialist Personal Assistant Development worker, developing a digital platform. ASCH has also been working with both Growth, Environment and Transport and Children, Young People and Education to deliver community catalysts and grow community provision, recognising challenges where people lack agency and support networks to assist them, and an increasing aging population who have frailty needs and are unable to manage a Direct Payment.
- 2.12 ASCH has seen a decreasing number of people with long term residential or nursing care since Quarter 3 2021/2022. As residential and nursing care potentially reduces an individual's choice and independence, these services are considered and discussed with a person and their families/carers when other support options are not suitable, adequate or safe. Where appropriate for the person's needs, there have been recent moves of people with Mental Health needs from residential care into community services Supporting Independence Services (SIS)/Supported Living.
- 2.13 The numbers of people accessing support with ASCH who have a Mental Health need had been increasing prior to the pandemic, during which this increase escalated, however the numbers appear to be plateauing with 1,220 people in Quarter 1. SIS/Supported Living remains the most prevalent service provision.
- 2.14 ASCH has an ongoing KPI which reports on the percentage of people in residential or nursing care with a Care Quality Commission (CQC) rating of Good or Outstanding. For 2022/2023 ASCH increased the target to 80% and met this in Quarter 1 with 81% (Rag Rated Green). Where providers are rated

as Inadequate or Poor, Locality Commissioners provide advice and support to ensure that effective action plans are in place that respond to identified concerns and/or CQC findings and monitor these action plans as required. Where necessary contract suspensions are put in place to prevent further placements whilst improvements are being made.

- 2.15 ASCH report two KPIs that are the National Better Care Fund measures; the Better Care Fund is a programme that supports local systems to successfully deliver and monitor the integration of health and social care, looking for better outcomes for people. For those people aged 65 and over, who are still at home 91 days after discharge from hospital, having received enablement, ASCH remains above the target of 82% for Quarter 4 2021/22 (RAG Rated Green. The measure runs a quarter in arrears). ASCH has increased the target for 2022/2023 to 85%.
- 2.16 The second measure, newly reported to Cabinet Committee, presents the rate per 100,000 of people receiving long term support, aged 65 and over, by admission to residential and nursing care homes. As previously mentioned, it is an ASCH priority to ensure people stay at home, and independent for as long as possible with support from community services. ASCH has seen decreasing numbers of people in and entering residential and nursing care since Quarter 3 2021/2022. This is reflected in Quarter 1 with the rate decreasing to 104 per 100,000, meaning ASCH is below the target of 111 and RAG Rated Green
- 2.17 For 2022/2023, ASCH has expanded the reporting of the Deprivation of Liberty Safeguards (DoLS) to show both the number of applications received each quarter, and those completed. Quarter 1 saw a large increase in the number of DoLS applications received, 2,453, this follows a similar spike in Quarter 1 the previous year, however this was the highest volume experienced and the volume of DoLS applications received is on an overall upward trend. The number of completed applications vary quarter on quarter and is influenced by the capacity of the team and the volumes of urgent applications. On average 42% of applications take under 4 weeks to be signed off.
- 2.18 ASCH had 1,043 Safeguarding Enquiries open on the last day of Quarter 1. The Safeguarding Teams have held the number of open enquires at a more sustainable level following the implementation of a dedicated team, brought in during 2021/2022 who assisted the Safeguarding Teams in balancing the volume of incoming and existing work allowing for the volume of open safeguarding enquiries to be reduced, having exceeded 2,000 in Quarter 2 2021/2022.

### **3. Conclusion**

- 3.1 ASCH is continuing to experience higher levels of activity, specifically compared to previous years, and following the Pandemic. ASCH has prioritised key areas of delivery via the Performance Assurance process, for enablement services, Care Needs Assessments, annual Care and Support Plan Review, Deprivation of Liberty Safeguards and Safeguarding.

#### **4. Recommendation**

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q1 2022/23.

#### **5. Background Documents**

None

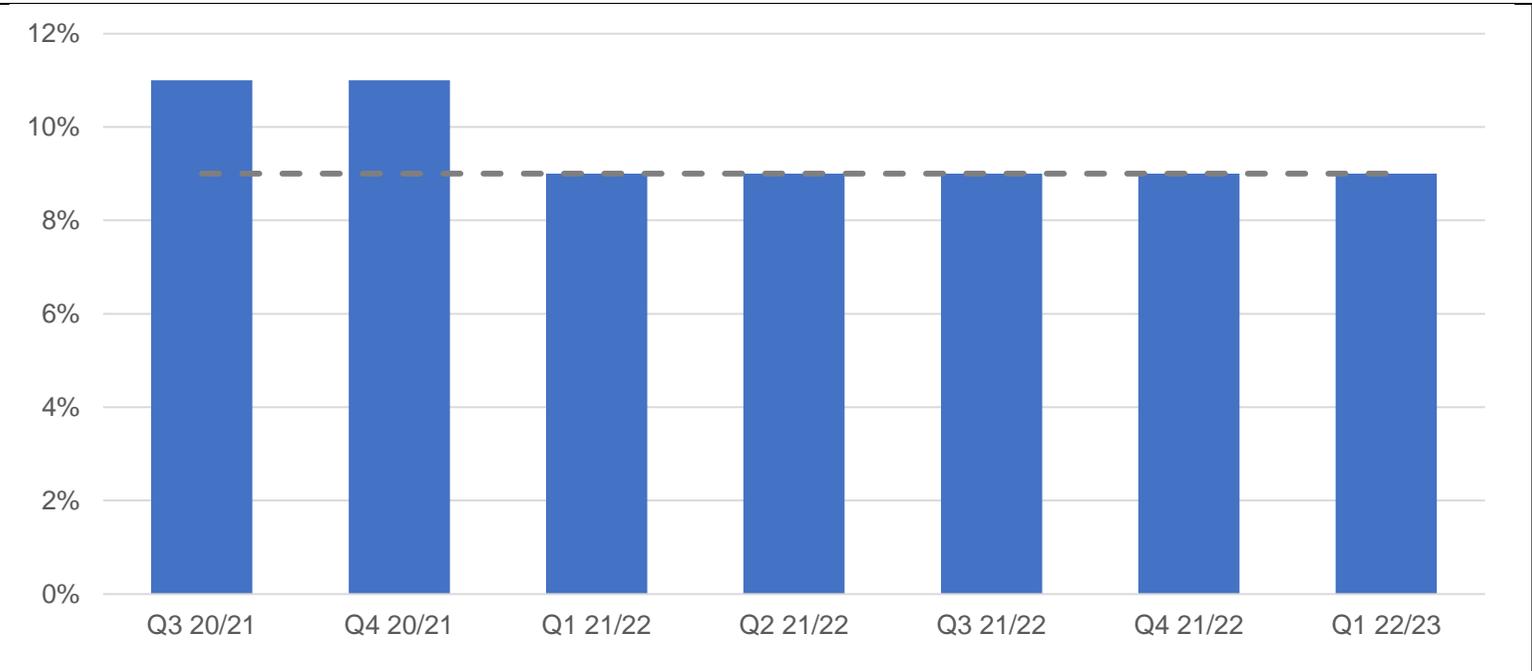
#### **6. Report Author**

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**ASCH1: The percentage of people who have their contact resolved by ASCH but then make contact again within 3 months.** GREEN



**Technical Notes:**

Target set at 9% (dotted line) with an upper threshold of 13%

The Direction of Travel is not significant.

Please note axis does not end at 100%

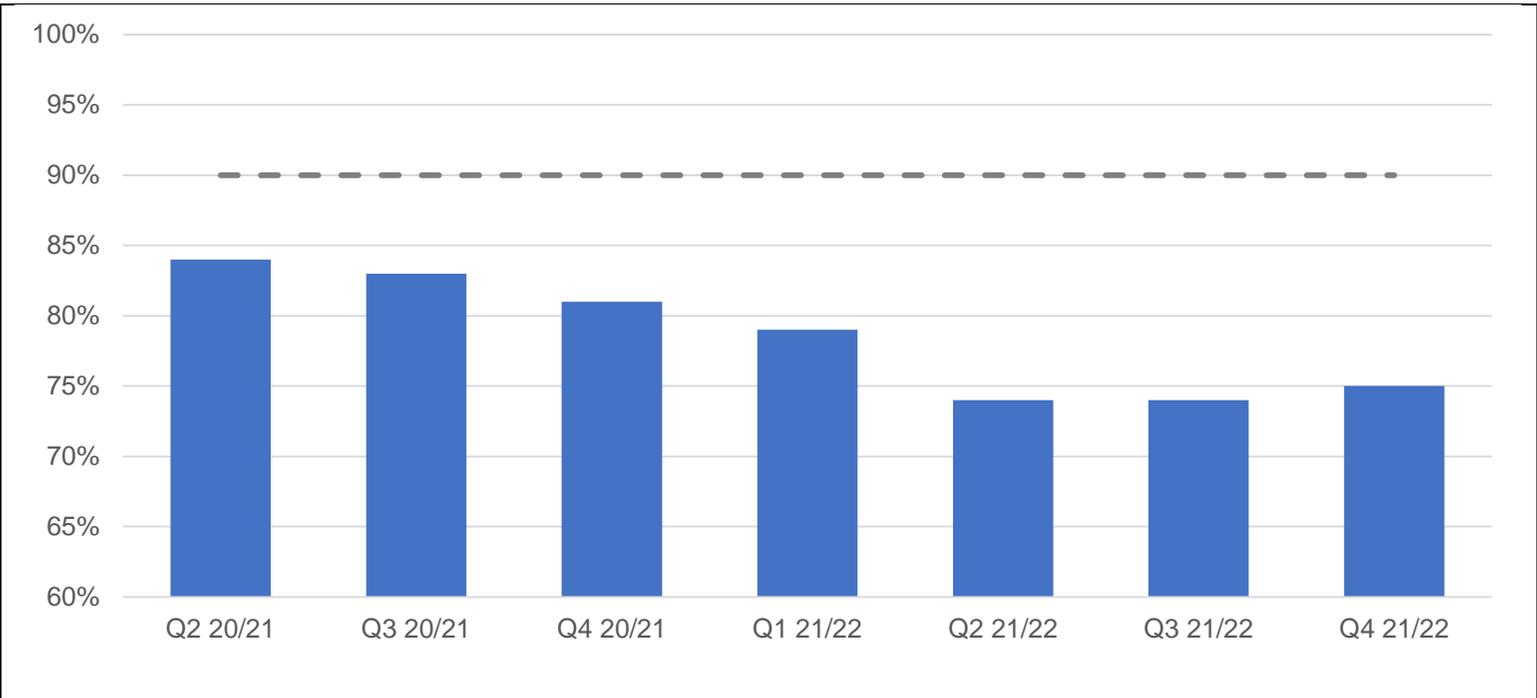
Page 151

**Commentary:** It is a core function of the Area Referral Management Service (ARMS) to provide Information and Advice (as part of our duties under the Care Act), this includes the direct provision of minor aids and adaptations (like raised toilet seats and grab rails). This maximises independence and serves to meet the persons needs at the earliest point.

Due to the complicated and changing nature of a persons' potential for support needs, there are frequently occasions where a person speaks with ARMS and declines support initially but upon reflection will contact again to pursue these opportunities. A persons' circumstances and level of support can change on a day-by-day basis, at which point they will contact Adult Social Care (or be referred into Adult Social Care for support and advice).

**ASCH2: The proportion of new Care Needs Assessments delivered within 28 days.**

**RED**  
↑



**Technical Notes:**

Target set at 90% (dotted line) Floor Threshold of 80% for 22/23

Please note this measure runs a quarter in arrears to account for the 28 days.

The Direction of Travel is significant, on a downward trajectory.

Please note axis does not start at 0

**Commentary:** On average 4,800 Care Needs Assessments are initiated (either referred for or started) each quarter over the last 12 months. In Quarter 4 75% were completed within 28 days, which is an increase on the previous 2 quarters but at a much lower rate than in 2020/21.

The average days taken to complete a Care Needs Assessment varies across each ASCH area, at the end of June it ranged from 49 to 72 days. The time taken to complete a Care Needs Assessment depends very much on the person, their needs and experiences; some will take days whilst others can take months. As part of ASCH Performance Assurance delivery of Care Needs Assessments is monitored and discussed monthly with actions implemented to address lower levels of performance. Delivery of Care Needs Assessments is a priority for ASCH.

**ASCH3: The percentage of people in receipt of a Direct payment with Adult Social Care & Health**

**AMBER**



**Technical Notes:**

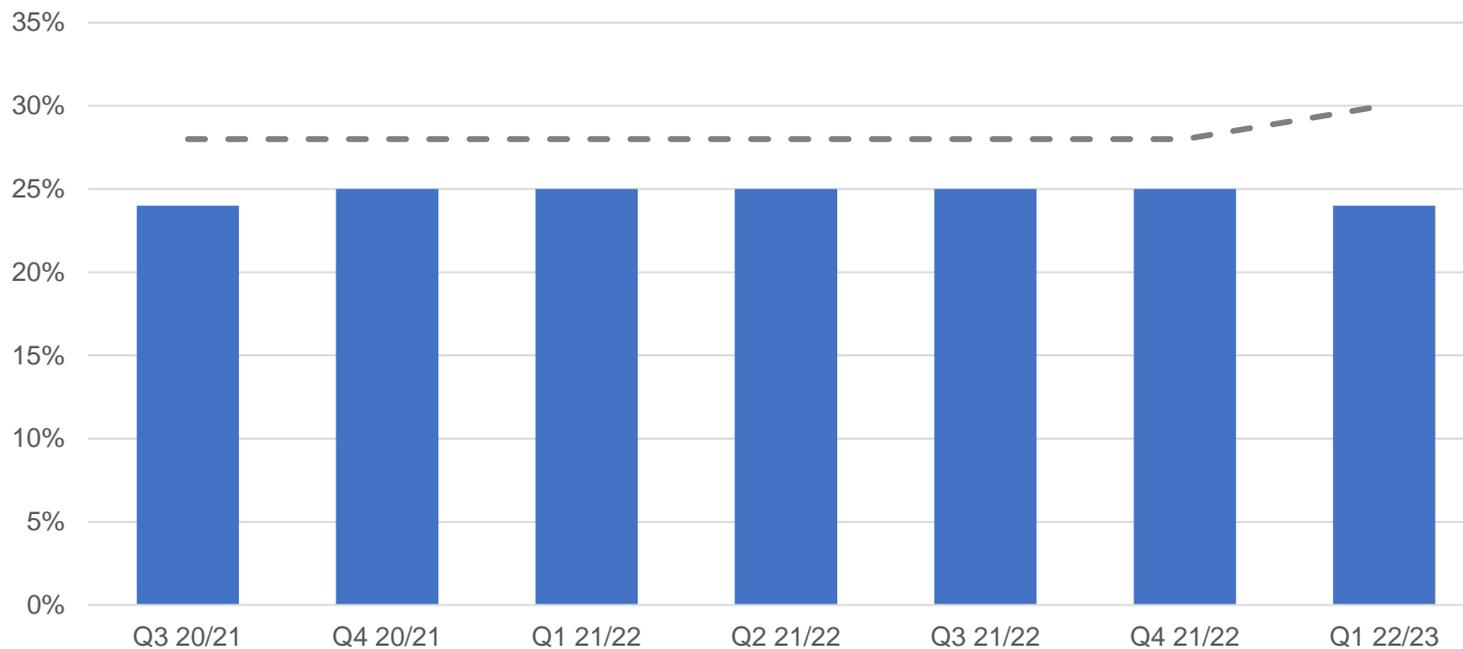
Target set at 30% (dotted line) The floor threshold is 24%

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

The Direction of Travel is not significant.

Please note axis does not end at 100

2021/22 figures have been updated



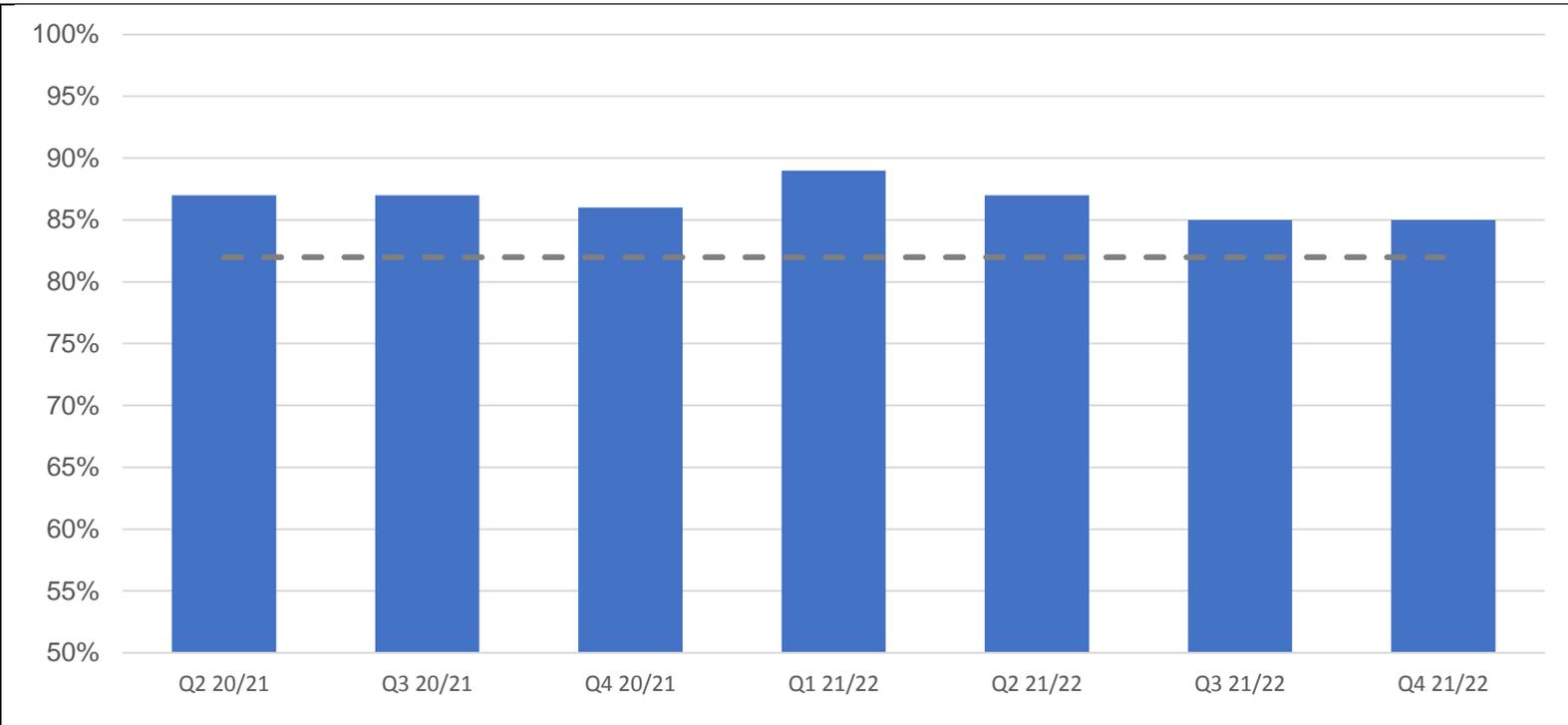
**Commentary:**

ASCH are working hard to promote the growth in this area, and work is ongoing to change some of the systems, processes, practices, and cultures that have developed over the years around helping people access care and support - building on the good things and changing those that get in the way of personalisation.

ASCH have recruited to a specialist Personal Assistant Development worker, also the development of an electronic portal and e learning programmes. There has been cross directorate working with GET/CYPE to deliver our community catalyst offer and grow provision in the communities to foster self-directed support.

**ASCH4: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services**

**GREEN**  
↔



**Technical Notes:**

Target set at 85% (dotted line) with a floor threshold of 80% for 22/23

KPI runs a quarter in arrears to account for the 91-day time frame.

The direction of travel is not significant.

Please note axis does not start at 0

**Better Care Fund Measure**

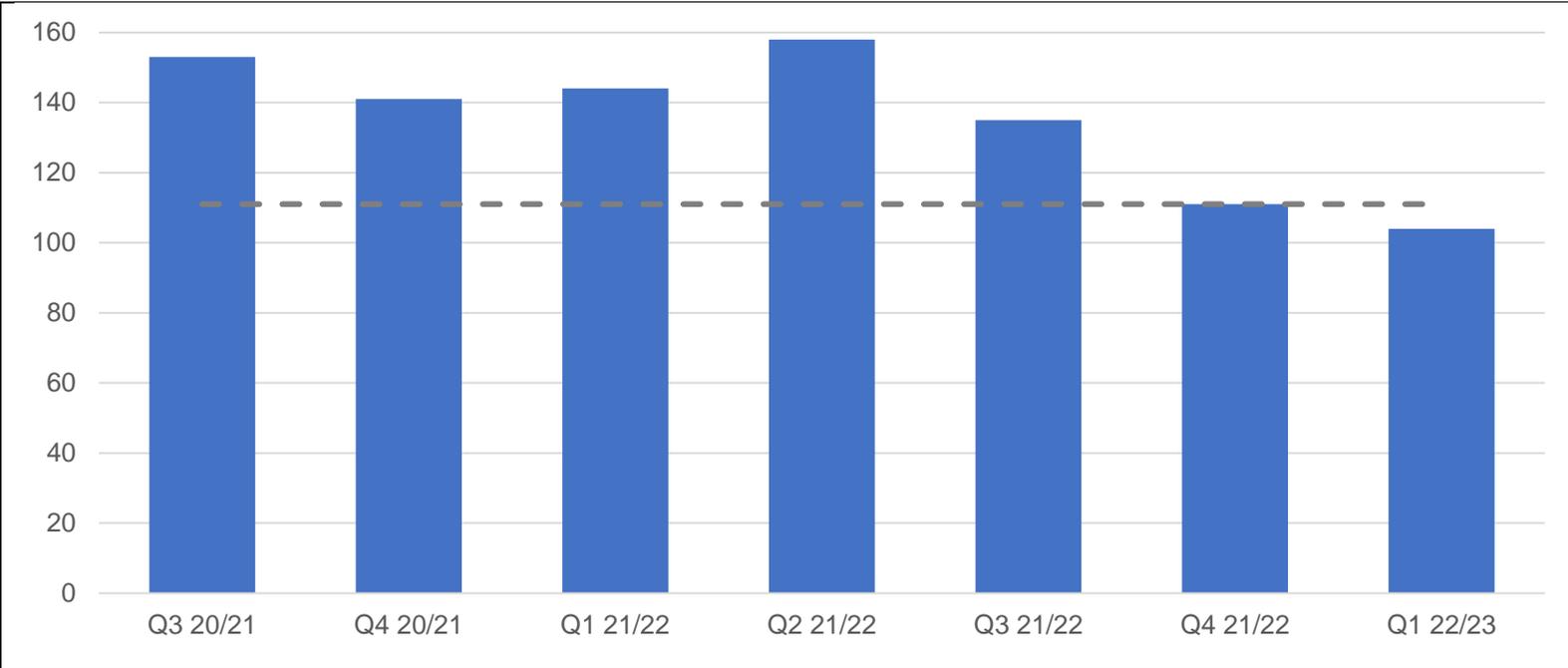
**Commentary:**

There has been sustained performance in this area. There continues to be joint work across health and social care in relation to hospital discharge pathways embedding discharge to assess arrangements with a focus on developing recovery, reablement and rehabilitation in the pathways.

Historically, Quarter 4 tends to be the quarter with the lower proportions still at home.

**ASCH5: Long Term support needs of older people (65 and over) met by admission to residential and nursing care homes**

**GREEN**  
↑



**Technical Notes:**

Target set at 111 per 100,000 (dotted line) with an upper threshold of 138 per 100,000

Rate per 100,000 of the population

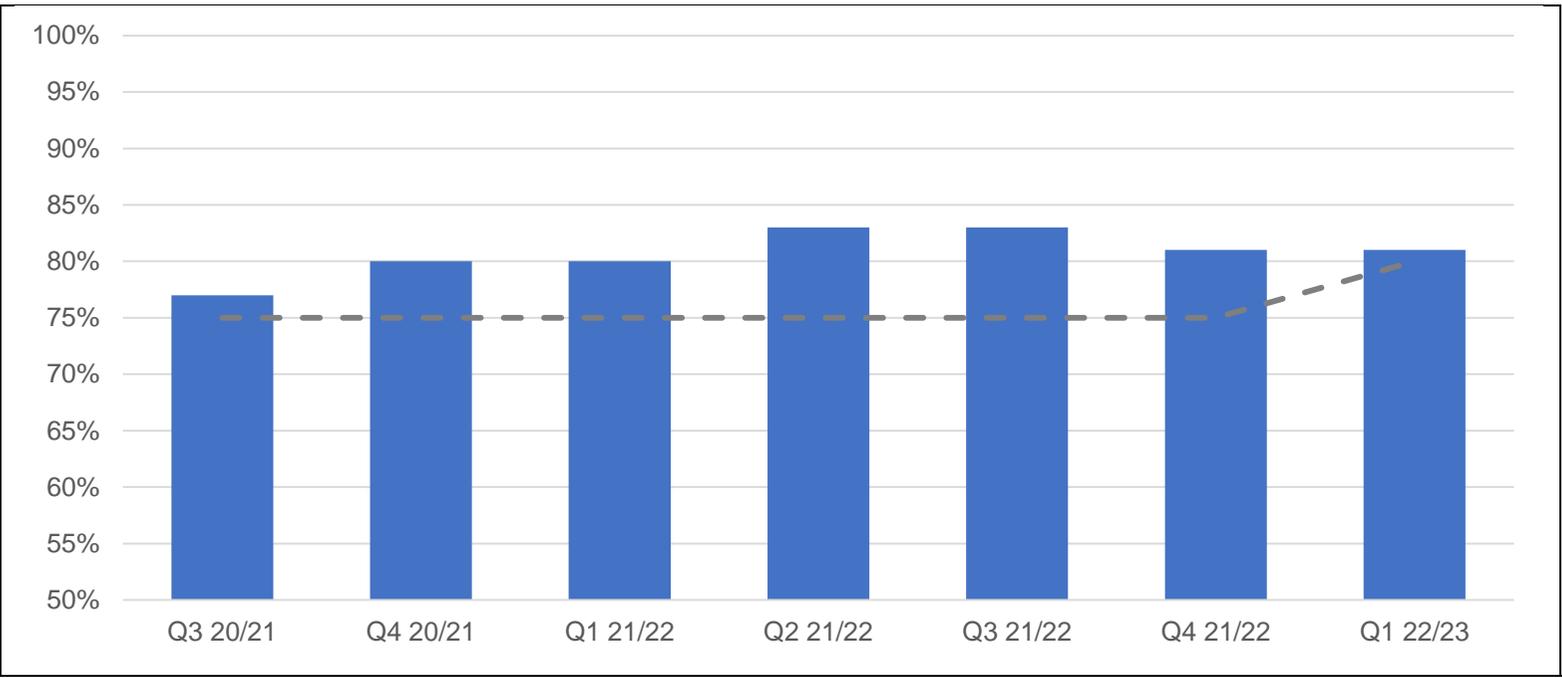
The direction of travel is not significant.

**Better Care Fund Measure**

**Commentary:**

There has been a reduction in the number of new permanent admissions into long term residential and nursing care homes over the last 6 months. However, there has been an increase in the number of people in short term residential and nursing care provision (ASCH15) and it is likely that some of these individuals will convert into long term provision.

**ASCH6: The % of KCC supported people in residential or nursing care where the CQC rating is Good or Outstanding** **GREEN**  
↔



**Technical Notes:**

Target set at 80% (dotted line) with a floor threshold of 75%

The Direction of Travel is not significant.

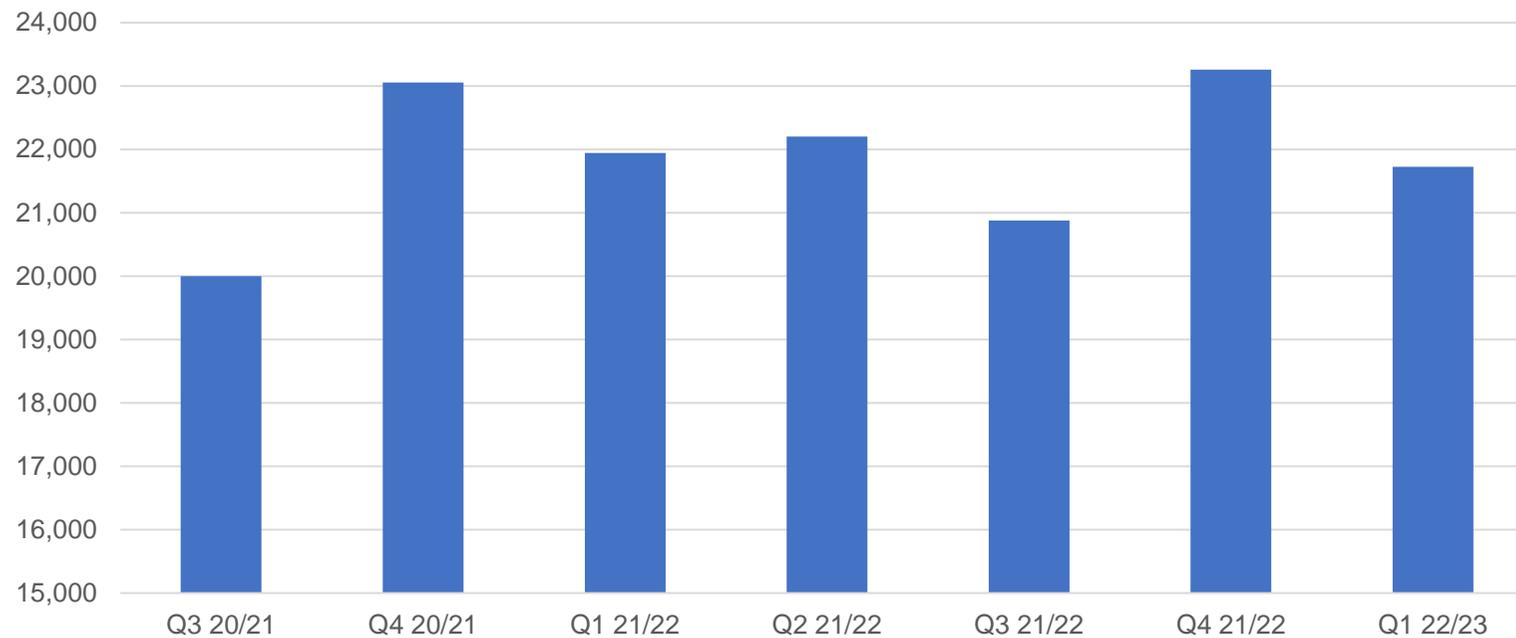
Please note axis does not start at 0

Corporate Risk Register: CRR0015

**Commentary:**

KCC continues to work closely with the CQC and providers to improve the levels of quality in the care home market. Locality Commissioners provide advice and support to ensure that effective action plans are in place that respond to identified concerns and/ or CQC findings and monitor these action plans as required. The data has then been triangulated with intelligence from standard monitoring processes to ensure resource is focused effectively. At present, 15 care homes (9 older person care homes and 6 learning disability, physical disability, and mental health care homes) have contract suspensions in place to prevent further placements whilst improvements are being made.

### ASCH7: The number of people making contact with ASCH



#### Technical Notes:

Activity measure,  
no specified target

Includes all forms  
of contact

Please note axis  
does not start at 0

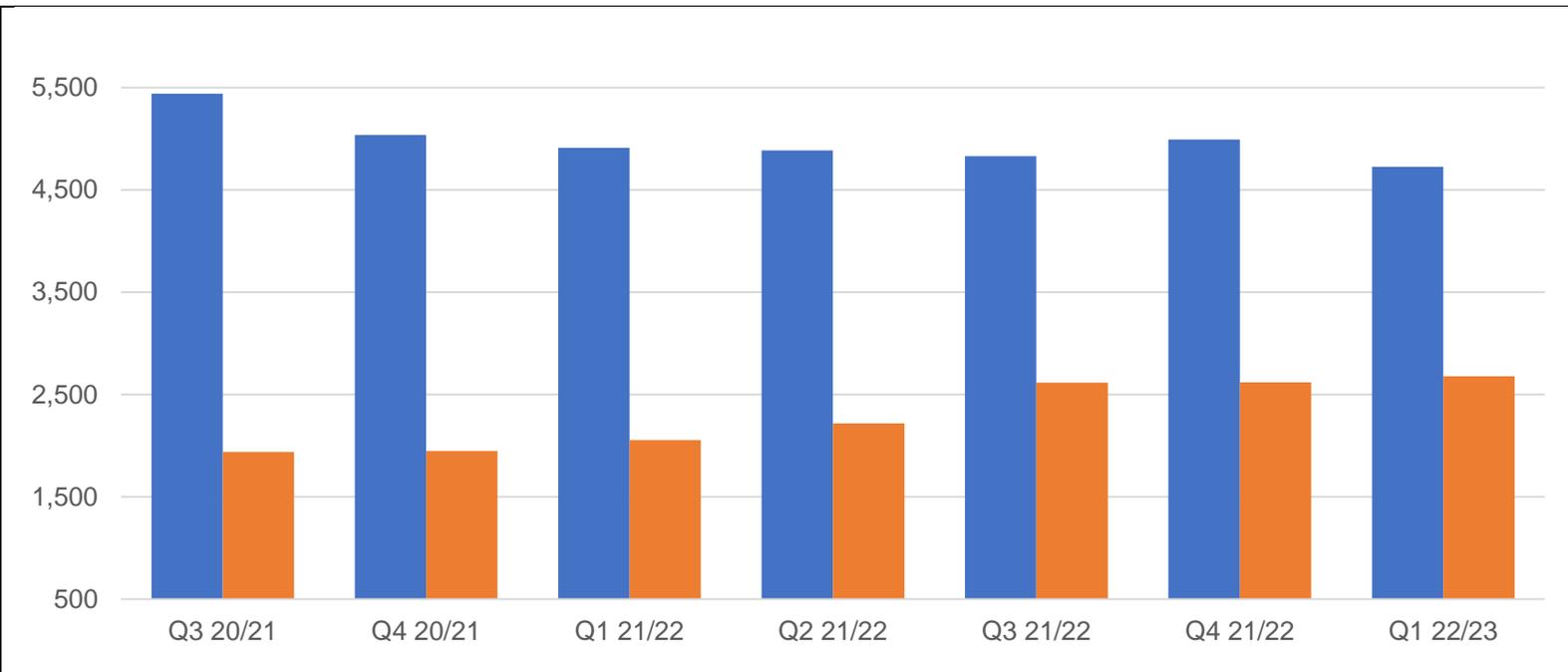
#### Commentary:

The reduction in contacts compared to Q1 21/22 is due to the existence of two extended Bank Holiday weekends (Easter and Queens jubilee) reducing incoming contacts being received by professionals and the public. This is normal activity for Bank Holidays.

During all the Coronavirus lock downs, restrictions and R rate rises within Kent, ASCH received additional contacts from our health colleagues where they were having difficulties in managing capacity to meet needs following hospital discharge. We operated an approach of "mutual aid" and utilised our Kent Enablement at Home services to support as much as possible.

ASCH are modelling the front door to refine our approach and signpost people to the most appropriate support.

### ASCH8: Care Needs Assessments



**Technical Notes:**

Activity measure, no specified target

Please note axis does not start at 0

Blue – New assessments to be undertaken

Orange – Assessment needing to be completed

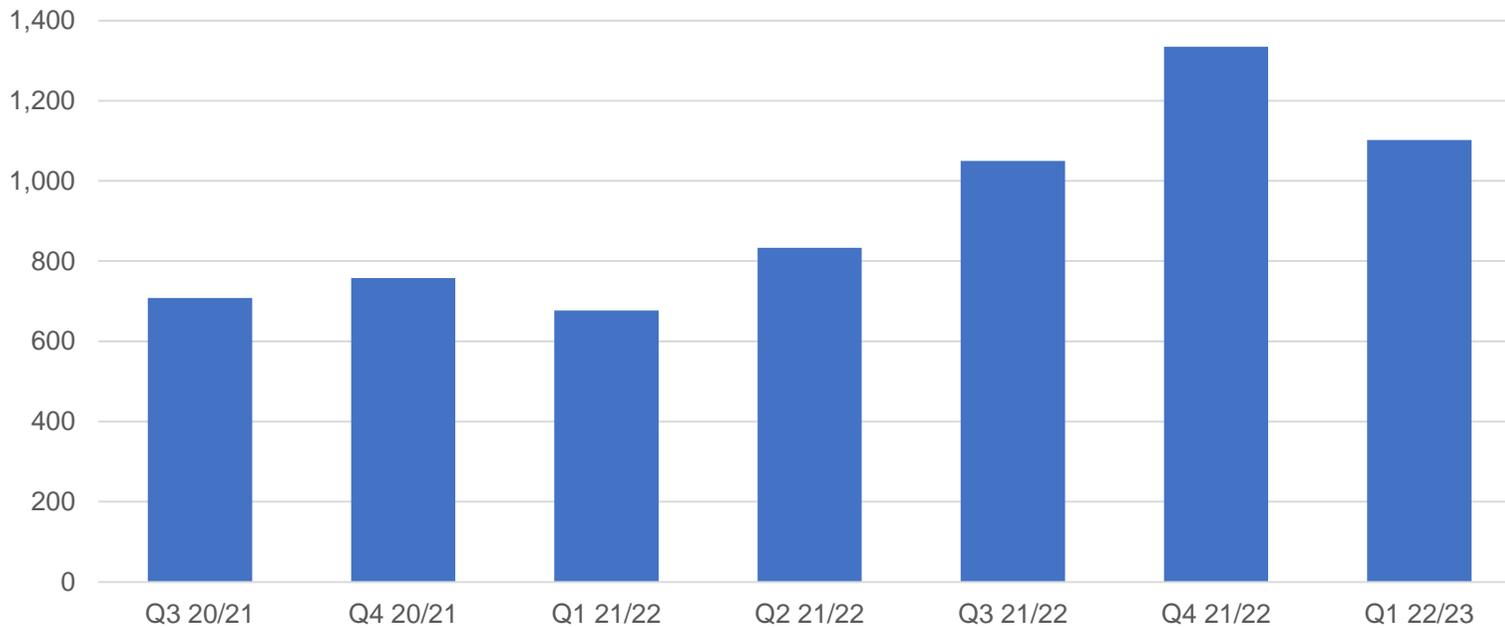
Corporate Risk Register: CRR0002

**Commentary:**

The volume of new Care Needs Assessments to be undertaken has generally been decreasing quarter on quarter. However, there is still a high volume of new Care Needs assessments incoming each quarter, at over 4,500. The number of people requiring an assessment to be completed on the last day of the quarter has been increasing.

Increasing numbers of people without a completed assessment will impact ASCH2 which looks at whether it has taken more than 28 days to complete a Care Needs Assessment. Working on Care Needs Assessments is a priority for ASCH.

**ASCH9: The number of new Carers assessments delivered**



**Technical Notes:**

Activity measure, no specified target

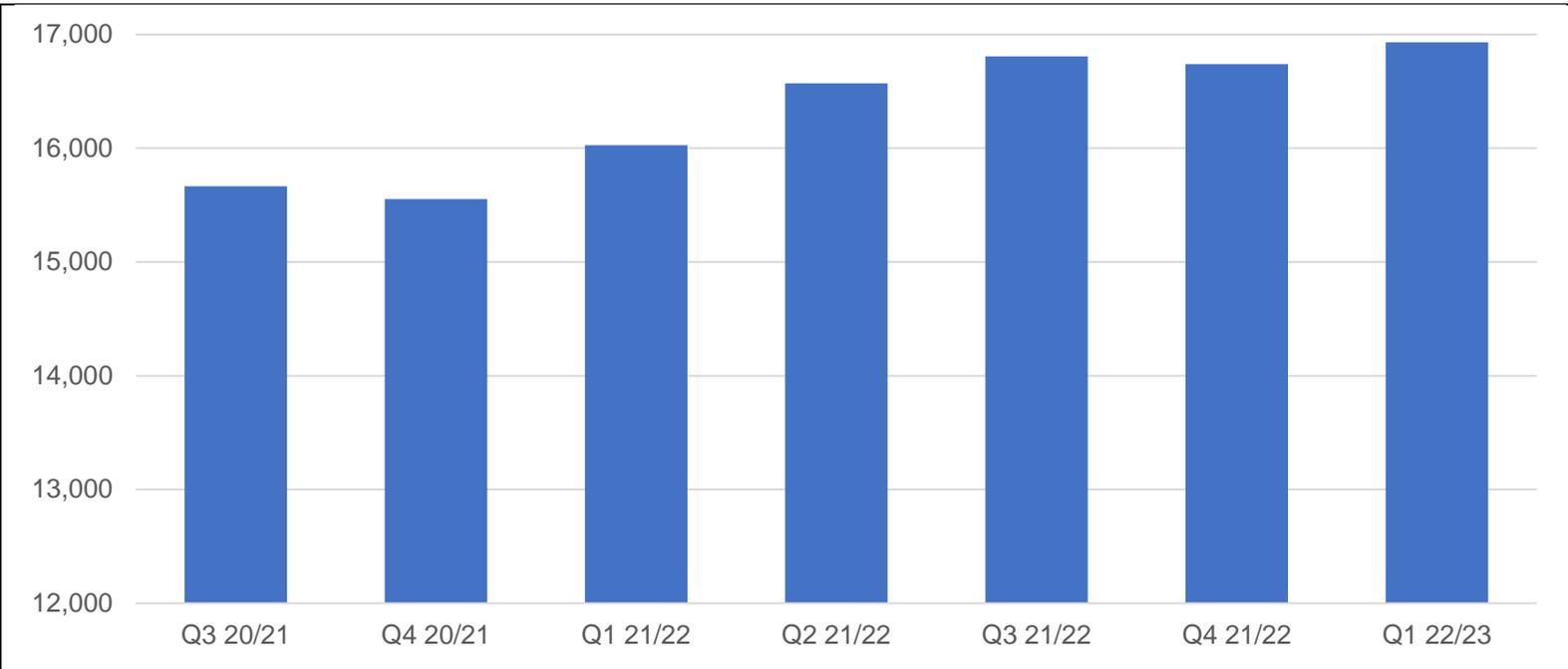
Corporate Risk Register: CRR0015

**Commentary:**

During Covid the pandemic the level of support provided by carers increased and more people recognised their contribution to caring. As people have returned to work, we are seeing a decrease in people taking up the offer of a carer assessment. Staff continue to encourage carer assessments and we are encouraging partner agencies to promote carer assessments which are a delegated authority.

The Carers Strategy has been completed and roadshows were held around the county throughout August. ASCH continue to work with Commissioners to ensure the Carers Organisations can help support Carers in Kent.

**ASCH10: The number of people with an active Care & Support Plan at the end of the Quarter**



**Technical Notes:**

Activity measure, no specified target

Please note axis does not start at 0

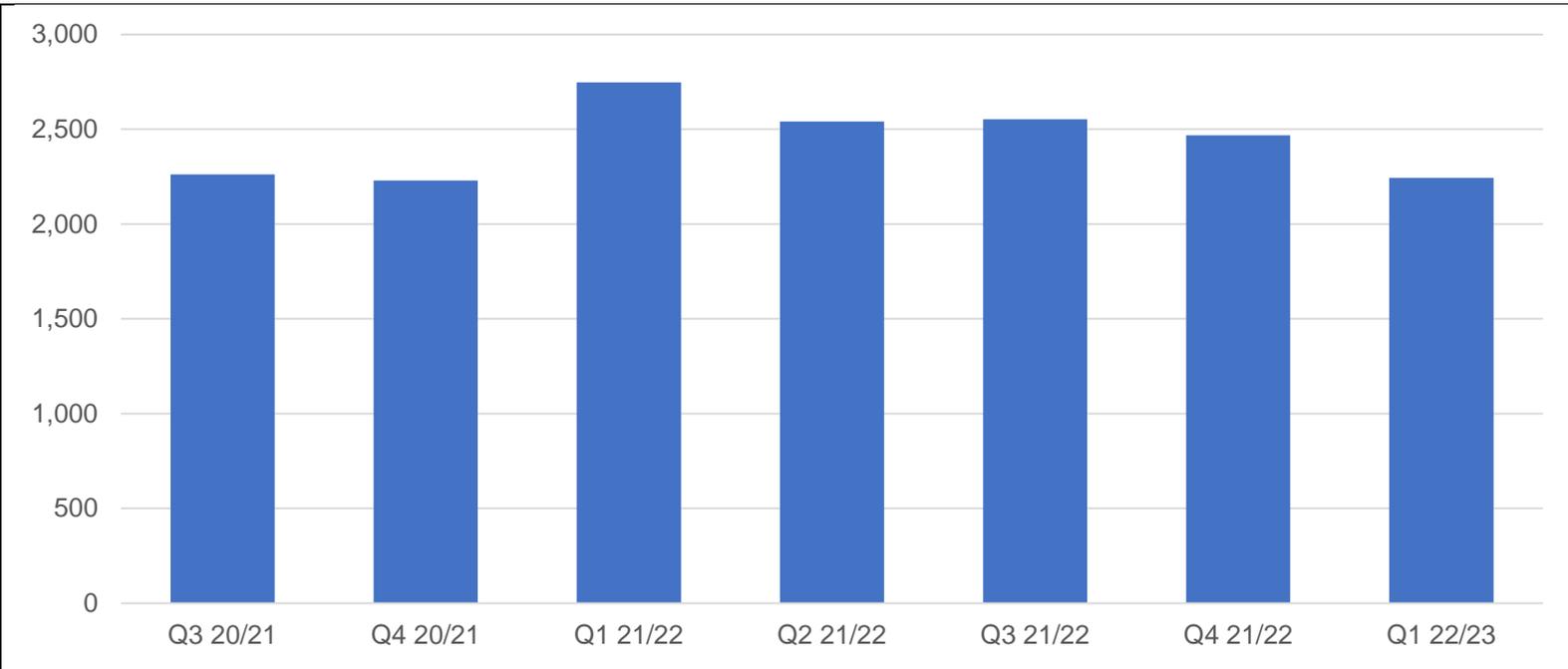
**Commentary:**

Where appropriate, a care and support plan helps describe how a person will be supported and their needs met.

Everyone receiving services with ASCH will have a Care and Support Plan in place and this measure demonstrates the volume of people we are supporting, of which has been increasing since Quarter 4 2020/21.

Care and Support Plans are reviewed in the first 8 weeks and then annually unless there is a reason to do so earlier.

**ASCH11: The number of new support packages being arranged for people in the quarter**



**Technical Notes:**

Activity measure, no specified target

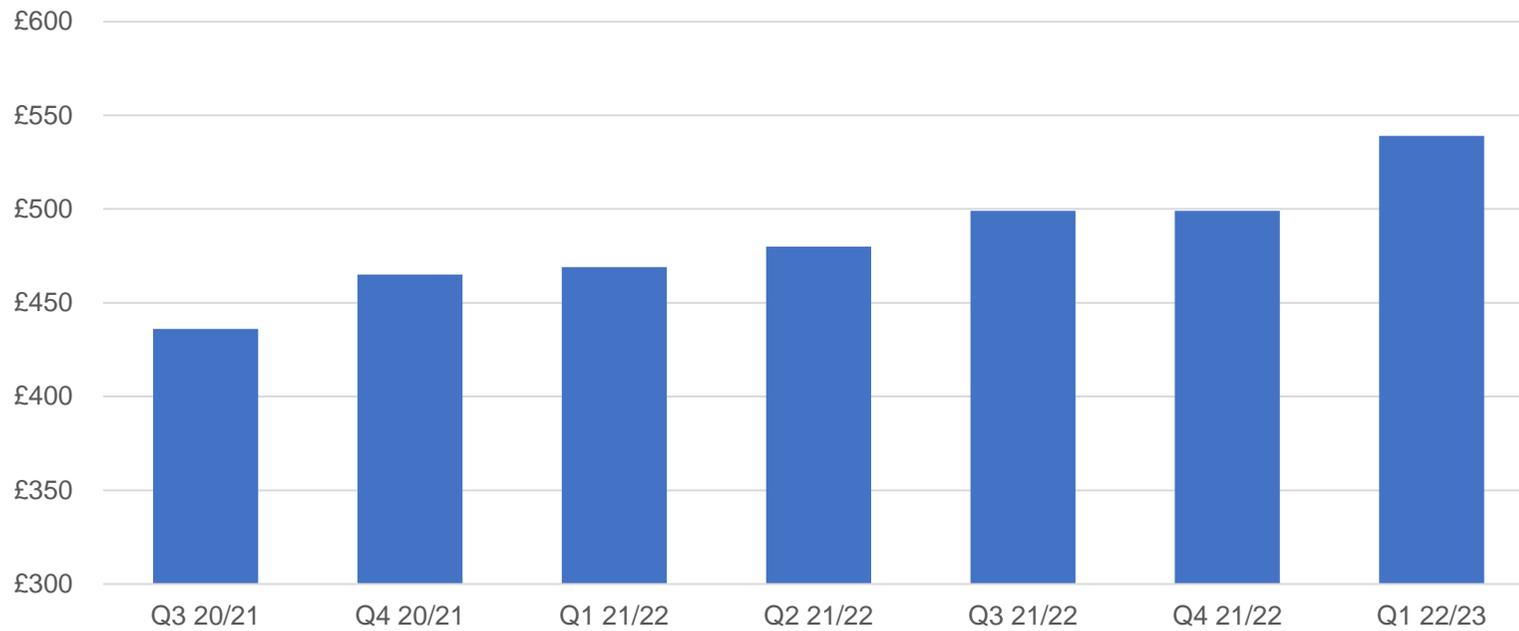
Corporate Risk Register:  
CRR0002 & CRR0015

**Commentary:**

New support packages are arranged for people who are getting their first ASCH Service, have moved from one service to another (e.g., community to residential) or have had a break of service for more than 7 days. The number of new packages has decreased over the last 3 quarters and are fewer than the peak in Q1 2021/22 of over 2,700.

It is important to consider these figures alongside ASCH12 which looks at the average costs of the new packages. Although ASCH have decreasing numbers of packages being arranged, the average costs have stayed at higher level.

### ASCH12: The average cost of new support packages arranged for people in the quarter



#### Technical Notes:

Activity measure,  
no specified target

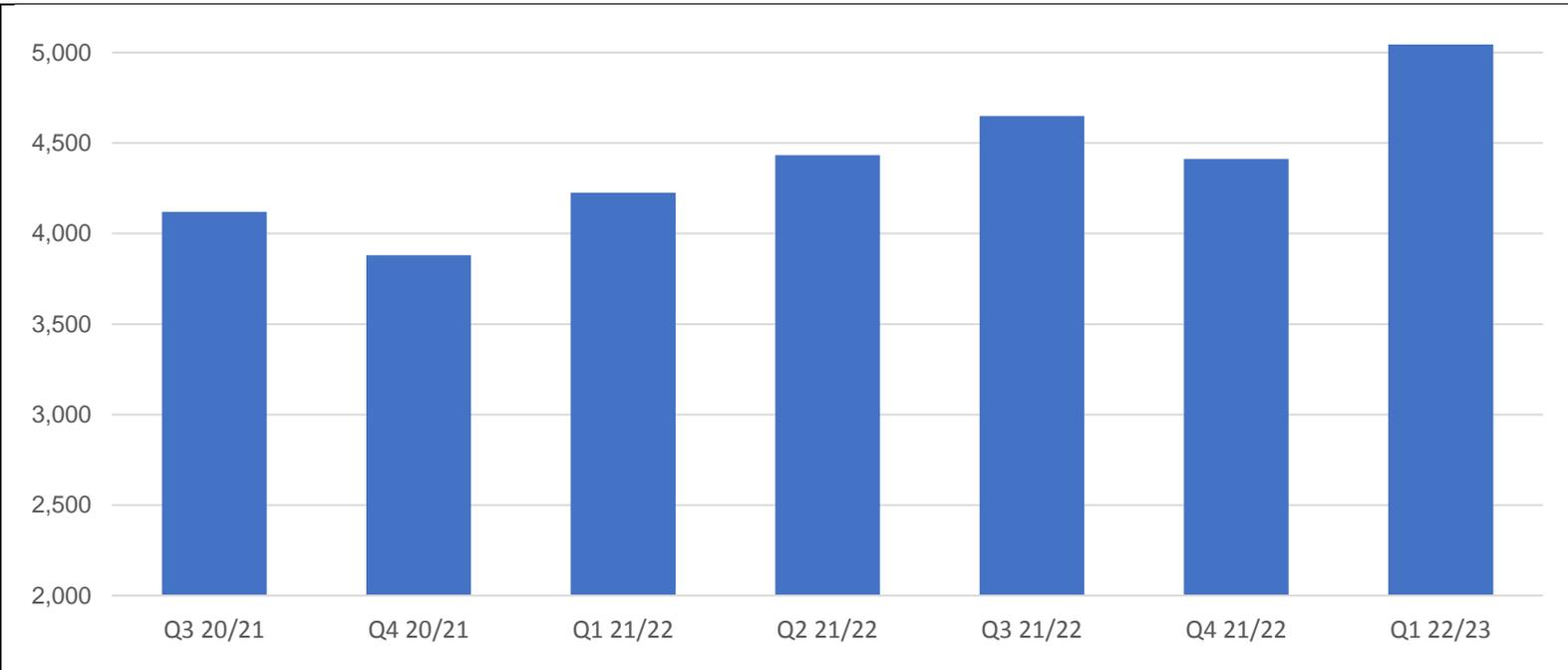
Average weekly  
cost

Please note axis  
does not start at 0

#### Commentary:

Whilst the number of new support packages have decreased the since Quarter 3, the average weekly cost has increased, and in Quarter 1 it was £539. Costs of packages vary greatly and is dependent on the needs of the person and the needed services. Higher cost packages tend to be those with longer term and complex needs who need more services with more care provision, such as Nursing Services.

**ASCH13: The number of people requiring an annual review to be completed on the last day of the quarter**



**Technical Notes:**

Activity measure, no specified target

Please note axis does not start at 0

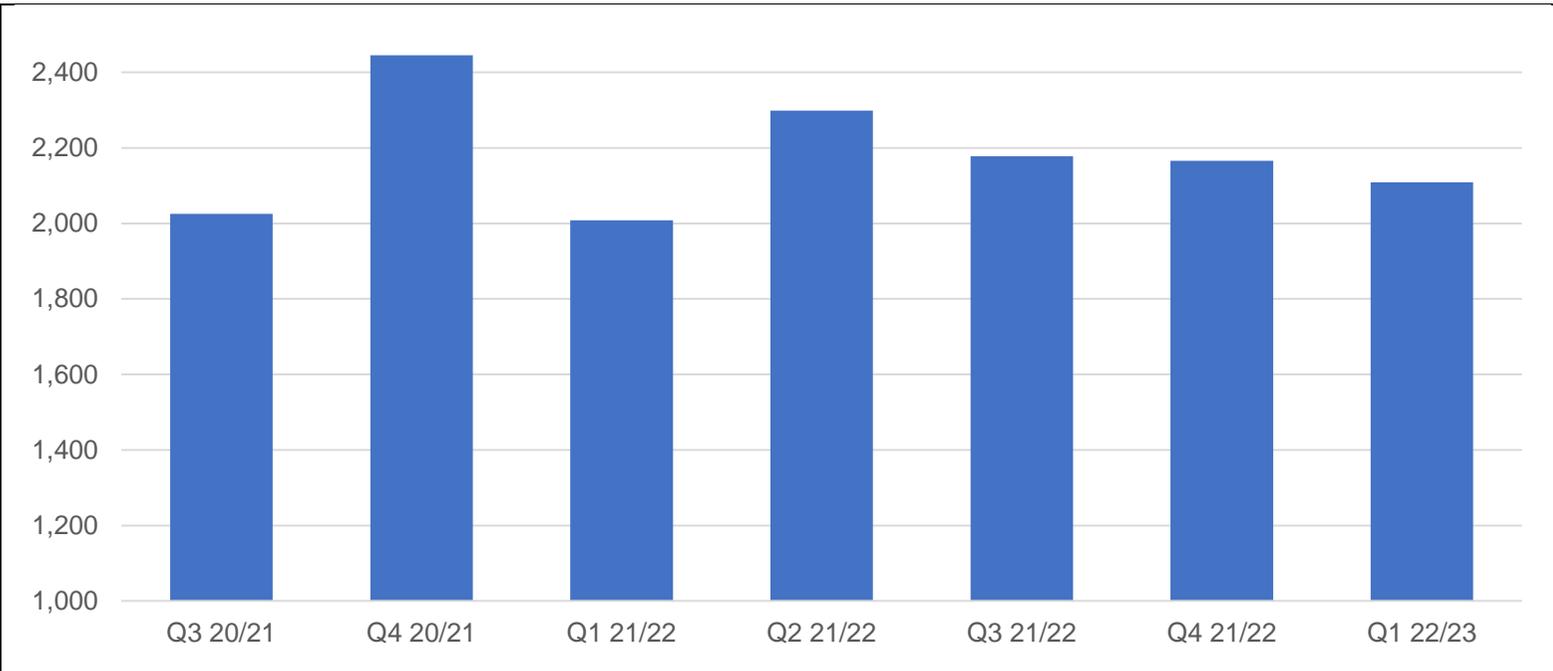
Corporate Risk Register: CRR0002

**Commentary:**

Every person we support with a Care and Support Plan are reviewed firstly at the 8 week point and then annually to ensure their care and support is going well and the person is happy with what is being provided. Reviews can also happen if the persons circumstances change, or their care is not working for them.

The number of annual reviews to be completed as on the last day of each quarter has been steadily increasing, albeit with decreases at each Quarter 4. Completion of annual reviews form a key focus in the ASCH Performance Assurance process, with actions in place to address the increase of those without an annual review.

**ASCH14: The number of people in Kent Enablement at Home**



**Technical Notes:**

Activity measure, no specified target

People receiving services with Kent Enablement at Home (KEaH)

Please note axis does not start at 0

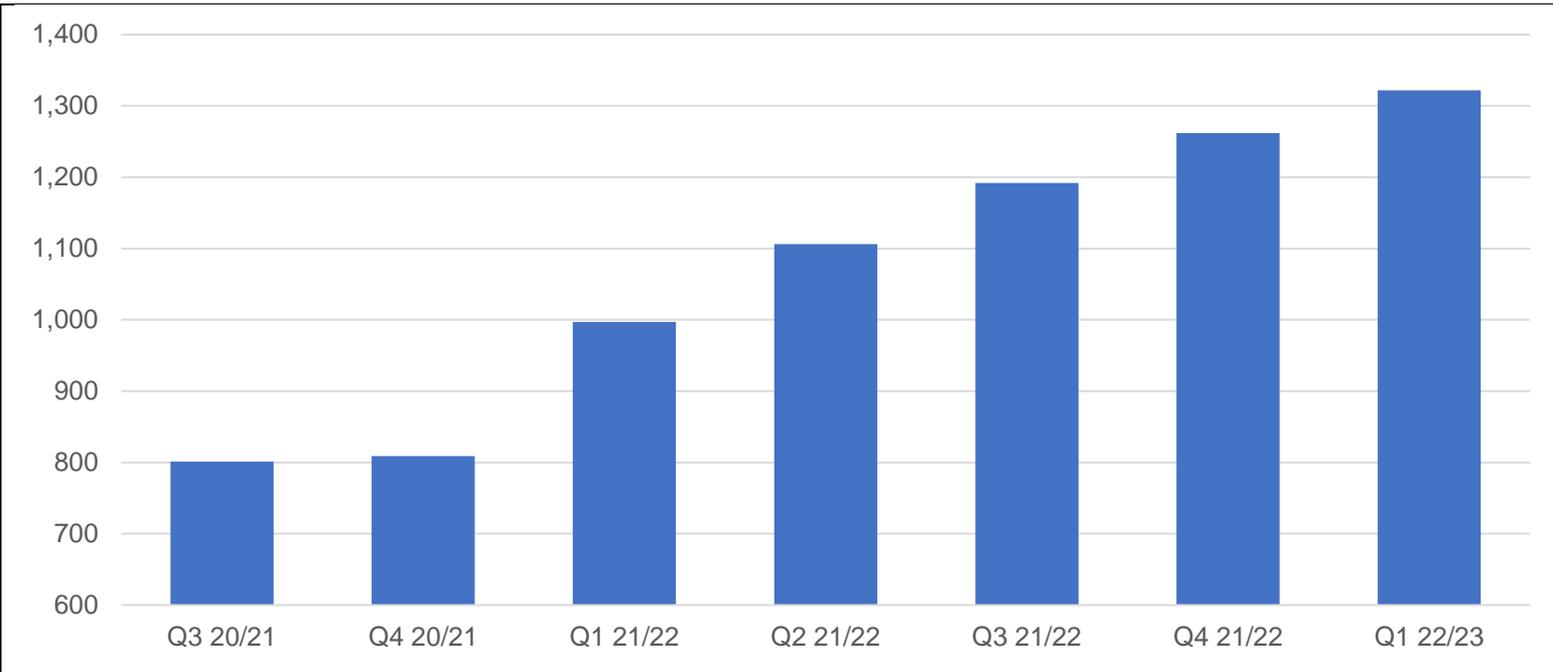
Please note that previously reported quarters have been backdated due to the level of late inputting of data.

**Commentary:**

Although the number of people accessing KEaH has decreased over the last 12 months, the number accessing in this Quarter 1 is higher than the same time last year. Due to the capacity of the care market KEaH has a number of people ready to leave their service but are unable to do so, restricting capacity to take on new people, this is alongside staff capacity pressures. KEaH will be re-running a recruitment campaign to attract new staff.

Activity of KEaH is part of the ASCH Performance Assurance process and actions are taken across all areas of ASCH not just the KEaH Team.

### ASCH15: The number of people in Short Term Beds



#### Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0

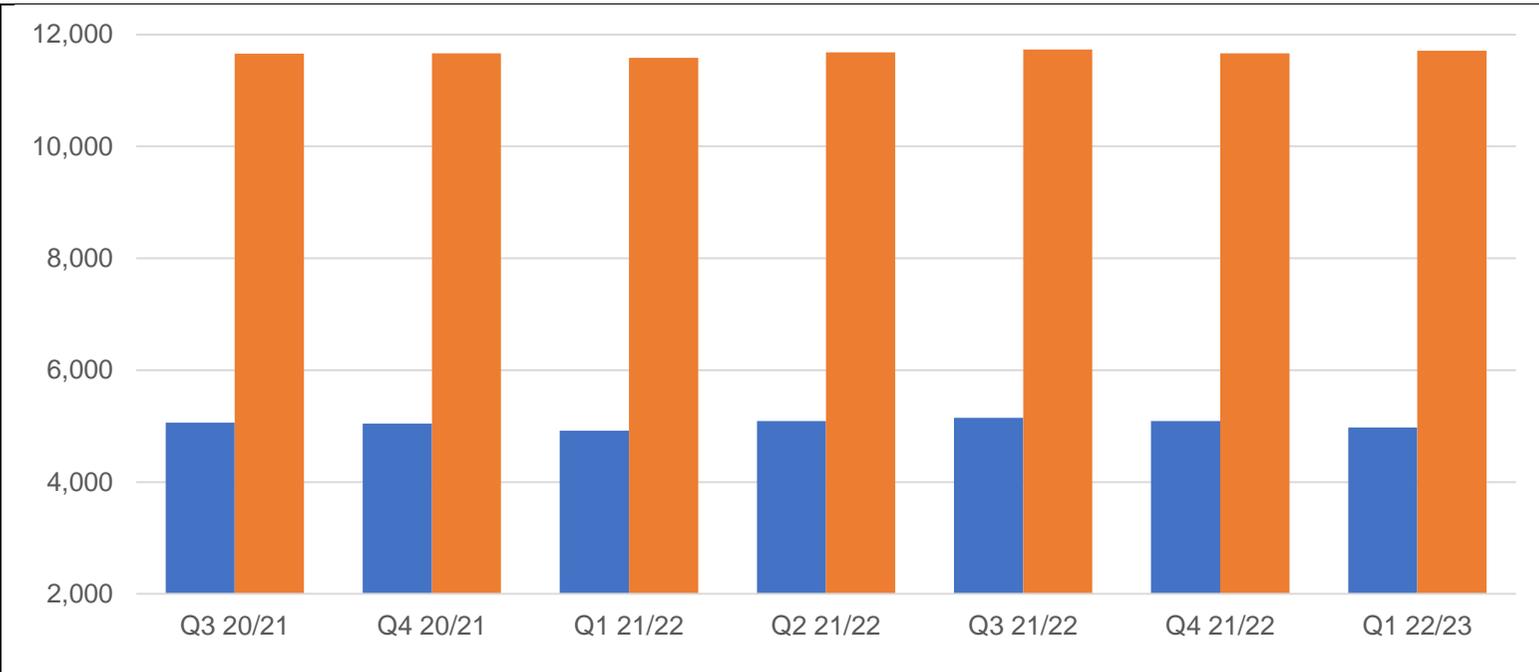
#### Commentary:

The number of people receiving support in a short term residential or nursing bed has been increasing; use of short-term beds changed during the first wave of the Pandemic, partly contributed to by the movement of people out of hospitals and has been increasing since.

Included in these figures are Carers, in Quarter 1 over 400 Carers used this short-term respite service. It is older people who access this support the most with over 800 in Quarter 1.

The use of short term residential or nursing beds is a focus for the Senior Management Team to ensure the use is appropriate and time limited.

**ASCH16: The numbers of people in Long Term Services**



**Technical Notes:**

Activity measure, no specified target

Please note axis does not start at 0

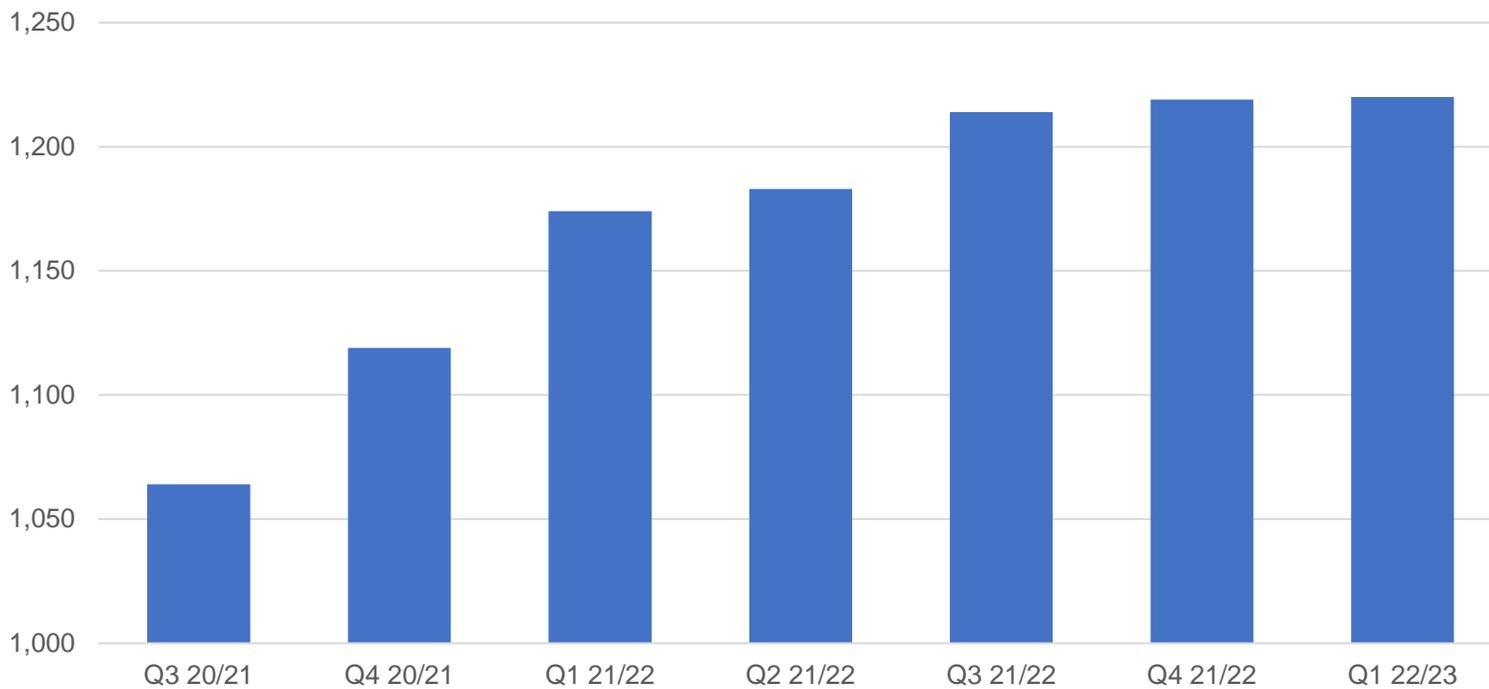
Blue – Residential or Nursing services

Orange – Community Services

**Commentary:** Enabling people to remain independent, at home, for as long as possible is a priority for Kent ASCH.

Performance demonstrates a positive trend with a decrease from Quarter 4 to Quarter 1 in residential/nursing and demonstrates that where appropriate ASCH are diverting people away from care homes in order for people to remain supported within their community. Challenges include an increase in people needing 1:1 support and market pressures around recruitment in the care industry, however ASCH are working with commissioners to shape the market ensuring there is the appropriate specialist care for those people in need of long-term services and building on creative approaches to delivery of care for people who wish to remain at home. The ASCH strategy in Kent is to build on a person’s sense of agency and need to thrive in their own home and communities, where it is possible, appropriate, and safe for them to do so.

**ASCH17: The number of people accessing ASCH Services who have a Mental Health need**



**Technical Notes:**

Activity measure, no specified target

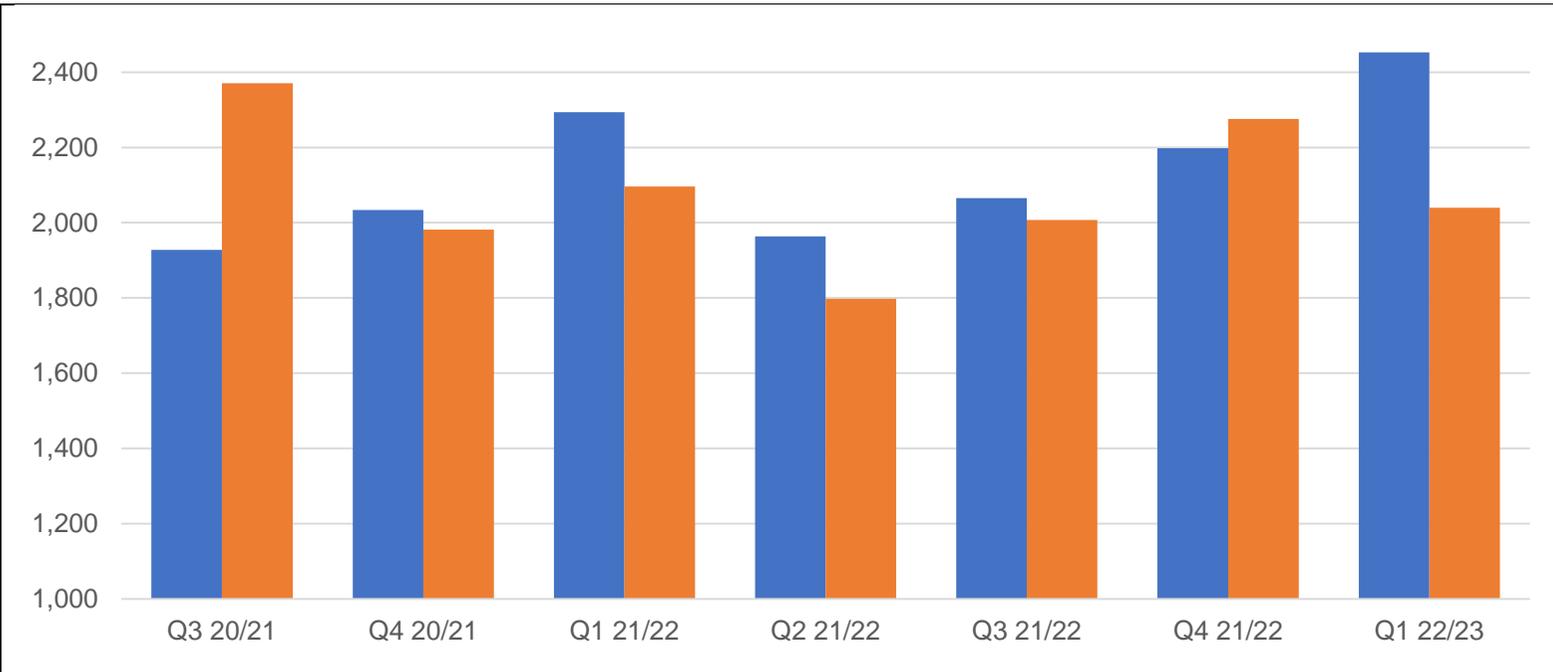
Please note axis does not start at 0

**Commentary:**

Prior to the Pandemic the number of people accessing ASCH services was slowly increasing, then during the pandemic and 2021/22 the numbers rapidly increased. The increase has now slowed and the possible plateauing of numbers is being monitored.

The most prevalent service received is SIS/Supported Living Services, which enables the person we support to stay in the community and retain independence.

**ASCH18: Number of DoLS applications received and completed**



**Technical Notes:**

Activity measure, no specified target

Please note axis does not start at 0

Corporate Risk Register: CRR0002

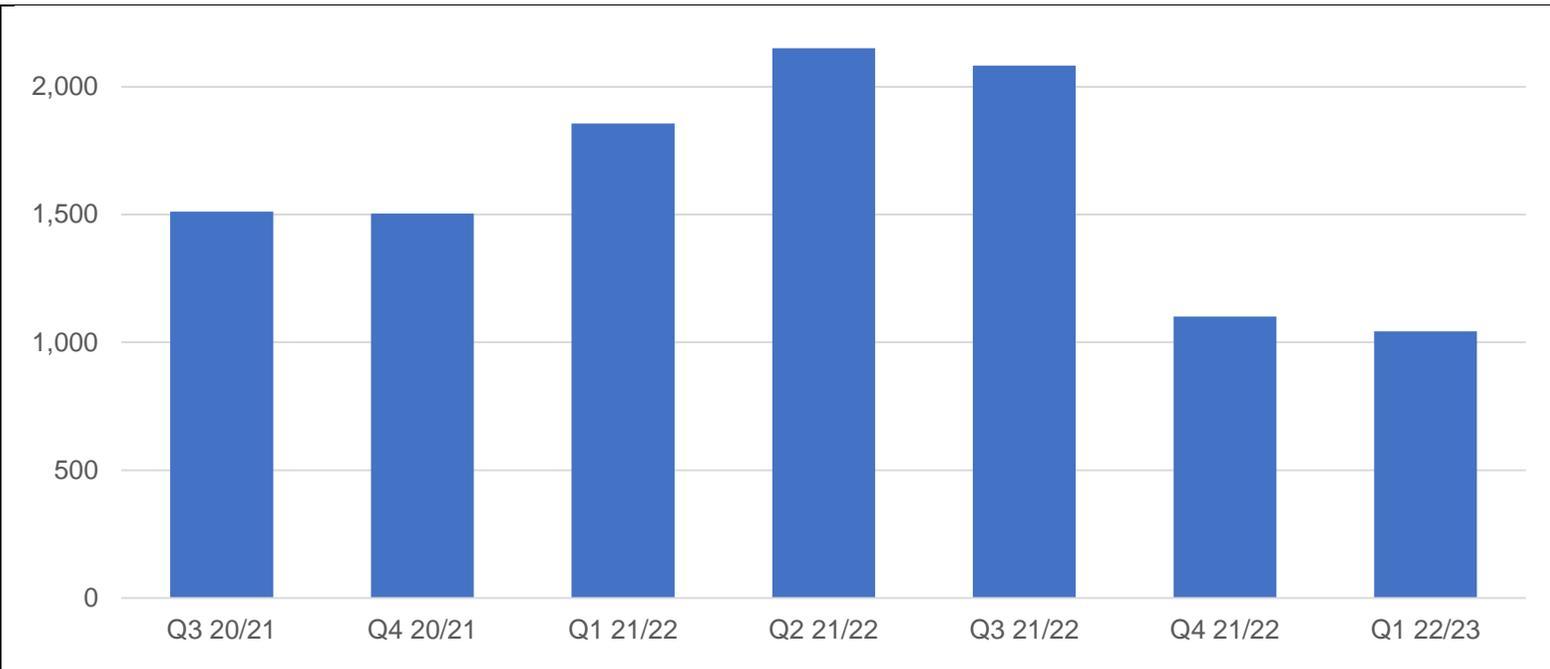
Blue – applications received

Orange – Applications completed

**Commentary:**

There is an overall upward trend in the number of DoLS applications ASCH received, especially when comparing recent quarters to the same period the previous year.

The number of completions vary from quarter to quarter and is influenced by the capacity of the team and the volumes of urgent applications. On average, 42% of applications took under 4 weeks to be signed off, it was 42% in Quarter 1, an increase from 34% the previous quarter.

**ASCH19: The number of safeguarding enquiries open on the last day of the quarter****Technical Notes:**

Activity measure,  
no specified target

**Commentary:**

Having identified increasing level of ongoing activity within safeguarding, a dedicated team was bought in to assist the safeguarding teams on balancing the existing and incoming enquiries; this led to a reduced number of open safeguarding enquiries at the end of Quarter 4 which has sustained in Quarter 1. The dedicated team has now finished their work and the enquiries are being held by the safeguarding teams.

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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 – 28 September 2022

**Subject:** **LOCAL ACCOUNT FOR KENT ADULT SOCIAL CARE (SEPTEMBER 2020 – DECEMBER 2021)**

**Classification:** Unrestricted

**Past Pathway of report:** None

**Future Pathway of report:** None

**Electoral Division:** All

**Summary:** This report provides the Adult Social Care Cabinet Committee with an update on the development of the Local Account for Adult Social Care (September 2020 – December 2021) as well as a summary of engagement and participation activity across the directorate during that timeframe that has helped informed the content of the Local Account. The document is utilised as a tool to provide a short, user-friendly overview of the types of services and support provided and includes contact details and signposting to further information for the public.

**Recommendation:** The Adult Social Care Cabinet Committee is asked to **NOTE** the Local Account document– ‘Here for you, how did we do?’ (September 2020 – December 2021).

## 1. Introduction

- 1.1 Adult Social Care at both a local and national level is currently being delivered against a backdrop of ongoing challenges; including a population that is living longer with associated increasing complex care needs, people wanting better quality and choice, financial constraints and the impact of the COVID-19 pandemic on health and social care. This has highlighted the importance of councils working collaboratively and innovatively to improve performance and outcomes for people and to deliver joint services with the NHS and other partners.
- 1.2 The Local Account, ‘**Here for you, how did we do? September 2020 – December 2021**’, contains highlights from the reporting period and outlines the challenges experienced in Adult Social Care in the delivery of its services and support. This year’s edition includes updates on the response to the COVID-19 pandemic, the hard work of our workforce, partners and communities, the co-production of key strategies for people in Kent, achievements in the application

of technology to help people stay connected when they may be isolated and an update on social care performance.

- 1.3 It is an important way in which people can challenge and hold us to account. This is the tenth year that it has been developed, with contribution from people who use our service and their carers.

## **2. Development of the Local Account**

- 2.1 An ongoing challenge for all councils is to ensure that the people who draw on care and support continue to be at the centre of the services they interact with. An essential element of this is to actively engage with the people we support, their carers, our partners in health, our wider social care market of voluntary and private sector providers and borough and district councils.
- 2.2 We know that quality care matters to people and there is a strong link between effective engagement/involvement and 'Think Local, Act Personal (TLAP), the 'Making it Real' agenda and sector-led improvement focused on enabling people to have more choice and control to live full and independent lives and achieve outcomes that are important to them.
- 2.3 We also need to ensure that we continue to deliver effective and sustainable adult social care services which meet our statutory requirements under the Care Act, enable people to live a full life in line with our recently updated strategies for adult social care (['Making a difference every day 2022 - 2027'](#) and ['Kent Adult Carers' Strategy 2022 – 2027](#)) and Kent County Council's Strategic Statement – ['Framing Kent's Future – 2022 - 2026'](#).
- 2.4 Based on previous feedback, the Adult Social Care and Health Directorate has understood that by listening to people that access social care and hearing what is important to them, the services offered now, and in the future, can provide more person-centred and joined-up support for individuals, families and local communities. From the Local Account reporting period of September 2020 onwards, the directorate has invested significant time in gathering people's views using a variety of methods over the past two years, and the Local Account continues to be another opportunity to raise awareness of social care across the county, and to encourage conversation and feedback each year.

## **3. Engagement activity to inform the Local Account**

- 3.1 There are several engagement forums, boards, and partnerships already in place across the Adult Social Care and Health Directorate and work has been undertaken to gain insights from these groups to inform the Local Account.
- 3.2 Last year's document was subject to a completely refreshed format which was developed in partnership with people with lived experience, Members and other stakeholders and this will be continued in the coming years. Feedback on the document is sought each year upon publication of the standard version once it is updated on the Kent County Council (KCC) website. It is sent to stakeholders annually along with a letter asking for any comments and views. This was also the case with last year's easy read version, which was published on the council website and the Kent Learning Disability Partnership website together with an easy read cover letter and tailored commentary to encourage additional

feedback. Last year's Local Account was distributed widely and sent to Kent libraries, gateways, clinical commissioning groups, parish councils, to faith organisations, local clubs and societies and patient participation groups to increase awareness and seek feedback, particularly across the health sector and in local communities.

- 3.3 Presentations on public involvement and the Local Account have been delivered to the Adult Social Care and Health People's Panel and at the Learning Disability Partnership Board and the previous edition has been shared with Healthwatch Kent.
- 3.4 An adult social care engagement database containing around 2,500 active community stakeholders has continued to be grown along with our public engagement panel - the 'Your Voice Network' that consists of over 100 Kent residents who have expressed a particular interest in adult social care. All contacts within the databases have received a copy of the previous version of the Local Account in the most appropriate format – digital version, easy read, standard edition or plain text requesting people's feedback. The database will be utilised again for the current version.
- 3.5 Where possible (and if appropriate), the Local Account has been distributed electronically each year to increase reach and minimise waste but with the addition of printed copies as deemed practical and appropriate.
- 3.6 The database, which is General Data Protection Regulation (GDPR) compliant, has been used to provide suggested adult social care engagement contacts to help gather insights to inform service developments, to encourage engagement with adult social care/wider surveys and to support consultations.
- 3.7 Over the past year, this growing group of contacts (made up of people with lived experience of social care, people who are unpaid carers or those who have a special interest in social care) have had the opportunity to be involved in several projects to help shape social care in Kent. This included a programme of co-production to develop the 'Making a Difference Every Day - Adult Social Care Strategy 2022 – 2027' and initiating a research study to inform the development of the 'Kent Adult Carers' Strategy 2022 – 2027'.
- 3.8 In addition to this, there has been a great deal of activity taking place to enable the person's voice to influence key plans, projects and processes at the early stages of their development. This has been achieved by setting up specific involvement groups, carrying out dedicated co-production workshops and having representatives with lived experience at meetings, events and forums to share their views and contribute ideas. People who draw on care and support have participated regularly in 'Stakeholder Interview Panels' to give their views on the potential candidates being recruited as new staff in the directorate, to ensure that the person's voice is firmly embedded in key processes. Ongoing communications to adult social care staff promoting the importance of feedback from people with lived experience in the work of the directorate have been developed, including features in newsletters and regular web-based updates.
- 3.9 Further examples of hearing and embedding the person's voice, include public participation in technology and digitally focused projects, procurement panels

for new adult social care contracts such as the People's Voice Contract, the review and refresh of the Learning Disability Partnership Board by its own members (facilitated by Learning Disability England and KCC as partners) and ongoing reviews of key documentation including care assessment forms and templates.

- 3.10 Through the establishment of new involvement groups and peer support groups such as the Direct Payment Involvement and Support Group and ongoing facilitation of existing forums such as the People's Panel, Learning Disability Partnership Board and Your Voice Network – as well as the reintroduction of face-to-face engagement opportunities at community locations, links with social care and the public are being increased. There is a continued and increased commitment to putting the person at the heart of decision making and promoting this Local Account as far and wide as possible.

#### **4. Future Publication, Distribution and Feedback**

- 4.2 The final document will be ready for publication in October 2022 and will be distributed as widely as possible to give everyone the chance to read it, challenge our approach, ask questions and feedback their views.
- 4.2 All contacts within the Adult Social Care engagement database (2,500+) will receive a copy in the most appropriate format – digital version, easy read, standard edition, or plain text, requesting their feedback. Where possible, the Local Account will be distributed electronically, but consideration will be taken where individuals or groups of people are likely to have accessibility needs or limited online access.
- 4.3 A limited run of hard copies will be mailed to and displayed at publicly accessible locations, i.e. libraries, gateways and KCC social care offices. Copies will also be distributed face to face by the Stakeholder Engagement Team and other colleagues when undertaking any in-person events and engagement activities.
- 4.4 Although the restrictions of the pandemic have now been lifted, there will continue to be a renewed focus on innovatively addressing the challenges of reaching more people digitally as well connecting with more diverse groups. Other routes will be used to promote and raise awareness of the Local Account which will incorporate an update to the interactive web content already available on the KCC website, use of social media (Twitter, Facebook) and promotion across linked engagement networks.
- 4.5 An easy read version of the Local Account will be developed and posted on the Kent Learning Disability Partnership website together with an easy read cover letter and tailored commentary to encourage feedback. Other accessible versions including a British Sign Language version and text-only version will be created.
- 4.6 There are existing feedback mechanisms in place, including through the KCC website (kent.gov.uk), Twitter, email, post and phone. Feedback from these as well as virtual engagement at forums and other events will continue to be used in the development of the next document. We will also be encouraging people

to register for the 'Your Voice Network' through the digital form on the council website.

- 4.7 People who are accessing adult social care services, carers, the voluntary sector, providers, Members, Healthwatch Kent and staff will continue to be encouraged to play a part in the evaluation and ongoing development of the Local Account.

## 5. Recommendation

5.1. Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the Local Account document– 'Here for you, how did we do?' (September 2020 – December 2021).

## 6. Background Documents

None

## 7. Report Author

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# Here for you, how did we do?

Local Account for Kent Adult Social Care



Making a difference every day

September 2020 to December 2021, highlighting the achievements, improvements and challenges of KCC adult social care in Kent



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# Introduction

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



Welcome to the local account for Kent Adult Social Care and Health, 'Here for you, how did we do'. It describes the achievements, improvements and challenges in adult social care in Kent from September 2020 to December 2021.

In our tenth edition, we're looking back on an exciting and challenging year for us all with a focus on how we've redesigned our way of thinking and shaped the future of adult social care together with people we support, carers, families, partners and our colleagues.

Our person centred approach gave us lots to reflect on and think about including successes to celebrate and areas we're working on improving together. It is also a time to reflect on our response to COVID-19 by our staff and the people we support.

This year, we're highlighting the hard work of our teams and the resilience of our partners and communities, renewing our commitment to celebrating diversity and equality in adult social care. It is an exciting time for us, as we have co-produced our **Adult Social Care Strategy** with the public and we have continued to drive our **Making a difference every day** priorities forwards, supporting people to live as full and safe a life as possible and make informed choices in a place they call home.

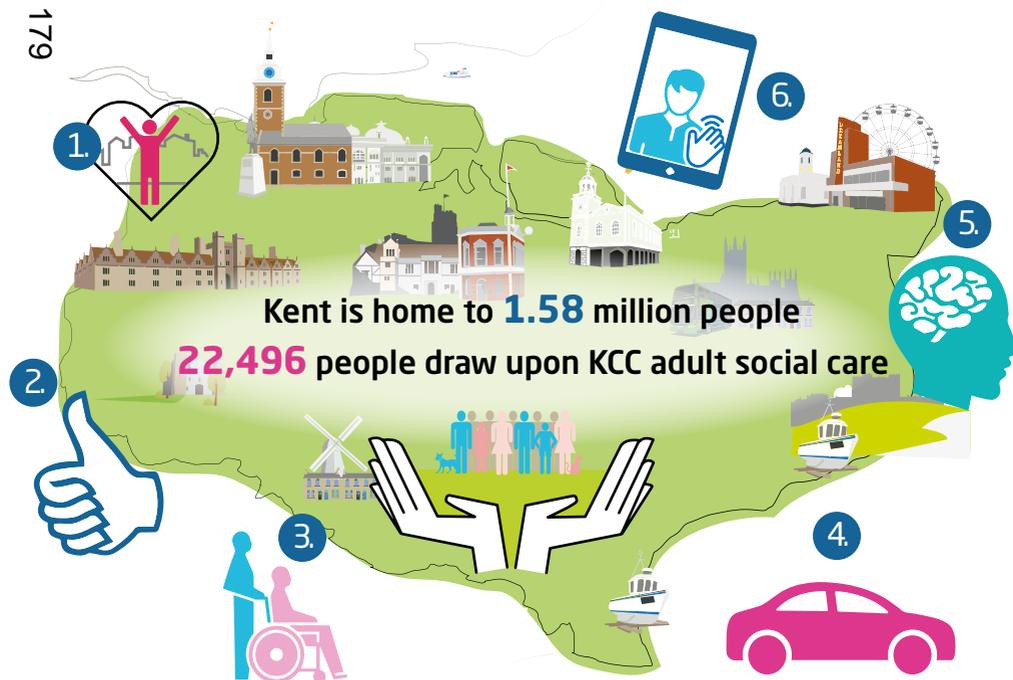
Social care and health have never been more prominent in our daily lives. Our dedicated workforce has pulled together with our partner organisations, providers and communities to respond to some of the most challenging times in recent history.

# Kent and its people

We value and celebrate diversity and believe it is essential to provide services which work well for all of us making Kent a great county in which to live and work. We will challenge discrimination and actively promote respect, understanding and dignity for everyone living in, working in and visiting Kent.

Equality is one of the key values underpinning the work we do - adopting a person-centred approach tailored to each individual so they can achieve the things that matter most to them. This means celebrating differences, treating each person with dignity and helping them to be safe and socially included, supporting their own sense of identity.

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## Key Facts

During the COVID-19 pandemic we were finding new ways of working to support people. Below are some key figures from this period.

We carefully monitored any changes in the experiences of people accessing community, residential and nursing services and worked hard to maintain the support given to the people who needed it most. We're committed to continually improving and you can view our regular performance reports online at [kent.gov.uk](http://kent.gov.uk).



**10,055** people received **enablement services** and **62%** no longer needed support after the service.



**24%** of people arrange their own support with a direct payment, consistent with national figures.



**33%** increase in people who identified themselves as carers drawing support from adult social care.



**36,000** Blue Badge parking permits were issued, keeping people mobile and independent.



**20%** increase in people supported by KCC Adult Social Care with mental health needs.



Over **6,500** people drawing on **Technology Enabled Care Services** each month.

# What we do

Kent County Council (KCC) has a responsibility to support people with specific needs to live independent and fulfilled lives safely in their local community. We do this by providing information, advice and guidance as well as support and services.

We offer support to the following groups of people who are over 18:

- People with physical disabilities
- People with sensory disabilities
- People with learning disabilities
- Older people
- People experiencing mental ill health
- People with autistic spectrum conditions
- People who provide care and support to friends or family
- People supported by Children's Social Services who are approaching 18 years old and may require adult social care support.

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## Making contact

You might want to talk to adult social care for the following reasons:

- You are finding everyday activities difficult to manage due to age, disability or ill health
- You are in hospital and have been assessed as needing adult social care to support your recovery at home
- You are moving on from children's social care and your social care contact is arranging your support
- Your doctor has referred you.

Once you have been referred or contacted us yourself, and you agree, we can complete a **needs assessment**. Once the assessment is completed we will work out if you are eligible for support from us. We do this by using guidelines and rules set by the government.



Find out more at: [kent.gov.uk/careandsupport](https://kent.gov.uk/careandsupport)

# How we do it

The example stories below aim to illustrate common journeys in social care and how people can be enabled to live a life focused on what's important to them.

## Abdul, staying healthy and connected



- Community services
- Occupational therapy
- Enablement
- Blue Badge

I'm an information technology professional and an active member of the community. I volunteered with **Kent Together** to contact people who are feeling isolated during the pandemic and link them up with charities who could help. I'd like to keep doing this if I can.

I have regular hospital visits to monitor my health as I have a physical disability as a result of a serious accident, that means I need regular checks.

My consultant referred me to social care so that I can choose the best support for me to stay in my own home, as I need help with preparing meals and shopping.

I pay for my own care and I have been visited by the **KEaH** service who helped me to adapt my home with the support of the occupational therapy team. Now I can regain some freedom and get back to the things I love.

## Bill, getting out and getting on



- Sensory services
- Carers support
- Community support
- Kara carephone.

I was happily married for 40 years to my wife Valerie and we loved visiting historic places together and socialising with our friends. I have a hidden disability – my sight and hearing has been affected, so Val was also my carer.

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I lost her a year ago and it's been lonely and isolating for me as I miss her so much, and I can't go out without support to take my mind off things. I visited my GP and he referred me to the KCC adult social care team.

They listened to what I wanted to achieve and talked me through what support I could have, and now the Sensory Services Team are in touch with me.

They follow up with me regularly and were at the end of the phone during the COVID-19 lockdown in case I needed support to access any essential shopping or help to get to my medical appointments.

I've just been given a Kara tablet that helps me to stay connected and get in touch with my GP if I need to.



Find out more at: [kent.gov.uk/careandsupport](https://kent.gov.uk/careandsupport)

## Lizzie, moving on and moving up



- Transition support
- Supported accommodation
- Kent Enablement and Recovery Service
- Direct payments.

I love my life, my independence and I especially enjoy music and the arts. I'm 25, so have just moved from a young person's foster care placement to a shared house with other adults my own age.

I trust them, but I'm not completely settled and I've just started a new college course. Because of my learning disability, I can feel anxious about talking to new people on my course and to my new tutors.

My social workers put me in touch with the **Kent Enablement and Recovery Service** who are helping me to build my confidence in new situations, and I've joined a young people's support group in my community to meet people and expand my horizons.

I have asked to be set up with direct payments, so that I can choose the best option for me – this includes getting help through online support groups.



Find out more at: [kent.gov.uk/careandsupport](https://kent.gov.uk/careandsupport)



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Our Kent Enablement at Home service provide short term support to help people regain independence after hospital discharge or illness.

**65%** of people need no ongoing support after the service.

## How did we do?

Despite the many challenges faced throughout 2021, in the delivery of adult social care, there has been much to celebrate.

As of 8 December 2021, the Directorate had received **168,168** contacts from **53,176** people and delivered:

- **67,847** Care Needs Assessments for 39,178 people
- **17,935** Reviews for 12,756 people
- **7,130** managed safeguarding enquiries.

Kent Adult Social Care is also currently exceeding the targets for several of its Key Performance Indicators:

- Proportion of people who have received short term services for which the outcome was either support at a lower level or no ongoing support – target: **65%**, current: **67%**
- Proportion of adults with a learning disability who live in their own home or with their family – target: **77%**, current: **82%**
- Proportion of KCC clients in residential or nursing care where the CQC rating is good or outstanding – target: **75%**, current: **83%**
- Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services – target: **82%**, current: **89%**.

Encouragingly, we have the largest group of **Social Work Apprentices** in the country, who have entered their second year of study and will be crucial to the realisation of our long-term strategic ambitions. Our focus on achieving excellent social work practice has been underpinned by learning from our Build and Test



### Workforce Race Equality Standard

To support equality, diversity and inclusion, the directorate has participated in the Workforce Race Equality Standard, a national pilot to focus on the creation of a representative and supported workforce. The standard includes better health outcomes for all and improved access and experience for participating workforces.





## Deprivation of Liberty Safeguards

These are a set of checks that are part of the Mental Capacity Act 2005, which applies in England and Wales.

The procedure protects a person receiving care whose liberty has been limited by checking that this is appropriate and is in their best interests.

Practice Model and the implementation of Practice Postcards training modules, which support ongoing learning and best practice by sharing experiences of social care through the real words of people we support.

In the **Deprivation of Liberty Safeguards** service, significant improvements have been achieved through the application of technology, driving change through performance data and deploying resources in a more innovative way. As a result, the service has successfully managed an increase in the number of applications received on a year-on-year basis and compared to statistical local authority neighbours. Kent now has one of the lowest values of months to complete outstanding cases.

In our **Occupational Therapy service**, the Principal Occupational Therapist has worked with Lead Occupational Therapists across health and social care in Kent and the Allied Health Professions Council for South-East England to develop an Occupational Therapy degree apprentice programme.

The programme is creating professional training opportunities for existing staff and developing the workforce for the future; there are now eight apprentice Occupational Therapists training at Christchurch and Brighton. Partnerships with providers of equipment and assistive telecare have also ensured that the Occupational Therapy service has maintained service delivery throughout the pandemic and has delivered 4000 pieces of equipment each week to Kent residents.



In the **Approved Mental Health Professionals (AMHP)** service, eight new AMHPs have successfully completed their training and been approved; the service is now fully recruited. The **Breathing Space** debt respite scheme has been successfully implemented and has been nationally recognised as a model of good practice which Kent has been asked to share. Additionally, the Quality and Standards team have responded to a Local Government and Social Care Ombudsman review to deliver 225 audits and reviews since August 2021. This work has also identified potential savings which will be further explored in 2022.

In **Strategic Commissioning**, Kent County Council (KCC) was nominated as a finalist for an award for its work on commissioning designated beds. KCC was one of the few authorities able to secure designated beds across the county during the pandemic, which ensured that people who were COVID-19 positive could be discharged from hospital to a designated bed for their isolation period. This reduced the risk of transmission and outbreaks in care homes and supported timely discharge from hospital when bed capacity was at its most critical.



## Designing the future together

### Page 184 Creating our five year strategy for adult social care in Kent

In early 2021 we conducted co-production workshops to ask what's important to people we support, families, carers and our partners in adult social care.

Our person-focused vision and strategy summarise how we plan to make a difference every day and embed these positive changes over the coming years in a person centred approach. The aim is to work with people in Kent and all our partners to turn our ambitions into reality.

We gathered the views of the public and our staff on the adult social care strategy, which sets out what will be different, and outlines the principles we will follow to achieve our five-year vision of: "Making a positive difference every day, supporting you to live as full and safe a life as possible and make informed choices."

Throughout the engagement and co-production around the strategy, we gathered comments and reflections around the three areas that make up our Making a difference every day ambitions.

### Our strategy's ambitions

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

You said

"This is fundamental - having seen the turmoil my parents went through when my father was ill before moving into a care home, and his wishes not always being taken into account. And since my husband has Parkinson's we realise ourselves that he will get worse as time goes on so we need to be aware of what is important to us to make the right decisions for the future."

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

You said

"I'm in agreement with this principle. This goes hand in hand with finding new innovative ways of helping people, increasing awareness of other services and offers of support that are available to help people achieve what is important to them."

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

You said

"Good joined up relevant analytics are essential to review the effectiveness of different ways of addressing a particular need in real time; positive outcomes for individuals are what matter most."



New

## Kent Adult Carers' Strategy

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Ahead of the formal **Kent Adult Carers' Strategy** consultation, we hosted a series of engagement and co production workshops for carers and the public. The points raised at these events and through earlier detailed research on carers in Kent, has helped us to prepare our draft 2022-2027 strategy.

As well as Making a difference every day to people we support and putting the person first, It is essential that we hear the views of people from different communities and caring situations. That includes the valuable views of any unpaid carers who currently work at Kent County Council and people who have experience of working with carers.

You said

"Whilst putting the individual first is important there also needs to be consideration for other family members. For example an individual might wish to return or remain in the family home and the primary carer may no longer be able to cope."

"I think that making a difference to the lives and supporting carers is vital to improve the service. Carers need to be supported too as they are important to the cared for person's life."

## Making a difference with technology

At the beginning of the COVID-19 pandemic in spring 2020, we worked closely with partners, Alcove, to implement a rapid roll-out of **KARA devices**. The devices are video carephones which enable voice and video calls, reminders, prompts and questions to be issued to people virtually.

The carephones have supported an alternative way of delivering care and support, supported adult social care in managing demand for care and support in the home services and given people the ability to stay in contact with family and friends throughout the pandemic.

As of our most recent figures, **1,890** devices have been deployed in Kent and have supported **1.24 million minutes** of video calling between formal and informal support networks.

By hearing the experiences of people who have received a KARA device, it has shown how valued they are and what a significant difference they have made in people's lives.

One carer, whose mother has received a KARA device, said that "the carephone became a lifeline for her communication to our family and helped her to feel she still had independence... I truly don't know how to put into words my thanks and gratitude to all involved [in the roll-out of the devices]".

## Peace of mind with the Kent and Medway Carers Emergency Card

If you have caring responsibilities why not register for this free service. If you are suddenly taken ill or have an accident, anyone with you can call the number on the card and our staff will use the registration number to carry out a pre-arranged emergency plan.



Apply at:  
[kent.gov.uk/careandsupport](https://kent.gov.uk/careandsupport)



**Page 186** **Innovating our care and support to make a difference**

In light of Making a difference every day and enabling people to live a full and independent life, we've employed Technology for Independent Living Facilitators, Matthew and Lisa, to provide advice on everyday digital solutions such as voice assistants like Alexa, apps and the video carephone, KARA.

Their role has been designed as part of our innovation approach – working with staff and people we support to consider how technology can be used to empower and support independence.

Here are two stories demonstrating how Matt and Lisa work with people who draw on adult social care to help build confidence and awareness of technology that can be used to improve everyday situations and how small changes can make a big difference.

**Enabling Mr P to manage his life in a way that works for him**



Mr P lives alone, and awaiting for a home care package to manage his physical needs. He was unable to read and write and had no regular support to help him go through his correspondence. A consequence to this was that he missed health appointments and benefit appointments which had a significant impact on his life. The tech facilitators were contacted to see if there were any technology solutions available. They advised a C-pen reader. This device when run over letters can scan what's on the page and read out the content. This has enabled Mr P to manage his correspondence and life better, reducing the need for additional support with his paperwork.

**Mr K taking control over his health needs**



Mr K lives on his own, is registered as visually impaired and has diabetes. Mr K has no family support networks and was being supported by Kent Enablement at Home (KEaH). Through KEaH supervision meetings, it was highlighted that Mr K was not managing his diabetes. His worker explored this with him and discovered that this was because he was unable to see his readings when testing his blood glucose levels. Through discussions with the tech facilitator, we were able to offer advice on a talking blood glucose monitoring device which would read the results aloud. This was a positive, low-cost solution which would enable Mr K to better manage his health and support his enablement.



**Ask SARA**

The AskSARA interactive website has now gone live.

It supports people to choose home adaptation as and assistive equipment easily through a series of simple questions.

It is complimented by our **Kent Connect to Support** website which offers a one stop shop for information and advice.

See page 28 for full details.



## Responding to COVID-19

The Adult Social Care Directorate and provider market continued to work very differently in 2021 as a result of COVID-19. Adult social care now faces significant market sustainability issues due to a combination of factors. This includes recruitment and retention challenges in the sector and supporting people who are reaching our services with increasingly high levels of need. This is resulting in increased waiting times for services, particularly in care and support in the home.

Another key area that has seen significant growth in demand is mental health support. The level of demand accelerated during the pandemic and continues to grow; over 1,200 people received support from July to September 2021 and the majority were supported through **Supporting Independence Services** and Supported Living. Not only has the number of people needing assistance increased, but so has the amount of support per week required: on average 25.4 hours per week were provided compared with 18.4 for the same period last year.

However, the pandemic has also accelerated collaborative working with our system partners including the NHS and providers. Effective partnership working has enabled the Adult Social Care Directorate to take a holistic approach to managing system pressures and joined-up working has allowed us to make the best use of resources across organisations.

Government funding streams, including the Infection Control Fund, Hospital Discharge Funding and Workforce Recruitment and Retention Fund have been made available to support the local authority in managing specific pressures. Whilst much of this funding has been passed directly to the provider market, the Department of Health and Social Care Workforce Fund has supported a number of positive initiatives including:

- **8,000 CareFriends app** licences for providers to support recruitment
- enabling **18 residential homes** to undertake the Care Home Appointed Practitioner 10-week program, resulting in **92 care workers** gaining new health and clinical skills which will support better quality care
- **10 open webinars** on the topic of 'Resilience in a Time of Covid', which enabled workers to recognise symptoms of stress and anxiety and offered them self-help techniques
- Additional Health and Wellbeing group sessions for workers who required additional support. This enabled seven people to access one to one sessions with a counsellor
- Programmes for **80 managers** and care workers covering topics including managing grief and bereavement during restrictions, end of life care and caring beyond.

Managing COVID-19 remains a priority, but the vaccination programme has had a positive impact. Public Health have supported the vaccination roll-out throughout 2021 via campaigns and public messaging in conjunction with NHS partners and have used behavioural insights to inform this approach.

# Looking forward

## Improving independence with self directed support

In light of enabling people to live a safe and independent life, we have planned a number of direct payments 'game changer' events in 2022 with the aim of empowering our colleagues, where it's the best option for the person they're supporting, to encourage people in choosing direct payments as an option for their care and support. We also want to work with people to understand and share some of the great stories that demonstrate how direct payments make a difference to people's lives.

### Direct payments - game changer

Direct payments are a game changer, and should empower people to take more control of their support. Getting this right is so important, as it will help us put the person at the centre so they can make choices about what helps them lead a full life.

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We're also forming a Direct Payments Involvement Group to give people in receipt of direct payments, carers and personal assistants a chance to share what the challenges and opportunities are for self directed support and help us to shape the future together. On our website ([kent.gov.uk/careandsupport](http://kent.gov.uk/careandsupport)) you can watch recipients of direct payments, share the difference that direct payments make to their lives.



"My life is beautiful, but it could always be better"

Direct Payment recipient



new

The Kent Care Summit will shape how we design a thriving care market in Kent.

## Co-producing the direction of care in Kent

In March 2022, we hosted the Kent Care Summit where we will be joined by adult social care, carers, the care market, voluntary sector, Health and national organisations to share care sector insights, people's experiences and their visions for the future. There were a number of break out sessions with attendees and look to take their thoughts and feedback forward to build into our future plans in adult social care.

One of the key things we look to develop from this event is our Commissioning Strategy. We hope to set up a group of volunteers who are keen to continue the conversation and look at co-producing our priorities for how we will work in the future and the type of support we'll provide.

The Commissioning Strategy will illustrate how the current market needs to change to become more flexible and person centred, giving people more choice and control over the support they receive to live the lives they want to live. It will align closely with the Adult Social

Care Strategy and Kent Adult Carers' Strategy and will feature **Social Care Futures'** five key changes throughout.

### Working with our local communities

One of the areas we'll be focussing on in 2022 is supporting the development of micro-enterprises in Kent. We'll be working with social enterprise, Community Catalysts, who work with local authorities across the country to develop micro-enterprises that are innovative, responsive and able to develop and fill gaps in local care and service provision.

Micro-enterprises are very small providers. They could be single entrepreneurs, social enterprises or cooperatives with less than eight full time equivalent employees. They are essentially local people helping other local people who need some help and support to live and stay at home or to have a good life in the community. We look forward to working with Community Catalysts in the near future.



Our People's Panel, Learning Disability Partnership Board and Your Voice Network are here to make your voice heard in adult social care.



## With you

### Your voice does make a difference

We're always looking for innovative ways to improve our services, respond to change and work with and listen to the people of Kent and work in partnership with other organisations to deliver the best possible results.

You may have experiences you can share with us because you have had support from adult social care services, you might be caring for someone who needs some extra help or you might just want to tell us your ideas for how we can do things differently.

Whatever your reason, get in touch to help us to shape the future of social care - we're listening.

We launched the Your voice network campaign to recruit people to a special interest group for adult social care and work together to shape the future of Adult Social Care.

We currently have 127 people signed up to our network and we hope you will be part of it.



Join us! Email: [makingadifference@kent.gov.uk](mailto:makingadifference@kent.gov.uk)



# Glossary

**Adult Social Care Strategy:** Our plan for the next five years 2022 to 2027 on how we will deliver adult social care in Kent.  
Available at [www.kent.gov.uk/careandsupport](http://www.kent.gov.uk/careandsupport)

**Adult Carers Strategy:** Our plan for the next five years 2022 to 2027 on how we will support adult carers in Kent.  
Available at [www.kent.gov.uk/careandsupport](http://www.kent.gov.uk/careandsupport)

**Approved Mental Health Professional (AMHPs):** Specially trained social care practitioners specialising in mental health crisis services.

**Blue Badge:** A national scheme of parking permits enabling people to park in designated bays closer to shops and destinations.

**Breathing Space:** A debt management scheme developed to support people experiencing a mental health condition.

**KARA:** Video care phones enabling people to keep in touch with carers and much more.

**Kent Enablement at Home:** A short term service to support people regain independence after illness or a hospital stay.

**Kent Enablement and Recovery Service:** A short term service to support people who have a mental health condition to gain or regain independence.

**Kent Together:** A service set up to support people through the COVID-19 pandemic.

**Making a difference every day:** Our approach in Kent Adult Social Care to continually improve and innovate our services.

**Technology Enabled Care:** A number of technologies to support and maintain independence including Telecare, Telehealth, apps and much more.

**Supported Independence Services:** A broad range of services to maintain and support peoples independence in a place they call home.

**Social Care Future:** A growing movement of people with a shared commitment to bring about major positive change in social care services. <https://socialcarefuture.blog>

## Further information

### Email and website

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

**Email:** [social.services@kent.gov.uk](mailto:social.services@kent.gov.uk) or see our website at:

**Website:** [www.kent.gov.uk/careandsupport](http://www.kent.gov.uk/careandsupport)

### Ask SARA

The AskSARA interactive website supports people to choose home adaptations and assistive equipment easily through a series of simple questions.

<https://kent.livingmadeeasy.org.uk>

It is complimented by our **Kent Connect to Support** website which offers a one stop shop for information and advice.

<https://kent.connecttosupport.org>

### Telephone our contact centre

Telephone: 03000 41 61 61

Text Relay: 18001 03000 41 61 61

### For more information on the Local Account

email: [kentlocalaccount@kent.gov.uk](mailto:kentlocalaccount@kent.gov.uk)

Find our more on [www.kent.gov.uk](http://www.kent.gov.uk) and search 'local account'.

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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 – 28 September 2022

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

Classification: Unrestricted

**FOR INFORMATION ONLY**

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

**Recommendation:** The Cabinet Committee is asked to note that the following decisions have been taken in accordance with the process in Part 2 paragraph 12.36 of the Constitution:

- 22/00075 - Kent Homeless Connect Service - Termination of the Service
- 22/00076 - Kent Homeless Connect Service - Funding of Transition Phase Through Reserves

**1. Introduction**

- 1.1 In accordance with the council’s governance arrangements, all significant or Key Decisions must be listed in the Forward Plan of Key Decisions and should be submitted to the relevant Cabinet Committee for endorsement or recommendation prior to the decision being taken by the Cabinet Member or Cabinet.
- 1.2 For the reason set out below it has not been possible for these decisions to be discussed by the Cabinet Committee prior to being taken by the Cabinet Member. Therefore, in accordance with process set out in Part 2 paragraph 12.36 of the Constitution, the following decisions have been taken and published to all Members.

**2. Decisions**

**2.1 22/00075 - Kent Homeless Connect Service - Termination of the Service**

- 2.1.1 The Kent Homeless Connect (KHC) service was commissioned by the Council in October 2018 to support adults who are facing homelessness. To meet the financial challenge posed by the budget this year and in years to come, the

Council's budget, agreed on 10 February 2022, included the proposal to allow the service to end when the contract expires on 30 September 2022.

2.1.2 Due to the timing of the September meeting of the Adult Social Care Cabinet Committee it was not possible for the decision to be presented for consideration by members of the committee as a decision on next steps needed to be taken prior to the contract end date.

2.1.3 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 city, district and borough authorities and other stakeholders, in order that alternative arrangements for support in the future can be put in place.

2.1.4 This decision should be read alongside decision 22/00076 (Kent Homeless Connect Service - funding of transition phase through reserves) which proposes to transfer £4,563k from the Council's reserves to fund the transition period

## **2.2 22/00076 - Kent Homeless Connect Service - Funding of Transition Phase Through Reserves**

2.2.1 The Kent Homeless Connect (KHC) service was commissioned by the Council in October 2018 to support adults who are facing homelessness. To meet the financial challenge posed by the budget this year and in years to come, the Council's budget, agreed on 10 February 2022, included the proposal to allow the service to end when the contract expires on 30 September 2022.

2.2.2 Due to the timing of the September meeting of the Adult Social Care Cabinet Committee it was not possible for the decision to be presented for consideration by members of the committee as a decision on next steps needed to be taken prior to the contract end date.

2.2.3 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 city, district and borough authorities and other stakeholders, in order that alternative arrangements for support in the future can be put in place.

2.2.4 This decision was taken by the Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services, it is being reported to the Adult Social Care Cabinet Committee as the decision should be read alongside decision 22/00075 (Kent Homeless Connect Service - termination of the service) which proposes to end the contract from 30 September 2022 but include a contract variation for a transitional period of up to 18 months.

### 3. Recommendation

3.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** that the following decisions have been taken in accordance with process set out in Part 2 paragraph 12.30 of the Constitution:

22/00075 - Kent Homeless Connect Service - Termination of the Service  
22/00076 - Kent Homeless Connect Service - Funding of Transition Phase Through Reserves

### 4. Background documents

22/00075 - Kent Homeless Connect Service - Termination of the Service  
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2635>

22/00076 – Kent Homeless Connect Service - Funding of Transition Phase Through Reserves  
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2636>

### 5. Report Author

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**From:** Ben Watts, General Counsel

**To:** Adult Social Care Cabinet Committee – 28 September 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**

<b>Item</b>	<b>Cabinet Committee to receive item</b>
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2022/23	Standing Item
<b>Key Decision Items</b>	
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)

**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	Technology Enabled Care Service	Key Decision
7	Adult Social Care Annual Complaints Report	
8	Performance Dashboard	
9	Liberty Protection Safeguards	
10	Dementia Strategy	
11	Work Programme	Standing Item

**11 JANUARY 2023 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	Draft Revenue and Capital Budget and MTFP	
7	Work Programme	Standing Item

**15 MARCH 2023 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	Performance Dashboard	
7	Risk Management: Adult Social Care	
8	Work Programme	Standing Item
<b>17 MAY 2022 at 2pm</b>		
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	Performance Dashboard	
7	Work Programme	Standing Item
<b>6 JULY 2022 at 2pm</b>		
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	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
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	Suggested at ASC CC 31/3/22

Disabilities Update - positive impacts of the service on users	
Social Prescribing – Evaluation and Progress	Suggested by Mrs Hamilton at ASC CC 13/7/22

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