

ADULT SOCIAL CARE CABINET COMMITTEE

Thursday, 17th November, 2022

2.00 pm

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



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Thursday, 17 November 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,
Ms L Wright and Vacancy

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 28 September 2022 (Pages 1 - 10)
- 5 Verbal Updates by Cabinet Member and Corporate Director
- 6 22/00096 - Technology Enabled Care Service (Pages 11 - 102)
- 7 Adult Social Care and Health Annual Complaints Report 2021/22 (Pages 103 - 144)
- 8 Adult Social Care and Health Performance Q2 2022/23 (Pages 145 - 170)
- 9 Deprivation of Liberty Safeguards and Liberty Protection Safeguards (Pages 171 - 176)
- 10 Adult Social Care Pressures Plan 2022/23 (Pages 177 - 200)

EXEMPT ITEMS

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

Benjamin Watts
General Counsel
03000 416814

Wednesday, 9 November 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, 28th September, 2022.

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

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), Helen Gillivan (Head of Business Delivery Unit), Jim Beale (Director of Adult Social Care for East Kent), Hayley Savage (Democratic Services Officer) and Dominic Westhoff (Democratic Services Officer)

UNRESTRICTED ITEMS

83. Apologies and Substitutes
(Item. 2)

Apologies for absence were received from Mr Webb, Ms Grehan, Mr Campkin and Mr Ross. Ms Constantine was attending virtually as substitute for Ms Grehan. Mr Cole was attending as substitute for Mr Ross.

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

Ms Meade declared an interest as she was a carer.

Mr Shonk declared that his daughter worked for the NHS and was a social prescriber.

85. Minutes of the meeting held on 13 July 2022
(Item. 4)

Mr Streatfeild asked for the minutes to be corrected to show he and Ms Meade voted against, rather than abstained, the key decision – 22/00073 – *Everyday Life Activities, Skills Development and Training Opportunities for People in the Community – Dynamic Purchasing System* - at paragraph 77 of the minutes.

RESOLVED that, subject to the above amendment, the minutes of the meeting held on 13 July 2022 are correctly recorded and a paper copy be signed by the Chairman.

86. 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) Mrs Bell updated the committee on the Adult Social Care Charging Policy in relation to savings credit disregard which last came before the committee on the 18th of May 2022. A Key Decision along with an Officer Decision was taken on the 10th of June to prevent people who the Council supported from being overcharged and reassessments would be carried out to correct charges for those who had been overcharged. Phase two of the savings credit disregard would involve a consultation for those who had been potentially undercharged. The policy change that may result from this would only affect charges for new people under the auspices of the Authority's Adult Social Care while current users, totalling around 650 users, would continue to receive the more generous allowance. Legal advice had been sought and had supported this action.
 - (b) Mrs Bell informed the committee that the Kent Drug and Alcohol Strategy 2023-28 consultation had been launched to gather views from Kent residents, who had been encouraged to share their experience of local drug and alcohol services to inform the 5-year strategy. This had been overseen by the Kent Substance Misuse Alliance. The strategy aimed to tackle drug and alcohol misuse through prevention, treatment and recovery and community safety. The priorities in the Kent strategy had been informed by local needs and aligned with the national drug strategy 'From Harm to Hope'. Mrs Bell stated that the figures from 2021 showed that 308,000 people were drinking above the recommended level of alcohol, with 15% estimated to be binge drinkers. Self-reported drinking had declined among younger age groups significantly since 2011 while there had been an increase for those aged 45 or older, and highest amongst 45–65 year olds. Illicit drug misuse had remained a pervasive issue in Kent with around 10% of adults self-reported to have used recreational illicit drugs within the past 12 months, with an increasing trend among 25–29 year-olds. Mrs Bell noted that the 2023-2028 Kent Drug and Alcohol Strategy had 13 strategic priorities. The consultation sought participants impacted by drug and alcohol, those who had experience of treatment and recovery services, relatives of those impacted and practitioners. The consultation would close on the 31st October 2022.
 - (c) Mrs Bell noted that World Suicide Prevention Day had taken place on the 10th September 2022 and made Members aware of training and services that had been provided, and made available, by Mid-Kent Mind. The Council had published suicide support helplines on its communication channels.
 - (d) Mrs Bell informed the committee that to mark Blue Badge Enforcement Day on the 4th August 2022 the Kent Fraud Team had joined Swale Borough Council's Parking Team as they conducted inspections of Blue Badge users. 209 people were inspected with 13 badges seized and around a dozen people spoken to regarding blue badge queries.
 - (e) Mrs Bell updated the committee on the video phone project Kara which won a first-place award in the category of Best Covid-19 Solution for

Safeguarding the Vulnerable at the Health-Tech Digital Awards. Currently 1700 vulnerable people had been equipped with the technology so they could communicate with friends, family, and professionals.

- (f) Mrs Bell expressed gratitude for the service of Mr McKenzie, Director of Adult Social Care and Health North and West Kent, who was leaving the Council, and wished him well for the future.
2. The Corporate Director of Adult Social Care and Health, Mr Richard Smith, then gave a verbal update on the following:
- (a) He updated the committee on the reorganisation of Adult Social Care, which was informed by the Adult Social Care Strategy Development and Carers Strategy Development and was co-produced by people who had drawn on carer support. The reorganisation had been a move from diagnostic pathways to locality-based teams and aimed to provide more opportunities for career progression. The restructure would ensure that the Council met its statutory responsibilities outlined in the Care Act 2014 and the new social care reform. There would also be better alignment with geographical boundaries for help and support. The consultation ran from the 12th of July to the 2nd of September 2022 and received over 350 responses with engagement from individual teams, unions, and health colleagues.
 - (b) He said the team was preparing for an inspection from the Care Quality Commission (CQC) with a plan named 'The Best We Can Be', not just to get the team ready for the assessment but to deliver the best outcomes for all. The assessment framework covered 3 areas including the effect of the social care department, the internal relationship within the Council and the relationship with the Integrated Care Partnership (ICP) and health colleagues. He also listed several areas that the assessment framework would look at under those 3 main areas including a work programme, delivery plan, quality assurance framework, audit tools, communications plan, key performance indicators, CQC inspection ready plan and new governance structure, to ensure they were well prepared for the assessment.
 - (c) A Winter Pressures Plan had been developed in collaboration with acute hospitals and the Integrated Care Board to prepare for the winter period. The plan aimed to avoid admissions over the winter period and to ensure the right staff were involved in decision making regarding pathways for patients. There had been an investigation into community setting and the team had worked with GPs to draw up action plans. He informed the committee that it was important to be aware that hospitals had been under pressure throughout the summer. Mr Smith listed several ongoing projects: the creation of virtual wards, single point of access for urgent crises and responses, development of an urgent treatment centre network and a discharge programme. He informed the committee that last week's national announcement of £500 million for supporting hospitals with discharge was welcomed yet, the exact funding that would be allocated to the Council was not yet known.

3. Mr Smith and Mr Beale then responded to questions and comments from the committee, including the following:
 - (a) Asked if in-year savings were being made to the rate required and if the Council's part of the £500 million would be enough to make up for the predicated loss of tax revenues, Mr Smith said that it was probable that the Council would receive between £10.5 to £12 million of the £500 million. He added that making savings had been difficult and complex due to inflation but was optimistic that savings targets would be reached despite this and statutory responsibilities would be met.
 - (b) Asked if Adult Social Care would meet the winter challenge with rising Covid-19 rates and the pressure throughout summer, Mr Smith stated that the health workforce and colleagues were very resilient and although the winter would be challenging, he remained confident in their preparations.
 - (c) Asked if a shortage of carers had impeded hospital discharges and how could the Council help vulnerable people stay warm in their homes during the winter, Mr Beale noted that the relationship with community support had improved, leaving them in a strong position to support people in their homes. They had been looking at intermediate care and community care to get more people out of hospital. The Winter Plan had already been worked on to ensure it moved at pace and focussed on solution-based actions to provide better outcomes, prevent hospital admissions, and support people.
 - (d) Asked about recruitment and retention, and what the contingency plans were regarding staff shortages due to illness if the flu forecasts were correct, Mr Smith responded that a proactive programme of vaccination for flu would be carried out in line with national guidelines but added there was the challenge of more circulation as people moved back to the office. He noted that recruitment had been difficult for social workers and his team had been proactively working on this. The Member asked for the number of social workers needed and geographical breakdown to be circulated.
4. The Chairman thanked Mr McKenzie for his contributions to the committee and wished him well for the future.

87. 22/00081 - Integrated Community Equipment Service
(Item. 6)

Ms Sharon Wilcock (Interim Senior Commissioner), Ms Mel Anthony (Senior Commissioning Manager) and Ms Akua Agyepong (Assistant Director, Adult Social Care and Health) were in attendance for this item.

1. Ms Wilcock introduced the report regarding the extension of the current Integrated Community Equipment Service contract to 31st March 2024. She noted that in this time a new service would be designed that aligned with the Council's new strategic direction and provided for future sustainability due to rising costs. She then provided an overview of the Integrated Community Equipment Service.

2. Ms Wilcock then responded to questions and comments from the committee, including the following:

(a) Asked why no date had been given for the period of time the calculations and assessment took place, whether the current financial calculations and monies required still fit, and if flexibility had been built in given financial volatility and inflation fluctuations, Ms Wilcock responded that the current extension was for 16 months, but this was a conservative estimate. She confirmed that contingencies had been built into the financial calculations.

(b) Asked to expand on point 7.7 in the report in relation to the incorporation of digital technology to promote self-directed support, specifically how this would make the service more effective, Ms Wilcock replied that the service would provide all the current provisions along with a greater choice of equipment for users.

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

be endorsed.

Ms Meade asked for her abstention to be recorded in the minutes.

88. 22/00090 - Procurement of Interpreting and Communication Services for People who are D/deaf and Deafblind
(Item. 7)

Ms Katherine Clark (Commissioner) was in attendance for this item.

- 1. Ms Clark introduced the report and said the Council had a statutory requirement under the Care Act 2014 and Equality Act 2010 to make sure that services were available to everyone including those with a hearing impairment. The provision of specialist communication services for people who were D/deaf and deafblind was an important way for the Council to meet those obligations.
- 2. Ms Clark then responded to a question from the committee
 - (a) Asked if the figure of £20,000 per year for the service was correct, Ms Clark confirmed that the £20,000 was from the Adult Social Care and Health Budget with additional spend from other areas of the Council and external partners.

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

be endorsed.

89. 22/00092 - Community Navigation Services Contract Extension
(Item. 8)

Mr Simon Mitchell (Senior Commissioning Manager) was in attendance for this item.

1. Mr Mitchell introduced the report and said that an extension was sought for the Community Navigation Services Contract and that two single-year extensions were available. He said the extensions would allow time for the strategy and future design of the services to be considered.
2. Mr Mitchell then responded to questions and comments from the committee, including the following:
 - (a) Support was expressed for the report and social prescribing.
 - (b) Asked if there was opportunity to work with health colleagues to shape services, Mr Mitchell said there would need to be a countywide effort to ensure that community navigation in all areas was available for both adults and children rather than just children which was currently the case in some locations.

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

be endorsed.

90. 22/00093 - Carers Short Breaks Service - Direct Award
(Item. 9)

Mr Simon Mitchell (Senior Commissioning Manager) was in attendance for this item.

1. Mr Mitchell introduced the report and said a county-wide contract was in place with a single provider and a strategy promoted the importance of breaks for carers. The current contract would expire in March 2024 and a further 1-year extension was requested to allow time for work to be carried out with providers, partners, and carers to codesign and coproduce a new model.
2. Mr Mitchell then responded to questions and comments from the committee, including the following:
 - (a) Asked why this was the third year running that a 1-year extension was being sought and no optional further extensions were included, Mr Mitchell said a single-year extension had been chosen because of the Covid-19 pandemic and because the Carers' Strategy would inform the future of carers breaks to make them more secure in the long-term.
 - (b) Asked about the use of historic data, whether more up-to-date data was available, and would the plan be able to sustain increased demand, Mr Mitchell said that the Carer's Strategy included the most up-to-date information and moving forward data would be used from provider and contract management data, and better working across adult social care in supporting carers would ensure the necessary level of provision.
 - (c) Asked if a review could be conducted into the use of 1-year extensions and the effects of them on providers, Mr Mitchell said he would be happy to discuss this further outside of the meeting.

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

be endorsed.

91. 22/00082 - Community Mental Health and Wellbeing Services Contract Award
(Item. 10)

Mr Luke Edwards (Senior Commissioner) and Ms Heather Randle (Commissioner) were in attendance for this item

Mr Edwards introduced the report and said the Community Mental Health and Wellbeing Services Contract was due to end on the 31st March 2023. He stated that the service had a vision to provide a holistic offer of support for both those living with, and without, a mental health diagnosis and he gave a brief overview of what the service provided and how it was commissioned.

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 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

be endorsed.

92. Update on Adult Social Care Reform

(Item. 11)

Ms Paula Parker (Head of Business Delivery Unit) and Ms Michelle Goldsmith (Finance Business Partner Adult Social Care) were in attendance for this item.

1. Ms Parker and Ms Goldsmith updated the committee on Adult Social Care Reform through a PowerPoint presentation (attached to these minutes) which covered the following areas: fair cost of care and market sustainability plan, care cap and extension of the means test, Section 18(3) of the Care Act-New Self Funder right, national assurance framework, financial implications and adult social care reform funding.
2. Ms Parker and Ms Goldsmith then responded to questions and comments from the committee, including the following:
 - (a) Asked how much action had been taken on the Significant Action Demand from October 2023 and what the numbers were for Kent, Ms Goldsmith replied that an additional 4,600 assessments and 4,200 financial assessments had been estimated along with the number of additional workers required. Finance figures for this would be circulated amongst Members following the meeting.
 - (b) Asked about the timeframe for the user journey under the self-funder pathway, Ms Parker responded that the exact time was currently unknown and that different types of assessment would result in different timeframes. Mr McKenzie added that a transformation would take place in how care was provided in the community which included digital tools and ability to self-serve. He noted that more efficient and effective ways of working would ensue people received timely support when they needed it. Ms Gillivan said the modelling process, working with and learning from other local authorities, would provide more information on the timeframe.

- (c) Asked if a lot of people fell into the debt burden category and how this was dealt with, Ms Goldsmith said people were, and would continue to be, financially assessed. She added that as more people were expected to use the service the level of debt would increase, but this had yet to be costed.
- (d) A Member sought further clarification on the number of assessments and when this number was expected to peak. Ms Parker responded that the numbers had yet to be modelled and further updates could be provided to the committee at future meetings.
- (e) Asked about the number of self-funders and the recruitment process for additional staff, Ms Goldsmith responded that the number of self-funders was currently unknown, and that modelling would be undertaken. Ms Parker said a recruitment campaign would be designed and other ways of managing the demand, including digital tools, would be explored.

RESOLVED that the committee considered the content of the report.

Post Meeting Note:

Following the meeting an error was identified in paragraph 7.1 of the Update on Adult Social Care Reform report (and slide 18 on the attached presentation under 'Financial Implications') where the correct amount of funding received should have been recorded as £4.16m and not £4.6m.

93. Adult Social Care and Health Performance Q1 2022/2023
(Item. 12)

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

1. Mr Chatfield updated the committee on the key activity and performance during quarter 1 for 2022/2023.
2. Mr Chatfield and Mr Beale then responded to questions and comments from the committee, including the following.
 - (a) Asked about the number of needs assessments not achieved within the 28-day period and the proposed solution for the downward trend, Mr Beale said this was due to a wider range of people with diverse health needs and pressures across adult social care and finding the right level of support for people. Mr Beale said the performance assurance framework and a rigorous set of action plans for each area had been developed to ensure the assessments would be completed within the desired timescales.
 - (b) Asked about ASCH18 – *Number of DoLS applications received and completed* – and the number of applications completed from those received, Mr McKenzie said all the applications were screened and reviewed and then prioritised based on level of need, with those most in need of support being processed in a timely manner. He said the proposed implementation of future Deprivation of Liberty Safeguards would change the way applications were managed.

RESOLVED that the committee noted the performance of services in Q1 2022/2023.

94. Local Account for Kent Adult Social Care (September 2020 to December 2021)
(Item. 13)

Ms Lisa Clinton (Stakeholder Engagement Manager) and Ms Paula Parker (Head of Business Delivery Unit) were in attendance for this item.

Ms Clinton introduced the report and said that the timeframe for the Local Account had been revised and would be from January 2023 to December 2023. She noted that a person-focussed approach had been taken and engagement with the public would take place.

RESOLVED that the committee noted the Local Account document– ‘Here for you, how did we do?’ (September 2020 – December 2021).

95. Decisions Taken Outside of the Cabinet Committee Meeting Cycle
(Item. 14)

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

RESOLVED that the decisions – *22/00075 Kent Homeless Connect Service Termination of the Service and 22/00076 Kent Homeless Connect Service Funding of Transition Phase Through Reserves* - had been taken in accordance with the process as set out in Part 2 paragraph 12.36 of the Constitution.

96. Work Programme 2022/2023
(Item. 15)

RESOLVED that the Work Programme 2022/2023 be noted.

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

To: Adult Social Care Cabinet Committee – 17 November 2022

Subject: **Technology Enabled Care Service**

Decision Number: 22/00096

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: The report provides an overview of the objectives and proposal for the implementation of the Technology Enabled Care Service. It is proposed the tender process for the service begins in December 2022, with the countywide Technology Enabled Care Service to be in place from September 2023. Through the vision and direction of travel set by the Adult Social Care Strategy Making a Difference Every Day, Kent can take this opportunity to be ambitious and innovative in order to lead the way in transforming social care through the use of care technology and data-led practice.

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) **PROCURE** a Countywide Technology Enabled Care Service; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, as required, to facilitate procurement activity.

1. Introduction

- 1.1 The Technology Enabled Care Service is a key area of the Making a Difference Every Day Strategy and forms part of the innovation pillar. This will deliver against the Framing Kent's Future Strategy in implementing new models of care and support and improve the effectiveness and efficiency by making full use of new technology and innovations. The Social Care Reform White Paper published in December 2021 highlights a policy to drive greater adoption of technology through additional funding.

- 1.2 Technology Enabled Care is a term to describe a range of personalised IT and digital solutions that can be used to support outcomes for people who draw on care and support and carers. Innovative technology solutions and data are allowing people to remain independent for longer, identify risk, prevent incidents and ensure quick and appropriate responses to avoidable events such as falls.
- 1.3 The Technology Enabled Care market is moving quickly, and the offer will be designed to adapt in line with new innovations and tailored to people's individual needs and preferences.

Technology Enabled Care outcomes for people – what does it mean for Peter?

- I live at home with my wife and use Direct Payments to access the support I need to maintain my independence.
- Using technology is a big factor in managing my independence – even things that can seem small to other people make a really big difference, like being able to open the curtains and front door.
- I use a communication aid and have set up a smart home which is linked to my communication aid and enables me to manage my environment. All these things support both me and my wife, who cares for me but is also living with disabilities.
- Technology also enables me to engage in a range of forums and act as an advocate for others.
- Technology is also supporting my wife through giving her peace of mind and assurance that I can manage my home environment and get in touch via my communication aid and phone – this means she can go out and be reassured that technology is providing the right support.

Case study 1 – How Peter uses Technology Enabled Care

- 1.4 Technology Enabled Care can:
- Contribute towards the long-term sustainability of social care through transforming and enhancing the way care and support is delivered
 - Improve outcomes for people and carers
 - Delay and reduce the demand for community-based care, residential and nursing care
 - Help increase capacity in social care and the wider system
 - Deliver cost avoidance savings
 - Improve care pathways with partners (Health, District Councils, Children's) and achieve system benefits such as reduce hospital admissions and improve hospital discharge

2. Background

- 2.1 A diagnostic assessment of Adult Social Care was undertaken in late 2020 to provide a clear view of the Directorate's current state and future aspiration against three Pillars (Practice, Innovation and Meaningful Measures). The diagnostic established a direction of travel, with supporting narrative, and created an actionable plan which is now being delivered by Making a Difference Every Day.

- 2.2 The diagnostic defined the future state as: “Assistive technology, used to its full extent, acts as a powerful enabler for people which can go further than merely delaying care by a year or two, and can optimally be used to help people thrive rather than merely viewing benefits as cost avoidance.”
- 2.3 There are currently three technology-based contracts in Adult Social Care:
- Telecare: Originally awarded in 2015, the contract is provided by Careium and supports approximately 4741 people. Annual contract value: £621,900.
 - KARA video carephone: Rapidly implemented and rolled out in April 2020 as a response to the COVID-19 pandemic. The service is provided by Alcove and supports approximately 1400 people. Annual contract value: £592,000.
 - As part of the Technology Enabled Care Service development, a one-year build and test contract was commissioned with NRS from March 2022 to test key principles of Technology Enabled Care. Contract value: £587,761.
- 2.4 The development of the Technology Enabled Care Service will enable Adult Social Care to bring together the existing services under one contractual arrangement and go further in its offer, embracing more innovative and person-centred technologies, ensuring that care technology and data-led practice is embedded across care pathways. Another key change that will affect how technology interacts with social care is the national transition from analogue telecommunication networks to digital technology.
- 2.5 A specific benefit of Technology Enabled Care is the data and opportunity to move towards data-led practice. This powerful shift will enable practitioners, people and their carers to make improved data-led decisions and with rich data identify and prevent problems before they escalate which will have a system wide benefit.

Data-led practice – embedding data in Adult Social Care

Mr Y is an older gentleman who lives at home and was referred to the Technology Enabled Care Service build and test as Mr Y’s carers were concerned that he seemed dazed and tired during the day, and were concerned that he could be experiencing disrupted sleep and moving around at night.

Mr Y’s social worker contacted the Technology Facilitators, who assessed his needs and put an Anthropos monitoring system in place in his home. The system enabled the Technology Facilitators to establish Mr Y’s normal routine around his home, including his night-time activity.

After a month of having the Anthropos system in place, there was enough data to show that Mr Y actually had a fairly regular routine which didn’t tend to include abnormal night-time activity. The Technology Facilitators shared this information with his social worker and were able to avoid an unnecessary increase in his care and support package.

Over the longer term the continued use of the data will inform ongoing care and support planning.

- 2.6 The full range of benefits is outlined in the Business Case (attached as Appendix 1), and it is proposed that a benefits realisation plan and mechanisms to report on benefits will be developed in partnership with the provider appointed to deliver the Technology Enabled Care Service.
- 2.7 The proposed Technology Enabled Care Service is the result of extensive co-production with other local authorities, the care technology market and engagement with people who draw on care and support. This engagement has built consensus that we are taking forward the right strategy to deliver our Making a Difference Every Day ambitions and achieve a social care model that has technology firmly embedded within it.
- 2.8 Learning from other councils has identified key elements that need to be in place to have a successful Technology Enabled Care model:

| | | |
|--|--|---|
| <p>Strength- Based Practice</p> <ul style="list-style-type: none"> • Person centred practice and data-based evidence will lead to improved services • Embed technology into social work practice so that it is a core part of care and support planning and not an add-on | <p>The right technology and service</p> <ul style="list-style-type: none"> • A good digital care technology offer that is person centred • A dynamic and innovative technology service that evolves over time to include emerging technologies • A good quality service that supports all aspects of technology deployment | <p>Culture Change</p> <ul style="list-style-type: none"> • Technology take-up is most effective when change management is a key component within the service • This will ensure that outcome and financial benefits are realised as embedded within practice |
|--|--|---|

- 2.9 In order to achieve a successful Technology Enabled Care model the following will be required from the procured service:
 - **Scope:** County-wide Technology Enabled Care Service which is outcome focused and device agnostic with a focus on embedding innovation and culture change through the development of practice and a data-led approach.
 - **Service Solution:** A Technology Enabled Care Partner that delivers core requirements: assessment and referrals, products, installation, monitoring, data dashboards and culture, change management.
 - **Delivery:** The Technology Enabled Care Partner will work closely with the council to co-design, implement and embed the service in adult social care and develop opportunities with partners such as Health and District Councils to utilise Technology Enabled Care. As part of the contract the Technology Enabled Care Partner will also explore commercial opportunities, including the development and promotion of Technology Enabled Care to the public and self-funders (people who are not eligible for social care) this is also known as private pay offer and income through this route can be shared with the council.

- **Implementation:** A phased go-live enables the mobilisation of existing people with Telecare, KARA and Build and Test services for a full service go-live from September 2023

2.10 It is proposed to start procurement in December 2022 with the contract award to the successful provider in June 2023.

3. Financial Implications

3.1 Financial modelling has been undertaken based on extensive market consultation and engagement with local authorities who have implemented Technology Enabled Care services.

3.2 The table below provides information about the financial model:

| | | |
|--|-----------------------------------|------------------------|
| Activity level: Technology Enabled Care Service will grow over the life of the contract so that 50% of people entering Adult Social Care will receive some form of Technology Enabled Care as part of their care and support package by Year 5 of the contract. | | |
| Contract Value | Cost avoidance opportunity | Contract Length |
| £27,585,392 (7 years) | £35,919,626 | 5 +2 year |
| The opportunity will be advertised at the value representing the optimum usage when all parts of the health and social care system utilise the contract. | | |
| Assumptions | | |
| <ul style="list-style-type: none"> • Cost avoidance is modelled on using digital to meet care and support needs alongside other models of care delivery. The model does not account for other cost avoidance opportunities such as delaying residential and nursing care; a full benefits plan will be co-designed with the provider. • The financial model assumes a certain proportion of people will transfer from existing technology services into the new contract and explored a number of different scenarios based on different service growth over the proposed life of the contract. • The entire cost is revenue cost, as under the proposed model the council will lease technology devices from the provider rather than purchasing devices which potentially have a short lifecycle. | | |

3.3 The table below sets out the additional funding required for each year of the contract and what funding is already available.

| | 23/24 £000's | 24/25 £000's | 25/26 £000's | 26/27 £000's | 27/28 £000's | 28/29 £000's | 29/30 £000's |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Anticipated annual cost | 1,853.6 | 2,904.1 | 3,674.9 | 4,333.8 | 4,776.3 | 4,998.9 | 5,043.8 |
| Current funding | 989.3 | 1213.9 | 1213.9 | 1213.9 | 1213.9 | 1213.9 | 1213.9 |
| Funding required (Yr 1) | 864.3 | 864.3 | 864.3 | 864.3 | 864.3 | 864.3 | 864.3 |
| Funding required (Yr 2) | | 825.9 | 825.9 | 825.9 | 825.9 | 825.9 | 825.9 |
| Funding required (Yr 3) | | | 770.7 | 770.7 | 770.7 | 770.7 | 770.7 |
| Funding required (Yr 4) | | | | 659.0 | 659.0 | 659.0 | 659.0 |
| Funding required (Yr 5) | | | | | 442.4 | 442.4 | 442.4 |
| Funding required (Yr 6) | | | | | | 222.7 | 222.7 |
| Funding required (Yr 7) | | | | | | | 44.9 |
| Total Funding | 1,853.6 | 2,904.1 | 3,674.9 | 4,333.8 | 4,776.3 | 4,998.9 | 5,043.8 |
| For year 2023/2024 the funding available is lower compared to following years as this takes into account telecare contract extension costs up to August 2023 and direct award for KARA up to August 2023 | | | | | | | |

3.4 Each year the service grows with increased number of people being supported with Technology Enabled Care, therefore each year will require additional funding. From 2023/2024 the additional funding of £864,300 will be from demography monies.

3.5 From 2024/2025 onwards the Social Care Reform presents opportunities with at least £150 million of additional funding being made available over the next three years to drive greater adoption of technology. The review of Disabled Facilities Grant (DFG) and the proposed changes puts more focus on technologies. The DFG Fund is delivered by local places through the Better Care Fund, which means local areas should be taking advantage of these opportunities to work together. Exploration conversations will take place on how to better utilise the funding to deliver the best outcomes for our communities. There is also consideration to using some of the DFG element that Kent County Council already receives to cover the cost of providing equipment to people supported by Adult Social Care.

3.6 In addition to funding identified in 3.5, funding has been made available to the Integrated Care Board (ICB) to help manage falls prevention through technology. This is a priority within the Social Care Reform White Paper as falls

cost the NHS over £2 billion a year and the use of technology could reduce falls by 20% or more and avoid admissions to hospital.

- 3.7 The procurement costs for this activity are outlined in the table below. These are internal costs relating to the Commissioning Officers who are supporting the project and providing expertise on procurement to ensure the council is acting within the regulations.

| | Role | FTE | Duration | Cost |
|---------------|---|------------|-----------------|----------------|
| Procurement | Procurement expertise | 30% | 5 months | £9,828 |
| Commissioning | Support with KARA, Telecare contracts and design of the Technology Enabled Care service | 50% | 12 months | £29,394 |
| Total | | | | £39,222 |

4. Legal implications

- 4.1 Legal implications have been identified in relation to data processing and data management across a range of technological devices and systems. Legal advice has been obtained to develop the Data Protection Impact Assessment (DPIA) and ensure the service will be compliant with the Data Protection Act 2018.

5. Equalities implications

- 5.1 A full Equality Impact Assessment (EQIA) has been carried out (attached as Appendix 2). Given that the Technology Enabled Care Service is proposed to be a countywide service available to all people supported by Adult Social Care, the EQIA did not identify any potential adverse effects of the proposal.
- 5.2 However, the EQIA recommends that in promoting the Technology Enabled Care Service and the benefits of receiving technology as part of a care and support package, consideration must be given to the development of accessible communications which are targeted at hard-to-reach communities to ensure equitable awareness of and access to the service.

6. Data Protection Implications

- 6.1 A full Data Protection Impact Assessment (DPIA) has been developed following the completion of the initial screening, the DPIA is included in the Business Case attached as Appendix 1. The DPIA has been informed by engagement with KCC's Data Protection Office and the Adult Social Care Information Governance Lead. However, some of the mechanisms on how the data will be processed will not be known until the preferred provider is selected.
- 6.2 The preferred provider will also be required to undertake DPIAs to manage any devices and systems delivered under sub-contracting arrangements. The DPIA

will be updated once a provider is appointed to reflect their specific processing arrangements.

7. Other corporate implications

- 7.1 The development of the proposed Technology Enabled Care Service has been a cross-directorate exercise informed by a range of specialisms, including IT, the Digital Kent Programme strategic commissioning, finance and the Strategic Reset Programme to explore cross-working opportunities.
- 7.2 Additionally, the focus on embedding data-led practice in Adult Social Care may have opportunities for Public Health associated with managing health and prevention at population-level. As Technology Enabled Care becomes more widespread and rich data is available regarding health and wellbeing, there may be opportunities to use these insights to support more targeted planning for services and interventions according to local need. This will also link to the council's Data Strategy being developed by the Strategic Reset Programme.

8. Conclusions

- 8.1 In summary, Technology Enabled Care will contribute towards the long-term sustainability of Social Care through transforming and enhancing the way care and support is delivered. There is significant evidence available from the care technology market and other Local Authorities who have implemented similar models which demonstrate the benefits of embedding technology and data-led practice.

9. Recommendations

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

- a) **PROCURE** a Countywide Technology Enabled Care Service; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, as required, to facilitate procurement activity.

10. Background Documents

None

11. Report Author

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Relevant Director

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

22/00096

For publication

Key decision: YES

Title of Decision: **TECHNOLOGY ENABLED CARE SERVICE**

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

- a) **PROCURE** a Countywide Technology Enabled Care Service; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, as required, to facilitate procurement activity.

Reason(s) for decision: The Technology Enabled Care Service is a key area of the Making a Difference Every Day Strategy and forms part of the innovation pillar. This will deliver against the Framing Kent's Future Strategy in implementing new models of care and support and improve the effectiveness and efficiency by making full use of new technology and innovations. The Social Care Reform white paper published in December 2021 highlights a policy to drive greater adoption of technology through additional funding.

Technology Enabled Care is a term to describe a range of personalised IT and digital solutions that can be used to support outcomes for people who draw on care and support and carers. Innovative technology solutions and data are allowing people to remain independent for longer, identify risk, prevent incidents and ensure quick and appropriate responses to avoidable events such as falls.

The development of the Technology Enabled Care Service will enable Adult Social Care to bring together the existing services under one contractual arrangement and go further in its offer, embracing more innovative and person-centred technologies, ensuring that care technology and data-led practice is embedded across care pathways. Another key change that will affect how technology interacts with social care is the national transition from analogue telecommunication networks to digital technology. A specific benefit of Technology Enabled Care is the data and opportunity to move towards data-led practice. This powerful shift will enable practitioners, people and their carers to make improved data-led decisions and with rich data identify and prevent problems before they escalate which will have a system wide benefit.

As part of the development of the Technology Enabled Care Service, several options have been considered and assessed against the following critical success factors:

- Develop a robust data evidence base which is used to proactively support independence, improve outcomes and generate insights about future service requirements and population-level need, and support a data-led approach to practice.
- A clear and innovative offer that empowers people, supports independent living and provides greater choice and control.
- Proactively considering assistive technology across the social care pathway, including but not

limited to, at the first point of contact, care and support assessments and reviews and enablement support.

- A flexible model that enables Technology Enabled Care to develop over time and explore benefits of partnership working.
- To develop the private pay market, exploring options for promoting Technology Enabled Care to self-funders and commercial opportunities.
- Maximise efficiencies in Adult Social Care and embed digital technologies to manage demand. From the start ensuring systems in place to collate and report comprehensive and reliable data, that show the financial and non-financial benefits and impact of Technology Enabled Care.

The preferred option represents the desired level of service change:

- **Scope:** County-wide Technology Enabled Care Service which is outcome focused and device agnostic with a focus on embedding innovation and culture change through the development of practice and a data-led approach
- **Service Solution:** A Technology Enabled Care Partner that delivers core requirements: assessment and referrals, products, installation, monitoring, data dashboards and culture, change management.
- **Delivery:** The Technology Enabled Care Partner will work closely with the council to co-design, implement and embed the service in adult social care and develop opportunities with partners such as Health and District Councils to utilise Technology Enabled Care. As part of the contract the Technology Enabled Care Partner will also explore commercial opportunities, including the development and promotion of Technology Enabled Care to the public and self-funders (people who are not eligible for social care) this is also known as private pay offer and income through this route can be shared with the council.
- **Implementation** – A phased go-live enables the mobilisation of existing people drawing on Telecare, KARA and Build and Test services for a full service go-live from September 2023.

This is the preferred option due to its ability to meet and/or exceed all of the Critical Success Factors. The partnership model outlined in this option will enable KCC to benefit from the expertise to drive change and embed Technology Enabled Care, achieving benefits and ensure there are effective ways to measure and demonstrate the impact of Technology Enabled Care. The timescales for implementation are achievable.

Financial Implications: Financial modelling has been undertaken based on extensive market consultation and engagement with local authorities who have implemented Technology Enabled Care services.

The table below provides information about the financial model:

| | | |
|--|-----------------------------------|------------------------|
| Activity level: Technology Enabled Care Service will grow over the life of the contract so that 50% of people entering Adult Social Care will receive some form of Technology Enabled Care as part of their care and support package by Year 5 of the contract. | | |
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Board (ICB) to help manage falls prevention through technology. This is a priority within the Social Care Reform white paper as falls cost the NHS over £2 billion a year and the use of technology could reduce falls by 20% or more and avoid admissions to hospital.

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Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 17 November 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

Do Minimum - This option represented the current situation and provided a baseline against which the other short-listed options were measured. Although this option will be cheaper to deliver, it failed to address the requirement for innovation and culture change which seeks to embed Technology Enabled Care. Therefore, with this option there is a risk that a service will be procured but not utilised.

Less Ambitious than Preferred - This option represented the desired level of service based on the minimum level of change. Although this option would meet the majority of the critical success factors, it failed to include the development of the private pay market. Additionally, there was limited-service development and culture change included in the scope, which means the maximum benefits of implementing Technology Enabled Care are unlikely to be realised and technology will not be fully embedded.

More Ambitious than Preferred - This option represented the desired level of service change

based on the maximum level of change. Although this option had the ability to meet and/or exceed all of the Critical Success Factors. The timescales for the procurement of the Technology Enabled Care Service were for the entire service to go live from June 2023, these timescales are extremely tight and not viable to mobilise.

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

.....
signed

.....
date

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Technology Enabled Care

Outline Business Case

Project Manager: Elizabeth Blockley

Senior Project Manager: Georgina Walton

Project SRO: Helen Gillivan – Senior Accountable Officer, Making a difference every day

Portfolio: ASC

Version No: v13.0

Purpose:

The purpose of the Business Case is to provide justification for undertaking a project or programme. It evaluates the benefit, cost and risk of alternative options and provides a rationale for the preferred solution.

VERSION HISTORY

| Version | Date Issued | Brief Summary of Change | Owner's Name |
|----------------|--------------------|---|-------------------------------------|
| V0.1 | August 2022 | Draft Outline Business Case | Lizzie Blockley, Project Manager |
| V0.2 | 12 August | GW comments | |
| V0.3 | 17 August | GW comments under section 5 | GW |
| V0.4 | 18 August | Updates to Strategic Case, Management Case and Appendices | LB |
| V0.5 | 25 August | Updates to Options Appraisal and Financial Case | LB |
| V0.6 | 1 September | Removed commercial strategy section until updated, further amendments to options appraisal and section 1 and financial section | GW |
| V0.7 | 22 September | Incorporating comments from the Strategic Commissioner, updates to Appendix 3 – Options Appraisal and Section 3 – Commercial Case | LB |
| V0.8 | 23 September | Updates to Commercial Case and Financial Case | LB |

| Version | Date Issued | Brief Summary of Change | Owner's Name |
|----------------|--------------------|--|---------------------|
| V0.9 | 24 September | Review updated version and added comments | GW |
| V10.0 | 26 September | Final review and insertion of data-led practice case study | LB |
| V11.0 | 29 September | Updates to Financial Case based on updated modelling Insertion of Commercial Strategy as Appendix 5 | LB |
| V12.0 | 7 October | Update to commercial strategy | GW |
| V13.0 | 16 October | Update to section 4.4 - added updated budget table and added appendix 7 – case studies | GW |

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| 6 | APPENDICES | 47 |

i. Executive Summary

The Technology Enabled Care Service is a key area of the Making a difference every day strategy and forms part of the innovation pillar. This will deliver against the Framing Kent's Future Strategy in implementing new models of care and support and improve the effectiveness and efficiency by making full use of new technology and innovations

Through the vision and direction of travel being set by the Making a difference every day strategy, Kent can take this opportunity to be ambitious and innovative in order to lead the way in transforming Social Care through the use of Care Technology and data-led Practice.

Technology Enabled Care is term to describe a range of IT and digital solutions that can be used to support outcomes across the care pathway. Devices such as movement sensors, smart watches, wearables, falls prevention devices and other technologies are allowing people to remain independent for longer and better manage risk when previously they may have needed additional help, for example home care or moving to a residential care home. Technology Enabled Care has been evidenced in other Councils to improve outcomes for people and achieve significant financial benefits.

Technology Enabled Care outcomes for people – what does it mean for Peter

- Peter lives at home with his wife and uses Direct Payments to access the support he needs and maintain his independence.
- Using technology is a big factor in managing his independence – even things that can seem small to other people make a really big difference, like being able to open the curtains and front door.
- Peter uses a communication aid and has set up a smart home which is linked to his communication aid and enables him to manage his environment. All these things support both Peter and his wife, who cares for him but is also living with disabilities.
- Technology also enables Peter to engage in a range of forums and act as an advocate for others.
- Technology is also supporting Peter's wife through giving her peace of mind and assurance that he can manage his home environment and get in touch via his communication aid and phone – this means she can go out and be reassured that technology is providing the right support.

Technology Enabled Care will contribute towards the long-term sustainability of Social Care through transforming the way care and support is delivered. Evidence from other local authorities who have implemented a Technology Enabled Care model show improved outcomes for people and demonstrated benefits in terms of delaying and reducing the demand for traditional services such as community-based care and residential and nursing care

The key drivers for introducing Technology Enabled Care are:

- People who draw and care and support want more choice and control through Self Directed Support
- Increased demand
- Pressures within the Care Market
- Cost avoidance savings
- A shift in Social Care Practice – the new Adult Social Care Practice Framework takes a strength-based approach and embedding Care Technology will support the development of data-led Practice
- System wide benefits, such as working with Health to reduce hospital admissions and improve hospital discharge.

1. STRATEGIC CASE

1.1 STRATEGIC CONTEXT

Kent County Council (KCC) is going through a period of change following the appointment of a new leader in May 2021, the impact Covid-19 has had on the authority and the residents of the county. At the same time there is a need to meet many social, economic and community issues that we face as a county, such as an increasingly ageing population is driving more complex and more costly social care demand.

This is why Kent's strategy has four key priorities, which will shape and frame Kent County Council's response to the challenges and opportunities of the next four years:

- Levelling Up Kent
- Infrastructure for Communities
- Environmental Step Change
- New Models of Care and Support

The Councils Strategy states that *"we have real opportunities to improve the effectiveness and efficiency of our adult social care services by making full use of new technology and innovations that mean we can better manage demand and focus resources where they are most needed."*

A diagnostic assessment of Adult Social Care was undertaken in late 2020 to provide a clear view of the Directorate's current state and future aspiration against Three Pillars (Practice, Innovation and Meaningful Measures). The diagnostic also established a direction of travel, with a supporting narrative, and created an actionable plan which is now being delivered by Making a difference every day.

The diagnostic defined the future state as:

"Assistive technology, used to its full extent, acts as a powerful enabler for people which can go further than merely delaying care by a year or two, and can optimally be used to help people thrive rather than merely viewing benefits as cost avoidance. Kara must be viewed as one aspect of the ecosystem of support available to an individual, and not just a short-term solution aimed to provide additional support during the crisis. As stated in the business case the application of this technology must form a critical part of KCC re-commissioning intentions for the replacement of telecare. Critical aspects of this future state include:

- *A holistic view of the support available to individuals which includes digital assistance at its core and not just an add on to supplement more traditional commissioned support*
- *Tech and digital assistance enables the community to support vulnerable people - reducing the need for monitoring calls, face-to-face visits, third party spend, and long-term commissioning of care.*
- *Data and technology architecture that describes how all devices will be able to interoperate and inform commissioning decisions"*

1.2 CASE FOR CHANGE

1.2.1 Digital Health and Social Care

Social care and health services across Kent face significant challenges as the population is living longer and with more complex needs, which is increasing demand on the health and care sector. Kent is the most populated county in England, with 1.55 million people. Of these, 15,425 people are supported by Adult Social Care with 9,018 people over the age of 65. The number of 65+ year olds is forecast to increase by 44.9% by 2039.

Funding pressures and resourcing issues continue to dominate our operating environment, along with increasing expectations in terms of our ability to continue to deliver and improve services. All this is set against the backdrop of tremendous change.

Further pressures are added due to a workforce shortage in the care market, which pre-dated the COVID-19 pandemic and has been compounded since. Figures in April 2022 showed a social care vacancy rate that had increased from 5.9% in May 2021 up to 10% in April 2022, putting a high level of pressure on the sector and increasing waiting times for services.

Basic care technology solutions have been in use in people's own homes for decades, enabling older people and those with a long-term condition or disability to continue to live independently. In recent years, there has been national recognition of the role care technology can play in providing care, early detection and prevention. The Social Care Reform white paper published in December 2021 highlights a policy to drive greater adoption of technology through additional funding and draws attention to the opportunity to use technology to support independent living and improve quality of care.

An outcome from the Adult Social Care strategy is that the people we support feel listened to and able to shape what we do and how we do it. The approach with Technology Enabled Care will enable this from how we develop, implement the service to how we work with people through Practice to understand their outcomes and what will work for them in order to achieve the outcomes. Technology Enabled Care has the potential to benefit a huge range of people. Over time, our ambition is to grow a service that is accessible to all Kent residents; both those who have eligible needs under the Care Act and residents who want to access the benefits of technology via a privately funded arrangement.

A number of local authorities have successfully developed Technology Enabled Care Services or are in the process of doing so. The Technology Enabled Care Services contract will bring together the existing KARA and Telecare contracts and the new technology provision in order to develop a transformational service offer that progresses our strategic objectives, ensures consistency across the county and

develops a service that is fit for the future. As stated in Framing Kent's Future *"the time and opportunity has come to fundamentally rethink the way health and social care services are provided, both to manage the urgent resource gap health and social care jointly share, and to provide more preventative, coordinated care to the population we both support"*.

Current Offer in Adult Social Care

- **Existing Analogue Telecare Provision**

The Telecare contract was originally awarded in 2015 and has since been adapted to meet the needs of individuals. The purpose of Telecare is to support people to maintain independence, facilitating them to remain in their own home for as long as possible. This is achieved through a traditional Lifeline and pendant which was linked through a standard telephone line and then into a monitoring centre, all of which is currently provided by Careium and supports 5959 people. Although telecare is suitable to meet certain people's needs, the existing contract arrangements do not allow for a great deal flexibility to source other technology provisions in the market.

Another key change that will affect how technology interacts with social care is the national transition from analogue telecommunication networks to digital technology, due to be completed in 2025. This means that products that rely on older analogue telephony infrastructure will no longer work, and services will have to switch to newer devices that can connect to broadband networks.

- **Technology Enabled Care Build and Test**

As part of the Technology Enabled Care Service development, a one-year build and test project was commissioned with the aim to test key principles of Technology Enabled Care, demonstrate outcomes that can be achieved from access to a wider range of technology and understand requirements for the long-term service. A contract for the delivery of the build and test was awarded to NRS Healthcare in March 2022, and after a mobilisation period through April and May, the build and test sites in Thanet, Dover and Folkestone and Hythe went live in June 2022.

The build and test project will run until March 2023, and whilst outcomes from the project will not be fully understood until the delivery of the final project report, there are a number of valuable insights from the first phase of the project which have informed the options appraisal for the long-term Technology Enabled Care offer.

The development of the Technology Enabled Care Early Findings Report (produced August 2022) highlights some of the key learnings to date, including the recommendations:

- Ringfence resource - Feedback suggests that despite the willingness of practitioners, many have found it difficult to support the project alongside their standard workload.
- Build expertise: The project to date has benefitted greatly from the expertise of a few key subject matter experts across the NRS Healthcare and KCC teams. Identifying and supporting potential candidates to provide expertise and drive engagement may be integral to managing the process as it scales in the future. It must be noted that early findings reflect that this scale of Cultural Change is likely to take time, and the service model will need to bed in.
- Ensure scalable design: As a build and test, the service model has developed from the original design, and further changes have taken place to address the slow uptake across the teams. The current model not only requires resource to implement the technology, but also to actively monitor the technology and act upon the data outputs. Ongoing monitoring must ensure that the service model could operate on a broader scale without over burdening key personnel.
- Utilise data to inform future service development: Develop the capability to collect and analyse data collected through TECS devices to inform workforce planning and service delivery, while protecting the privacy of people accessing care and support.

The full Early Findings Report can be found under Appendix 6 of this document.

- **KARA**

The KARA carephone service supports 1047 people with an internet-based device that enables video and telephone with just a touch. This enables people to maintain and increase their levels of communication with people, including formal and informal carers.

The Power of Data

Technologies are increasingly connected and integrated to each other and to dashboards to support remote monitoring. There is an opportunity proactively to use data generated from Care Technology to support independence and improve outcomes. There are a range of ways in which data from Care Technologies can be used:

- Using data to inform decision-making
- Data to influence stakeholders and partners
- Using data to support culture change and embedding Care Technology into day-to-day practice

- To support independence and improve outcomes for people, in particular around prevention
- Improve population data
- For planning and budgets

Data-led practice – embedding data in Adult Social Care

Mr Y is an older gentleman who lives at home and was referred to the Technology Enabled Care Service build and test as Mr Y's carers were concerned that he seemed dazed and tired during the day, and were concerned that he could be experiencing disrupted sleep and moving around at night.

Mr Y's social worker contacted the Technology Facilitators, who assessed his needs and put an Anthropos monitoring system in place in his home. The system enabled the Technology Facilitators to establish Mr Y's normal routine around his home, including his night-time activity.

After a month of having the Anthropos system in place, there was enough data to show that Mr Y actually had a fairly regular routine which didn't tend to include abnormal night-time activity. The Technology Facilitators shared this information with his social worker and were able to avoid an unnecessary increase in his care and support package.

Over the longer term the continued use of the data will inform ongoing care and support planning.

The use of data from Care Technology is aligned to the KCC Data Strategy which is going through final stages of approval. The strategy has been developed to ensure data is valued across KCC and used to its full potential to positively impact residents and people we support, inspiring confidence in KCC's actions.

Evidence from Other Councils

Technology Enabled Care has achieved significant benefits in other Councils (i.e. Hampshire, Essex, Suffolk) where there have been reductions in existing budgets such as the reduction in existing care packages following a review. The implementation of the Adult Social Care Locality Model will support management of timely reviews which are crucial to realising the potential benefits of Technology Enabled Care.

However, where Councils have reported the biggest impact is in cost avoidance, using Care Technology to delay the need for funded care and support, or less care and support needing to be provided and delaying residential care. Some Councils have shared they are experiencing on average approximately a 9-month delay on someone moving from the community to a residential placement.

Essex

Essex began their new Technology Enabled Care contract on 1 July and have a two lot model; Lot 1 is provided by Millbrook Healthcare and offers an end-to-end technology and innovation service including learning opportunities, and Lot 2 is a falls pick-up service delivered by Provide CIC. Prior to the implementation of this contract, the Council undertook a care technology trial with PA Argenti and also had contracts in place for Telecare and KARA video carephone devices.

The new service builds on their previous technology contracts and they have a real focus on using technology to support the preventative agenda; TEC is offered to everyone over the age of 18 under the prevent, delay, reduce principle of the Care Act. The benefits realisation model identifies that services to date have delivered approximately £10.9m in cost avoidance and prevention savings.

Suffolk Council

Within the first year of the Technology Enabled Care contract, Suffolk Council has processed 1600 referrals for Technology which have resulted in 4.2 million cost avoidance and £430k in cashable savings. The programme in Suffolk extended to include Health after 6 months, this resulted in avoiding 173 hospital days and 118 ambulance call outs. The programme to date has supported 1295 people to remain at home.

Hampshire Council

Hampshire Council in the 4 years of a TEC partnership supported 9,600 people. By year 4 the net savings were £2,515,00, with a continued increasing trend into Year 5 of the contract. Hampshire reports high satisfaction rates with people who draw on care and support, they feel that TEC has increased their feelings of safety and security (94%). In addition to the financial benefits there have been significant preventative financial benefits which have not been captured. As these are difficult to quantify accurately, however Hampshire concludes there has been a real impact in supporting informal carers thereby reducing the need for formally paid social care support. A reasonable estimation of the impact would be as much as £4,000,000 of prevented social care costs annually.

<http://democracy.hants.gov.uk/documents/s38112/Report.pdf>

Creating a Digital Workforce

Achieving a more digitally-enabled social care operating model is fundamental to the long-term sustainability of Adult Social Care and underpins many of the strategies and opportunities to improve efficiency, capacity, outcomes over the medium term. Delivery of the ambitions of the Making a difference every day strategy and the ASC Digital Road Map will require a workforce that is capable of embracing digital approaches, tools and mindset.

Following a diagnostic of Adult Social Care by consultancy firm PwC in 2021, it was recognised that the directorate's digital and technology understanding and how it is embedded into procedures is at a foundation level. Having an agile and supportive contract arrangement in which expertise and knowledge can be utilised in conjunction with a robust training and performance measures should start to facilitate change in conjunction with the new Adult Social Care Practice Framework.

At the time of conducting the diagnostic, there was no dedicated resource point for people to refer to which enables them to understand how technology could be used to support our workforce when it comes to prescribing it and for the residents of Kent when securing it themselves privately. The role of Technology Facilitator was introduced in Summer 2021. The Technology Facilitators have since worked across Adult Social Care to engage teams to promote the opportunities associated with a technology offer and to provide advice and signpost access to technology.

The proposal for the Adult Social Care Locality Model was launched in July 2022 and identifies a new Technology Officer role which is proposed to be implemented in each locality area. This role will play a significant role in managing culture change at a local level and supporting teams to give consideration to opportunities to use technology in the delivery of care and support.

Professional practice will need to change to order to mainstream Technology Enabled Care. Moving to a position where digital first is always considered and practice is informed by data coming from Technologies.

People who draw on Care and Support

The Adult Social Care Strategy aims to ensure that people will experience more flexible ways of arranging support, promoting a balance of choice for the people we support, quality and value. Working with the Technology Enabled Care co-production group, this is what is important to people:

- Effective supply lines are key – making sure equipment is readily available. Something that can seem like a minor element can have a really big impact on a person waiting for support. Delays also impact on people having to tell their story multiple times to try and get what they need.
- Integration is absolutely key – sometimes people will need multiple pieces of equipment/ devices from different companies, and it's crucial that they work

effectively together to best meet a person’s needs. Our approach has to be holistic and centred on someone’s needs, not systems driven.

- It’s crucial that people assessing and prescribing for technology really understand how it is going to be used. Devices must be properly matched to a person’s individual needs to get the right outcome.
- We must not fall into the trap of assuming that one piece of equipment will work for everyone with a specific need or disability; it isn’t just about spending money on expensive devices, but understanding what is important to that person and what works for them.
- There needs to be a good ongoing support offer to make people can continue to use the equipment – even something that seems simple like re-booting equipment or plugging things in isn’t accessible for some people. Providers and practitioners must be mindful of how people can use and engage with technology and tailor the offer for individuals.
- Support practitioners to be more innovative in helping achieve their outcomes and not just default to what they already know.

1.2.2 Objectives

The **main** objectives for this project are as follows:

To put in place an innovative digital technology enabled care offer that empowers a person and supports them to maintain or improve their independence, safety, and wellbeing. To transform Practice and the way care and support is delivered which will improve lives and make social care sustainable.

In developing the Technology Enabled Care Service, there will need to be a change in approach relating to how people are informed of, assessed for and access across all of the social care pathway (Practice), flexibility on what is available to meet people’s needs (Innovation) and utilising data to become data-led practice with a focus prevention, demonstrate benefits and drive improvement (Meaningful Measures).

1.2.3 Benefits

The **main** benefits expected from the project are described in Table 1.

| Group/Partner/Sector | Areas of impact |
|----------------------------|---|
| Outcomes for people | <ul style="list-style-type: none"> • Increased independence • Improved safety • Increased confidence • Improved quality of life |

| | |
|---|---|
| | <ul style="list-style-type: none"> • Prevention of escalation of need • Reduced need for care and support in the home • Ability to live at home for longer • Choice and control - -Self Directed Support • Crisis prevention • Improved health and wellbeing • Reduced risk of harm (falling, wandering) • Improved skills in using technology • Improved connectivity to social networks and local communities • Improved information, advice and support for self funders |
| Outcomes for carers and families | <ul style="list-style-type: none"> • Increased confidence and peace of mind • Increased independence • Increased health and wellbeing |
| Adult Social Care | <ul style="list-style-type: none"> • Reduced care costs • Delayed care costs • Improved outcomes for people who draw on care and support • Improved satisfaction for people who draw on care and support • Increased and improved partnership working • Effectively manage demand and make social care sustainable • An offer that better supports self-funders • Opportunities to improve transition from CYPE to Adult Social Care. |
| Social Care workforce | <ul style="list-style-type: none"> • Increased productivity and flexibility • Increased job satisfaction for practitioners • Embed Strengths based and data-led practice • Increased confidence in talking about Care Technology • Increased confidence in using in data |
| Health | <ul style="list-style-type: none"> • Reduction in hospital admissions • Reduction in ambulance contacts and call outs • Quicker hospital discharge: reduction in length of stay, discharge straight to home • Key tool in helping Kent manage winter and other pressures |
| Housing and district councils | <ul style="list-style-type: none"> • Reduction in on-site support for various types of housing schemes • Developments of smarter housing • Improved safety and security to properties |
| Care Providers | <ul style="list-style-type: none"> • Reduction in face-to-face contacts through remote monitoring and contact to enable remote prompts (e.g. nutrition, hydration) • Increased efficiency • Improved quality through more targeted, purposeful |

| | |
|---------------------------|--|
| | <p>visits, reduced failed visits and remote contact</p> <ul style="list-style-type: none"> • Improved productivity and flexibility • Improved outcomes for people • Efficient processes • Manage demand and workforce pressures • Improve workforce retention • Improved workforce confidence in using digital |
| Voluntary Sector | <ul style="list-style-type: none"> • Improved digital offer to Kent residents • Ability to support people in their communities more effectively |
| Financial Benefits | |
| | <ul style="list-style-type: none"> • Cashable savings: Where Care Technology results in reductions in existing budgets such as a reduction in existing care packages following a review. • Non-cashable savings: Where Care Technology has resulted in a delay to the need for funded care and support, or has resulted in less care and support needing to be provided for a period of time. <p>Whilst other local authorities who have implemented a Technology Enabled Care Service have identified savings opportunities, these are predominantly cash avoidance savings. Although there may be opportunities to realise some cashable savings through implementing technology solutions for people with existing packages of care and support, the majority of opportunity will be for future packages of care and support.</p> <p>The contract will therefore represent an invest to save model; if the appropriate financial and resource investments are made in developing the service now, there will be an avoidance of demand on traditional Adult Social Care services over the life of the contract.</p> |

1.2.4 Risks

The **main** risks associated with this project are as follows:

| Main Risk | Counter Measures |
|--|---|
| <p>1.Culture Change required – workforce, partners, providers and people.</p> | <p>The council will be investing in Technology Enabled Care, however if the culture does not change to embrace Care Technology there is a risk that it will not be utilised to the full potential. It will also take time to change the Culture and need to be ongoing.</p> <p>There are a number of mitigating actions, however the most important is that through the contract there will be a requirement and investment in a partner with the expertise to help drive change.</p> <p>Other counter measures will include:</p> <ul style="list-style-type: none"> • Robust communication and engagement plan. • Seek advice and input from operational teams when transitioning through the stages of the project. • Build referral mechanisms into existing social care procedures, practice guidance and processes. • Capture feedback, issues and good news stories and ensure Kent based examples are shared to demonstrate value and obtain buy-in. • Ongoing training and support programme implemented. • Expansion of the Technology Facilitator role by implementing Technology Officers. |

| | |
|--|---|
| <p>2. Financial benefits and cashable savings</p> | <p>There is a risk that Adult Social Care financial savings are predicated on the implementation of a Technology Enabled Care Service and that these are not realised or take time to realise due to how long it can take to embed changes in Practice. To review savings calculations and ensure they are reprofiled based up updated financial model.</p> <p>Additionally, the realisation of potential benefits of Technology Enabled Care are dependent on Adult Social Care teams delivering business processes, particularly annual reviews, in a timely manner. Delays to the delivery of care needs assessments and annual reviews will have an adverse impact on the delivery of financial benefits and cashable savings.</p> <p>As part of the implementation of Technology Enabled Care there can be a targeted approach to focus on areas with high cost such as learning disabilities, discharge pathway and delaying residential care.</p> <p>To track and evidence this there will be requirement within the contract to have in place robust financial and non-financial tracking systems.</p> |
| <p>3.Partner Commissioning Strategies are not aligned</p> | <p>There are opportunities for Care Technology to be utilised across the system, with real impact on the prevention of hospital admissions and quicker discharge. However, these may not be realised if Partners do not work with us to explore. Initially the Technology Enabled Care contract will focus on the requirements of Adult Social Care but will highlight the need for the Technology Enabled Care partner to work with us and partners during the life of the contract to develop opportunities.</p> <p>Other actions:</p> <ul style="list-style-type: none"> • Robust communication and engagement plan. • Liaise with Health colleagues to understand appetite for sharing opportunities to integrating contract which benefits both organisations • Seek to understand wider social care and health benefits as part of build and test • Share findings and benefits of Technology Enabled Care with the Authority, partners and providers in Kent. • Utilise senior leadership relationships within the council and partners to obtain buy-in to the change in approach. |

| | |
|--|---|
| <p>4.Care Market</p> | <p>The Care Market will play a key role in supporting the drive to embed Technology Enabled Care and there is a risk that this can be seen negatively and a threat. The following counter measures will be put in place:</p> <ul style="list-style-type: none"> • Robust communication and engagement plan. • Case studies and showing the benefits of Technology. • Access to training and demonstrations. • Working with us to co-design and implement the service. |
| <p>5. Procurement approach and timescales</p> | <p>The timescales for the procurement of the County wide service are ambitious. The drivers for these timescales are to align with contract end dates, to have a Technology Enabled Care offer that allows meaningful choice within Self Directed Support and achieve savings.</p> <p>The approach to procuring the service is key to ensuring we get the right contract. This is a very different approach for the Council and our first attempt at procuring such a contract. To mitigate this using the expertise of procurement colleagues, other councils learning.</p> <p>There are also many councils in the process or about to procure new Technology Enabled Care services. Therefore, providers are busy and may start to be selective about the Councils they work with. Therefore, it is important that providers want to work through Kent. Counter measures:</p> <ul style="list-style-type: none"> • Market consultation events • Playing to Kent’s strengths and size – there is real opportunity in Kent to make a difference |

| | |
|---|--|
| 7. Local Evidence of Impact | <p>The build and test was procured in part to inform the development of the county-wide Technology Enabled Care Services offer. However, the go-live date of the build and test and procurement timescales to have a county-wide offer in place for summer 2023 do not align to enable understanding of a large evidence base from the build and test.</p> <p>This is being mitigated by extensive engagement with other local authorities who have implemented a Technology Enabled Care Service, with opportunities to explore proportion of their population utilising technology, how the offer can be scaled up across the county and best practice to support culture change within the workforce.</p> |
| 8. Capacity and support from internal departments: Procurement, ICT, Finance and legal | <p>The success of the procurement and implementation will be subject to the expertise from procurement, ICT, finance and legal. However, with stretched resources, other activities within the Council and ambitious timescales capacity can be limited. If this is experienced this will be escalated to MADE DMT.</p> |

1.2.5 Scope and Deliverables

| In Scope | Out of Scope |
|--|---|
| <ul style="list-style-type: none"> • Telecare • Kara • Technology Enabled Care Services | <ul style="list-style-type: none"> • Technology Refresh Programme (TRP) • Mosaic main programme of works • Integrated Community Equipment Service (ICES) • Wheelchair Service |

The key deliverables for this project are:

- Technology Enabled Care Services specification and list of requirements to help formulate a procurement strategy and future direction for a countywide offer. The delivery of the service specification will be informed by market consultation and co-production groups with people who draw on care and support.
- Creating the foundations to fully utilise data from Care Technology.
- Build robust mechanisms to capture and evidence financial and non-financial benefits.

- Market consultation and engagement with a range of stakeholders, including local authorities with an existing Technology Enabled Care Service, providers in the market and people with lived experience.
- Consolidation and clarity of the Authority’s Technology Enabled Care offer to support implementation and culture change within the ASC workforce.
- Training, procedures and protocols to support culture change and to embed across ASC and partners.
- Effective communication and engagement plan to include people, providers, partners and the workforce.
- Design model to support integration with Partners and providers across the health and social care sector in Kent.

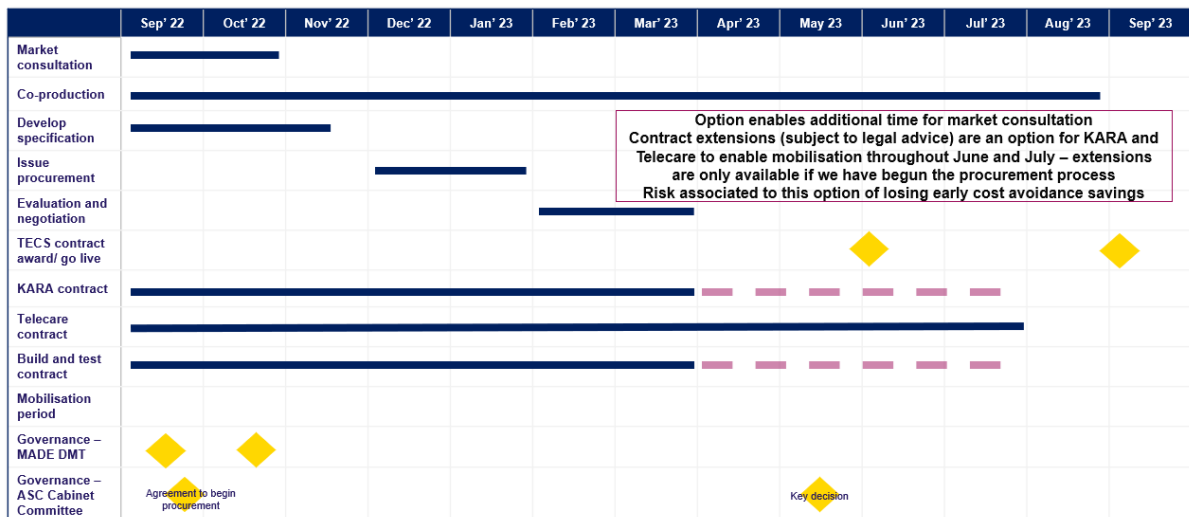
1.2.6 Project Dependencies

Existing Contracts

There are a number of Care Technology contracts in place across the authority. Having multiple contracts with similar provisions may not be achieving best value for money for the authority and therefore will be incorporated into the county wide contract. The existing contracts relating to this area are as follows:

| Contract | Start date | End date |
|-------------------------|---------------|--|
| Telecare | December 2015 | December 2022 (extended to August 2023) |
| Kara | April 2020 | April 2023 |
| Build and test contract | March 2022 | March 2023 |

The extension of the Telecare contract enables contracts to be brought together under the Technology Enabled Care Services contract from September 2023, reducing duplication and supporting more efficient use of resources. In order to provide more time to manage a successful contract award and mobilisation period, existing contracts KARA and build and test may receive direct award extensions until the end of August 2023.



KARA

The KARA carephone service supports 1047 people with an internet-based device that enables video and telephone with just a touch.

ASCH Practice Framework

The future methods of practice in Adult Social Care and Health will need to incorporate the Technology Enabled Care Service and embed a technology-focussed approach across all pathways and services.

The Technology Enabled Care Services team has worked closely with the project team supporting the Practice Framework, which will ensure the consistent application of a strengths-based approach across Adult Social Care. Practice documentation has been updated to ensure practitioners are giving consideration to the use of technology in assessing and meeting a person’s needs.

CYPE

Whilst the Technology Enabled Care Services contract will not initially incorporate CYPE, it will engage with CYPE staff to understand their needs and the contract will be designed to be sufficiently flexible to bring partners under the contractual arrangement in the future.

EMPOWERCARE and Digital Champions

The EMPOWERCARE project is working in partnership to support older people or 50+ with an additional health condition to improve the digital offer and find solutions for people disadvantaged by technical inability as part of an Interreg funded project which ends March '23. A fully trained volunteer team of 22 Digital Ambassadors have been delivering one to one training and support to 81 people who draw on care and support. All the learning from this has been shared with Digital Kent and is now being taken forward by this programme to ensure scale and sustainability.

Technology Enabled Care Facilitators

As part of the funding secured through the Empowercare project the Directorate has been able to test new roles to support the Adult Social Care workforce in developing their knowledge of technology and embedding it within their practice. The initial two Technology Enabled Care Facilitator roles have worked with teams across the county to build awareness and support teams in prescribing technology for people they are supporting. The role is funded up to March '23.

The new role of a Technology Enabled Care Officer is being considered under the development of the Locality Model. There will be an ongoing resource requirement to manage culture change, implementation and prescribing and data monitoring throughout the life of the contract.

Digital Kent

Digital Kent is working to improve digital inclusion and capabilities in the county of Kent. Digital Kent has a focus on community wifi, digital champions, device loaning scheme, engagement and skills development and local digital hubs.

Health

There are currently a number of activities that are in implementation or development with Health which have a digital focus:

- Falls prevention technologies, a project funded by Digital Transformation Fund up to March '23.
- The Department of Health Social Care has made funding available to all ICSs for the next four years as part of the digitising social care programme, to directly support the digital transformation of adult social care. The aim of the funding is to scale the adoption of care technology in Adult Social Care.
- Ongoing opportunities to improve hospital discharge by using technology.
- Virtual wards.

1.2.7 Project Assumptions

- The Technology Enabled Care Service contract will initially focus on Adult Social Care services. However, Partners including Children, Young People and Education, District Councils and NHS organisations will have the opportunity to access the contract and these opportunities will be developed during the lifetime of the contract.
- Kent and Medway ICB will wish to benefit from a Technology Enabled Care Service in the future. Engagement undertaken to date has identified a need for more evidence to be provided on the benefits of Technology Enabled Care to the Health system. The contract will be designed with the flexibility to enable partners to come on board during the life of the contract.

- Based on anecdotal evidence, it is assumed that supporting people through technology empowers them to live their lives and supports independent living for longer. Evidence to demonstrate this assumption is being gathered as part of the Technology Enabled Care build and test and will inform the long-term commissioned offer.
- The new technology offer will digital-focused in readiness for the digital switchover which will be complete by December 2025. It is assumed that digital solutions will be more expensive than the historic analogue version, but implementation at an early stage will represent better value for money than investing in analogue devices. Using digital solutions brings more benefits such as it is evident when they are being used unlike analogue which is only known if used in a situation, which can lead to a follow up if digital solutions are not being used.
- Within the specification for the Technology Enabled Care county wide contract there will be a requirement to migrate people with KARA who are Care Act eligible to the new service offer and have a Technology Enabled Care assessment. For people who do not have Care Act eligible needs, there is an opportunity to offer a private pay option once the KARA contract ends in April '23.
- Existing users of Telecare will be transitioned to the TECS offer and have a TECS assessment to determine the right solution from the new offer.

1.2.8 Project Constraints

National legislative frameworks, including but not limited to, the Care Act and Mental Health Act, Equality Act 2010, must be adhered when changes are applied during and after the project lifecycle.

The Care Act 2014 placed a statutory duty on councils to prevent, reduce and delay needs and to provide information and advice services relating to care and support for all people in its area. Options for changes to the prescription and use of assistive technology and equipment must align with the requirements under the Care Act (2014) along with KCC's strategic outcomes and the Directorate's strategies and plans.

1.2.9 Wider Impact Assessments (Equalities, Environmental and Privacy)

Please refer to the Data Protection Impact Assessment (DPIA) under Appendix 1.

Please refer to the Equalities Impact Assessment (EqIA) under Appendix 2.

2 Economic Case

2.1 CRITICAL SUCCESS FACTORS (CSF)

The critical success factors (CSFs) are follows:

- Develop a robust data evidence base which is used to proactively support independence, improve outcomes and generate insights about future service requirements and population-level need, and support a data-led approach to practice.
- A clear and innovative offer that empowers people, supports independent living and provides greater choice and control.
- Proactively considering assistive technology across the social care pathway, including but not limited to, at the first point of contact, care and support assessments and reviews and enablement support.
- A flexible model that enables Technology Enabled Care to develop over time and explore benefits of partnership working.
- To develop the private pay market, exploring options for promoting Technology Enabled Care to self-funders and commercial opportunities.
- Maximise efficiencies in ASC and embed digital technologies to manage demand. From the start ensuring systems in place to collate and report comprehensive and reliable data, that show the financial and non-financial benefits and impact of Technology Enabled Care.

For people who draw on care and support, the Technology Enabled Care offer will need to:

- Enable people to improve or maintain their independence for as long as possible in an environment they want to be in
- Empower people and enable greater choice and control
- Be an integral part of the care pathway and tool for the workforce to support people
- Ensure digital is considered for all when it comes to meeting identified outcomes for the person
- Be outcomes focused, where the most appropriate technology is provided to meet the persons needs and outcomes
- Be embedded within operational practice of social care professionals
- Embrace the latest innovations in technology as well as alternative provisions to meet people's care and support needs. Ensure that the service is not confined by one or a few solutions, with a broad ecosystem of providers and types of technologies.

2.2 Technology Enabled Care Services – County-wide offer

The options considered were assessed against the Critical Success Factors identified above and have been developed in consultation with people who draw on care and support, key stakeholders including ASC staff and the Making a difference every day Directorate Management Team.

A full options appraisal for the Technology Enabled Care county-wide offer can be found under Appendix 3.

A short list was then formulated as potential opportunities:

1. Do Minimum

This option represents the current situation and provides a baseline against which the other short-listed options will be measured.

| | |
|---------------------------|---|
| Scope: | County-wide delivering TEC service flexible/ adaptive products. Incorporate existing contracts |
| Service Solution: | The following service elements are managed in isolation from one another and possibly by multiple providers: <ul style="list-style-type: none"> • Assessment • Products • Installation • Monitoring and response service • Data dashboards |
| Delivery: | All processes are outsourced to external provider(s): <ul style="list-style-type: none"> • Assessment • Products • Installation • Monitoring and response service • Data dashboards |
| Implementation Timeframe: | Phased go-live which prioritises transition to the new contract for: <ul style="list-style-type: none"> • Existing Telecare • Existing KARA • Existing Build & Test TECS <p>Mobilisation period from June – August focuses on supporting migration</p> <p>County-wide contract go live September 2023 onwards</p> <p>Emphasis on innovation. TEC partnership will evolve to reflect ongoing transformative nature of technology.</p> |

| | |
|----------------------|---|
| | Working with partners to develop opportunities and maximise potential commercial opportunities. Identifying additional cohorts of people that may benefit. Over the life of the contract activity will increase year on year |
| Rationale for option | Although this option will be cheaper to deliver, it fails to address the requirement for innovation and culture change which seeks to embed the Technology Enabled Care approach across all ASC pathways. Therefore, with this option there is a risk that a service will be procured but not utilised. |

2. Less Ambitious than Preferred

This option represents the desired level of service modification based on the minimum level of change and spend identified at each stage of the long list exercise:

| | |
|---------------------------|---|
| Scope: | County-wide delivering TEC service and flexible/adaptive products. Incorporate existing contracts. With innovation, service development and culture change |
| Service Solution: | The following service elements are managed by one provider: <ul style="list-style-type: none"> • Assessment • Products • Installation • Monitoring and response service • Data dashboards |
| Delivery: | Some processes are outsourced to external provider(s): <ul style="list-style-type: none"> • Products • Installation • Monitoring and response service <p>Assessment, referrals and data managed in-house by KCC staff</p> |
| Implementation Timeframe: | Phased go-live which prioritises transition to the new contract for: <ul style="list-style-type: none"> • Existing Telecare • Existing KARA • Existing Build & Test TECS <p>Mobilisation period from June – August focuses on supporting migration</p> <p>County-wide contract go live September 2023 onwards</p> <p>Emphasis on innovation. TEC partnership will evolve to reflect ongoing transformative nature of technology.</p> |

| | |
|----------------------|---|
| | Working with partners to develop opportunities and maximise potential commercial opportunities. Identifying additional cohorts of people that may benefit. Over the life of the contract activity will increase year on year |
| Rationale for option | Although this option would meet the majority of the critical success factors, it fails to include the development of the private pay market. Additionally, there is limited-service development and culture change, which means that the maximum benefits of implementing Technology Enabled Care are unlikely to be realised and technology will not be fully embedded across ASC pathways |

3. Preferred Option

This option represents the desired level of service change and spends (£) predicated upon the **Preferred** way forward identified at each stage of the long list exercise:

| | |
|-------------------|--|
| Scope: | <p>County-wide TEC service and products which is outcome focused and not solution led (digital telecare, assistive technology, remote monitoring and virtual solutions and apps), which is flexible and adaptive. Incorporate existing contracts KARA and Telecare and manage switch over.</p> <p>Strategic input on the delivery and development of TEC services. Embed innovation through practice (culture) and seek new ways of working. Develop our partnerships and opportunities. Emphasis on delivering innovation, commercial capability and private pay. Tracking and realisation of financial and non financial benefits.</p> |
| Service Solution: | <p>A TEC Partner delivers core TEC requirements:</p> <ul style="list-style-type: none"> • Assessment and Referrals • Products • Installation • Monitoring • Data dashboards <p>TEC Partner provides strategic and extended management input for the implementation, development and management of TEC.</p> <p>The TEC Partner may deliver via sub-contractors or consortia of providers</p> |
| Delivery: | <p>The TEC Partner works closely with KCC TEC Facilitators to implement the core service, manage data and embed the approach in practice, developing new working. Works with us to explore commercial opportunities/ private pay market/ self-funder offer</p> |

| | |
|---------------------------|---|
| | The model enables KCC to upskill and embed innovation through practice over the life of the contract |
| Implementation Timeframe: | <p>Phased go-live which prioritises transition to the new contract for:</p> <ul style="list-style-type: none"> • Existing Telecare • Existing KARA • Existing Build & Test TECS <p>Mobilisation period from June – August focuses on supporting migration</p> <p>County-wide contract go live September 2023 onwards</p> <p>Emphasis on innovation. TEC partnership will evolve to reflect ongoing transformative nature of technology. Working with partners to develop opportunities and maximise potential commercial opportunities. Identifying additional cohorts of people that may benefit. Over the life of the contract activity will increase year on year</p> |
| Rationale for option | This option is the preferred option due to its ability to meet and/ or exceed all of the Critical Success Factors. The partnership model outlined in this option will enabled KCC to benefit from the expertise to drive change and embed TEC, achieving the benefits outlined in the business case and ensure there are effective ways to measure and demonstrate the impact of TEC. |

4. More Ambitious than Preferred

This option represents the desired level of service change based on the maximum level of change and spend identified at each stage of the long list exercise:

| | |
|--------|--|
| Scope: | <p>County-wide TEC service and products (digital telecare, assistive technology, remote monitoring and virtual solutions and apps), which is flexible and adaptive. Incorporate existing contracts KARA and Telecare and manage switch over.</p> <p>Embed innovation through practice (culture) and seek new ways of working. Develop our partnerships and opportunities Tracking and realisation of financial and non financial benefits. Emphasis on delivering innovation, commercial capability and private pay. Strategic input on the delivery and development of TEC services</p> |
|--------|--|

| | |
|---------------------------|---|
| Service Solution: | <p>A TEC Partner delivers core TEC requirements:</p> <ul style="list-style-type: none"> • Referrals • Products • Installation • Monitoring • Data dashboards <p>TEC Partner provides strategic and extended management input for the implementation, development and management of TEC.</p> <p>The TEC Partner may deliver via sub-contractors or consortia of providers</p> |
| Delivery: | <p>The TEC Partner works closely with KCC TEC Facilitators to implement the core service, manage data and embed the approach in practice, developing new working. Works with us to explore commercial opportunities/ private pay market/ self-funder offer</p> <p>The model enables KCC to upskill and embed innovation through practice over the life of the contract</p> |
| Implementation Timeframe: | Big bang – go-live on 1 June 2023 with a full county-wide service across the entire scope |
| Rationale for option | <p>This option is the preferred option due to its ability to meet and/ or exceed all of the Critical Success Factors. The timescales for the procurement of the Technology Enabled Care Service are extremely tight and the contract will not be awarded until late March 2023. It is therefore not viable to mobilise the entire service ready for a big bang go-live on 1 April 2023.</p> |

The preferred option (option 3) was endorsed as the preferred approach by Making a difference every day DMT in July 2022.

2.3 Technology Enabled Care – Financial Charging and Assessments

Under the preferred option, there is the scope to explore charging for the Technology Enabled Care service in the future, subject to legal advice and undertaking public consultation. The charging position is explored in full under Section 4 – Financial Case. In this section, a number of options for charging and assessments are explored below.

It should be noted that evidence from other authorities suggests that the resource investment required to implement and manage a charging process is likely to outweigh the financial benefits of charging, given the relatively low unit cost per person of the service.

1. Nominal Fee

KCC could explore a “nominal fee” for Technology Enabled Care which would help the Council recover some of its costs and would still be an affordable option for people.

| | |
|-------------|---|
| Strengths | <ul style="list-style-type: none"> Income opportunity for the authority |
| Weakness | <ul style="list-style-type: none"> Resource intensive claiming and managing fees People getting into debt for not paying fees Encourages KCC to be provider and not a facilitator |
| Opportunity | <ul style="list-style-type: none"> Providing choice and control to people for securing their own technology outside of the Authority’s arrangements |
| Threat | <ul style="list-style-type: none"> Charging creates barriers for people engaging with Technology Enabled Care resulting in an impact on culture change and loss of potential benefits linked to prevention Managing the charging process is associated to increased resource costs which would likely outweigh the benefits of charging a nominal fee |

2. Means Tested

The cost forms part of the cost of the overall care package (means tested).

| | |
|-------------|--|
| Strengths | <ul style="list-style-type: none"> Becomes integral as part of the social care pathway Greater alignment of technology to meet unmet eligible needs |
| Weakness | <ul style="list-style-type: none"> Limited income opportunities for the Authority Significant change required to financial assessment processes and likely to drive cost in terms of resource to manage the processes |
| Opportunity | <ul style="list-style-type: none"> Supports culture change for social care professionals to think ‘Digital First’. |
| Threat | <ul style="list-style-type: none"> Self-funders will be impacted through the means tested approach as those who partly contribute towards their care will remain the same Managing the charging process is associated to increased resource costs which would likely outweigh the revenue benefits of charging |

3. No Charging

This means that Technology Enabled Care is provided free of charge to people that are eligible for social care, ensuring the design to identify and allocate TEC is robust and effective ways to track outcomes.

| | |
|-------------|--|
| Strengths | <ul style="list-style-type: none">• Becomes integral as part of the social care pathway• Removes any financial barriers to accessing Technology Enabled Care• Keeping simple and accessible as possible |
| Weakness | <ul style="list-style-type: none">• Cost driver for the Authority |
| Opportunity | <ul style="list-style-type: none">• Supports culture change for social care professionals to think 'Digital First'• There remains an option to explore a 'private pay' option for self-funders which could generate revenue |
| Threat | <ul style="list-style-type: none">• Potential to over-prescribe technology in cases where it isn't appropriate and adverse impact on achievement of outcomes |

3 Commercial Case

3.1 PROCUREMENT STRATEGY - Technology Enabled Care Service

In order to achieve the vision for the Technology Enabled Care Service and the outcomes associated to the Making a difference every day approach, Adult Social Care will need to draw on the experience and expertise in the provider market. This provides the Directorate with access to the full range of emerging technologies available in the market, the installations and onboarding, and the culture change activities to embed a technology-focused approach in ASC practice. It is recognised that, at present, the required levels of expertise and capability do not exist within ASC to build, implement and deliver a Technology Enabled Care offer in-house.

In July 2022, a Prior Information Notice (PIN) was issued to the market to outline ASC's vision and requirements for the Technology Enabled Care offer. Subsequently, a series of market consultation events were held in July and August 2022 to understand the capability of the Technology Enabled Care market and help shape the requirements for the service. The events provided an insight into the large number of providers operating in the Technology Enabled Care market and the vast number of products that could meet a mixture of care and support needs for both health and social care. Feedback from the market consultation events will be fed into the development of the specification, and further market consultation will be undertaken on the draft service specification.

Market consultation events held in August 2022 highlighted a desire from some providers to engage in a competitive dialogue procurement process rather than competition with negotiation. However, the competitive dialogue process is associated to much longer timescales and will take a minimum of 18 months to deliver from the commencement of market engagement activities. Given the requirement to have a new Technology Enabled Care Service in place prior to the end of the existing Telecare contract in August 2023, it is not viable to utilise a competitive dialogue process.

However, consultation with the market was extended throughout September 2022 and providers had the opportunity to engage with the Authority on key topics relating to service delivery including:

- Migration and costs/ benefits
- Outcomes and key performance indicators
- Culture change
- Basket of goods and e-marketplace.

Concurrent to the market engagement activities, a co-production group has also been established with people who are experts by experience. This group will work closely with the project team and commissioners to ensure that the service offer

meets the requirements of people who draw on care and support, and that it is futureproof for the changing needs Kent's population.

Tender submissions will be evaluated based upon a two phased approach:

1. Compliance questions and Selection Questionnaire
2. Quality, Price and Social Value

It is recommended that the tender be evaluated using a weighting of 70% Quality, 20% Commercial and 10% Social Value. The process will apply thresholds to both the technical and commercial envelopes.

Bidders will be required to 'pass' each respective phase/stage to be considered for evaluation at the next stage. This will be clearly set out in the Invitation To Tender. The approach will provide assurance of the bidders' ability to meet our minimum standards, through asking confirmation of basic 'compliance questions' (e.g., in relation to IT systems requirements, LLW etc). The Selection Questionnaire will provide assurance regarding minimum standards, as well as mandatory/discretionary exclusions.

There will be a full financial evaluation of the bidders based on a credit check and supplemented by full assessment of their financial accounts to provide assurance on their robustness. A detailed assessment/evaluation of their substantive response in relation to the quality questions, social value considerations and price responses will then be undertaken.

The technical aspect will have a weighting of 70% applied. The final weighting for each section has still to be determined but will be distributed based on the importance of each section. The weighting of 70% recognises the importance of the quality element within the contract; given the emphasis on innovation and culture change, it is crucial that the evaluation methodology reflects the approach.

The social value aspect will have a weighting of 10% applied. The social value element of the contract aligns to the aspirations set out in Kent County Council's strategy Framing Kent's Future and recognises the importance of strengthening Kent's economy through the development of workforce skills, job opportunities and improving life in deprived communities.

The price evaluation process will ensure the most competitive bid (lowest price per unit) in achieves the maximum weighted commercial score of 20%. Thereafter the lowest bid price submitted is divided by the other individual tenderer's bid prices and multiplied by the percentage weighting as set out below:

Lowest submitted total contractual price x20%

Tenderer's submitted total contractual price

Suppliers will be asked to complete the pricing schedule when submitting their prices to outline how much they will charge as outlined in the price schedule. The total contract price will be used for evaluation purposes. Suppliers will be asked to complete the pricing schedule to get an understanding of the spend.

The scores for each respective area will be consolidated to establish lowest total price receiving the 20%. By ensuring a focused and targeted approach to evaluation, with the important items within the elements of the pricing weighted appropriately will ensure that we achieve best value and a commercial offer that works the best.

The proposed timeline for the procurement activity is as follows:

| Activity | Dates |
|--|---------------------|
| Further market engagement on the proposed specification | Early October '22 |
| Adult Social Care Cabinet Committee decision to go to market | 17 November '22 |
| Issue Selection Questionnaire to market | 6 December '22 |
| Questionnaires returned | 5 January '23 |
| Issue Invitation to Tender | 23 January '23 |
| Tenders returned | 22 February '23 |
| Evaluation and recommendation | 6 March '23 |
| Best and final offer OTT | 15 March '23 |
| Response | 23 March '23 |
| Negotiation | 23 March '23 |
| Contract award | 1 June 2023 |
| Mobilisation | 1 June 2023 onwards |

It is proposed the contract is put in place for 5 years with a 2 year extension option. The length of the contract recognises the significant culture change that is required within the Adult Social Care workforce to fully embed a technology-focused

approach. Within the life of the contract, it is expected that expertise and skills currently only available in the provider market are transitioned to the ASC workforce via culture change and training activities, and that more of the core TECS activities can be delivered in-house.

The proposed service model will be split into 4 areas:

- Supply, installation and maintenance of the technology devices
- Device monitoring
- Strategic partner to provide management, advice and change management, initially change and implementation new transformational streams, i.e. process/culture etc. Other elements will be added into the contract over the life of the contract term.
- A person-centred assessment (practitioner element) to support our staff and people we support with the new ways of working. Culture change.

The standard KCC clauses will be used to agree the contract terms and the invoice will be charged monthly in arrears. The route to market will be competition with negotiation and standard timescales will be applied. Bespoke terms and conditions will need to be developed to support the proposed model – in particular in relation to managing leasing of equipment and determining an appropriate shelf life for devices and access to a basket of goods.

3.2 Market analysis

Extensive market insights have been gained through activities to develop the countywide offer, including:

- Desktop research and understanding of models and best practice in local authority areas
- Engagement with other local authorities who have implemented a Technology Enabled Care Service
- Market consultation activities subsequent to issuing a Prior Information Notice via the Kent Business Portal
- The procurement of the Technology Enabled Care build and test contract which began in late 2021 and was awarded to NRS Healthcare in March 2022.

The Technology Enabled Care market is a mature market which has advanced and expanded beyond the use of basic Telecare wearable technology and alarms, which have been widely utilised across health and social care for many years. The market now offers a wider range of technological solutions which range from simple solutions such as apps and hydration cups to sophisticated monitoring solutions which can be installed in someone's home and deliver live data about how people interact within their environment.

The market has a real mixture of large providers who have a well-established presence and proven record of delivering large contracts, and Small and Medium Enterprises who have more recently entered the market. There are approximately half a dozen significant providers in the market who have the existing infrastructure, systems and expertise to deliver an end-to-end Technology Enabled Care Service and already hold contracts with other local authorities in England. These providers typically sub-contract to Small and Medium Enterprise (SME) suppliers who are the developers of the technologies and software that make up the market and specialise in a specific area of the technology market.

The Technology Enabled Care Service model in Kent will be composed of a number of constituent parts including sourcing and procuring technology solutions, assessing for Technology Enabled Care, installing and managing devices, monitoring devices via an Alarm Receiving Centre and management and consultancy for culture change in Adult Social Care. There are very few suppliers in the market who would individually be capable of delivery all of these elements, but it is anticipated that the service will be delivered via a prime provider and sub-contractor/ consortia arrangement.

We have been able to gain insight about the costs of various activities under a Technology Enabled Care Service from discussions with other local authorities, who have provided figures linked to the cost of leasing and monitoring devices, managing installations and delivering culture change activities to the Adult Social Care workforce. Financial modelling has been undertaken based on cost figures provided by Essex County Council, which place the average cost at £25 per month for leasing devices.

Experience from the Technology Enabled Care build and test project has demonstrated that providers within the market are largely willing to work collaboratively and understand the value of ensuring that their systems and products interface effectively with other. Many local authorities implementing Technology Enabled Care Services are delivering a device-agnostic approach to ensure that a wide range of devices can be tailored to individual needs, requiring suppliers to be flexible in their ability to integrate their platforms.

Additionally, market consultation activities undertaken throughout August and September 2022 have demonstrated a clear appetite in the market for this contract and a ready willingness to engage with the Authority to inform the development of a robust service model.

The full Commercial Case is available under Appendix 5 of this document.

4 Financial Case

4.1 INTRODUCTION

Financial modelling has been undertaken with Finance and Strategic Analytics to model future demand for the service and determine a cost envelope for the contract value.

The Technology Enabled Care Service represents a new offer for KCC, despite incorporating existing Telecare and KARA users. At this stage, there is an insufficient evidence base from the build and test to make financial assumptions about scaling up the service across the county. Therefore, financial modelling is being undertaken based on cost evidence from other local authorities who have implemented a similar Technology Enabled Care Service, assumptions about the take-up of the service over the life of the contract and demographic forecasting informing the impact on demand for ASC services.

Values for the financial model are largely based on engagement with other local authorities who have shared costings for their own Technology Enabled Care Service demand and costs associated to device leasing, device monitoring and cultural change activities. Other local authorities have also shared insights about their benefits realisation models including the impact of increasing the use of technology in favour of traditional care and support methods.

Using insights and evidence from other local authorities combined with KCC's own performance and analytics data, a number of different scenarios have been modelled to develop a 'cost envelope'. The financial scenarios are based on a 5+2-year contract and the indicative value for each scenario is provided below:

| Scenario | Value |
|--|-------------|
| Scenario A – Making a difference every day diagnostic Users for the service grow year-on-year as Technology Enabled Care is embedded in practice Scenario A is based on the modelling for Making a difference every day; it will include new starters for all Adult Social Care | £21,258,204 |
| Scenario B – Essex Model Based on engagement with Essex, who have a mature Technology Enabled Care Service contract Existing Telecare users and a small proportion of existing KARA users transfer into the new contractual arrangement Service growth is relatively low – only 30% growth from the starting figure over 3 years | £16,006,575 |
| Scenario C – Hampshire Model Based on engagement with Hampshire, who have a mature Technology Enabled Care Service contract Existing Telecare users and a small proportion of existing KARA | £17,220,878 |

| | |
|---|-------------|
| users transfer into the new contractual arrangement Service growth is slightly higher than Essex model, with 38% service growth from the starting figure by Year 5 | |
| Scenario D – Ambitious service growth Based on ambitions outlined by our Digital Coach; this is predicated on best practice in other local authorities and existing Technology Enabled Care service models Growth is more ambitious and is set at 35% in Year 2 and 50% in Year 3. | £27,585,392 |

The indicative financial value for the contract is between £16,006,575 and £27,585,392 over a 5-year contract with a 2-year extension option; the indicative values incorporate the potential contract extension period. The indicative cost avoidance and prevention savings are between £7.6m and £35.3m over the life of the contract. This does not take account of the value if partners such as Health or Children, Young People and Education join the contract framework during its lifespan.

| scenario | Value | Cost Avoidance Opportunity |
|---------------------------------|-------------|----------------------------|
| A Making a difference every day | £17,484,778 | £10,577,046 |
| B Essex Model | £16,006,575 | £7,581,139 |
| C Hampshire Model | £17,220,878 | £10,279,488 |
| D Ambitious Growth | £27,585,392 | £35,919,626 |

4.2 SUMMARY OF FINANCIAL APPRAISAL

All financial scenario models are based on the following assumptions:

- A proportion of existing users for Telecare, KARA and the build and test will transfer into the new service during the mobilisation period
- All cohorts of people supported by Adult Social Care will access Technology Enabled Care
- The service will be separated into a short-term (up to 10 weeks) and long-term offer
- The model will incorporate the anticipated impact of the Social Care Reform, including the increased number of assessments for social care and will be based on the current proportion of people who receive an assessment from Adult Social Care and go on to receive a care and support package
- The model will incorporate anticipated increases in demand for services due to the changing demographics in Kent and ageing population

- A proportion of the existing cohort receiving care and support from Adult Social Care will receive Technology Enabled Care as the result of an annual review
- The cost of the service (leasing devices, monitoring devices and culture change activities) remains the same across all scenarios; scenarios are differentiated according to the level of service growth that can be achieved
- Cost avoidance is modelled based on 2 hours reduction in the need for community services based on the average Care and Support in the Home rate; this is based on findings from other local authorities who have implemented Technology Enabled Care. The model does not account for other cost avoidance opportunities such as delaying entry to residential and nursing care; a full benefits plan will be co-designed with the provider during the mobilisation period which will explore other cost avoidance opportunities
- Service starts include Day care, Extra Care, Homecare, Nursing, Resi, Shared Lives, SIS/ Supported Living
- The financial model does not take into account the opportunity to generate revenue via charging or a private pay offer in the future
- Long term service starting figures are based on all unique starts in Adult Social Care services between May 18 and August 22 – figures are taken as an average across this period
- Short term service figures are taken from April 18 to August 22 – the KEAH starts have been reduced because KEAH capacity has been reduced by the amount of cover required for community services – figures are taken as an average across this period
- We have assumed that the Older People will use the service for approximately 2 years
- The figures will take the average new starts since May 18 and apply the projected trajectory in growth (based on population growth only, not Social Care Reform from Strategic Analytics) over the life of the contract to the projected new starts.
- The figure used to calculate cost avoidance uses the figure originally used to calculate savings opportunities in 2021; however, since this time the average package of care cost has increased due to a higher proportion of individual contracts and uplifts. Future cost avoidance opportunities may also include reviews.

The service will not have any capital costs; it will be entirely revenue cost.

4.3 CHARGING POSITION

There are a number of charging implications associated to the design and implementation of the new Technology Enabled Care Service. Under the Care Act 2014, there is a statutory duty on councils for prevention, information and advice.

The council's duty for prevention does not extend to the need to pay for preventative services that would help delay or prevent the onset of care needs. It is however required to promote and provide information and advice as to how individuals can undertake such preventative measures themselves.

Historically, KCC has not charged for aids, adaptations or equipment and Telecare has accordingly been provided as a non-chargeable service. Charging for preventative services may be considered, but the Local Authority must 'balance the affordability and viability of the activity with the likely impact that charging may have on uptake'.

Whilst charging for the Technology Enabled Care Service is not within the initial contract scope, further consideration will also be given to the possibility of charging over the life of the contract. Market research and engagement with other local authorities has demonstrated that some authorities have a charging policy in place as Technology Enabled Care is non-statutory. There is also scope to delineate between a short-term service for the purpose of hospital discharge or assessment, which could be non-chargeable, and between a long-term service which is part of a wider package of care and support and could be chargeable in the future.

However, some Councils that have successfully implemented Technology Enabled Care do not have a charging policy in place as charging can be seen as a barrier to the increased take up and non-charging supports the drive to consider digital first. Additionally, some other local authorities who have implemented a Technology Enabled Care Service have advised that the cost of the resource required to manage the charging process will outweigh the revenue generated by charging. These options are explored in more detail in the options appraisal and Financial Case.

Guidance on the Directorate's aspiration to explore charging has been sought at Making a difference every day DMT and Finance and Policy Group. It is recognised that having some elements of the service as chargeable may be a viable option and would align KCC with other local authorities who have embedded a Technology Enabled Care Service. However, Finance and Policy Group have advised seeking legal advice for clarity on charging issues.

Any decision to charge for Technology Enabled Care Services will need to be subject to public consultation due to the incorporation of existing Telecare and KARA users within the new contract; any change to charging would represent a change in their service. There is not sufficient time to develop a charging proposal and undertake public consultation in advance of publishing the procurement for the new service; therefore the contractual arrangement will enable a potential change to be made during the life of the contract. This will ensure that KCC is able to undertake appropriate exploration activities, public consultation and go through relevant

governance before any change to the charging position is made over the life of the contract.

4.4 OVERALL AFFORDABILITY

The total budget for the Technology Enabled Care Service is anticipated to be up to £28.1m over the expected lifespan of the 5+2-year contract period. This is the value that needs to be accounted for when managing budgets internally within Adult Social Care.

However, the contract value advertised to the market will be higher; this will be with the intention of enabling partners such as the NHS and Children’s, Young People and Education Services to join the contract during its life. Advertising the contract at a higher value will enable partners to join the contract at a later stage but will mean that the contract does not have to be re-procured. However, this higher value will not impact the Adult Social Care budget as partners joining the contract will fund their own activity costs.

MADE DMT on 5 October 2022 agreed for financial model D – ambitious growth.
The table below shows the budget required each year for this service.

| | 23/24 | 24/25 | 25/26 | 26/27 | 27/28 | 28/29 | 29/30 |
|-------------------------|---------|---------|---------|---------|---------|---------|---------|
| | £000's | £000's | £000's | £000's | £000's | £000's | £000's |
| Anticipated annual cost | 1,853.6 | 2,904.1 | 3,674.9 | 4,333.8 | 4,776.3 | 4,998.9 | 5,043.8 |
| Current funding | 989.3 | 1213.9 | 1213.9 | 1213.9 | 1213.9 | 1213.9 | 1213.9 |
| Funding required (Yr 1) | 864.3 | 864.3 | 864.3 | 864.3 | 864.3 | 864.3 | 864.3 |
| Funding required (Yr 2) | | 825.9 | 825.9 | 825.9 | 825.9 | 825.9 | 825.9 |
| Funding required (Yr 3) | | | 770.7 | 770.7 | 770.7 | 770.7 | 770.7 |
| Funding required (Yr 4) | | | | 659.0 | 659.0 | 659.0 | 659.0 |

| | | | | | | | |
|--|---------|---------|---------|---------|---------|---------|---------|
| Funding required (Yr 5) | | | | | 442.4 | 442.4 | 442.4 |
| Funding required (Yr 6) | | | | | | 222.7 | 222.7 |
| Funding required (Yr 7) | | | | | | | 44.9 |
| Total Funding | 1,853.6 | 2,904.1 | 3,674.9 | 4,333.8 | 4,776.3 | 4,998.9 | 5,043.8 |
| For year 23/24 the funding available is lower compared to following years as this takes into account telecare contract extension costs up to August '23 and direct award for KARA up to August '23 | | | | | | | |

Each year the service grows with increased number of people being supported with Technology Enabled Care, therefore each year will require additional funding. From 23/24 the additional funding of £864,300 will be from demography monies

From 24/25 onwards the Social Care Reform presents opportunities with at least £150 million of additional funding being made available over the next three years to drive greater adoption of technology. The review of Disabilities Facilities Grant and the proposed changes puts more focus on technologies. The Disabilities Facilities Grant Fund is delivered by local places through the Better Care Fund, which means local areas should be taking advantage of these opportunities to work together. Exploration conversations will take place on how to better utilise the funding to deliver the best outcomes for our communities. There is also consideration to using some of the Disabilities Facilities Grant element that KCC already receives to cover the cost of providing equipment to people supported by Adult Social Care.

5 Management Case

5.1 Introduction

The Management case sets out the project approach, governance and controls to ensure successful delivery of the recommended option. It will also explore the requirements for the long-term management of the contract once it has been implemented and the project has handed to business as usual.

The Technology Enabled Care Service is being developed through collaboration with a wide range of stakeholders, in recognition of the strategic importance and complexity of the service. Extensive work has been undertaken with internal stakeholders including practice representatives and operational teams, Strategic Commissioning and Procurement, Finance and Performance and Analytics.

Insights from ASC practitioners have been gathered through work with Prescribers and teams in the TECS Build and Test. Interdependencies have also been managed with the Practice Framework and updated Mosaic documentation which will prompt practitioners to give consideration to the use of technology in planning care and support.

Sub-groups have also been formed with representatives from Procurement, Strategic Commissioning, Finance and Performance and Analytics to ensure that the development of the TECS offer is informed by a wide range of internal expertise and that the service integrates effectively with existing business processes and systems.

Crucially, a Co-production Group has been established which focuses on ensuring that the service is designed from the outset around the needs of its future users, and is based on the insights of experts by experience. The group was established in July 2022 and will run until the end of the mobilisation of the Technology Enabled Care Service in August 2023; the group will play a key role in the development of the service specification, have oversight of the procurement process and be involved in the evaluation of provider bids.

5.2 Project governance and reporting arrangements.

The project will report to the following agreed governance arrangements:

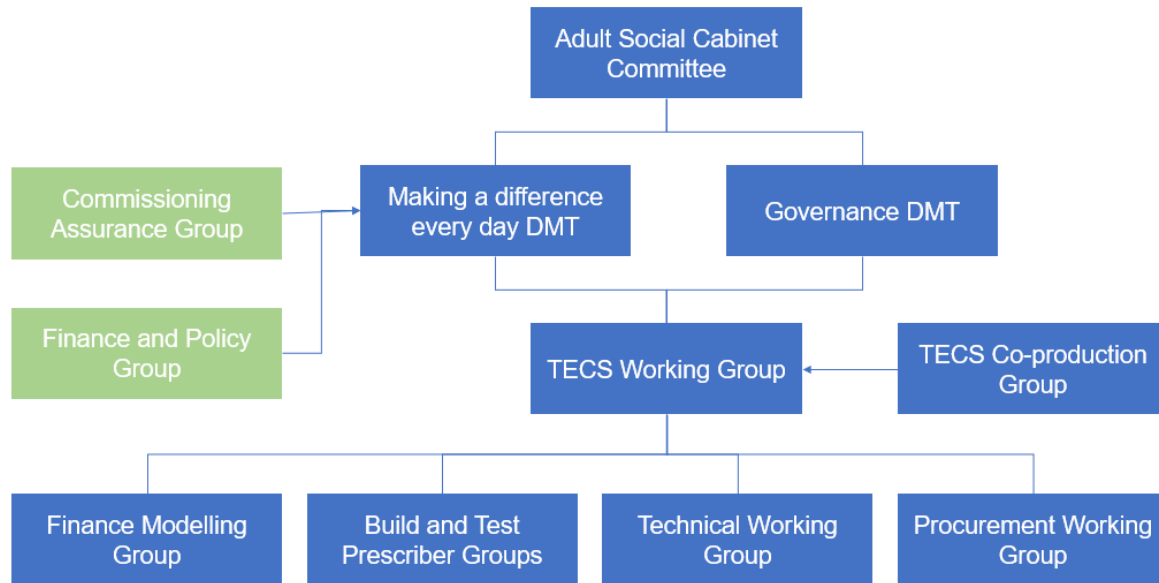


Figure 1: Reporting pathway route

***DMT**

- **Governance DMT** – this replaces the ASCH Governance Board and has the same membership
- **Making a difference every day DMT** – core members including Corporate Director ASC and Making a difference every day SRO, covering milestones, risks and Making a difference every day activity that requires a decision
- **Members update** – replaces assurance board to give assurance to members on the work that is being done, progress

Other technical support will be sought when required, including but not limited to, IT and Legal. Close working with IT, Systems and Performance and Strategic Analytics is underway to define the technical requirements for the contract which will enable the effective collection and utilisation of data to achieve improve outcomes for people receiving the Technology Enabled Care Service.

There are significant implications relating to the use of data that arise as the result of implementing a Technology Enabled Care Service, particularly how data is managed across the wider health and social care system and how data is reported at a secondary level to manage population-level health and wellbeing.

5.3 Project Structure

The project will use the agreed structure specified by the ASC Portfolio & Project Management Function. The structure defines the relationship and escalation path for the project team.

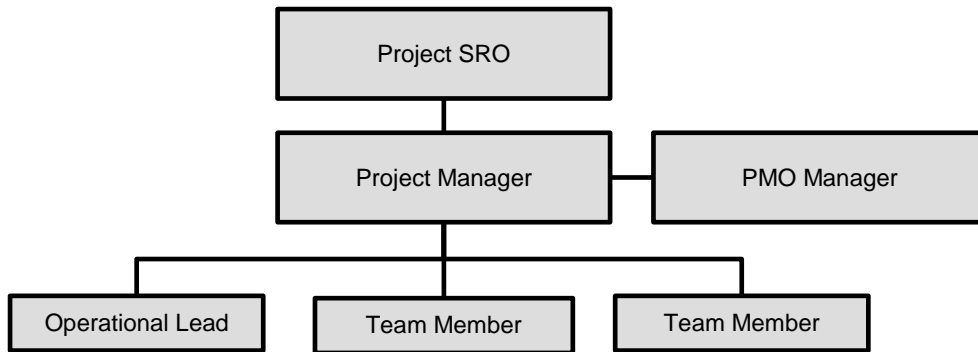


Figure 2: Project structure

5.4 Project team roles and responsibilities

To ensure the successful delivery of the project, clarity is required. Uncertainty can dramatically affect both individual and organisational performance. Clear roles and responsibilities for the project team are as follows:

| Name | Job Title | Project Role | Key Project Responsibilities |
|------|-----------|--|--|
| | | Project Manager | <ul style="list-style-type: none"> – Well versed in project management methodologies in order to co-ordinate activities in a project environment. – Develop and maintain a detailed project plan and monitor project progress and performance; making sure project milestones and deliverables are in line with the project plan and being held accountable for delivery. – Have a conscious awareness of the strategic importance around delivering the project and have the authority to drive it forward. – Recording and managing project risk and issues and escalating to Project Steer Group / Project Board where necessary. – Managing the improvement cycle and conducting in-depth data analysis. – Reporting the project at regular intervals (monthly) to the Portfolio Delivery Manager (PDM). |
| | | Project Senior Responsible Owner (SRO) | <ul style="list-style-type: none"> – Own the business case and the realisation of the benefits. – Will manage some of the key stakeholders. – Help to identify key strategic and business risks. – Approve any changes to project scope as alterations may affect the potential for the delivery of the benefits in the business case. – Visible owner of the overall business change. – Key leadership figure to drive the change forward. – Be prepared to make decisions and should be proactive in providing leadership and direction throughout the life of the programme. – Secure the necessary investment for the business change. |
| | | Operational Lead | <ul style="list-style-type: none"> – Monitor, input and maintain the Project Tracker. – Work alongside Performance, Operational staff, Finance etc. to ensure accurate and credible data is |

| Name | Job Title | Project Role | Key Project Responsibilities |
|------|-----------|--------------|--|
| | | | <p>being collected.</p> <ul style="list-style-type: none"> – Lead in the facilitation of various project workshops as needed – Assist in the development of the project implementation plan. – Reporting to monthly project meetings. – Support discussion at SMT – Support development of governance documents |
| | | Team Member | <ul style="list-style-type: none"> – Assist Project Manager to co-ordinate and undertake Project activities – Support engagement with workforce and communicate key messages – Assist with data collection and analysis to ensure accurate and credible data is produced – Help identify project risks – Design and develop dashboards for the project. |

Table 1: Key project roles & responsibilities

5.5 Project Plan

A copy of the project plan can be found under Appendix 4.

Post project management arrangements:

- To scope future arrangements for how the contract will be managed and implemented. It will be key for Commissioning to lead on the contract management and monitoring however consideration to roles/function that sits in between corporate and operations, understanding strategic needs and having the expertise to oversee ongoing development of the TEC service. Further work will also need to be undertaken to manage the relationship with partners including Health, who may wish to join the contract at a future stage.
- The provider partner will work with teams in Adult Social Care to deliver the culture change and skills transfer element of the contract – work will be across all Adult Social Care locality teams, but there will be a particular focus on working with TEC Facilitators and TEC Officers to support culture change within the workforce.

5.6 BENEFITS REALISATION AND RISK MANAGEMENT

Many of the anticipated benefits will not start to materialise until after the project has been delivered. Benefits will be measured utilising reports developed by KCC Performance Officers and the provider selected through the procurement process.

A full benefits realisation plan will be developed in partnership with the provider and the Authority's Analytics Team before the products are delivered to people.

The ownership of the benefits realisation plan will be maintained by the project manager for the build and test. When the Technology Enabled Care Service moves

to business as usual, benefits realisation and management of KPIs will be overseen by Strategic Commissioning and by the Making a difference every day DMT. It is expected that the required data and reporting will be produced from MOSAIC and also the preferred provider systems.

The process will include a post-implementation review approximately 6-8 months after the service start date; allowing time for analysis and a robust evaluation against the business case.

Project risks will be identified and managed in accordance with the KCC Risk Management Policy and Strategy, to optimise opportunities and minimise the possibility of failure. The risk management process includes:

- Identification of risks via discussion with the project team and stakeholders
- Categorisation of risk – Corporate; Strategic; Programme; Project or Operational/Service; Financial; Reputational
- Evaluation of risks based on probability and impact (each out of 5)
- Mitigation plan for all risks identified
- Assigning an “owner” to each risk
- Regular review of the risk log within project team meetings
- Escalation of risks as appropriate

All project documentation, including the full risk register, is held on the Innovation Delivery Team’s project management system Verto.

5.7 GATEWAY REVIEW ARRANGEMENTS

In accordance with ASC PMO, the project will go through a stage gate review at the end of each project phase, to ensure all deliverables and criteria have been reviewed and agreed. This will need to be approved by the Making a difference every day SRO before continuing into the next phase.








Signed:

Date:

Senior Responsible Owner

6 Appendices

The following section contains all relevant Appendices to the Business Case.

| Appendix Title / Description | Embedded Document |
|---|--|
| Appendix 1 – Data Protection Impact Assessment |  2022 07 18 TECS COUNTYWIDE- DPIA \ |
| Appendix 2 – Equality Impact Assessment |  EQIA TECS Countwide v0.3.doc |
| Appendix 3 – Options Appraisal – Technology Enabled Care |  Appendix 1 - TECS Countywide Options / |
| Appendix 4 – Project Plan – Technology Enabled Care |  TECS Countywide project plan v4.mpp |
| Appendix 5 – Commercial Case – Technology Enabled Care |  TECS%20Commercia l%20case%20v0.4.do |
| Appendix 6 – Technology Enabled Care Service Build and Test Early Findings Report |  20220623_Early_Find ings_Report_V1.4.pdf |
| Appendix 7 – Case Studies |  Case%20studies%2 0.docx |

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

Directorate/ Service: Adult Social Care

Name of decision, policy, procedure, project or service: Technology Enabled Care Services (TECS) countywide offer

Responsible Owner/ Senior Officer: Helen Gillivan

Version: v0.4

Author: Lee Inman – Project Officer
Elizabeth Blockley – Project Manager

Pathway of Equality Analysis: Kent County Council (the authority) is currently trialling the way of working that is proposed for the authority's long-term Technology Enabled Care Service. This way of working is being tested in 4 areas of Kent: Thanet, Dover, Folkestone & Hythe. The build and test is being delivered in partnership with NRS Healthcare and learning from these areas will shape the long-term countywide offer. A separate EQIA was completed for the build and test contract and this document will focus on the impact of the countywide TECS offer. This document will be maintained as a live document and will continue to incorporate the evidence from the TECS build and test project, which will run until March 2023.

Summary and recommendations of equality analysis/impact assessment.

Context

Technology Enabled Care is key element within Kent County Council's Making a difference every day approach and is aligned with the Council's priorities set out in "Framing Kent's Future – Our Council Strategy 2022 – 2026: *Seize opportunities to embed technology and digitally-enabled care and support services in meeting people's current and future care needs*". The purpose of Technology Enabled Care is to support people to remain as independent for as long as possible in the environment they choose to be in and empower them to have better choice and control over their care and support.

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

The current Telecare contract was awarded in 2015 and has been adapted at times to better meet the needs of the people we support. In addition to the Telecare offer, in response to the COVID-19 pandemic the authority also entered a contract with Alcove to provide Kent residents with KARA videophones. This enabled people we support to continue to maintain contact with their family, friends and loved ones whilst also engaging in community activities throughout COVID-19 lockdown restrictions. The existing KARA and Telecare contracts will end in April 2023 and August 2023 respectively, and the new Technology Enabled Care Services contract will incorporate an equivalent technology offer and transition existing users to the new contract. The Technology Enabled Care Services contract will be implemented from April 2023 and in the first phase of the contract will focus on mobilising existing Telecare and KARA users into the new service.

Aims and Objectives

To design and procure an innovative digital assistive technology offer that supports a person to maintain or improve their independence, safety and wellbeing and for the authority, its partners and contracted providers to maintain a person-centred approach by being responsive to people's needs.

In the event the authority enters in to a contract with a new provider, consideration will be given to existing Telecare and KARA users to ensure they receive an equitable or improved service and that there is no break in service if there is a change in provider. The authority has a responsibility to ensure that people currently using Telecare and KARA services can still have their needs met and that the new offer is fit for purpose in supporting their independence.

People receiving only a Technology Enabled Care service (TEC-Only)

- 1) People will have the option to self-fund Technology Enabled Care regardless of protected characteristics. The technology market is well established and extremely competitive with many varieties of most equipment and usually different options of specialist technology enabling people to have a choice which supports their independence. There are no groups with particular protected characteristics who are expected to be in a better financial position to afford this than others.
- 2) It is currently anticipated that a Technology Enabled Care-only service will not be chargeable, as keeping the service free will support in encouraging take-up and meeting the authority's strategic objectives. The decision to treat the service as non-chargeable will be applied across all Kent residents and therefore ensure that all protected characteristic groups have equal access to the service. People will be assessed for eligible needs in line with the authority's statutory duties under the Care Act and will also receive a financial assessment. Where people receive Technology Enabled Care Services alongside another service such as Care and Support in the Home or Supported Living, they may pay a contribution towards the overall cost of their care and support. However, where people receive only a Technology Enabled Care Service this will be non-chargeable.

New and Existing provision

The provision of a service to new and existing people will continue as before and will be prescribed by Practitioners employed by the authority following a Care Needs

Assessment and eligibility determination, Adult Social Care Practitioners will have access to specialist expertise and advice from a provider, Technology Enabled Care Facilitator or Technology Officer which will ensure the prescription of appropriate technology to meet people's individual outcomes.

It is anticipated that the service will initially support approximately 5,000 people who will be comprised of existing users of Telecare, KARA videophones and Technology Enabled Care Services transferring from the build and test in East Kent. Over the life of the contract, the ambition will be to grow the service so that a greater number of people are supported by Technology Enabled Care; this could grow to up to as many as 50% of people receiving support from Adult Social Care by 2027.

Adverse Equality Impact Rating Low

Attestation

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

Head of Service

Signed: 

Name: Paula Parker

Job Title: Head of Business Delivery Unit

Date: 01/11/2022

DMT Member

Signed: 

Name: Helen Gillivan

Job Title: Senior Responsible Officer for Making a Difference Everyday

Date: 01/11/2022

Part 1 Screening

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

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

| Protected Group | Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2. | | | |
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| | High negative impact EqIA | Medium negative impact Screen | Low negative impact Evidence | High/Medium/Low Positive Impact Evidence |
| Age | | <p>There is a recognition that many Technology Enabled Care devices are dependent on people having wifi in their homes and that many people still do not have wifi readily available in their homes. According to the Office for National Statistics, in 2018 only 44% of people aged 75 and over were internet users. There is therefore a risk that people aged 75 and over will have more limited access to Technology Enabled Care devices due to a lack of internet in their home environment.</p> | <p>The recent COVID-19 pandemic has accelerated the use of technology by all age groups due many people developing their technological skills and capabilities to work and keep in touch with friends and family during lockdown restrictions.</p> <p>Kent has an aging population. Forecasts show that the number of 65+ year olds is forecast to increase by 44.9% between 2019 and 2039, yet the proportion of population aged under 65 is only forecast to increase by 12.2%.</p> | <p>New people who draw on care and support People will be assessed for eligible needs in line with the authority's statutory duties under the Care Act and will also receive a financial assessment. Where people receive Technology Enabled Care Services alongside another service such as Care and Support in the Home or Supported Living, they may pay a contribution towards the overall cost of their care and support. However, where people receive only a Technology Enabled Care Service this will be non-chargeable.</p> <p>Existing people who</p> |

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| | | <p>However, this impact could be mitigated by schemes such as Digital Kent which are working to improve digital inclusion and have schemes such as the Community Wifi scheme which will introduce public wifi to particular areas of Kent with high levels of digital exclusion.</p> <p>The Technology Enabled Care Service team will continue to engage with the Digital Kent team to identify joint working opportunities and risk mitigations.</p> | <p>All people we support in receipt of a service provided by the authority will receive training and support at the time of installation with opportunities for carer(s)/ family member(s) to also receive training on new devices where appropriate.</p> <p>Access to a wide range of devices will ensure that people's confidence and comfort with technology is taken into account at the point of assessing for technology, and that people are only given devices that are determined to meet their particular outcomes and align with their comfort in using technology.</p> | <p>draw on care and support</p> <p>Everyone currently in receipt of a KARA or Telecare service will be reviewed to understand whether they are still using their existing devices and would continue to benefit from a Technology Enabled Care Service. People already receiving KARA or Telecare provisions will be prioritised in the mobilisation of the new Technology Enabled Care Service, and this will form a key element of the contract specification.</p> <p>Positive</p> <p>The implementation of a Technology Enabled Care Service will deliver a wider range of Technology Enabled Care options to meet people's eligible needs and support the</p> |
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| | | | <p>Additionally, people who do not have access to wifi may be referred to the Digital Kent scheme for additional support which would enable access to a wider range of technologies.</p> <p>People of all ages will have access to a range of devices that are specifically tailored to their requirements, which may include non-connectivity devices if they do not have Wifi access.</p> | <p>preventative agenda. People will have more choice and control about the technology they want to access and how it is used to support the outcomes that are important to them.</p> |
| Disability | | | <p>Technology Enabled Care is not a replacement for care; it will enhance and give people more choice.</p> <p>81.6% of Kent residents describe</p> | <p>People will be assessed for eligible needs in line with the authority's statutory duties under the Care Act and will also receive a financial assessment. Practitioners exploring options for meeting people's outcomes via the</p> |

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| | | | <p>their health as being very good or good and 17.6% of Kent's population have an illness or condition which limits their day to day activities in some way. The number of Kent residents who are claiming disability benefits is 128,186 (8.1%) this is equal to the national figure but higher than the South East region (6.8%).</p> <p>Access to a wide range of devices will ensure that people's confidence and comfort with technology is taken into account at the point of assessing for technology, and that people are only given</p> | <p>Technology Enabled Care Service will establish their needs and match technology solutions with the person's ability to engage with and utilise different devices.</p> <p>Positive The implementation of a Technology Enabled Care Service will deliver a wider range of Technology Enabled Care options to meet people's eligible needs and support the preventative agenda. People will have more choice and control about the technology they want to access and how it is used to support the outcomes that are important to them.</p> <p>A range of devices and apps have been identified as being particularly beneficial in supporting</p> |
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| | | | <p>devices that are determined to meet their particular outcomes and align with their ability to use technology. Linking to the Digital Kent programme and referring people into Digital Kent schemes could also support people in building their confidence to use technology and accessing a wider range of technologies.</p> | <p>people with learning disabilities, and have the potential to realise benefits for individuals by improving their independence and empowering them with more choice and control.</p> |
| Sex | | <p>Of the existing Telecare-Only & Telecare-Enhanced users, 65% are female and 35% are male. Therefore, when existing users are transitioned to the new Technology Enabled Care Service there will be a slightly higher impact on females than on males.</p> | <p>The future Technology Enabled Care Service will be available across all cohorts of people and in areas. Across the county, 52% of the population is female and 48% of the population is male. There is no evidence to suggest that people would be adversely impacted as a result of</p> | <p><u>Positive</u></p> <p>The implementation of a Technology Enabled Care Service will deliver a wider range of Technology Enabled Care options to meet people's eligible needs and support the preventative agenda. People will have more choice and control about</p> |

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| | | However, this will be mitigated by a robust mobilisation plan for the new contract which prioritises moving existing users onto the new service in the first phase of the contract. | this protected characteristic. | the technology they want to access and how it is used to support the outcomes that are important to them. |
| Gender identity/ Transgender | | | Data is not currently collected on gender identity/ transgender protected characteristics to understand the number of people who have this protected characteristic currently using the Telecare and KARA services or the potential impact of the new service. However, there is no evidence to suggest that people who fall under this protected characteristic would be adversely impacted. | <u>Positive</u> The implementation of a Technology Enabled Care Service will deliver a wider range of Technology Enabled Care options to meet people’s eligible needs and support the preventative agenda. People will have more choice and control about the technology they want to access and how it is used to support the outcomes that are important to them. |
| Race | | The largest ethnic group in Kent is White. | The introduction of a Technology Enabled | <u>Positive</u> |

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| | | <p>93.7% of all residents are of white ethnic origin, and 6.6% are of Black, Asian and Minority Ethnic origin. The largest single BME group in Kent is Indian representing 1.2% of the total population.</p> <p>Across Kent some districts have a higher Black, Asian and Minority Ethnic population which needs to be considered in terms of communicating any potential changes regarding service change or re-design as English may not be a first language in these communities. For instance, previous service consultations in the Gravesend area have worked with translators to ensure</p> | <p>Care Service should not adversely affect groups based on their race and will be available to all Kent residents. However, targeted work may need to be undertaken with some ethnic groups and specific communities to ensure they have equitable opportunities to access the service and benefit from the outcomes that can be delivered via technology.</p> | <p>The implementation of a Technology Enabled Care Service will deliver a wider range of Technology Enabled Care options to meet people's eligible needs and support the preventative agenda. People will have more choice and control about the technology they want to access and how it is used to support the outcomes that are important to them.</p> <p>Learning from the Technology Enabled Care build and test project has already identified the importance of access to devices which do not require Wifi connectivity. These devices will be included in the countywide offer and will be of benefit to groups and communities who may not have a fixed address or regular access to Wifi.</p> |
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| | | <p>access to information for Punjabi speaking residents and engaged with the Gurdwara to promote the consultation and ensure the local residents have good opportunities to give their feedback.</p> <p>Further work needs to take place to understand more about Gypsy Roma and Traveller community use of a Technology Enabled Care Service; many of the resources in the service will depend on people having a fixed address and access to Wifi which may be barriers for this group.</p> <p>Whilst Technology Enabled Care will be a countywide service and will be accessible</p> | | <p>The Digital Kent programme's development of a Community Wifi scheme may also be beneficial.</p> |
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| | | to all residents and protected characteristics, targeted work may need to be undertaken with some ethnic groups and specific communities to ensure they have equitable opportunities to access the service and benefit from the outcomes that can be delivered via technology. | | |
| Religion and Belief | | | <p>In the 2011 Census, 62.5% of Kent residents described themselves as Christian, whilst the largest non - Christian religious group is Muslim (1%).</p> <p>This is not a significant consideration for the analysis as the Technology Enabled</p> | <p><u>Positive</u></p> <p>The implementation of a Technology Enabled Care Service will deliver a wider range of Technology Enabled Care options to meet people’s eligible needs and support the preventative agenda. People will have more choice and control about the technology they want to access and how it is used to support the</p> |

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| | | | <p>Care Service will be available to all people regardless of their religion.</p> <p>There may be some religious groups for whom the use of technology is restricted or limited due to their faith. However, statistics are not available on these specific groups and it is thought that in Kent this would be a very small proportion of the population.</p> <p>Practitioners will need to understand the individual needs of all people they are supporting, including those with religious beliefs which may impact on their ability</p> | <p>outcomes that are important to them.</p> |
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| | | | to use technology, and consider how best to meet their individual outcomes. Access to a wide range of technological devices and alternative services will enable practitioners to support people using a person-centred approach. | |
| Sexual Orientation | | | Whilst specific data about sexual orientation is not available for Kent residents, this is not a significant consideration for the analysis as the Technology Enabled Care Service will be responsive to all individual needs and desired outcomes. | <p><u>Positive</u></p> <p>The implementation of a Technology Enabled Care Service will deliver a wider range of Technology Enabled Care options to meet people’s eligible needs and support the preventative agenda. People will have more choice and control about the technology they want to access and how it is</p> |

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| | | | Practitioners will need to understand the individual needs of all people they are supporting and consider how best to meet their individual outcomes. Access to a wide range of technological devices and alternative services will enable practitioners to support people using a person-centred approach. | used to support the outcomes that are important to them. |
| Pregnancy and Maternity | | | Whilst specific data about pregnancy and maternity is not currently available, population forecasts for Kent show that there is going to be a significant growth in population (19% by 2019). This is likely to be due to a | <u>Positive</u> The implementation of a Technology Enabled Care Service will deliver a wider range of Technology Enabled Care options to meet people's eligible needs and support the preventative agenda. People will have more choice and control about |

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| | | | <p>combination of migration and births, and means that there may be a higher proportion of pregnant people accessing the Technology Enabled Care Service in the future.</p> <p>This is not a significant consideration for the analysis as the service will be responsive to needs related to Pregnancy and maternity. Practitioners will need to understand the individual needs of all people they are supporting and consider how best to meet their individual outcomes. Access to a wide range of technological devices</p> | <p>the technology they want to access and how it is used to support the outcomes that are important to them.</p> |
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| | | | and alternative services will enable practitioners to support people using a person-centred approach. | |
| Marriage and Civil Partnerships | | | This is not a significant consideration for the analysis as the Technology Enabled Care Service will be accessible to all Kent residents, regardless of marriage or civil partnership status. | Positive The implementation of a Technology Enabled Care Service will deliver a wider range of Technology Enabled Care options to meet people’s eligible needs and support the preventative agenda. People will have more choice and control about the technology they want to access and how it is used to support the outcomes that are important to them. |
| Carer’s Responsibilities | | According to the 2011 Census, in 2011 151,777 people, or 10.4% of Kent's total population, provided unpaid care. This | | Technology Enabled Care will have a Medium impact on carers responsibilities as carer gain peace of mind and will take some time to trust equipment. |

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| | | <p>proportion is higher than the regional average of 8.9% and the national average of 10.2%. 23.6% of all unpaid carers in Kent provide care for 50 or more hours a week.</p> <p>There is an opportunity for Technology Enabled Care to make a significant positive difference to carers' lives by giving them peace of mind through the provision of technology and monitoring for the person they support.</p> <p>However, consideration should be given towards carers 'fighting for their person' by ensuring the person they support receives all that they are entitled to. It is expected that</p> | | <p><u>Positive</u></p> <p>The implementation of a Technology Enabled Care Service will deliver a wider range of Technology Enabled Care options to meet people's eligible needs and support the preventative agenda. People will have more choice and control about the technology they want to access and how it is used to support the outcomes that are important to them.</p> <p>For carers, Technology Enabled Care has the potential to improve outcomes by providing reassurance about the safety and wellbeing of the person they support. Technology could improve their quality of life by reducing the need for</p> |
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| | | <p>carers may not initially have complete confidence in Technology Enabled Care and will need evidence of its success before trusting the provision. They may also require targeted support in terms of supporting the person they care for to access and use technology.</p> <p>Additionally, there is a risk that if some technologies are monitored by a friend or family member instead of a formal monitoring agency, this could place increased pressure on the carer. Practitioners will need to understand the individual needs of all people they are supporting and</p> | | <p>them to deliver interventions and by reducing stress and worry.</p> |
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| | | <p>consider how best to meet their individual outcomes. This should include giving consideration to the friends, family and carers around a person and the wellbeing of the people providing informal caring support. Access to a wide range of technological devices and alternative services will enable practitioners to support people using a person-centred approach, and this should include considering the needs and wellbeing of carers networks.</p> | | |
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Part 2

Equality Analysis /Impact Assessment

Information and Data used to carry out your assessment.

MOSAIC Data, the 2021 Census and statistics about Kent's population published on kent.gov.uk have been used for this assessment.

Of the information available:

Existing Telecare-Only & Telecare-Enhanced People

- 65% are female
 - 15.4% are aged under 26
 - 16.3% are aged between 26 and 54
 - 17.7% are aged between 55 and 69
 - 50.6% are aged 70 and over
- 35% are male
 - 12.8% are aged under 26
 - 16.8% are aged between 26 and 54
 - 23.4% are aged between 55 and 69
 - 46.9% are aged 70 and over
- 90% are White
- 3.6 are Non-White
- 6.3% have a not stated ethnic origin

As limited information was available through MOSAIC, the 2021 Census (published in July 2022) has also been used which identified the overall population of Kent:

- 52% are female
 - 6.6% are aged under 26
 - 49.4% are aged between 26 and 54
 - 23.2% are aged between 55 and 69
 - 20.9% are aged 70 and over
- 48% are male
 - 7.3% are aged under 26
 - 50.3% are aged between 26 and 54
 - 24% are aged between 55 and 69
 - 18.4% are aged 70 and over

Who have you involved consulted and engaged?

ASC Directorate
CYPE Directorate
Strategic Commissioning
Finance
Occupational Therapy
Sensory Services

Updated 18/10/2022

NHS

Analysis

The analysis carried out has incorporated information and statistics from a number of different sources to ensure that the potential impact on all protected characteristics has been given due consideration.

The analysis has evidenced that overall there is significant opportunity to achieve benefits for all groups through the implementation of a Technology Enabled Care Service. The risk of a negative impact is low for the majority of groups and mitigating actions have been identified to ensure that people from all protected characteristic groups have equitable access to the service and opportunity to access technology that can meet their individual needs.

The main potential negative impact identified is on the 'age' protected characteristic, because of the high proportion of Telecare users aged 70 and over. Further analysis on the impact for this group and mitigating actions is outlined below.

Age: The vast majority of people in receipt of as the existing Telecare service are 70+ and Telecare has been prescribed to give the person and their family about their safety in their home. There is a risk that this group could be adversely impacted by the transition from the existing Telecare contract into the new Technology Enabled Care Service. However, the existing Telecare contract has been extended to August 2023 and the new Technology Enabled Care Service contract will begin in April 2023. From April 2023 to August 2023, the focus will be on safely and smoothly transitioning existing Telecare users to the new service offer and ensuring there is no gap in provision.

Disability: A number of the people we support rely on the existing Telecare service to enable them to lead independent and safe lives. As outlined in the 'Age' section above, the focus on a safe and smooth transition from the existing Telecare offer to the new Technology Enabled Care Service will mitigate the impact on people who fall under the Disability protected characteristic.

Race: As outlined in the Part 1 'Screening' section of this document, consideration will be given to the need for additional engagement with some ethnic minority groups to ensure they have equitable access to services and the benefits of accessing services. This may include engaging with specific community groups and translating service information and materials.

Carers: The existing Telecare service provides reassurance to carers and can support the carer in their caring role. By extending the existing contract and focusing on the mobilisation from the Telecare service into the new Technology Enabled Care Service, the authority will ensure there is no gap in provision and mitigate any potential adverse impact on carers.

Positive Impact:

Technology Enabled Care will be prescribed to achieve a number of outcomes for people which will contribute to improving or maintaining their wellbeing, independence and choice and control. Access to a wider range of devices will ensure that Kent residents are able to benefit from the technologies now available in the market and that practitioners are empowered to access the technologies that can best meet the needs of people they support.

The implementation of a Technology Enabled Care Service will contribute to the strategic direction of the authority and ensure that services are designed to be futureproof for the long-term needs of a changing population. Evidence from a range of other local authorities shows that an effective Technology Enabled Care Service will deliver benefits for the authority, the wider health and social care system and Kent residents.

JUDGEMENT

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

Internal Action Required YES

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

Equality Impact Analysis/Assessment Action Plan

| Protected Characteristic | Issues identified | Action to be taken | Expected outcomes | Owner | Timescale | Cost implications |
|--------------------------------|--|--|--|--------------------------|-------------|-------------------|
| Carers Responsibilities | Impact on Carers | <p>Evidence base to be created showing benefits of Technology Enabled Care.</p> <p>Stock of training material/ advice to be prepared to support carers grow confidence in Technology Enabled Care.</p> <p>Co-Production group with user and carer attendance to be formed.</p> | <p>Carers to grow confidence in Technology Enabled Care.</p> <p>Co-Production group created to enable People we support and their carers to shape the offer The authority will proceed with.</p> | ASC, CYPE, Commissioning | August 2023 | TBC |
| Race | Potential limitations on engaging in the service in communities where English is | Across Kent some districts have a higher BAME population which needs to be considered in | Equitable access to information about Technology Enabled Care across all groups | ASC | April 2023 | TBC |

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| | <p>not the first language</p> | <p>terms of communicating any potential changes regarding service change or re-design as English may not be a first language in these communities.</p> <p>As the Technology Enabled Care Service is rolled out county-wide, areas that could be impacted by this should be proactively identified and work undertaken with the Consultation and Engagement team to explore appropriate ways to mitigate the impact.</p> | <p>and benefits from access to technology are available to all groups.</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)

No – the proposed course of action is subject to decision

Appendix

Links to relevant datasets located in the body of the document.



census2021firstresu
ltsenglandwales1.xls

Please forward a final signed electronic copy and Word version to the Equality Team by emailing diversityinfo@kent.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 - 17 November 2022

Subject: **ADULT SOCIAL CARE AND HEALTH ANNUAL COMPLAINTS REPORT 2021/22**

Classification: Unrestricted

Past Pathway of Report: None

Future Pathway of Report: None

Electoral Division: All

Summary This report provides Members with information about the operation of the Adult Social Care and Health Complaints and Representations' Procedure between 1 April 2021 and 31 March 2022.

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

1. Introduction

1.1 This report provides an overview of the operation of the complaints and representation procedure for Adult Social Care and Health during 2021/22. The report includes summary data on the complaints, enquiries and compliments received during the year with additional information in Appendices 1-5. It also provides examples of the actions taken and improvements made from complaints which are used to inform future service delivery.

2. Policy Context and Procedures

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

2.2 Associated with the Regulations, guidance was issued which outlines the three key principles of the procedure, **Listening** – establishing the facts and the required outcome; **Responding** – investigating and making a reasoned decision based on the facts/information and **Improving** – using complaints data to improve services and inform the business planning and commissioning processes.

2.3 Complaints, enquiries, informal concerns and compliments provide an opportunity for the people we support to offer feedback on our services. This allows us to listen to a person’s experience and to better understand how our services are received. Investigations into the concerns provide the opportunity to put things right if a mistake has occurred. It is important that we have a procedure that is flexible and puts the person at the heart of the investigation.

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

3.1 A total of **744 complaints** were received during 2021/22 about services delivered or commissioned in relation to ASCH. Appendix 1 contains information about the number and type of complaints.

3.2 The number of **complaints** received during 2021/22 has reduced by ten from the previous year and represents 1% of the people we support.

| Year | Complaints received | % increase/ decrease on previous year | People receiving a service | % of people or their representative raising a complaint |
|----------------|---------------------|---------------------------------------|----------------------------|---|
| 2021/22 | 744 | - 1% | 74,723 * | 1% |
| 2020/21 | 754 | - 30% | 67,212 * | 1% |
| 2019/20 | 1,072 | + 41% | 36,455 | 3% |
| 2018/19 | 780 | + 24% | 35,385 | 2.2% |

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

3.3 A total of **370 Enquiries** were received in 2021/22 which is a very slight decrease from the previous year. The majority of these Enquiries were from an MP or Member on behalf of a constituent about an aspect of the service they received.

| Year | Enquiries received | % increase / decrease |
|----------------|--------------------|-----------------------|
| 2021/22 | 370 | 0% |
| 2020/21 | 381 | 0% |
| 2019/20 | 379 | + 10% |
| 2018/19 | 345 | + 25% |

- 3.4 In 2021/22, **375 compliments** were received which represents an 27% decrease from the previous year. The compliments provide useful feedback where people have written to ASCH with positive comments about their experience of using the service. Compliments are usually received via the operational teams and staff are encouraged to complete a form with details of the message and staff associated with the good work.
- 3.5 It has recently been noted that some staff are not consistently passing their compliments via this route, which has resulted in them not being logged and could explain the decrease in compliments recorded. Staff will be reminded to always pass on compliments to the Marketing and Resident Experience Team or via the Customer Care and Complaints Team. A few examples from compliments received are found in Appendix 2.

| Year | Compliments received | % increase / decrease |
|----------------|-----------------------------|------------------------------|
| 2021/22 | 375 | - 27% |
| 2020/21 | 512 | - 1% |
| 2019/20 | 518 | + 8% |
| 2018/19 | 480 | - 5% |

- 3.6 In 2021/22, **210 informal concerns** were received which represents a 13% decrease from 2020/21. These are concerns that were locally resolved, within a short period of time, usually within 24 hours, by the Customer Care and Complaints Team, in consultation with the operational service. Someone raising an informal concern does not wish this to be logged as a formal complaint and is happy for their concern to be resolved via this route.
- 3.7 An example of an informal concern, is when a person we support raised a follow-up query after an assessment, which was passed onto the Case Manager to respond to directly. Another example was someone requesting information about a referral to the Kent Enablement at Home Team following a shoulder operation, which was resolved by a member of the team telephoning the person to explain about the referral process and offering reassurance that support would be forthcoming.

| Year | Informal concerns | % increase / decrease |
|----------------|--------------------------|------------------------------|
| 2021/22 | 210 | - 13% |
| 2020/21 | 242 | - 18% |
| 2019/20 | 298 | + 146% |
| 2018/19 | 121 | + 17% |

4. Coroner's Inquest Requests

- 4.1 From October 2020, the Customer Care and Complaints Team has managed and co-ordinated the requests from the Coroner's Office for reports or information to support the work they are taking forward with inquests. In 2021/22 the team managed **43** Coroner's requests. This is a similar pro-rata rate to that recorded for the previous six month period.

| Year | Coroner's Inquest Requests |
|-----------------------|----------------------------|
| 2021/22 | 43 |
| 2020/21 (6 months) | 23 |

- 4.2 The Customer Care and Complaints Team manages the process to ensure effective communication, tracking and sign off between the Coroner's Office, adult social care operational teams and Invicta Law.

5. Compliance with standards

- 5.1 KCC aims to respond to 85% of complaints within KCC's Key Performance target of 20 working days. ASCH complaints can be complex and therefore additional time is sometimes required to either meet with the complainant or consult with other agencies. When this happens and with the agreement of the complainant, an extension to the deadline can be agreed; 39 complaints had their timescales extended during the year.
- 5.2 The response time achieved within target was **72%** which is a 12% improvement from the previous year.

| Year | Complaints closed | % responded to within 20 days |
|---------|-------------------|-------------------------------|
| 2021/22 | 743 | 72% |
| 2020/21 | 783 | 60% |
| 2019/20 | 1,063 | 60% |
| 2018/19 | 746 | 61% |

- 5.3 100% of complaints were acknowledged within three working days.

- 5.4 Delay reasons - The table below shows the overall delay reason cited in not meeting the 20-day standard.

| Stage 1 delay reason | Total | % |
|---|-------|-----|
| Complex case | 55 | 29% |
| Sign off delay | 38 | 20% |
| More information required from customer | 35 | 18% |
| Workload | 26 | 14% |
| Staff absent or unavailable | 12 | 6% |
| Customer unavailable | 10 | 5% |
| Third Party Delay | 6 | 3% |
| Joint Response Delay | 4 | 2% |
| Internal information or records missing | 2 | 1% |
| Sought Legal Advice | 2 | 1% |
| Total | 190 | |

6. Listening to complainants and methods of engagement

- 6.1 An initial telephone call is made by the Customer Care and Complaints Team to the complainant to acknowledge and clarify the complaints to be investigated and check on any special requirements or adjustments to be made during the course of the investigation. After the complaint is allocated to a Team Manager for investigation, a further opportunity is afforded to discuss the complaint and investigation with the complainant. Managers have undertaken this further discussion in 70% of complaint investigations. This allows the investigating manager time to understand the impact of the complaint on the person and supports the preparation of the response to ensure all areas are covered and the tone is appropriate.
- 6.2 Information about how to complain is available on our website and on our “Have your say” Comments, Complaints and Compliments leaflet which should be given to the people we support during the initial contact visit or assessment. All types of communication are encouraged and accepted, so that people can complain in the way they feel most comfortable.
- 6.3 As an example the team received a complaint from a person receiving care and support, who chose to submit their complaint via an uploaded video on You Tube. The chosen method of communication to respond was with a video call because of distress caused to the person when receiving post. This method also provided the person an opportunity to raise questions on the findings from the investigation during the call. The person was assisted by their Support Worker throughout the process and demonstrates the flexibility within the process to be person centred.

6.4 The most popular way to make a complaint was via email at 44%, followed by telephone at 27%, self-service/online at 15% and by letter at 8%.

| Method | Volume | |
|-----------------------|------------|-----|
| Email | 324 | 44% |
| Telephone | 199 | 27% |
| Self service + online | 112 | 15% |
| Post | 59 | 8% |
| Contact Centre | 47 | 6 % |
| Comment Card | 1 | - |
| Face to face | 1 | - |
| Social Media | 1 | - |
| Total | 744 | |

7. Complaint outcomes

7.1 Each complainant receives an individually prepared response following an investigation into the concerns raised. The response letter provides an explanation of the findings, details what has been done to put things right and offers an apology, where appropriate. Some complaints lead to lessons being identified and these are detailed within the response which offers reassurance that the issue has been taken seriously and the lesson has been shared with staff to discuss the expected good practice. A summary of the outcome of the complaints is recorded in the table below:-

| Year | Complaints closed | Upheld + partially Upheld | Not upheld | Resolved upon receipt/ withdrawn/suspended/ another procedure |
|----------------|-------------------|---------------------------|------------|---|
| 2021/22 | 743 | 49% | 28% | 23% |
| 2020/21 | 783 | 48% | 31% | 21% |
| 2019/20 | 1,063 | 66% | 26% | 8% |
| 2018/19 | 716 | 66% | 30% | 4% |

7.2 The number of complaints upheld or partially upheld remains similar to last year at 49%. This pattern shows a steady decline over the years in the number of complaints upheld.

7.3 20% of complaints or concerns raised were “resolved upon receipt” which demonstrates that flexibility is applied if a concern raised can easily be rectified upon receipt by liaising with operational teams to sort out the concern raised quickly.

8. Themes identified arising from complaints

8.1 The reasons for complaints are shown below and categorised under the following main corporate headings:

| Problem | Total | Upheld/ partly upheld |
|--|-------|-----------------------------|
| Issues with service/quality of service | 277 | 157 |
| Policy and Procedure | 236 | 117 |
| Communications | 220 | 101 |
| Staff Conduct | 40 | 18 |
| Equalities and regulatory | 18 | 6 |
| Impact of major incident | 2 | 1 |
| Service not provided | 1 | 1 |
| Value for money | 1 | 0 |

- **Covid-19** continued to have a significant impact on how we deliver services during the year. Some complaints received related to the impact of restrictions that remained in place for some social care settings and the opening of services.
- **Communications/delay in contacting the customer.** Communication remains one of the top issues raised during complaint investigations and is approximately a quarter of our complaints. Examples include when requests for a call back or contact via another source are not taken forward leaving the person frustrated and distressed.
- **Incorrect/insufficient advice given** is selected when a person reports that they have not been provided with sufficient information regarding services. An example of this is when a person feels that they were not provided the full information regarding deferred payments, the person we support may feel that they have not been made aware of the process and criteria, including advice on whether or not they would be eligible for their property to be disregarded from their financial assessment.
- Some complaints raise issues about the **quality of service** and these often relate to the quality of care provision by a third party. The Council is still responsible however for any commissioned services delivered on our behalf. For example, when someone feels that the care provided is inappropriate and the person we support has been left without the correct medication or that the timings of their care calls had not been consistent. Other examples would be of residential care provision where a provider has not provided good personal care

or when food and drink have been left out of reach of the resident or where a resident's belongings had gone missing.

- Complaints relating to **Staff conduct** are taken seriously and upheld issues are addressed through supervision and training. Example complaints under this category include people who feel that staff did not communicate with them in a courteous manner.

9. Putting things right and improving – creating opportunities

- 9.1 Feedback from a complaint investigation provides a vital source of insight about people's experiences of adult social care and an opportunity to put things right.
- 9.2 Lessons or corrective actions are identified when a complaint is upheld or partially upheld. These actions can be for the individual worker, team or might be a wider lesson to share across all the teams. The lessons are also shared with the Strategic Safeguarding, Practice and Quality Assurance Team and reminders to staff are sent out via a variety of methods, including Senior Management Team key messages or Practice Postcards.
- 9.3 A summary of corrective actions undertaken by Division is found in Appendix 3. Examples of how we have put things right and shared the learning is contained in Appendix 4 and a few examples of these are below:-

You said – you felt that staff may benefit from further training around conditions such as Dementia

We did – we have reviewed our reflective Practice Programme to ensure that sessions on Dementia care are revisited, to improve the understanding for staff

You said – you would have liked a family member to attend an assessment with you.

We did – we reminded staff to always ensure that people are asked if they would like someone else to participate in their assessment

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

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

You said – you felt that there were delays in returning calls, or replying to emails.

We did – we reminded staff to ensure that they are responding to communications in a timely manner.

You said – we did not tell you when services were re-opening following easing of COVID-19 restrictions.

We did – we have reviewed our lines of communication to ensure information is appropriately shared.

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

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

9.4 The table below shows the top remedy actions

| Action taken | |
|------------------------------------|-----|
| Change or review communications | 125 |
| Arrange staff training or guidance | 123 |
| Apology | 118 |
| Discuss at team meeting | 106 |
| Financial remedy | 68 |
| Change/review policy or procedure | 31 |
| Change/Review service | 27 |

10. Financial implications

10.1 In 2021/22 a total of £147,416 was paid to complainants as gesture of goodwill payments, financial settlements or adjustments as a result of complaints where errors have occurred. This includes financial adjustments as a result of Covid, where service provision may have been suspended and it was considered appropriate to waive the charges or where errors have occurred over not effectively communicating about a charge.

10.2 This figure also includes payments of £8,507 recommended as part of the Local Government and Social Care Ombudsman (LGSCO) enquiries.

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

11.1 The second part of the complaints process for complainants is to contact the Local Government and Social Care Ombudsman. The LGSCO gives the Council four weeks to respond to a full investigation request.

11.2 The table below explains that the LGSCO raised an investigation on 62 cases and 39 of those cases were progressed to a full investigation during 2021/22. This represents 8% of complaints that progressed to the LGSCO. The LGSCO found fault and upheld the complaints in 23 of these cases which represents 37% which is a reduction from the previous year.

| Year | Complaints received | Complaints closed that progressed to LGSCO | % of cases progressed | Not upheld | Upheld | Other outcome (closed after enquiries/ premature/ withdrawn/ | % of upheld against cases progressed |
|---------|---------------------|--|-----------------------|------------|--------|--|--------------------------------------|
| 2021/22 | 743 | 62 | 8% | 16 | 23 | 23 | 37% |
| 2020/21 | 754 | 45 | 6% | 6 | 19 | 20 | 42% |
| 2019/20 | 1,072 | 53 | 5% | 7 | 15 | 31 | 28% |
| 2018/19 | 780 | 38 | 5% | 7 | 16 | 15 | 69% |

11.3 The table below demonstrates the main causes of the upheld complaints:

| | |
|---------------------------|-----|
| Policy and Procedure | 44% |
| Issues with service | 39% |
| Communications | 10% |
| Equalities and regulatory | 3% |
| Staff Conduct | 3% |
| Impact of major incident | 1% |

11.4 The LGSCO’s summaries of the cases are found in Appendix 5 and below are a **few themes and highlights** to consider from those upheld cases:

The importance of accurate **recording** was highlighted within investigations, some where recording was good, we could defend and account for our actions, especially telephone calls where issues were explained or challenged. Others however highlighted that recording was not effective and we could not therefore evidence actions taken, for instance explain about a charge for a service.

Charging issues were raised in many of the upheld investigations, these included:

- failures to communicate with the person we support or their family about being charged for services
- failing to communicate with people over queries about invoices
- failing to undertake financial assessment and provide information about a charge before arranging care services
- failure to calculate charges properly and inappropriately pursue arrears
- failure not to disregard someone’s property when calculating care costs.

Communication

- not clearly communicating about paying for reablement care following hospital discharge
- poor communication over the arrangement of a care package.
- failure to respond to correspondence about trying to resolve problem over care and charging and wrongly advising to continue to pay for day services.

Assessment and review

- reducing support without involving the client and without notice and delays in arranging a Direct Payment
- not sharing the care and support plan before the financial assessment was completed
- delay in responding to concerns about someone being unable to get the support required
- failure to meet person’s care and support needs when they were prevented from accessing more than one day service due to Covid-19

- failure to assess all the risks and consider what other support could be provided
- failure to consider someone's opinion or the information provided about health problems when requesting a stairlift and decision making was flawed and took too long
- failure to accurately assess someone's mental health needs within a timely manner and failing to properly consider their complaint
- failure to review someone's care needs leaving family to meet person's care needs in the meantime.
- failure to correctly administer the Shared Lives scheme de-registration panel and have a robust appeal process in place

Quality of care

- failure of care provider to provide satisfactory care
- failure to communicate with family members over deterioration of client and failure to thoroughly investigate a complaint
- fault in care delivered and staff not acting in line with Covid guidance and record keeping

Blue badges

- failure to consider all medical information before refusing to issue a Blue Badge,
- fault in considering application
- failure in communicating effectively in decision letter to adequately explain reasons.

11.5 LGSCO Public Report

The Council received one public report during 2021/22. The Ombudsman releases public reports where they believe that there is an issue that has significant public interest and that the learning from that issue could be applied to other authorities. This enquiry related to the delay in taking forward a Deprivation of Liberty Safeguard assessment, inadequate arrangements put in place in respect of a best interests' meeting and lack of consultation before placing someone in a care home and the failure to appoint an Independent Mental Capacity Advocate.

Details of this LGSCO Public Report enquiry and a summary of their Report can be found in Appendix 6.

11.6 LGSCO Annual Letter

Each year the Council receives an Annual Letter from the LGSCO which summarises the activity with them and highlights any issues for the coming year. The LGSCO raised an issue about the delays in responding to their enquiries on time. It is essential that these enquiries are given priority within the operational teams to improve the response times to the LGSCO enquiries.

Remedies are issued by the LGSCO that are taken forward and include sending apology letters to the person we support or their family, offering financial remedy, reviewing policies or procedures in recognition of the error and staff training.

All recommendations have been taken forward in a timely manner and satisfaction letters issued by the LGSCO.

12. Report Conclusion

12.1 The Customer Care and Complaints Team has continued to successfully manage and liaise with operational colleagues to ensure a thorough investigation and response is sent to all our complainants. Any further queries raised have been appropriately escalated or clarified and we have effectively worked with the LGSCO to respond to questions and requests for information. The response rate has improved by 12% within a 20-day timescale to 72% for 2021/22. The first half of 2022/23 has seen further improvement to 78% in response times and an increase of 23% of complaints received.

13. Recommendations

| |
|---|
| 13.1 Recommendations: The Adult Social Care Cabinet Committee is asked to CONSIDER and COMMENT on the content of this report. |
|---|

15. Background Documents

None

16. Report Author

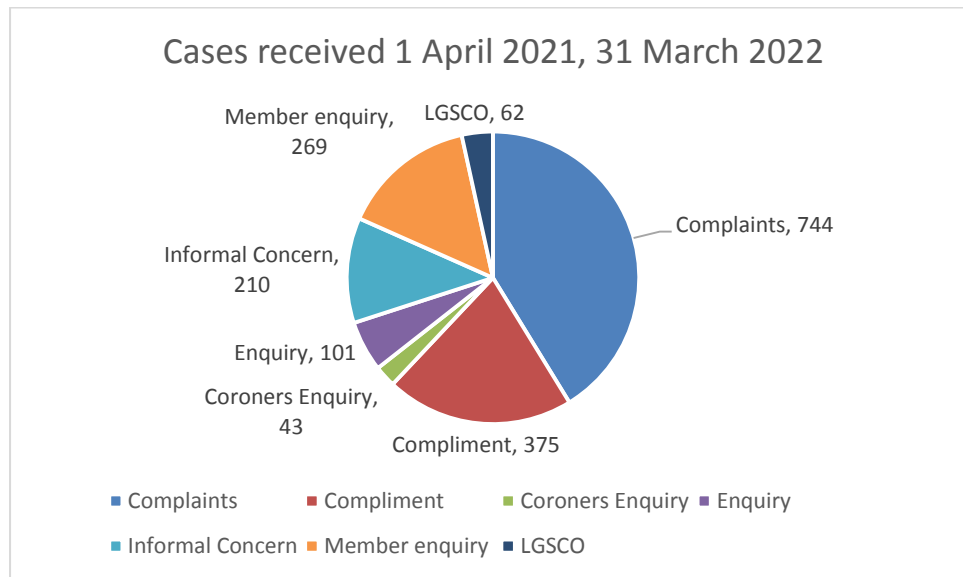
Debra Davidson
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03000 415627
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Lead Director

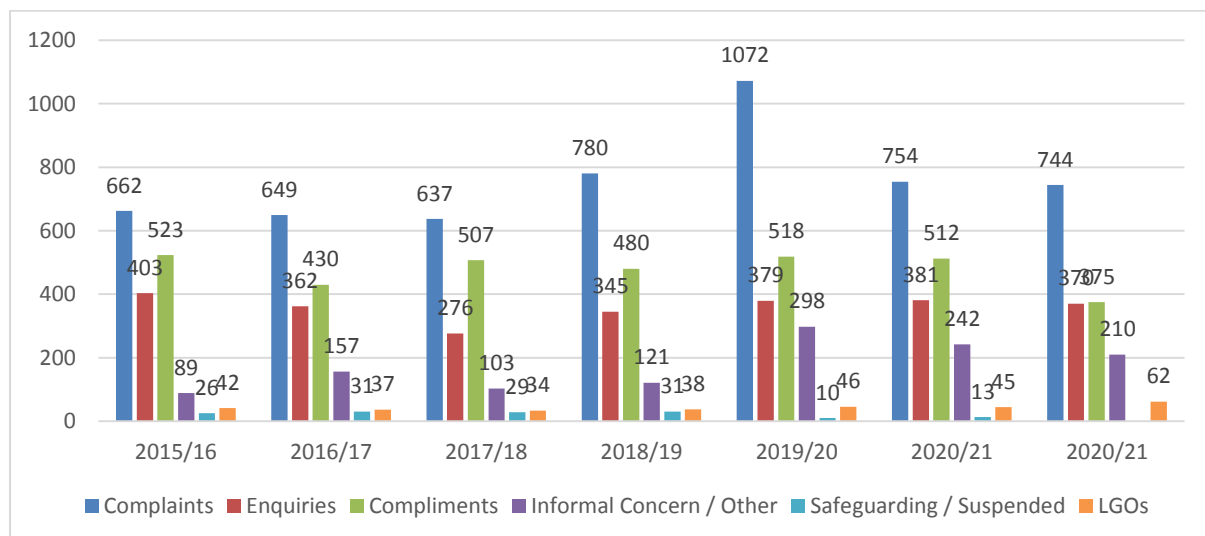
Richard Smith
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Statistical Data for Annual Complaints Report 2021/22



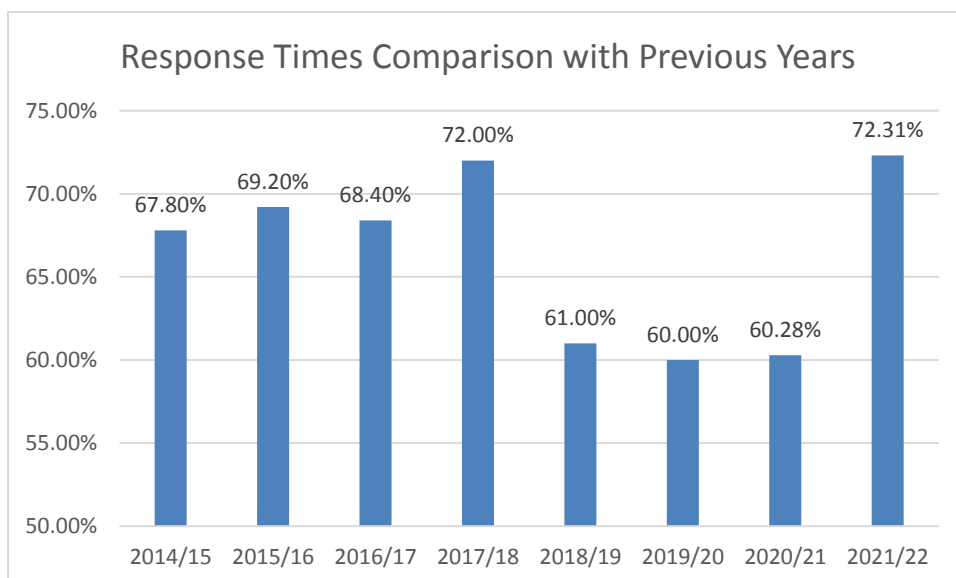
| Case type | Total |
|--|-------|
| Complaints | 744 |
| Compliment | 375 |
| Coroner's Enquiry | 43 |
| Enquiry | 101 |
| Informal Concern | 210 |
| Member /MP enquiry | 269 |
| Local Government and Social Care Ombudsman (LGSCO) | 62 |



Appendix 1

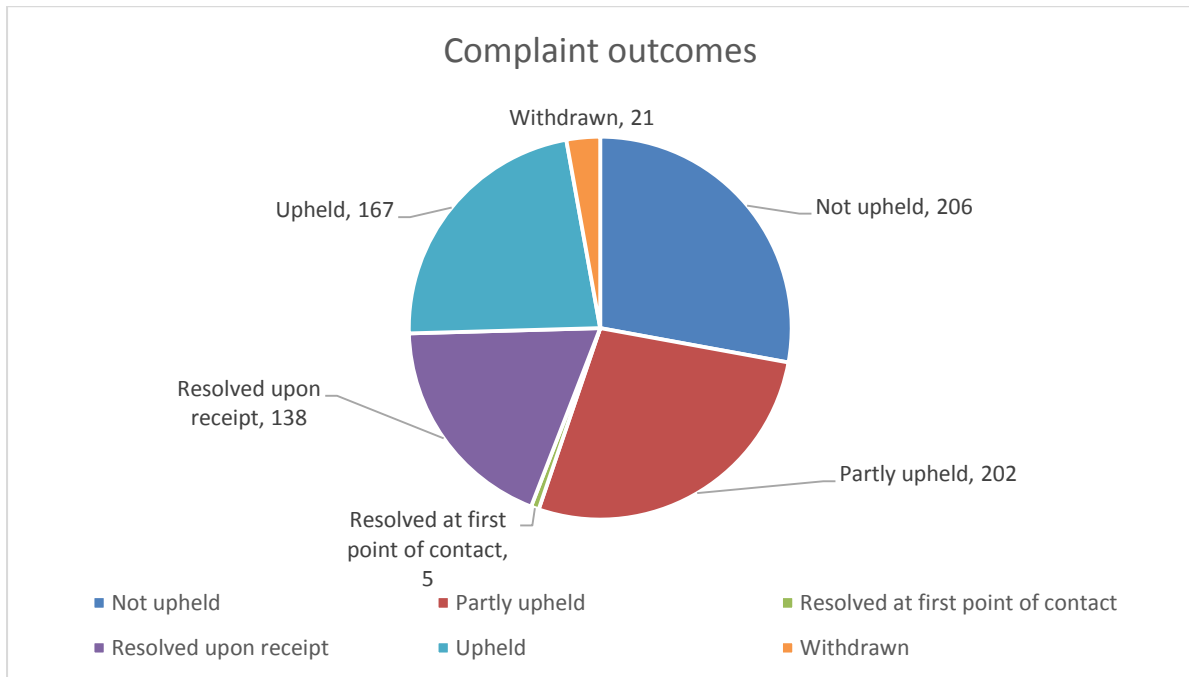
| Year | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|--|---------|---------|---------|---------|---------|---------|------------|
| Complaints | 662 | 649 | 637 | 780 | 1072 | 754 | 744 |
| Enquiries | 403 | 362 | 276 | 345 | 379 | 381 | 370 |
| Compliments | 523 | 430 | 507 | 480 | 518 | 512 | 375 |
| Informal Concern / Other | 89 | 157 | 103 | 121 | 298 | 242 | 210 |
| Safeguarding / Suspended | 26 | 31 | 29 | 31 | 10 | 13 | |
| LGSCOs (all enquiries) Full investigation | 42 | 37 | 34 | 38 | 46 | 45 | (62) 39 |

| Responses for Closed Cases in 2021/22 | Total |
|---------------------------------------|-------|
| Response within target | 538 |
| Late Response | 206 |
| Open/Suspended | |
| Total | 744 |
| Percentage Within Target | 72% |



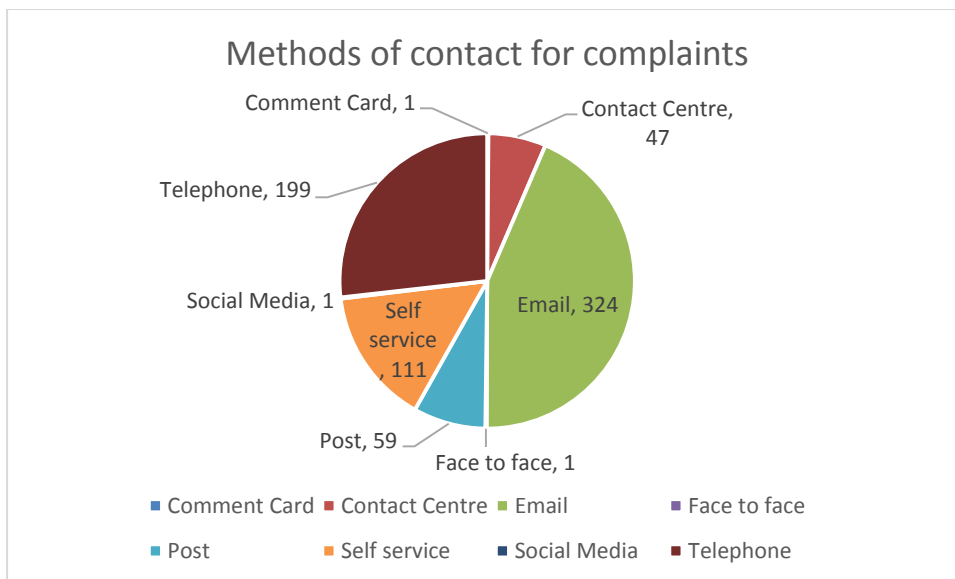
Appendix 1

| | |
|----------------|---------------|
| 2014/15 | 67.80% |
| 2015/16 | 69.20% |
| 2016/17 | 68.40% |
| 2017/18 | 72.00% |
| 2018/19 | 61.00% |
| 2019/20 | 60.00% |
| 2020/21 | 60.28% |
| 2021/22 | 72.31% |

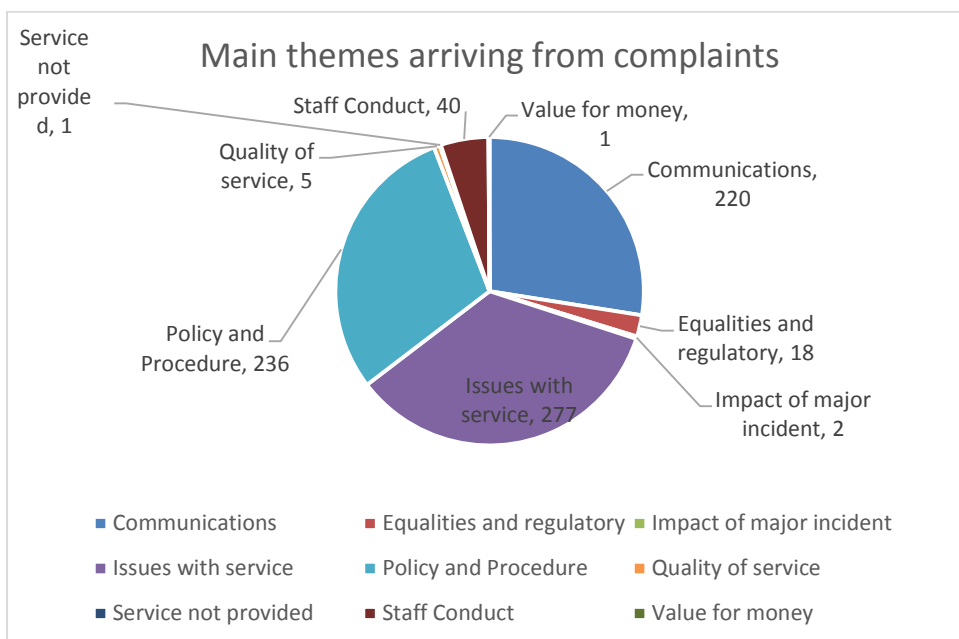


| Decision | No of cases | % |
|------------------------------------|--------------------|----------|
| Not upheld | 206 | 28% |
| Partly upheld | 202 | 27% |
| Upheld | 167 | 23% |
| Resolved upon receipt | 138 | 19% |
| Withdrawn | 21 | 3% |
| Resolved at first point of contact | 5 | 1% |
| Total | 743 | |

Appendix 1



| Method | Number of cases |
|----------------|-----------------|
| Email | 324 |
| Telephone | 199 |
| Self service | 111 |
| Post | 59 |
| Contact Centre | 47 |
| Comment Card | 1 |
| Face to face | 1 |
| Social Media | 1 |
| Total | 744 |



Appendix 1

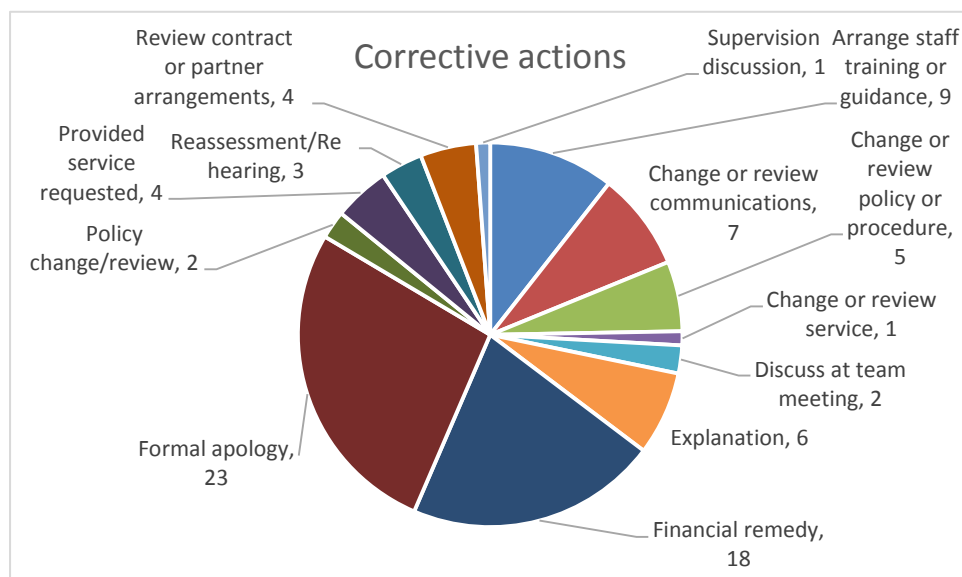
*Some complaints have multiple problem categories.

| Problem | Total | Upheld/partly upheld | % of total complaints |
|--|--------------|-----------------------------|------------------------------|
| Issues with service/ quality of service | 277 | 157 | 20 |
| Policy and Procedure | 236 | 117 | 15 |
| Communications | 220 | 101 | 13 |
| Staff Conduct | 40 | 18 | 2 |
| Equalities and regulatory | 18 | 6 | 1 |
| Impact of major incident | 2 | 1 | 0 |
| Service not provided | 1 | 1 | 0 |
| Value for money | 1 | 0 | 0 |
| Total | 795 | | |

Local Government and Social Care Ombudsman (LGSCO)

Details for Cases CLOSED in the 1 April 2021 to 31 March 2022

| Decision | Cases |
|--|-----------|
| Upheld: Maladministration and Injustice | 16 |
| Not upheld: No Maladministration | 15 |
| Closed after initial enquiries - no further action | 11 |
| Closed after initial enquiries - out of jurisdiction | 8 |
| Upheld: Maladministration, No further action | 5 |
| Referred back for local resolution | 4 |
| Not upheld: No further action | 1 |
| Report issued: Maladministration and Injustice | 1 |
| Upheld: Maladministration, No Injustice | 1 |
| Total | 62 |



Appendix 1

| Corrective Action | Total | % |
|---|--------------|----------|
| Formal apology | 23 | 27% |
| Financial remedy | 18 | 21% |
| Arrange staff training or guidance | 9 | 11% |
| Change or review communications | 7 | 8% |
| Explanation | 6 | 7% |
| Change or review policy or procedure | 5 | 6% |
| Provided service requested | 4 | 5% |
| Review contract or partner arrangements | 4 | 5% |
| Reassessment/Rehearing | 3 | 4% |
| Discuss at team meeting | 2 | 2% |
| Policy change/review | 2 | 2% |
| Change or review service | 1 | 1% |
| Supervision discussion | 1 | 1% |
| Total | 85 | |

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

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Examples of Compliments received for Annual Complaints Report 2021/22

- **Access to Resources:** Client contacted us extending thanks for support and intervention from staff member in resolving issue about billing.
- **Accommodation Based services (Care Homes):** Client thanked team for all their help and kindness.
- **Adult Social Care General:** A client thanked a member of staff who supported them (Maidstone Accommodation team). Praised staff for understanding and empathy, during a difficult time.
- **Area Referral Management Service:** Family member contacted us as they really appreciated the prompt attention and advice. Felt reassured by staff following conversation regarding next steps.
- **Contacting ASC:** A member of the public thanked, staff when they experienced a stressful situation.
- **Kent Enablement at Home (Countywide):** A compliment was received from a client. Despite having reservations about care, he felt that staff were always very good at making him feel comfortable and dignified. The staff member made him laugh and, in his words, “was a joy to have support him”
- **Lifespan Pathway 25+- Ashford and Canterbury:** Client thanking the service for all the support and professional way they handled a complex case.
- **Mental Health Provision:** Customer's parents thanked staff for supporting customer during crisis. Parents said that they feel reassured knowing that there is a service that is available to support their daughter during challenging times.
- **Lifespan Pathways 16-25:** compliment received for member of admin staff going above & beyond to assist service user during difficult time.
- **Mental Health – Approved Mental Health Professional (AMHP) Service:** Praise for staff on how a difficult conversation was conducted. Thanked staff for kindness, empathy and honesty, the customer felt more confident in knowing what to expect next.
- **Older Person and Physical Disability - Ashford and Canterbury:** Family member thanking service for all that's been done, feels that the actions are making a very real difference to lives.
- **Older Person and Physical Disability - Thanet and South Kent Coast:** Client's brother called in to praise staff member and thank for exceptional level of support provided to the family.

- **Older Person and Physical Disability - West Kent:** Compliment received from client to staff member. Client felt that the staff member was lovely and made them feel at ease and made them feel like they are “not getting old!”
- **Older Person and Physical Disability Safeguarding:** Very complimentary voicemail received from client in relation to the support received.
- **Short Term Pathways Team:** A compliment about a joint working relationship and how the staff member involved was good, extremely professional, and helpful. Provided detailed and accurate and relevant information, keeping all parties informed, at all times. Due to their prompt actions and knowledge potentially stopping a case from reaching a formal complaints stage.
- **Blue Badge team:** Customer emailed Blue Badge Inbox with following comment - I received the new blue badge today. I would just like to thank you all for being so efficient. Thank you.

Corrective actions and improvements/lessons learnt for Annual Complaints Report 2021/22

| Action | Total | % |
|---|------------|----|
| Change or review communications | 125 | 18 |
| Arrange staff training or guidance | 123 | 18 |
| Formal apology | 118 | 17 |
| Discuss at team meeting | 106 | 15 |
| Financial remedy | 68 | 10 |
| Change or review policy or procedure | 31 | 4 |
| Change or review service | 27 | 4 |
| Review contract or partner arrangements | 25 | 4 |
| Provided service requested | 22 | 3 |
| Performance management - staff member | 16 | 2 |
| Explanation | 14 | 2 |
| Policy change/review | 11 | 2 |
| Reassessment/Rehearing | 4 | 1 |
| Procedure change | 3 | 0 |
| Advice | 2 | 0 |
| Supervision discussion | 1 | 0 |
| Total | 696 | |

Corrective actions by Division 2021-22

| Action | County Services | County Provision | Misc | Business Delivery Unit | Children Young People and | Ashford and Canterbury | Thanet and Count Kent Coast | Finance | Strategic Commissioning | Strategic Safeguarding Practice and Quality Assurance | North Kent | West Kent | Total |
|---------------------------------------|-----------------|------------------|------|------------------------|---------------------------|------------------------|-----------------------------|---------|-------------------------|---|------------|-----------|-------|
| Arrange staff training or guidance | 9 | 8 | 2 | 11 | 6 | 23 | 18 | 2 | 2 | 1 | 16 | 16 | 114 |
| Change or review communications | 6 | 12 | 0 | 3 | 9 | 21 | 22 | 4 | 5 | 0 | 16 | 16 | 114 |
| Change or review policy or procedure | 2 | 1 | 0 | 2 | 4 | 5 | 7 | 3 | 1 | 0 | 2 | 1 | 28 |
| Change or review service | 3 | 0 | 0 | 4 | 1 | 3 | 3 | 1 | 3 | 0 | 3 | 3 | 24 |
| Discuss at team meeting | 6 | 9 | 0 | 10 | 8 | 21 | 14 | 0 | 2 | 0 | 20 | 11 | 101 |
| Explanation | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 2 | 9 |
| Financial remedy | 7 | 0 | 0 | 5 | 8 | 6 | 2 | 5 | 0 | 0 | 7 | 4 | 44 |
| Formal apology | 8 | 8 | 1 | 12 | 2 | 12 | 16 | 8 | 6 | 0 | 7 | 20 | 100 |
| Performance management - staff member | 1 | 1 | 0 | 0 | 0 | 1 | 4 | 0 | 1 | 0 | 4 | 5 | 17 |

Appendix 3

| | | | | | | | | | | | | | |
|---|-----------|-----------|----------|-----------|-----------|------------|-----------|-----------|-----------|----------|-----------|-----------|------------|
| Policy change/review | 1 | 0 | 0 | 1 | 1 | 0 | 3 | 0 | 2 | 0 | 0 | 0 | 8 |
| Procedure change | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 |
| Provided service requested | 1 | 2 | 0 | 3 | 0 | 5 | 0 | 1 | 0 | 0 | 4 | 3 | 19 |
| Reassessment/Rehearing | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 3 |
| Review contract or partner arrangements | 2 | 0 | 0 | 6 | 0 | 4 | 2 | 0 | 1 | 0 | 4 | 1 | 20 |
| Total | 47 | 41 | 3 | 60 | 41 | 101 | 94 | 25 | 24 | 1 | 84 | 83 | 604 |

The Council has paid a total of £147,416 in financial remedies in 2021-22. Including £6779 in goodwill payments to recognise the distress and inconvenience to complainants.

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

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A few examples of complaints that have lead to KCC putting things right and improving services for Annual Complaints Report 2020/21

- A complaint was raised about the process of the deferred payment arrangement and there was a communication breakdown between KCC and the provider in respect of the funding for the placement. Information was then provided and there was a delay of several months in progressing the deferred payment application. KCC is able to use discretion to fund services on an interim basis in these circumstances when we were made aware of an outstanding invoice and we should have considered making a payment under our discretionary powers. A gesture of goodwill payment was made and apology offered for the delay.
- After receiving information under a Subject Access Request, a family member raised concern about information recorded on our electronic client system about their mental health state. The comments have been removed from the service user's records and the member of staff has received appropriate guidance via a practice reflective session. The complainant was reassured that the comments had been removed and an apology provided for any distress caused.
- Family raised concerns about the Council not meeting their son's needs during the Covid-19 pandemic, concerns also raised about non return of letters and emails. The investigation concluded that the family was not appropriately informed about changes to service provision during this time and the restricted access to services put in place. It also acknowledged that some of the letters received were not responded to. A full explanation, apology and gesture of goodwill payment were provided to the family and reassurance offered that we will communicate more effectively in the future.
- A person we support complained that carers failed to attend to provide care at home, they filled in time-sheets incorrectly, did not complete tasks in the care plan and were charged incorrectly. An investigation concluded that some of the visits were cancelled at short notice or carers were turned away, the person was still charged for these visits. Charging errors were identified and the person was reimbursed for these inappropriate charges. There was also a delay in the financial assessment being undertaken and staff have been reminded to make arrangements for the assessment in a timely way. The care agency has introduced an electronic call monitoring system which will ensure more accurate recording of visits.

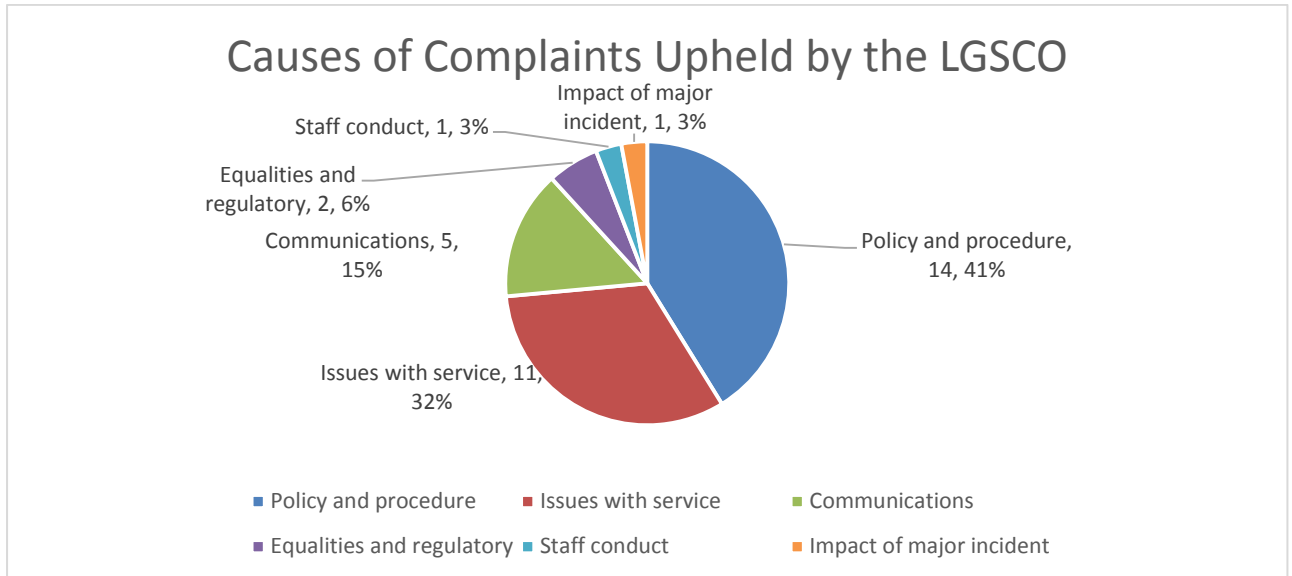
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**Local Government and Social Care Ombudsman information
for Annual Complaints Report 2021/22**

Kent Adult Social Care and Health completed a total of 62 complaints which were escalated to the Local Government and Social Care Ombudsman (LGSCO) in 2021-22. Of these, 17 were closed following initial enquiries as no further action or because the complaint fell outside of the LGSCO's jurisdiction, and four were referred for local resolution as they had not previously been through the Council's own complaints process. A further 17 cases were closed with an outcome of Not Upheld, and 23 complaints assessed by the LGSCO were found to be Upheld.

Appendix 5

| Division | County Services | County Provision | Business Delivery Unit | Children Young People and Education | Ashford and Canterbury | Thanet and South Kent Coast | Finance | Strategic Commissioning | North Kent | West Kent | Total |
|--|-----------------|------------------|------------------------|-------------------------------------|------------------------|-----------------------------|----------|-------------------------|------------|-----------|-----------|
| Closed after initial enquiries - no further action | 0 | 0 | 4 | 1 | 2 | 2 | 0 | 1 | 0 | 1 | 11 |
| Closed after initial enquiries - out of jurisdiction | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 8 |
| Not upheld: No further action | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Not upheld: No Maladministration | 3 | 0 | 2 | 0 | 2 | 2 | 2 | 1 | 2 | 1 | 15 |
| Referred back for local resolution | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 4 |
| Report issued: Upheld; maladministration and injustice | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Upheld: Maladministration and Injustice | 0 | 1 | 1 | 2 | 3 | 2 | 0 | 0 | 1 | 6 | 16 |
| Upheld: Maladministration, No Injustice | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Upheld: No further action | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 1 | 0 | 5 |
| Total | 6 | 2 | 9 | 4 | 9 | 8 | 2 | 4 | 6 | 12 | 62 |



| Problem category | Upheld cases |
|---------------------------|--------------|
| Policy and procedure | 14 |
| Issues with service | 11 |
| Communications | 5 |
| Equalities and regulatory | 2 |
| Staff conduct | 1 |
| Impact of major incident | 1 |
| Total | 34 |

*Some complaints have multiple problem categories.

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**Local Government and Social Care Ombudsman information
Summary of investigations and Public report details
for Annual Complaints Report 2021/22**

20 005 077 - Summary: The Council was not at fault for not involving Mr X in the decision to move his mother into residential care. The Council was not at fault for how it investigated safeguarding concerns about Mrs Y's care, however the Council was at fault for recording its opinion of Mr X's mental state on the safeguarding records. The Council has already provided an appropriate remedy for any injustice caused.

20 006 272 - Summary: Mr X complained about poor quality care and the Council's care needs assessment process. He also complained about being charged for the care package that he was told would be free. We have not found fault with the standard of care provided or assessment process. However, the Council has accepted it did not deal with Mr X's complaint about his financial assessment properly and has agreed to refund the full cost of the care package. We consider this to be an appropriate remedy for the injustice caused to Mr X by this fault.

19 021 062 - Summary: Mrs X complained on behalf of her father, Mr Y, about the Council's safeguarding enquiry into Mr Y's care at Madeira Lodge Care Home. The Ombudsman found no evidence of fault with the Council's enquiry, or the outcome reached.

20 007 167 - Summary: Mr B complains the Council is ignoring his requests for a new care manager. We have found no fault by the Council.

20 006 985 - Summary: the complainant, Mr X, complained the Council failed to properly assess his mental health needs within the time set by the Council's guidance or properly consider his complaint. The Council accepted some fault and apologised. We found the Council at fault and recommended an apology, payment of £200 and sharing the decision with staff to improve services.

20 006 870 - Summary: Mrs B complained that the Council, when considering her application for a blue badge, failed to properly consider the impact of her son's disability on his behaviour when outdoors. We cannot find fault with the action the Council took.

20 004 752 - Summary: Mr X complained about the Council's decision to deregister him as a Shared Lives host. Mr X said the panel process which led to his de-registration was unfair and flawed. The Council was at fault. It failed to administer the panel and appeal process in line with relevant policy and the Ombudsman's Principles of Good Administrative Practice. It caused Mr X uncertainty about whether the outcome could have been different. The Council agreed to review and ask a fresh panel to consider Mr X's case.

20 005 371 - Summary: Mr B complained the care provider commissioned by the Council failed to provide his father with satisfactory care, failed to contact other relatives when his father's mobility declined and failed to properly investigate his complaint. There were missed opportunities to discuss Mr B's father's deteriorating mobility with family members and the complaint investigation failed to identify that. An apology and payment to Mr B is satisfactory remedy

20 008 202 - Summary: The Council made all attempts to assist Mr X with the provision of care. There is no fault by the Council.

20 009 032 - Summary: Mr X complained the Council has unfairly charged him a contribution towards the cost of his care between June 2018 and June 2020. He also complained the Council incorrectly re-assessed his eligible care needs and left him without the support he needs. The Council was not at fault in charging Mr X a contribution towards the cost of his care and support. Nor is there any evidence of fault in the Council's decision in 2020 that Mr X is not eligible for care and support.

20 008 384 - Summary: Mr X complained on his own, and on Ms Y's behalf about the way the Council has dealt with matters relating to her supported living placement. The Ombudsman has discontinued the investigation into the complaint. This is because, while issues about Ms Y's capacity are being considered by the Court, we are unable to find Mr X has her consent or authority to bring her complaint to us and we cannot achieve a worthwhile outcome for Mr X.

20 007 615 - Summary: Mr X complains that the Council should have disregarded half of his mother's savings when assessing how much she should contribute to her care costs, because of her financial control over his father. Mr X says half of the savings belongs to his father, and the Council is depriving his father of money that is rightfully his. The Ombudsman does not find the Council at fault.

20 008 289 - Summary: Mrs X complained about the way the Council provided information about Mr Y's care costs, and delays in the financial assessment. This meant Mrs X did not understand Mr Y would be charged for his respite stay and she was caused significant stress by an unexpected bill. We find the Council was at fault in the way it communicated with Mrs X, and in its failure to advise them of the cost of the care Mr Y received. We recommend the Council waive 50% of the cost of Mr Y's respite stay and ensure it communicates properly in future. It should also take action to ensure it completes financial assessments before arranging care services where possible.

20 009 349 - Summary: Mr B complained that the Council delayed in making suitable care arrangements for his mother, Mrs C when she was discharged from hospital. We find no fault with the Council's actions.

20 011 177 - Summary: There was no fault in the way the Council conducted the financial assessment or arranged a care package, although there was poor

communication about the process. However, the care visits by the Council's commissioned care provider did not meet Mrs X's needs. The Council agrees to waive the charges as the records show care was not regularly given. The Council acknowledges it could have offered a copy of the care and support plan before the financial assessment was completed and has reminded staff to do so from now on.

20 008 020 - Summary: Mr X complained the Council charged him for a period of reablement care it should not have charged him for after he was discharged from hospital. The Council accepted it did not make it clear to Mr X which care he would need to pay for and agreed to refund the care charges he disputed. We were satisfied this remedied the injustice to Mr X so we completed our investigation.

20 013 000 - Summary: Mrs B says the Council delayed assessing her needs and then failed to assess her needs properly which meant she missed out on financial support for a period in a care home. There is no fault in the Council's assessment process and no evidence of unreasonable delay.

20 012 990 - Summary: Mr & Mrs X complain the Council has failed to meet their son's needs during the COVID-19 pandemic, leaving them to meet almost all his needs and their son paying for care he has not received. They also complain the Council failed to respond to their correspondence, putting them to significant time and trouble pursuing their concerns. The Council accepts it failed to respond to correspondence, wrongly advised them to continue paying for day services which were not supporting Mr Y, and failed to explain the reasons for its decisions. This caused avoidable distress and put them to considerable time and trouble in pursuing their concerns. The Council also failed to review Mr Y's needs, leaving doubt over whether there was more it could have done to meet them. The Council needs to review Mr Y's needs, apologise to the family and pay financial redress.

20 003 077 - Summary: Mr X complained about the Council's decision not to proceed with a safeguarding investigation about historical and ongoing abuse and related matters, including disability discrimination and failure to provide support for his autism. We do not find fault with how the Council considered the safeguarding request and we are satisfied with the Council's approach to Mr X's care and support needs.

20 013 409 - Summary: Mrs X complained the Council did not properly support her and her family when her late husband was discharged from hospital. There was no fault by the Council.

21 001 220 - Summary: Mrs X complained the Council reduced the support provided to her son, Mr Y, on his care plan without involving him in 2019. There was fault in how the Council reduced Mr Y's care and support without notice and delays in arranging his direct payments in late 2020. It agreed to apologise to Mr Y and Mrs X, and pay them both financial remedies. It also agreed to review the training it provides to social workers about direct payments.

21 001 093 - Summary: There was fault in Mrs Z's care in a care home. Staff did not act in line with COVID-19 guidance and record keeping and communication was not in line with accepted standards. The Council will apologise and take action described in this statement.

21 000 166 - Summary: There is no fault by the Council. The Council has offered to carry out a financial assessment to decide if Mr X's financial contributions towards a well being charge can be reduced. Mr X has refused the financial assessment, so the Council can take no further action.

21 002 456 - Summary: Miss X complained about the way the Council responded to her concerns when she was unable to get the support it had said she needed. This caused a delay in the help she needed to sort out the problem. We find the Council was at fault and recommend it apologise, pay Miss X £300 and agree a communication plan with her.

21 005 008 - Summary: Mr C complained the Council failed to consider all his medical information before refusing his Blue Badge application. We find fault with the way the Council considered Mr C's application and the decision letter it issued. The Council has agreed to our recommendations to address Mr C's injustice.

21 004 508 - Summary: Mr X complains the Council failed to meet his son's care and support needs when it prevented him from accessing more than one day service because of COVID-19, which had an adverse impact on his well-being. The Council failed to assess all the risks and failed to consider what other support it could provide to meet the son's needs. This leaves doubt over whether more could have been done, for which the Council needs to apologise and pay financial redress.

21 006 721 - Summary: Mrs B says the care home commissioned by the Council neglected and abused her mother and, in investigating those concerns, the Council failed to properly consider the evidence. The Council failed to consider all parts of the referral but there is no fault affecting its decision that there was insufficient evidence of neglect in this case. A reminder to officers is satisfactory remedy.

21 005 950 - Summary: Ms C complains the Council failed to calculate charges properly and inappropriately pursued for arrears. As well as making some procedural changes the Council has agreed to apologise to Ms C and pay her £250 for how it dealt with backdating charges. The Council is also at fault for failing to properly consider payments made by Ms C towards housing and council tax in financial assessments for care at home. It has agreed to reconsider Ms D's current financial assessment and review procedures.

21 006 335 - Summary: Mr D complained the Council's Social Worker communicated poorly with him and failed to progress his housing application. As a result, he said he experienced distress and uncertainty. We found no fault in how the Council handled

Mr D's care support, nor his application for supported accommodation. It reached decisions it was entitled to make, so we cannot criticise the merits of its decisions.

21 006 450 - Summary: Mr X complained the Council did not consider his opinion or the information he provided about his health problems when he requested a stairlift as an adaptation to his home. The Council's decision-making was flawed and took too long. The Council agreed to apologise to Mr X for the uncertainty and frustration caused to him and reconsider his request.

21 007 457 - Summary: Mr X complained about the Council's refusal to issue a blue parking badge to him. He said that, as a result, it is more difficult for him to access the community and he undertakes fewer journeys. We found there was no fault with regards to the Council's actions.

21 007 673 - Summary: Ms X complains on behalf of Mr and Mrs Y about its significantly increased charge for Mr Y's care. She said it caused them extreme emotional distress as they no longer have enough money for food and bills. We find the Council was not at fault.

21 004 314 - Summary: Ms X complained about poor care provided to her late father, Mr Y, and poor communication by a Council-commissioned care home. The Council was not at fault.

21 008 339 - Summary: The Council was at fault for the way it decided not to disregard Mr X's property when calculating his care costs. This means Mr X's family cannot be sure his care costs are correct and whether entering into a deferred payment agreement with the Council is necessary. To remedy the injustice caused the Council has agreed to apologise and re-consider whether Mr X qualifies for a property disregard.

21 009 999 - Summary: We will not investigate this complaint about the Council placing limits on Mr X's contact with its services, allegedly without valid reason. This is because the Council has already provided a suitable remedy and there is nothing further we could achieve.

21 011 541 - Summary: We will not investigate this complaint about the Council issuing incorrect invoices for care services. This is because the Council has already taken suitable action to remedy the complaint. Mr X has raised further concerns about invoices issued after the Council responded to his complaint, however the Council has not had an opportunity to respond to this complaint.

21 015 909 - Summary: We will not investigate this complaint about the Council's failure to properly consider Mrs B's late aunt's, Mrs C's, finances. This is because there is no unremedied injustice warranting an Ombudsman investigation.

21 016 297 - Summary: Mrs X complained about poor communications from the Care Provider the Council commissioned. She also said the Care Provider had failed

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to return some of her husband's possessions. We will not investigate Mrs X's complaint. This is because the Council arranged for the Care Provider to contact Mrs X directly to resolve any outstanding issues. This remedies the remaining injustice to Mrs X and it is unlikely an investigation could achieve anything more.

**Local Government and Social Care Ombudsman Enquiries
Public Report
for Annual Complaints Report 2021/22**

Complaint summary

Mr C complained there was fault in Kent County Council's (the Council's) decision to place his late partner, Ms D in a care home. He complained about:

- inadequate arrangements in a best interests' meeting and a lack of consultation before placing Ms D in the care home;
- the appointment of an Independent Mental Capacity Advocate;
- a standard authorisation to deprive Ms D of her liberty; and
- the failure to apply to court. Mr C said the Council's actions caused him and Ms D distress as it meant they could not live together.

Finding

Fault found causing injustice and recommendations made.

Recommendations

The Council should apologise to Mr C and pay him £500 to reflect his avoidable distress. It should also, within timescales set out later in this report:

- ensure all current and future requests for standard authorisations are completed within prescribed timescales, including low and medium risk cases currently held as pending;
- provide us with written evidence showing it has monitored all requests for standard authorisations post-dating our final report and completed them within the legal timeframes described in this report;
- review its Care Act assessment processes to ensure case managers document consideration of Article 8 rights when making decisions about care placements which separate couples;
- ensure relevant case managers receive training on the Human Rights Act 1998 and how it may apply to their role;
- review all cases from January 2019 to date where Deprivation of Liberty Safeguards assessments have not been completed at all or not been completed within the prescribed timescales and consider whether any injustice has arisen because of the delay. If so, the Council should take action to remedy any injustice in line with the principles set out in our published Guidance on Remedies. We can advise the Council on individual cases if needed. Before starting the review, the Council should provide us with an action plan of how it intends to conduct the review. The action plan should set out numbers, methodology and scope and should be agreed with us before the Council starts the review;
- provide us with a written summary of the cases it has reviewed and what, if any action, it took as a result of the reviews.

The full report – Can be accessed at the following link - <https://www.lgo.org.uk/decisions/adult-care-services/assessment-and-care-plan/19-015-406>

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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 - 17 November 2022

Subject: **ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q2 2022/23**

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 Q2 for 2022/23.

Contacts into Adult Social Care and Health (ASCH) increased into Quarter 2 as did the number of incoming Care Needs Assessments; ASCH completed more Care Needs Assessments, Carers Assessments, arranged more new support packages, supported more people with a Mental Health need and reduced the numbers awaiting an annual review.

ASCH are seeing more people accessing a short term residential or nursing bed, and people are staying in them for longer; this in turn is leading to a decrease in those being at home 91 days after discharge from hospital having had enablement services with ASCH and increasing the numbers and rates of older people having their support needs met by admission to long term residential or nursing care as they move from short term to long term.

Of the six KPIs, two were RAG rated Green having met their targets, three are 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; performance on this measure has not improved. Care Needs Assessments are being delivered however analysis show these include assessments that have been open for a longer amount of time rather than those newly incoming and part of this KPI.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q2 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 saw over 21,000 people making contact in Quarter 2, which is an expected seasonal increase on the previous quarter; work continues designing and building new approaches and platforms for people to manage their own care needs and be able to self-serve for information where appropriate. The KPI on the percentage of people who re-contacted ASCH, having had a previous contact resolved with advice and information, continues to achieve the target of 9% (RAG rated Green).
- 2.2 There was an increase in the number of new Care Needs Assessments (CNA) to be undertaken in Quarter 2, at 4,926, however this was not at a volume exceeding previous quarters and outside of expectations. Over the last 12 months, the average quarterly number of CNA completions was 4,835, and this includes both those new CNAs as well as those which have been completed from previous quarters.
- 2.3 Of the incoming CNAs for Quarter 1, 75% were completed within 28 days, which is consistent with the previous quarter, and below the floor target of 80% (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 guidance states that they should be timely)
- 2.4 ASCH continues to prioritise completing CNAs as part of its Performance Assurance Framework with new targets being individualised to each Area which focus on completing those that have been open the longest whilst ensuring new CNAs are worked on and completed in a timely manner. It is anticipated that improvements as a result of this activity will be observed in quarter 3.
- 2.5 There was a 6% increase in the number of Carers' Assessments being delivered in Quarter 2 compared to Quarter 1 and continues the ongoing upward trend. 1,166 were delivered in Quarter 2 by the commissioned Carers' Organisations who deliver these assessments on behalf of KCC ASCH.
- 2.6 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 16,667 people with an active Care and Support Plan at the end of

Quarter 2, which is a decrease on the previous quarter. Quarter 1 had the highest number active in this reporting period. 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, albeit with a slight increase for Quarter 2. The majority of new packages are for Care and Support in the Home (CSiH). ASCH has seen an increase in the number of people receiving a package for over 12 months, so although the new packages are decreasing people are being supported for a longer period of time. Whilst the numbers have decreased overall, the average weekly cost of the newly arranged packages has been increasing, indicating a rise in the cost of care or increases in the complexity of needs.

- 2.7 The number of people requiring an annual review on the last day of Quarter 2 was 4,945 and is a decrease of 39 reviews on the Quarter 1. Work to complete annual reviews are also prioritised as part of the ASCH Performance Assurance Framework; individualised ASCH area targets to increase the number of reviews completed have been set and are being managed at an area team level, with a focus on those most overdue; examples of best practice are being shared amongst teams where actions have led to decreases in those awaiting an annual review. Over 3,000 annual reviews were completed in Quarter 2.
- 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 2 there were 1,546 people actively receiving this support. To address pressures both within the service and those in the wider social care market, KEaH is re-running a recruitment campaign which increased capacity earlier this year.
- 2.9 Some people 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 continue to see increasing numbers of people in short term beds, since the pandemic, with 1,418 individuals in Quarter 2. Carer respite includes the use of short-term beds and continues to account for over 400 people this quarter, 31% of the service activity.
- 2.10 ASCH is seeing more people staying longer in a short-term bed, and this in turn is increasing the number, and rate, of people being admitted to long term residential or nursing care as their short-term stay turns to long term. It has also decreased the proportion of older people who were still at home 91 days after hospital discharge having had reablement services (ASCH4). Assessing those who have been referred to a short-term bed is being treated as a priority to ensure individuals receive the support required to limit their need to remain in these temporary arrangements. ASCH work in partnership with acute colleagues and commissioning to find solutions that extend to winter pressures planning.
- 2.11 Long Term Support is provided either through community or residential/nursing care. ASCH have 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 for Quarter 2 this measure is Rag Rated Amber with 24%, which it has been for some time.

- 2.12 ASCH had been seeing a decreasing number of people with long term residential or nursing care. However, it should be noted that there is often a delay in an individual being recorded as being in long term residential care and this is often as a result of discussions regarding funding arrangements (whether the individual is self-funding or should be Council funded) or when a person transferred from short term to long term care. As such, Members may observe that data reported for previous quarters changes as these changes are recorded.
- 2.13 The numbers of people accessing support with ASCH who have a Mental Health need continues to increase, with signs of a plateau in the figures earlier this year no longer holding; there were 1,263 people being supported by ASCH with a Mental Health need in Quarter 2. Supporting Independence Services/Supported Living remains the most prevalent service provision, and there was a small increase in the number of people receiving Care and Support in the Home in Quarter 2.
- 2.14 The KPI reporting on the percentage of people in residential or nursing care with a CQC rating of Good or Outstanding, decreased to 80% in Quarter 2 (RAG Rated Green against target). 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, currently 14 care homes.
- 2.15 ASCH report two KPIs that are the National Better Care Fund measures and key national measures for ASC; For those people aged 65 and over, who are still at home 91 days after discharge from hospital, having received enablement, ASCH moved to below the target of 82% in Quarter 1 (RAG Rated Amber). This decrease correlates with the increases in those in short term residential or nursing beds and remaining in them for longer than 6 weeks.
- 2.16 The second measure, the rate per 100,000 of people receiving long term support, aged 65 and over, by admission to residential and nursing care homes was also affected by the increases over the last 2 quarters of people moving from short term to long term beds, and in Quarter 1 was above the target and RAG Rated Amber.
- 2.17 The number of Deprivation of Liberty Safeguards (DoLS) applications received in Quarter 2 decreased to 2,172 and follows an expected seasonal trend; Quarter 2 receives the lowest volume annually, and Quarter 3 and 4 are expected to return to higher numbers and the volume of DoLS applications received continues 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, Quarter 2 saw a higher proportion of urgent applications, which accounted for 84%, up from 78% in Quarter 1. There was a decrease in the number of applications completed, with 1,987 in quarter 2 from 2,040 in Quarter 1.

2.18 ASCH had 1,170 Safeguarding Enquiries open on the last day of Quarter 2, which is an increase of 12% on the previous quarter. The Safeguarding Teams had worked on over 2,500 active enquiries during the quarter and saw increasing numbers of Safeguarding concerns being received. However the conversion of these to Enquiries has decreased to 39%; and in Quarter 2 the closure outcome for concerns was mainly due to the Section 42 Criteria not being met or information and advice being provided.

3. Conclusion

3.1 ASCH is continuing to experience high levels of activity, and has prioritised capacity to focus on enablement services, Care Needs Assessments, annual Care and Support Plan Reviews, Deprivation of Liberty Safeguards and Safeguarding.

4. Recommendation

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|--|
| 4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to NOTE the performance of services in Q2 2022/23. |
|--|

5. Background Documents

None

6. Report Author

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Adult Social Care Key Performance Indicator and Activity Performance 2022/23

ASCH1: The percentage of people who have their contact resolved by Adult Social Care and Health but then make contact again within 3 months.

GREEN

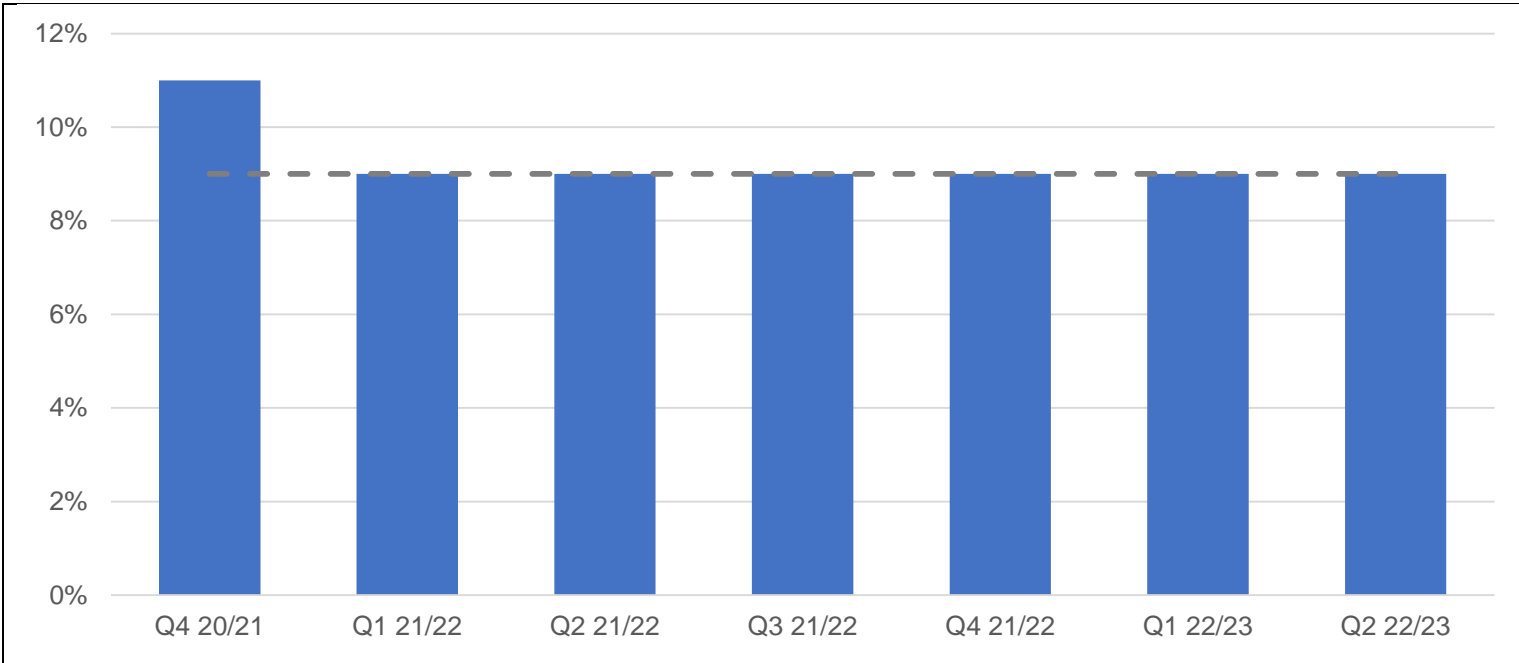


Technical Notes:

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%



Commentary: Quarter 2 continues to show that only 9% of those who made contact previously did so again within 3 months, and the measure remains RAG Rated Green having been at target.

There are a number of reasons that people may make repeat contact with Adult Social Care and Health (ASCH) including rapidly changing need. ASCH is undertaking work to review its area referral management service to explore why people make further contact and whether there are opportunities to offer more robust resolution for these people at an earlier point in their engagement with ASCH.

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

RED



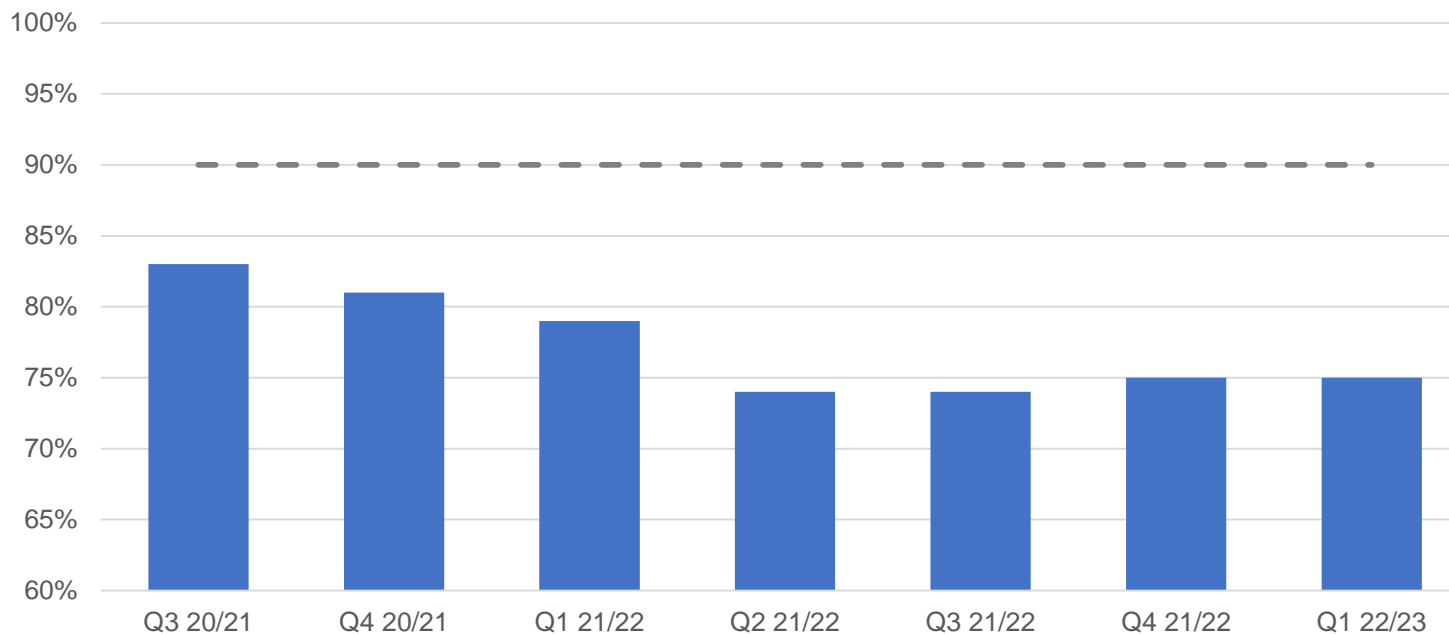
Technical Notes:

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 not significant.

Please note axis does not start at 0



Commentary: In Quarter 1, just over 4,700 Care Needs Assessments were initiated (either referred for or started) of which 75% were completed within 28 days. On average ASCH receive 4,800 Care Needs Assessments each quarter, with Quarter 1 following the same level of demand as previous quarters.

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 framework, 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, and targets have been set for each ASCH Area to increase completion and timeliness of Care Needs Assessments.

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

AMBER



Technical Notes:

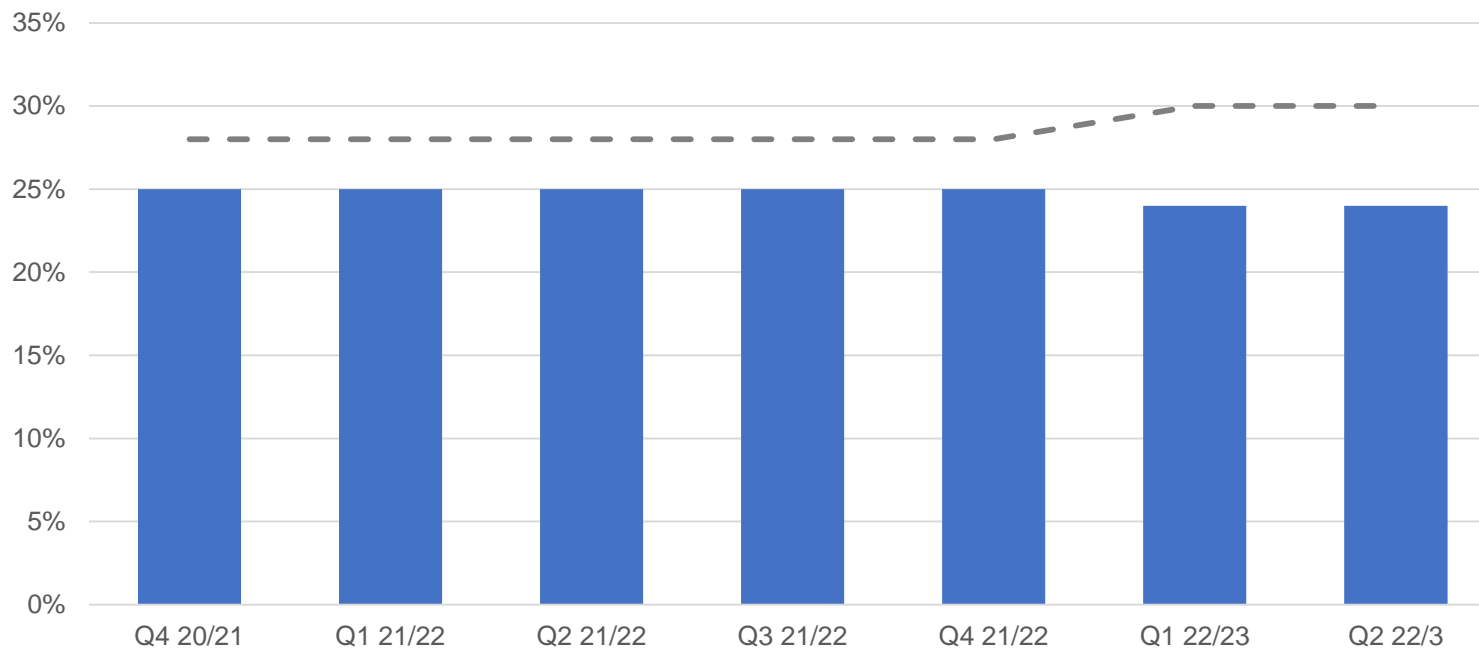
Target set at 30% (dotted line) The floor threshold is 24%

Does not include Learning Disability clients aged 18-25 with Children, Young People and Education (CYPE)

The Direction of Travel is not significant.

Please note axis does not end at 100

2021/22 figures have been updated

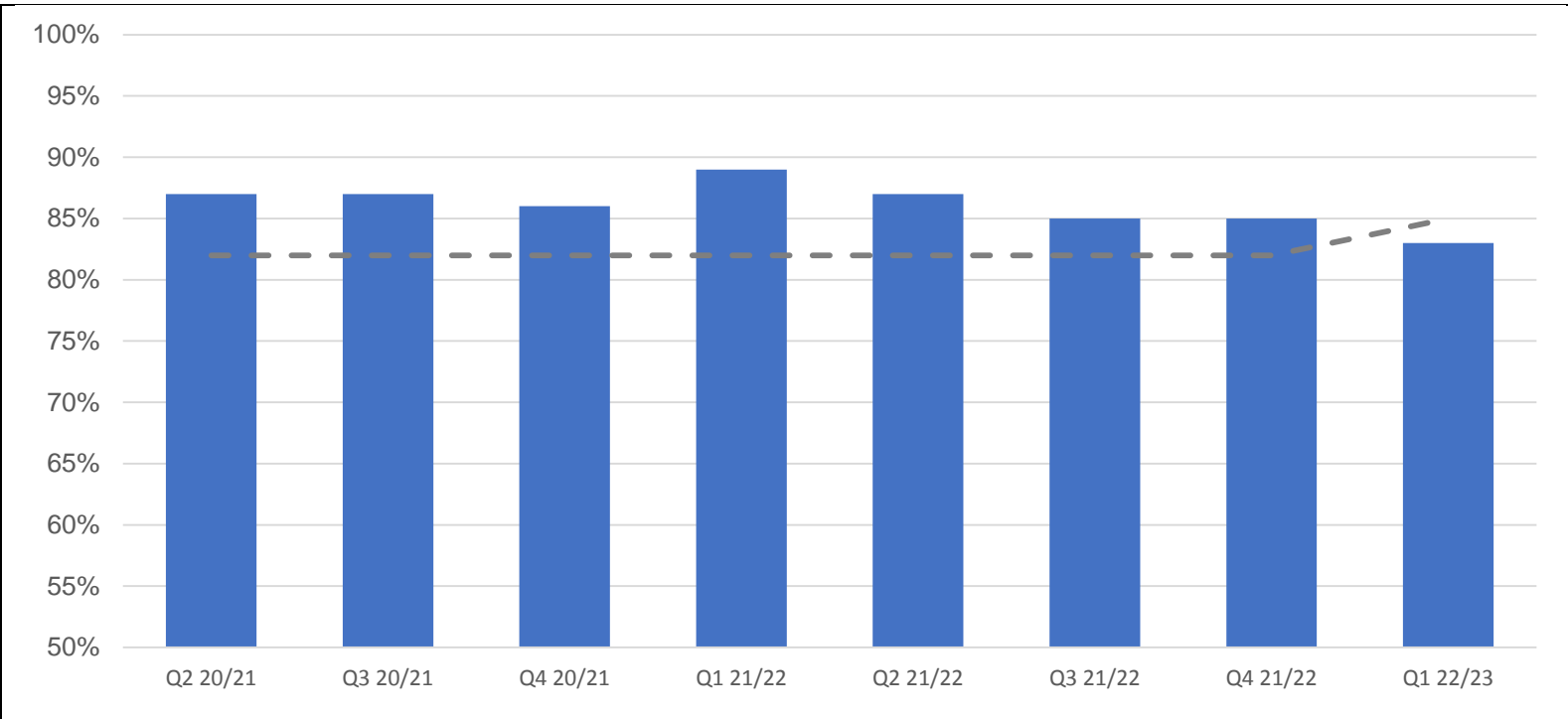


Commentary: Quarter 2 saw small increases in the number of people starting a direct payment who were carers, and people with Learning Disabilities.

This growth reflects a concerted effort from all staff groups to promote the use of direct payment. ASCH has recruited a specialist Personal Assistant Development worker, and developed an electronic portal and e-learning programmes. There has been cross directorate working with Growth, Environment and Transport (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

AMBER
↓



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

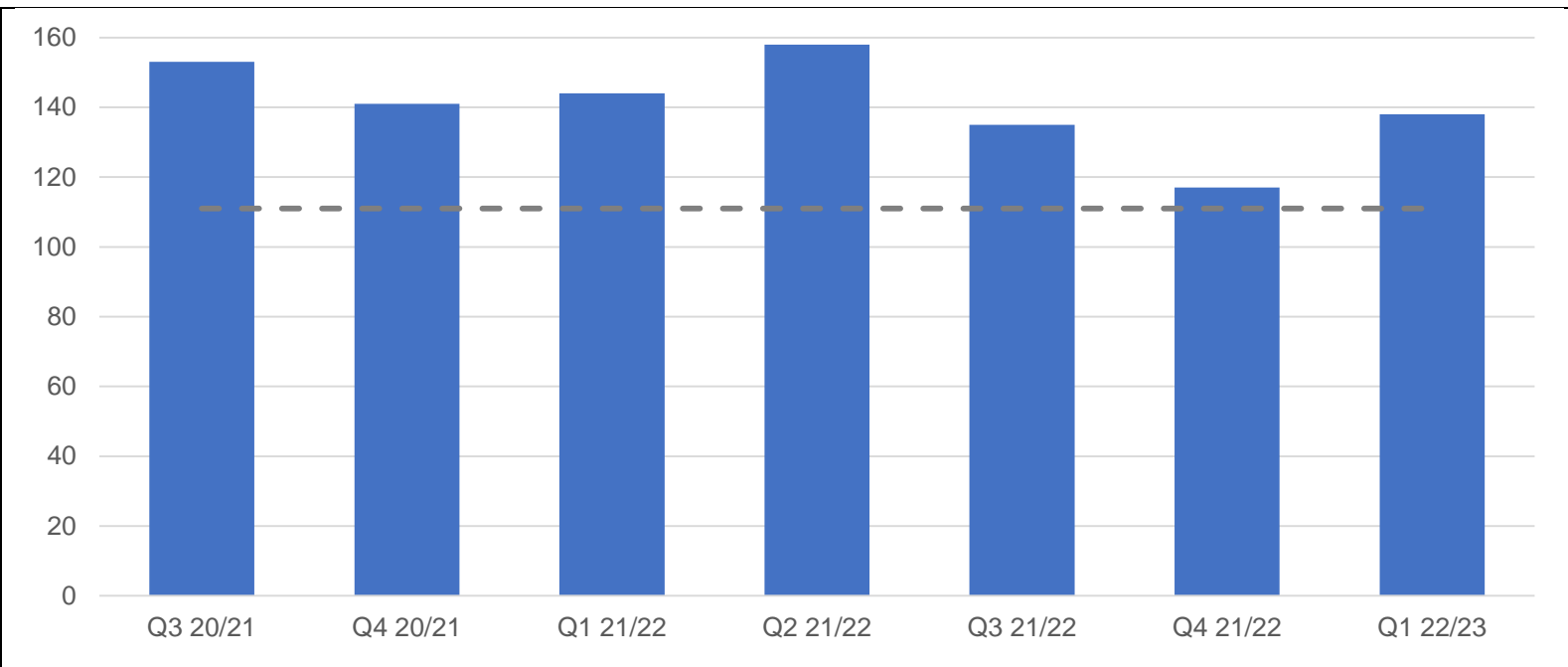
Better Care Fund Measure

Commentary: Quarter 1 saw its lowest proportion of those at home 91 days after discharge and having had reablement services. This decrease correlates with the increases in those in short term residential or nursing beds and remaining in them for longer than 6 weeks.

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.

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

AMBER
↓



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.

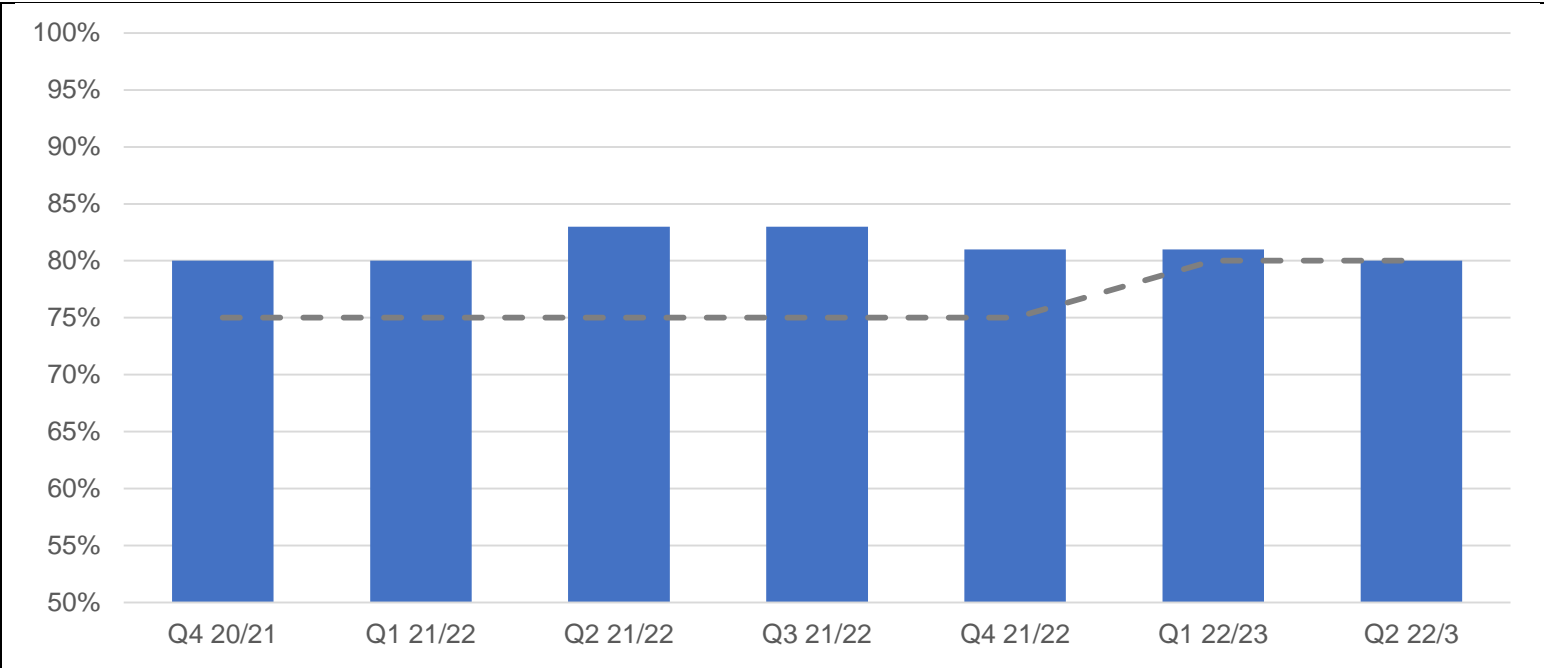
Better Care Fund Measure

Commentary: ASCH has seen recent increases in the level of conversion of people in short term residential or nursing beds to long term and within this the dates of admission have been backdated to the start dates, this has led to an increase on previously reported figures in Quarter 4 2021/22 and Q1 2022/23. Due to the expectation that this will continue this measure will now report a quarter in arrears to ensure the information presented and discussed is reflective of the activity.

There is a correlation in relation to increasing numbers of people accessing short term beds who do not regain a level of independence that they can be supported in the community.

ASCH6: The % of KCC supported people in residential or nursing care where the Care Quality Commission 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.

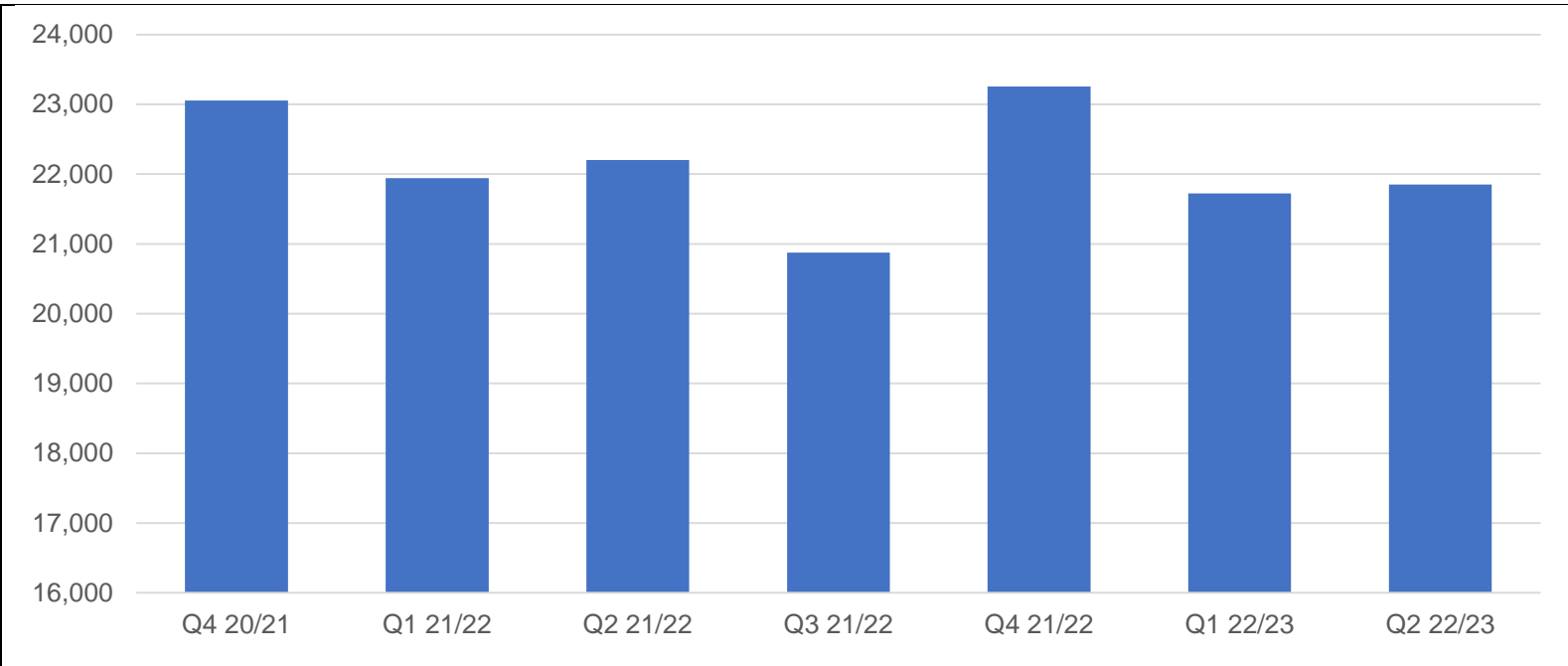
Please note axis does not start at 0

Corporate Risk Register: CRR0015

Commentary: Quarter 2 saw a decrease in the proportion of people in residential or nursing care rated as Good or Outstanding by the Care Quality Commission (CQC), albeit of only 1%.

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, 14 care homes (9 older person care homes and 5 learning disability, physical disability, and mental health care homes. A decrease of 3 on the previous quarter) 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

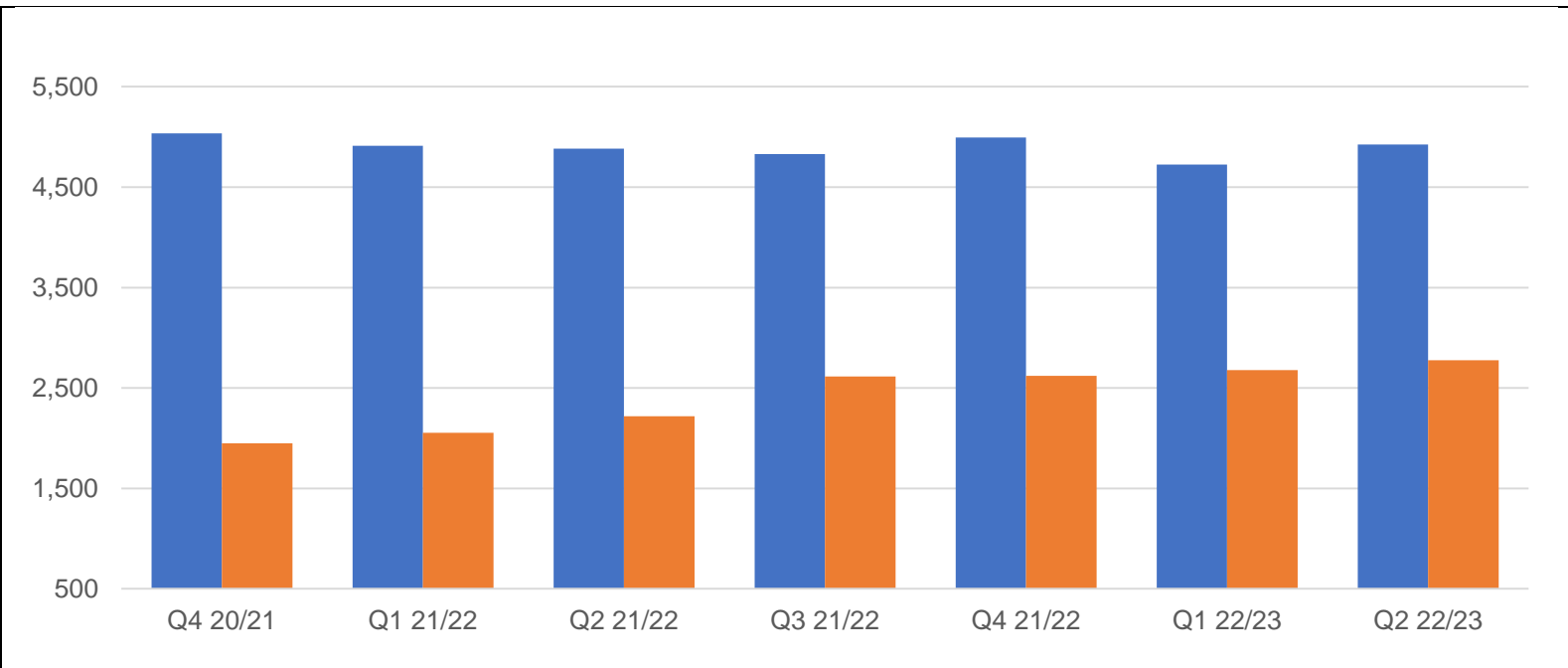
Includes all forms of contact

Please note axis does not start at 0

Commentary: The number of people contacting ASCH in Quarter 2 increased from the previous quarter and continues the expected activity trend.

This increase also reflects an increase in professional referrals, and there is concerted effort to work with our partners to help them to understand and distinguish between safeguarding and adult protection needs and where a prevention approach with onward signposting to community offers is sufficient and appropriate. We are embarking on designing and building on a prevention approach to the front door. KCC is also developing the digital front door offer to enable people to manage their own care needs where possible and are redesigning our digital platforms, to ensure people get the appropriate support in a timely fashion. This will also include recruitment of digital technology workers.

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

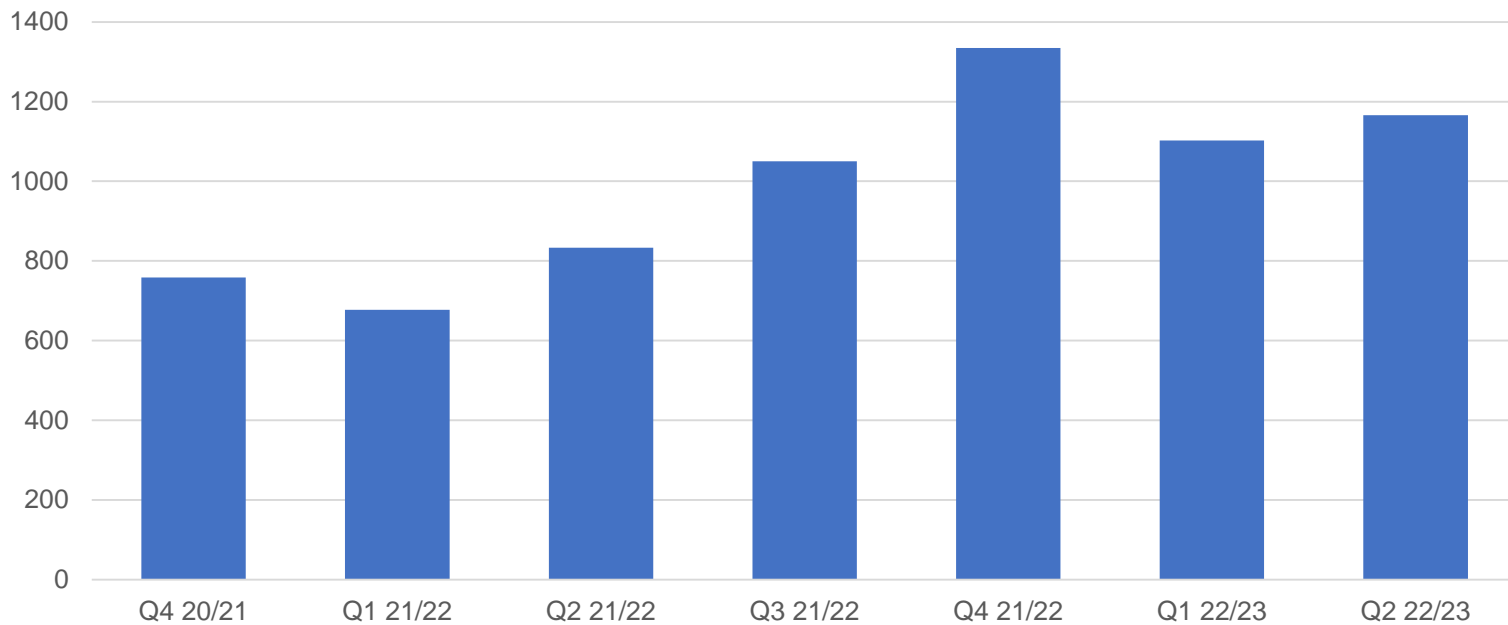
Orange – Assessment needing to be completed

Corporate Risk Register: CRR0002

Commentary: The volume of new Care Needs Assessments to be undertaken has generally been decreasing, however Quarter 2 saw a small increase of 200 new Care Needs Assessments when compared to Quarter 1, but still below previous quarters of over 5,000.

The number of people requiring an assessment to be completed on the last day of the quarter continues to increase and there was a 4% increase between the last day of Quarter 1 and Quarter 2.

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 and targets have been set as part of the Performance Assurance Framework to increase completions and the timeliness of them.

ASCH9: The number of new Carers' assessments delivered**Technical Notes:**

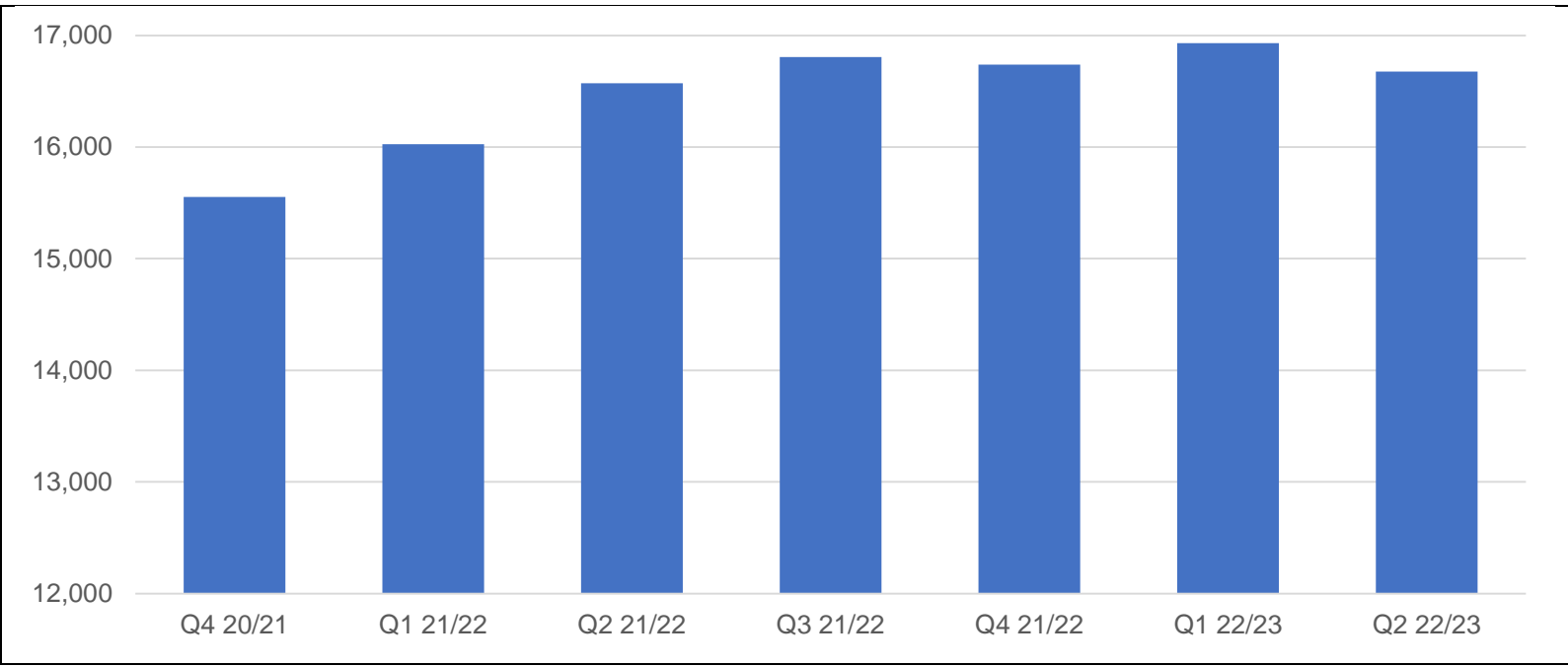
Activity measure,
no specified target

Corporate Risk
Register:
CRR0015

Commentary: Overall, there has been increases in the number of new Carers' Assessments delivered, and Quarter 2 saw an increase of 6% on the previous quarter.

Staff continue to encourage carers and the people they care for to be assessed. We are encouraging partner agencies to promote carer assessments where they identify people who are caring. Carers' assessments remains a delegated authority and can be completed by contracted organisations who often provide the required support as an outcome of their assessment.

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



Technical Notes:

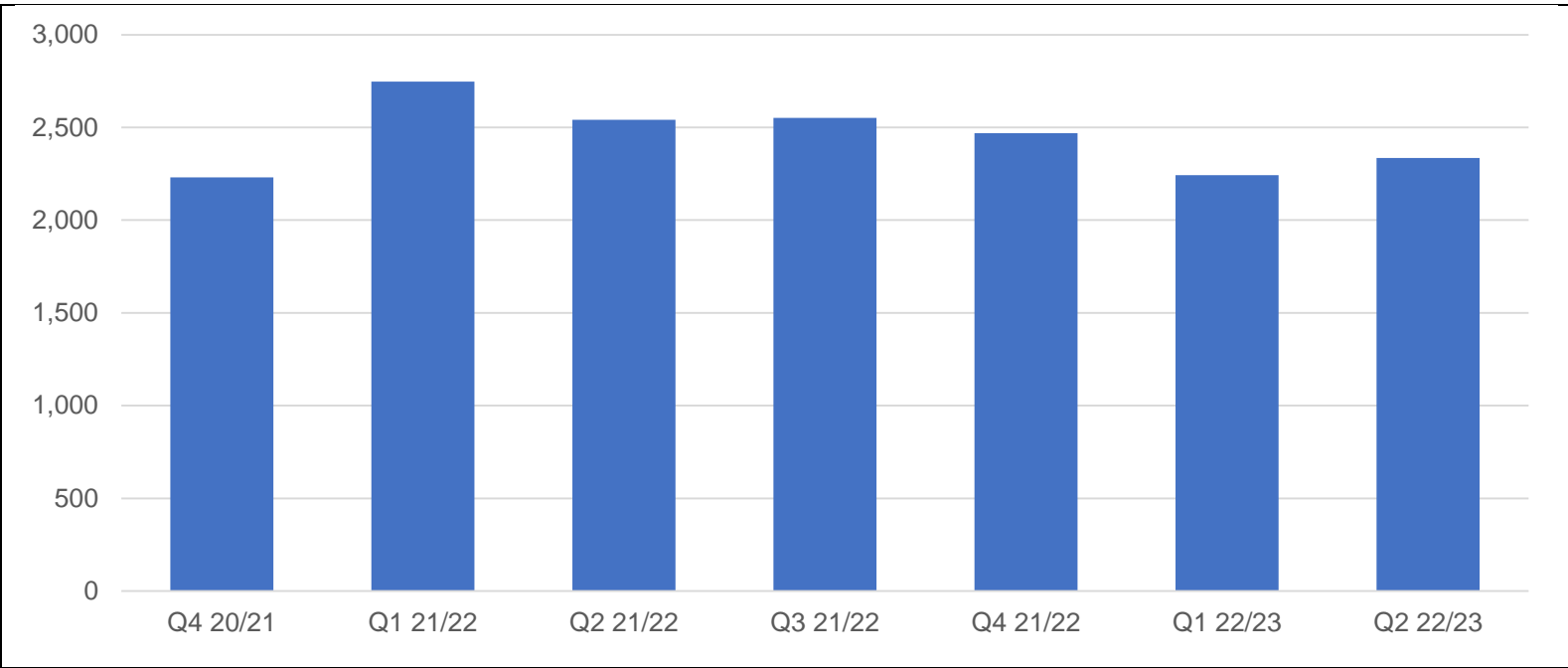
Activity measure, no specified target

Please note axis does not start at 0

Commentary: Where appropriate, a Care and Support Plan (C&SP) helps describe how a person will be supported and their needs met. Everyone receiving services with ASCH will have a C&SP in place and this measure demonstrates the volume of people we are supporting, following quarterly increases to Quarter 3 2021/22, the numbers look to be stabilising. Quarter 2 did see a decrease in the volume of open C&SPs, a decrease of 255 on the previous quarter, however this is still above previous quarters.

C&SPs are reviewed in the first 8 weeks and then annually unless there is a reason to do so earlier. Staff are being asked to explore alternative ways to meet the outcomes defined in a C&SP, it is here that technology, Direct Payments and equipment are discussed. C&SPs are also used to understand the health element of a person's needs.

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



Technical Notes:

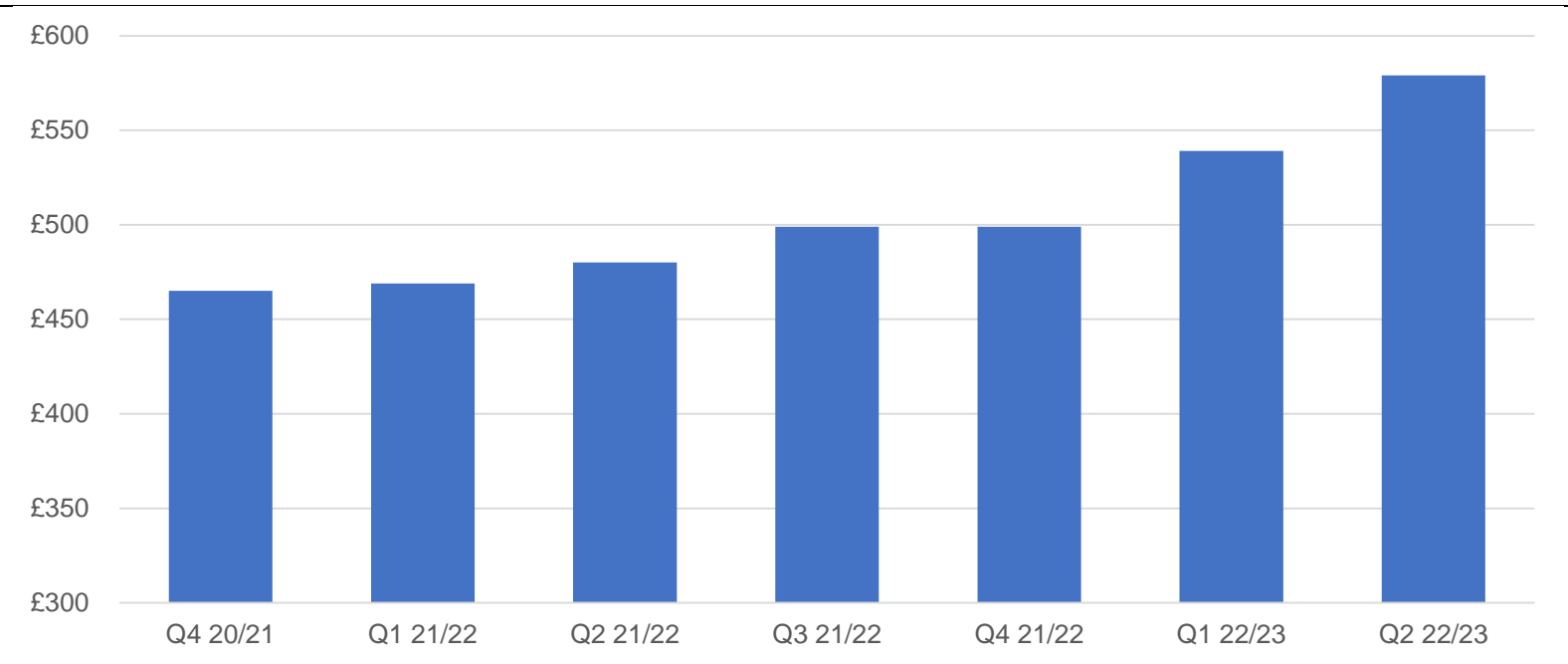
Activity measure,
no specified target

Corporate Risk
Register:
CRR0002 &
CRR0015

Commentary: Overall, the number of new packages has been decreasing. Quarter 2 saw an increase to 2,335, however this is not above previous quarters.

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

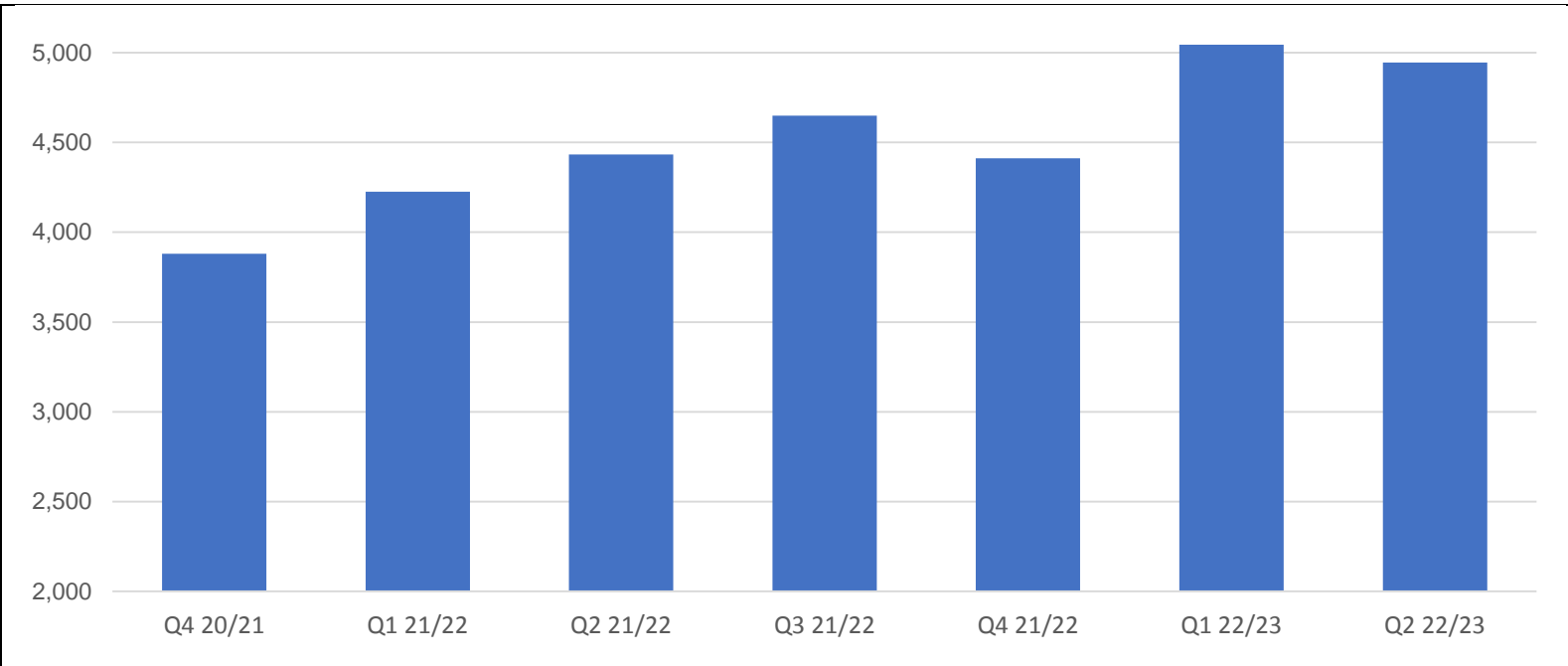
Average weekly
cost at end of
quarter

Please note axis
does not start at 0

Commentary: Alongside the number of new support packages increasing in Quarter 2 (ASCH11), the average weekly cost has also increased. There was a 7% increase from Quarter 1 to Quarter 2, from £539 to £579.

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. We are also seeing high cost packages of support for people with mental health needs when discharged from hospital, this reflects the complexity of need for some people and the level of support being provided to help their recovery.

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

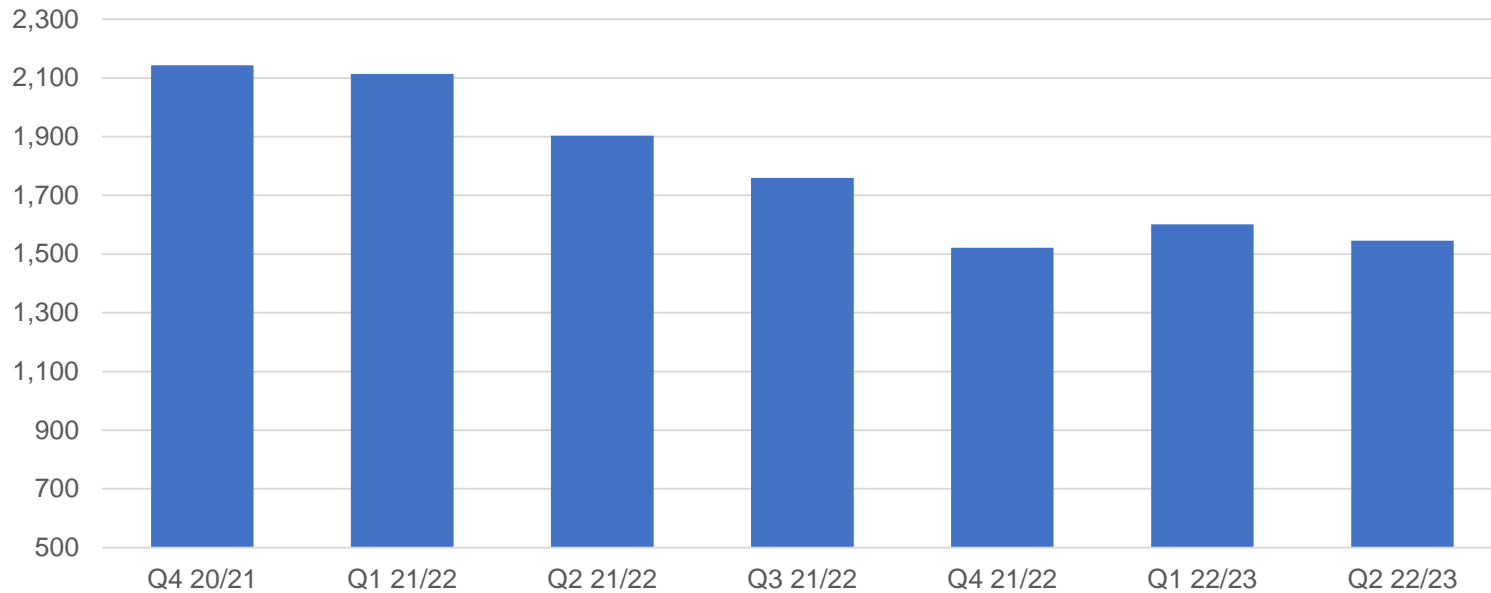
Please note axis does not start at 0

Corporate Risk Register: CRR0002

Commentary: Every person we support with a Care and Support Plan is 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. Unplanned reviews can also take place should a person’s circumstances change or their needs increase or decrease.

The number of annual reviews to be completed, as on the last day of each quarter, had been steadily increasing. There have now been 2 quarters where the number has decreased, with Quarter 2 decreasing by nearly 100 annual reviews. Completion of annual reviews form a key focus in the ASCH Performance Assurance Framework, with actions and targets in place to address the increase of those without an annual review. ASCH is working to prioritise those people waiting longest for a review and those which changing circumstance where risks to the person may be greater.

ASCH14: The number of people in Kent Enablement at Home



Technical Notes:

Activity measure,
no specified target

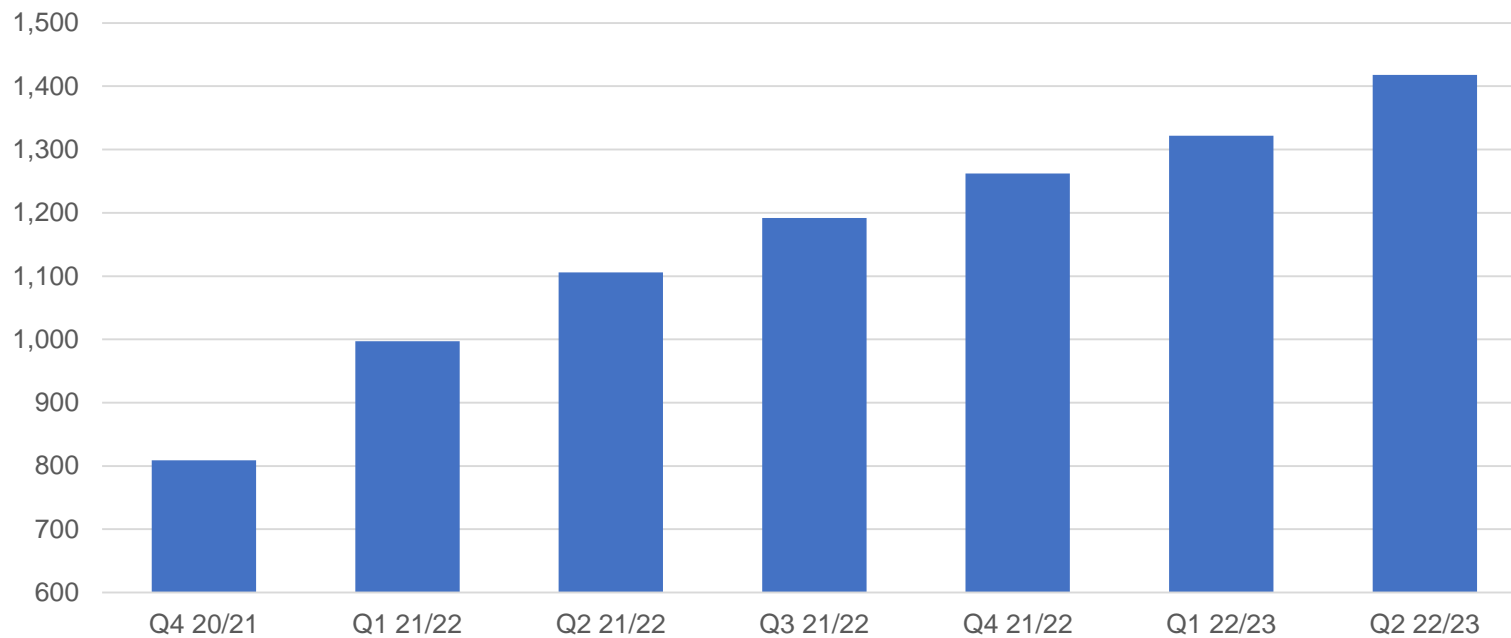
People receiving
services with Kent
Enablement at
Home (KEaH)

Please note axis
does not start at 0

Commentary: Although the number of people accessing Kent Enablement at Home (KeaH) has decreased over the last 12 months, the numbers accessing look to be stabilising since Q4 21/22. 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, there is also staff capacity pressures. KEaH are re-running a recruitment campaign to attract new staff.

Activity of KEaH is part of the ASCH Performance Assurance Framework 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:

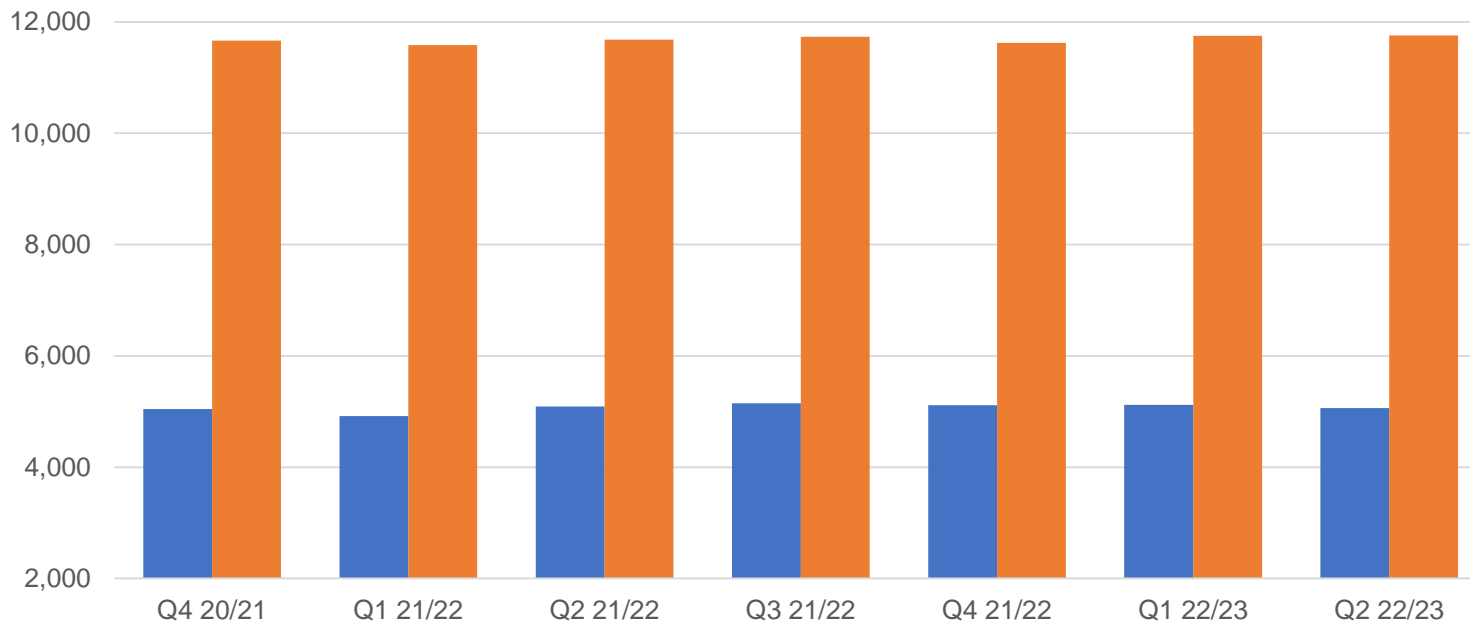
Activity measure,
no specified target

Please note axis
does not start at 0

Commentary: The number of people receiving support in a short term residential, or nursing bed continues to increase with over 1,400 receiving this service support during Quarter 2. Older People continue to be the main recipients of this support and this increased to over 900 in quarter 2. Provision of carer respite also remains high at over 400 although this increase looks to be stabilising and is now at similar levels to what was delivered pre-pandemic.

The use of short term residential or nursing beds is a focus for the Senior Management Team as part of the Performance Assurance Framework, with actions being taken to ensure the use is appropriate and time limited. We are working closely with NHS colleagues to increase the number of people supported to return to their own homes on discharge from hospital and reduce the number of people being discharged from hospital into short term beds. There is a correlation in relation to availability of community based support options to support people as an alternative.

ASCH16: The numbers of people in Long Term Services



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0

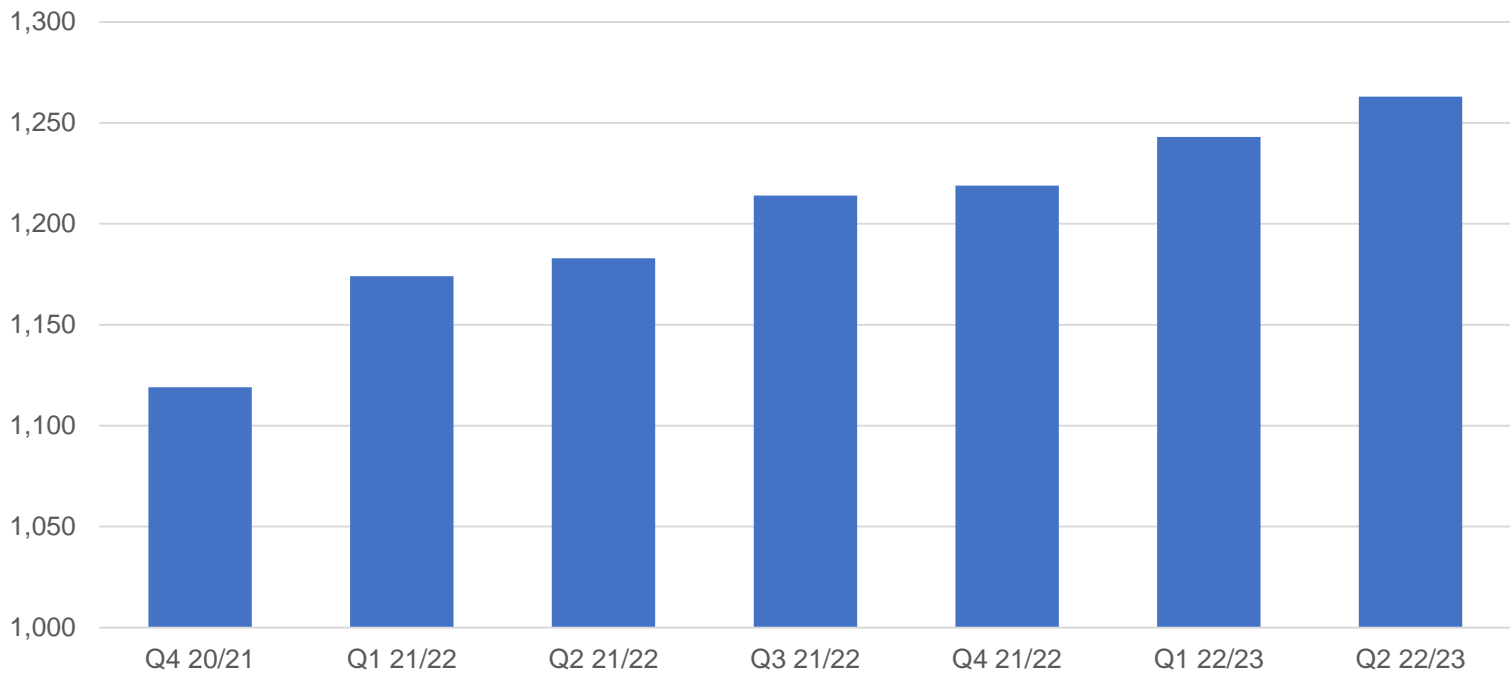
Blue – Residential or Nursing services

Orange – Community Services

Commentary: ASCH has seen recent increases in the level of conversion of people in short term residential or nursing beds to long term and within this the dates of admission have been backdated to the start dates, this has led to an increase on previously reported figures in Quarter 4 2021/22 and Q1 2022/23.

There continues to be work with our commissioning colleagues to shape the market and build relationships with providers, and to develop capacity around recruitment of staff in care agencies, this includes overseas recruitment, which remains the challenge. The ASCH strategy remains that 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:

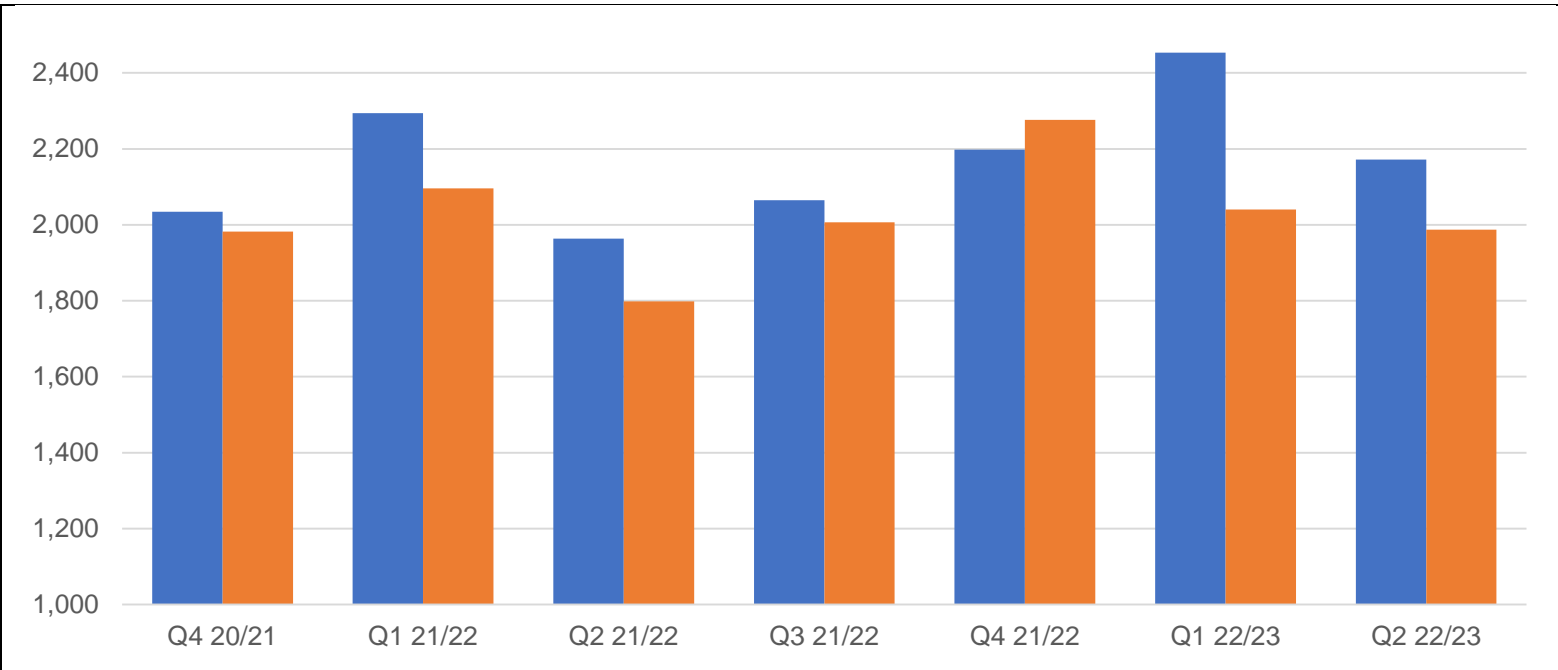
Activity measure,
no specified target

Please note axis
does not start at 0

Commentary: Quarter 2 saw the ongoing increase in the number of people accessing ASCH with a mental health need continuing. There were 1,263 people during quarter 2.

The most prevalent service received is Supporting Independence Service/Supported Living Services, which enables the person we support to stay in the community and retain independence. Quarter 2 saw a small increase in the number of people receiving Care and Support in the Home (Homecare)

ASCH18: Number of Deprivation of Liberty Safeguards applications received and completed



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0

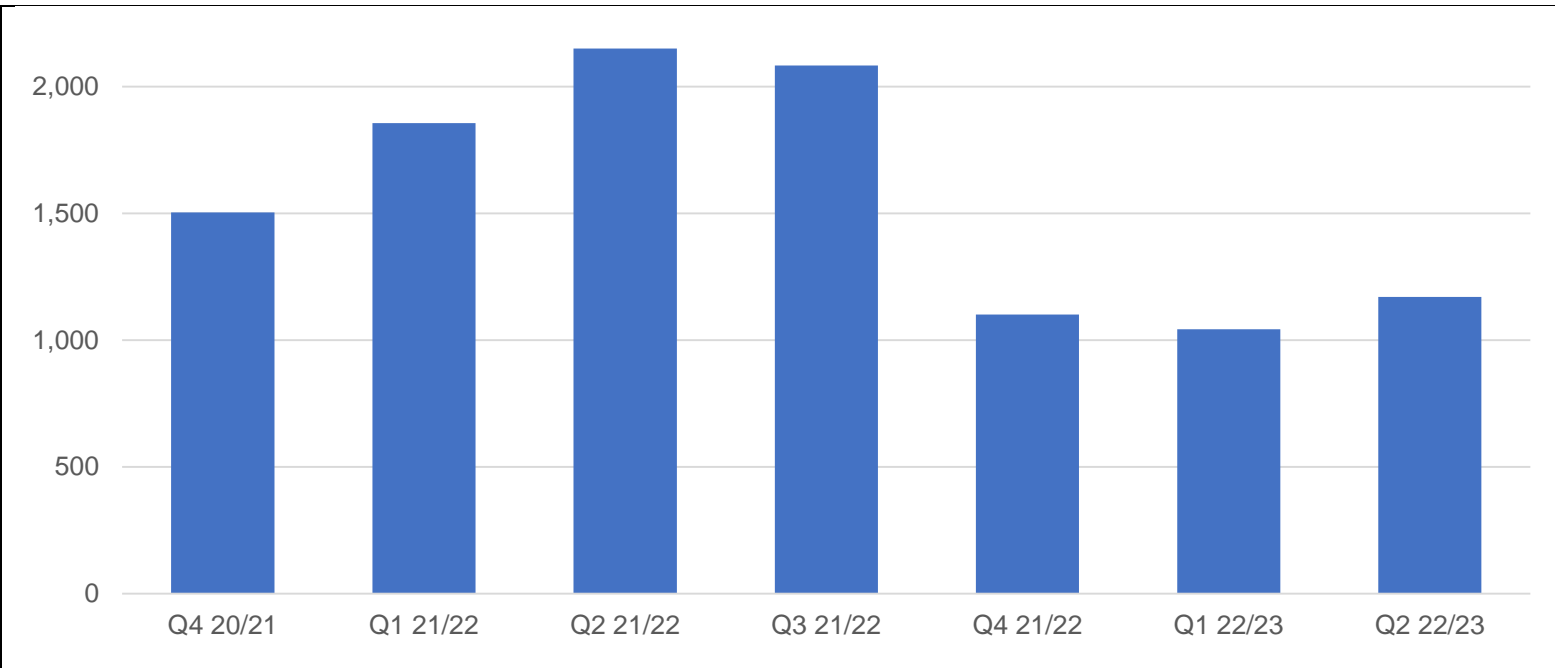
Corporate Risk Register: CRR0002

Blue – applications received

Orange – Applications completed

Commentary: In Quarter 2 a lower number of Deprivation of Liberty Safeguards (DoLS) applications were received, reflecting a trend where we see the lowest numbers of applications in July and August compared to the other months. Although there was a slight decrease in the number of applications completed, it was a higher volume when compared to Quarter 2 last 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. Quarter 2 saw a higher proportion of urgent applications with 84%, compared to 78% in Quarter 1.

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

Activity measure,
no specified target

Commentary: The number of safeguarding enquiries open on the last day of the quarter continues to increase; with 1,170 open on the last day of September, this was a 12% increase on the previous quarter. However, these figures have not returned to the same levels experienced last year.

Safeguarding remains a priority as part of the ASCH Performance Assurance Framework.

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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 – 17 November 2022

Subject: **DEPRIVATION OF LIBERTY SAFEGUARDS AND LIBERTY PROTECTION SAFEGUARDS**

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: None

Electoral Division: All

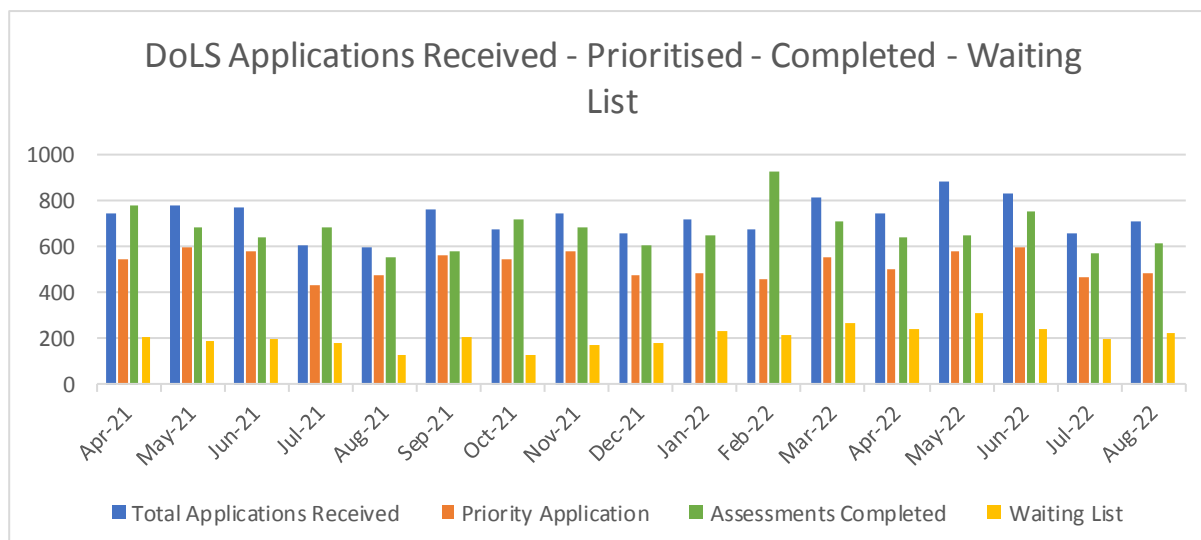
Summary This report provides an update on the Deprivation of Liberty Safeguards following the published data (August 2022) on NHS Digital and the challenge Kent faces with the rise in demand whilst the Authority awaits a further update on Liberty Protection Safeguards.

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

1. Introduction

- 1.1 Deprivation of Liberty Safeguards (DOLS) is a statutory function of Local Authorities in England and Wales. Since the Cheshire West ruling in 2014, the number of DOLS applications received has increased to a point that local authorities do not have the resource to ensure that people affected are seen and safeguarded in a timely manner. Over the last 16 months Kent has seen a significant rise in DOLS applications. Originally the source of most applications was from hospitals, but there is also an increased demand from care homes.
- 1.2 Kent County Council (KCC), in line with other local authorities, uses the nationally agreed Association of Directors of Adult Social Services (ADASS) prioritisation tool to identify which DOLS applicants should be prioritised to proceed to full assessment and authorisation. Around 65% of applications are now being prioritised, due to people having a higher level of need. The current arrangement targets resources to respond to priority applications, however this sits against an increasing number of people waiting to be fully assessed, as indicated in Table 1, below.

Table 1



1.3 With the increased number of applications submitted, the DOLS function has implemented different measures to help manage the demand and ensure that as many people as possible are safeguarded. Where possible digital solutions have been developed by the service to ensure better ways of working which are efficient, reduce handoffs and ensure the right resource is used at the right time. These include:

- Developing and introducing an online application process that ensures Managing Authorities (Hospitals and Care Homes) complete all the necessary information required to start the DOLS process. This has enabled the team to triage at pace and rigor, moving the person into the correct pathway or next step in the process or to be ready for allocation.
- The Business Support Team monitors all applications submitted by hospitals to ensure those people who are discharged, have their records updated quickly, avoiding an unnecessary visit by the Best Interest Assessor (BIA) and Doctor.
- Using the PowerBi functionality and reports to identify the people with a DOLS authorisation about to expire and making early contact with the care home to use any previous assessment where possible. This proactive approach has reduced the cost and time spend for doctors.
- Regular quarterly checks with care homes to see if a person whose application is pending is safe and still needs an assessment. This work ensures that accurate data is held, that checks have been made on the person and where necessary an assessment brought forward, and that the Adult Social Care Case Management System (Mosaic) has been updated if the assessment for the person is no longer required.

1.4 The managed approach to operating the DOLS Service in Kent, as described in 1.3 above, underpins the risk management methodology, adopted by the team through obligations and lessons learnt from Coroners cases, Local

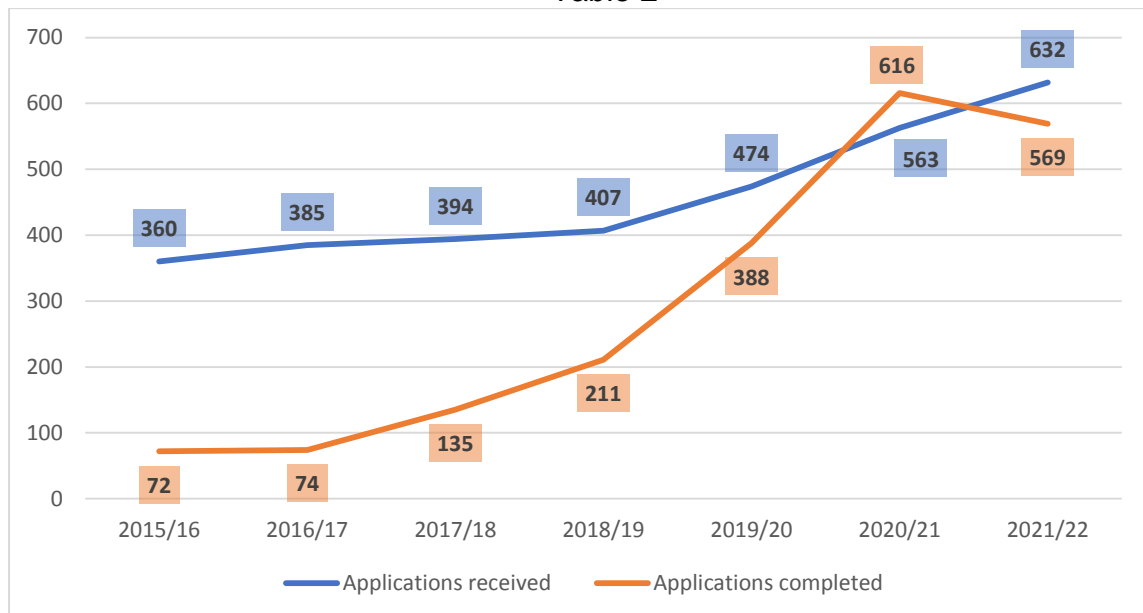
Government Social Care Ombudsman (LGSCO) Public Reports, The Human Rights Act, The Mental Capacity Act and in preparation for Liberty Protection Safeguards.

2. Published Data

2.1 Annually all local authorities submit data to NHS Digital which is published on its website. The data allows benchmarking to occur nationally and alongside other local authorities of a similar nature. This year's data set was published in August 2022 and covers the period from April 2021 to March 2022.

2.2 This data confirms the number of applications in Kent continues to increase year on year. Table 2 below shows at a rate per 100,000 of the population, the number of received and completed DOLS applications annually in the county.

Table 2



2.3 Performance colleagues have analysed the NHS data and reviewed information in the PowerBi report to forecast demand for 2022/2023. The findings present a range to consider being between 9,586 – 10,504 applications being received by 31 March 2023. To give a breakdown of those figures:

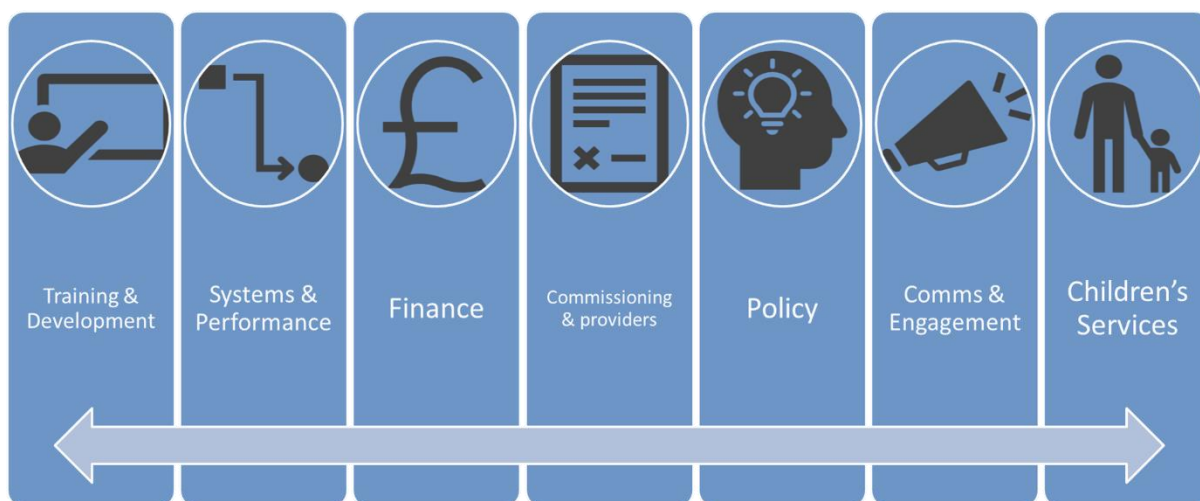
- 9,586 is based on a continual increase of 12.5% from the previous year. (7576 to 8521)
- 10,504 is a 7% increase on the current Q1 figure of 2,454 then multiplied by four for the year. The 7% is the increase from Q1 21/22 and Q1 22/23 (7% of 8% is the increase comparison of the previous three quarters to the same time last year).

Whilst (b) above may not be exact, it proposes a realistic calculation when compared to similar estimates.

3. Liberty Protection Safeguards

- 3.1 The public consultation on the Liberty Protection Safeguards (LPS) Code of Practice commenced on 17 March 2022 and ran for a 16-week period, closing on 7 July 2022. Adult Social Care in Kent submitted a response to the public consultation. At the point of publication, it was confirmed that central Government wanted to consider all the views received as part of the consultation exercise before making final decisions about how LPS will be implemented and a 'Go Live' date for the new legislative framework. Local Authorities continue to wait for feedback from the consultation, together with a formal start date.
- 3.2 Whilst there is no 'Go Live' date for the new legislation, it is imperative planning continues whilst running the existing service. A high-level project plan has been developed (Table 3 below) but further work will be required in each of the identified areas such as, training and development, systems solution, commissioning, communication, addressing the backlog, to ensure Kent's readiness to implement the requirements of the new legislation. Further, the changeover dictates the dual running systems for 12 months whilst a person's DOLS remains in place (6-12 months) and people are assessed under the new LPS legal framework.

Table 3



- 3.4 Health Partners have started to train their staff as Best Interest Assessors to prepare for LPS, however historic arrangements with training providers necessitate support and shadowing experience with KCC as the Supervisory Body. This will impact on existing resources within the DOLS Team but will be supported in the spirit of partnership work and the interest of ensuring people are safeguarded once the new system comes into effect.

4. Financial Implications

- 4.1 Current resource levels continue to be challenging but all applications for a DOLS continue to be reviewed, monitored, and prioritised within the available financial envelope. The number of priority applications remains high and the DOLS team cannot complete all the applications that are submitted by hospitals and care homes. The work of the team is supported by resources within community teams and staff holding a BIA qualification are used to support and increase capacity.

5. Legal implications

- 5.1 The legal consequences for the Supervisory Body in failing to meet its statutory responsibilities are significant. Unlawful detentions, as well as breaching a person's right to liberty and freedom, impacting on their rights to privacy and a family life, significantly increases the risk of harm and potential abuse, where there has been no independent scrutiny, assessment, and authorisation. Further, Kent County Council potentially risks further S21a challenges (Mental Capacity Act 2005) if the person, subject to a DOLS wishes to pursue the judicial route. The Local Authority/ Supervisory Body can also be fined for any period where there has been an unlawful deprivation of a person's liberty.

6. Equality implications

- 6.1 All the people who access this service will have the protected characteristics relating to age and disability as the key intersectional interface. Failure to deliver services as defined by the Cheshire West judgement will not only lead to a breach of the Public Sector Equality duty but may also have significant implications for their individual Human Rights.

7. Conclusion

- 7.1 KCC continues to await further information regarding the position for Liberty Protection Safeguards including feedback from the consultation together with an implementation date. Until that time planning for the change will continue but demand for the current service increases month on month. Prioritising people to be seen will continue within the available resources and the service will remain closely monitored.

8. Recommendations

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| <p>8.1 Recommendation: The Adult Social Care Cabinet Committee is asked to NOTE the content of the report.</p> |
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9. Report Author

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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 – 17 November 2022

Subject: **ADULT SOCIAL CARE PRESSURES PLAN 2022-2023**

Classification: Unrestricted

Previous Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Divisions: All

Summary: The report will provide an overview of the current pressures faced by Adult Social Care and Health and the mitigating actions in place to ensure service continuity and resilience. The report focuses on outlining the strategic and operational response to a range of factors including COVID-19 and flu, vacancies in the health and social care workforce, waiting lists for care and support, winter pressures and budgetary pressures. The full Adult Social Care Pressures Plan 2022-2023 identifies the component elements of the directorate’s response to the unprecedented pressures on the health and social care system and identifies owners for each of the response elements.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** and **CONSIDER** the content of the report and the Adult Social Care Pressures Plan 2022-2023.

1. Introduction

- 1.1 The Adult Social Care and Health (ASCH) Directorate has continued to operate in an extremely challenging environment throughout 2022, as it manages pressures associated with COVID-19 recovery, impacts of local authority budget pressures, cost of living impacts, increased demographic pressures of an ageing population and people living longer with more complex needs, alongside workforce vacancy rates and high turnover which have continued to increase across the health and social care sector. Many of these are the same pressures faced by most other local authorities nationally, as a result of national rather than local factors.

- 1.2 The Adult Social Care Pressures Plan 2022-2023, attached as Appendix 1, identifies the factors which are likely to impact the operating environment in the coming months and beyond, and the strategic and operational actions which are being taken to ensure directorate resilience.
- 1.3 The plan will be maintained as a live document which will enable ASCH to continually review its business processes and escalation procedures, ensure that risks and issues are addressed at an early stage and implement appropriate mitigations to support service continuity.

2. Context

- 2.1 ASCH has historically faced system pressure during the winter period due to its interdependencies with the NHS, the need to support hospital discharges and increased demand for care and support during winter. In 2022-2023, challenges which pre-date COVID-19 have been compounded by the impact of the pandemic and result in a particularly difficult set of challenges for the winter months and beyond.
- 2.2 Local authorities have seen increased budget pressures in recent years, which has impacted on the funding available for adult social care services. This is in the context of increased demographic pressures, with an aging population and people living longer with more complex needs. Spend on adult social care has inevitably increased during the pandemic to manage the increased costs of services, staffing and equipment including Personal Protective Equipment (PPE), as well as increased levels of demand and complexity following the pandemic with people presenting to us later with more complex needs.
- 2.3 At the same time, the directorate is managing increased waiting lists for services due to the workforce pressures which are being seen across multiple sectors, but which are particularly acute in health and social care. Skills for Care figures from October 2021 indicated a vacancy rate of 165,000 jobs in adult social care services nationally, which represents approximately 10.7% of the total of adult social care, the South East has an estimate of 10.7% vacancy rate. Turnover rates across the sector also remain high, at 29% with employers reporting that retention is now more difficult than before the pandemic.
- 2.4 The government's People at the Heart of Care, Adult Social Care Reform White Paper, published in December 2021 acknowledges the historic challenges relating to social care funding pressures and seeks to address some of the current disparity between funding for the NHS and social care. Amongst other measures 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.

- 2.5 New analysis undertaken by the County Council Network (CCN) published in October 2022 shows that adult social care services in England are set to face £3.7bn in additional costs in 2023 compared to 2021 simply to maintain current service levels due to rising inflation, wage increases and growth in demand. These rising costs are double that of previous estimates by PricewaterhouseCoopers (PwC) for CCN, which estimated costs would rise £1.6bn over the same two-year period due to a combination of service demand and inflation.
- 2.6 In addition to financial and workforce pressures, there are concerns about the ongoing high COVID-19 infection rate and the impact this will have on health and social care services when combined with normal seasonal illnesses. Higher than usual number of infections with seasonal flu (influenza) are expected for this winter and the consequences of simultaneous infections with both COVID-19 and flu are unknown. As well as increasing hospital admissions and demand for discharge and social care services, staff sickness is likely to impact health and social care workforce capacity during the winter months.
- 2.7 The totality of the challenges outlined above mean that ASCH faces a period of sustained pressure and must be proactive and agile in managing its response. The Adult Social Care Pressures Plan identifies a range of activities which will support both the directorate's own staff and services and Kent's provider market to ensure they have appropriate business continuity plans and risk mitigations in place to sustain service delivery.

3. Components of the Adult Social Care Pressures Plan 2022-2023

- 3.1 The Adult Social Care Pressures Plan 2022-2023 collates several component plans which outline the operational and tactical preparations and response to pressures, the strategic activities and the collaborative working being progressed with partner organisations and the provider market.
- 3.2 The Resilience and Emergency Planning section of the plan identifies a number of tools and mechanisms to support directorate resilience and business continuity, including the Operational Pressures Escalation Plan.
 - Winter 2021/2022 put the directorate under additional pressure due to the fuel crisis in late September and early October, and Storms Eunice and Franklin in February 2022. The directorate contributed alongside NHS partners to the multi-agency debrief reports which were delivered in March 2022. Lessons arising from the way these incidents were handled including notable practice were reported to relevant management teams and recommendations for improvement have been taken forward through established programmes of work this year.
 - Summer 2022 saw the most significant heatwave event in our region since the Heatwave Plan for England was published. The Directorate Incident Management Plan and associated tools and resources were

deployed in response to widespread water outages. Welfare provision for households and communities without water was co-ordinated through the multi-agency Kent Resilience Forum Vulnerable People and Communities Cell. Further lessons and recommendations arising from these incidents have been taken forward and reflected in the directorate's planning for winter 2022/2023

- Areas of risk for winter 2022/2023 and beyond have been identified and assessed to ensure appropriate controls and actions are in place, including loss of access to fuel, power outages, loss of access to key ICT systems. All service level Business Continuity Plans across operational services have been stress tested, Service Managers and their deputies have been exercised to ensure all key staff are aware of their responsibilities and are familiar with the tools and resources available to them.

- 3.3 The plans will be maintained as live documents throughout winter 2022-2023 and the ASCH Senior Management Team will maintain oversight of their implementation and will escalate any concerns to the Corporate Director Adult Social Care and Health.
- 3.4 The Department of Health and Social Care issued revised Hospital Discharge and Community Support Guidance on 31 March 2022 following the ending of national discharge fund. Across Kent it was agreed as a health and care system to continue with the Discharge to Assess approach to support people back to their own home as quickly as possible and assess their ongoing needs in their home environment. System leaders across Kent County Council (KCC) and NHS Kent and Medway agreed a set of principles about how we will work together, and governance arrangements have been revised to take forward those ambitions. The Joint Commissioning Management Group and Joint Commissioning Operational Group have been formed and key priorities for 2022-2023 have been established.
- 3.5 The Operational Capacity Management Plan for Winter 2022-2023 identifies the recruitment activities, extended working arrangements and staff redeployment contingency arrangements that will be implemented for ASCH Teams throughout the winter period. These arrangements will enable continuity of service and will also ensure that extended working arrangements support partners in the health system to manage demand on their services and hospital discharges.
- 3.6 The plans for Adult Social Care's Commissioned Services encompass work with Kent's provider market to support their short-term preparedness and resilience and seek to encourage long-term sustainability through market development. Activities under the Commissioned Services offer are aligned to preventative actions to keep people safe and well at home, supporting safe and timely discharge from hospital and helping people to recover and thrive in their own home. The System-Wide Market Pressures Action Plan also implements additional capacity in services and identifies dedicated commissioners for locality areas to ensure providers receive targeted, timely support.

4. Financial implications

- 4.1 KCC has seen significant cost pressures arise during the COVID-19 pandemic and with the change in hospital discharge arrangements. KCC's spend on adult social care has risen sharply in a number of areas over the past three years. One of the areas where the council is seeing the most significant pressure is the Older Person's Residential and Nursing (Long Term and Short Term) for example due to people's needs being higher. Other areas where the council is seeing pressure include, the position of the social care market due to workforce and other cost pressures; increased costs due to increasing numbers of people with mental health needs requiring supported living; and the complex needs of some people being supported at home requiring them to have higher levels of care and support. The spend on Short Term Beds has risen from around £3m in 2019-2020 to a forecast of over £20m in the current year. This is not sustainable for the council.
- 4.2 This interdependency between health and social care demonstrates the importance of taking a whole-system approach to the commissioning and funding of discharge services across the system. The System Discharge Pathways Programme will continue to work collaboratively with the Kent and Medway Integrated Care Board (KMICB) to ensure best value for money and use of resources across the system.

5. Equalities implications

- 5.1 An equality impact assessment has been undertaken and is available within the Adult Social Care Pressures Plan 2022-2023.

6. Other corporate implications

- 6.1 The delivery of the Adult Social Care Pressures Plan 2022-2023 builds on the 'Adult Social Care Pressures Plan 2021-2022' and the lessons learned from partnership working, joint commissioning and contingency planning in that period. Lessons learned from the delivery of the Adult Social Care Pressures Plan 2022-2023 will be owned by the owners of the component plans and will be shared corporately where appropriate.

7. Conclusions

- 7.1 The challenges facing ASCH in the coming months and beyond are unprecedented in terms of the collective impact of financial, workforce and health stressors on the system. Whilst robust plans have been tested and put in place to manage pressures across the health and social care system, there is a high level of concern about the level of pressure that services will face. The directorate will need to maintain an agile, collaborative and creative approach to respond to this unique set of circumstances and will continue to work closely with its partners to prioritise the health and wellbeing of Kent residents.

8. Recommendations

8.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **NOTE** and **CONSIDER** the content of the report and the Adult Social Care Pressures Plan 2022-2023.

9. Background Documents

None

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Adult Social Care & Health

Adult Social Care Pressures Plan 2022-23

Author: Jim Beale

Owner: Richard Smith

Version No: 15.0

Purpose:

The Adult Social Care Pressures Plan describes the actions on all the key activities in place, as the directorate prepares for anticipated levels of increased pressure in coming months.

VERSION HISTORY

| Version | Date Issued | Brief Summary of Change | Owner's Name |
|----------------|--------------------|---|---------------------|
| Draft 1.0 | 14.09.21 | First draft | Elizabeth Blockley |
| Draft 2.0 | 15.09.21 | Second draft – incorporating service resilience updates | Elizabeth Blockley |
| Draft 3.0 | 15.09.21 | Third draft – incorporating formatting changes and updates to appendices | Elizabeth Blockley |
| Draft 4.0 | 20.09.21 | Fourth draft – incorporating updates from Short Term Pathways team and update to Appendix A – Operational Pressures Escalation Plan | Elizabeth Blockley |
| Draft 5.0 | 27.09.21 | Fifth draft – incorporating feedback from SMT, DMT Extended Working recommendations, ASC Risk Registers | Elizabeth Blockley |
| Draft 6.0 | 11.10.21 | Sixth draft – incorporating further amendments to the Introduction and Context, Financial Implications and Operational Capacity | Elizabeth Blockley |

| Version | Date Issued | Brief Summary of Change | Owner's Name |
|----------------|--------------------|--|---------------------|
| | | Management Plan for Winter 2021-22 | |
| Draft 7.0 | 15.10.21 | Seventh draft – incorporating further amendments from Strategic Commissioning | Elizabeth Blockley |
| Draft 8.0 | 15.10.21 | Eighth draft – incorporating further amendments from Adult Social Care and Health Director of North and West Kent | Elizabeth Blockley |
| Draft 9.0 | 01.11.21 | Ninth draft – incorporating updates to the Finance section | Elizabeth Blockley |
| Draft 10.0 | 19.11.21 | Tenth draft – incorporating additional figures within 'Operational Capacity Management Plan Winter 21-22' and 'Financial Implications' | Elizabeth Blockley |
| Draft 11.0 | 01.12.21 | Eleventh draft – incorporating updates subject to further guidance from Department of Health and Social Care | Elizabeth Blockley |
| Draft 12.0 | 11.10.22 | Twelfth Draft – incorporating context updates, Risk, conclusions and appendices | Jade Caccavone |
| Draft 13.0 | 12.10.22 | Thirteenth Draft – incorporating resilience updates and operational updates. | Jade Caccavone |
| Draft 14.0 | 20.10.22 | Fourteenth Draft – incorporating wider care sector work and Public Health guidance and commissioning updates. | Jade Caccavone |

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1 Introduction and Context

Current Context

Adult Social Care and Health (ASCH) has managed an extremely challenging period throughout 2022; as we continue recovery from the COVID-19 pandemic, the Directorate and its partners have continued to respond to many challenges in an unprecedented environment. Whilst the COVID-19 vaccination programme has enabled a return to more normal life, ASCH continues to operate in the context of high demand for services, budget pressures and workforce issues, which mean that robust contingency planning and an agile response is more critical than ever.

Local authorities have seen increased budget pressures in recent years, which has impacted on the funding available for Adult Social Care Services. This is in the context of increased demographic pressures, with an ageing population and people living longer with more complex needs. Spend on adult social care has inevitably increased during the pandemic to manage the increased costs of services, staffing and equipment including Personal Protective Equipment (PPE), as well as increased levels of demand and complexity of need particularly as restrictions are lifted.

Adult social care now faces a significant budgetary challenge for 2022/2023 and 2023/2024, whilst simultaneously managing increased waiting lists for services due to the workforce pressures which are being seen across multiple sectors but are particularly acute in health and social care.

The health and social care workforce and system is under significant strain nationally, with demand outstripping capacity as a result of the pandemic; the NHS has significant backlogs of people waiting for elective surgeries and treatment and there are large vacancy rates in both workforce populations. Skills for Care figures from October 2021 indicated a vacancy rate of 165,000 jobs in adult social care services nationally, which represents approximately 10.7% of the total adult social care, the southeast has an estimate of 10.7% vacancy rate. Turnover rates across the sector also remain high, at 29% with employers reporting that retention is now more difficult than before the pandemic. NHS Digital statistics also showed that as of June 2022 there were 132,139 vacancies across the NHS in England; a vacancy rate of 9.7% which has increased from 7.6% since June 2021.

Given the high vacancy rates and difficulties in recruitment across the social care sector, there is inevitably concern about the impact on service delivery and provision of care this winter. ASCH is already seeing the impact of these workforce challenges; waiting times have increased across several services and are particularly visible in Care and Support in the Home, where the people waiting for care and support in the home was 39% higher at the end of September 2022 when compared to the same time period in 2021.

The government's People at the Heart of Care, Adult Social Care Reform White Paper', published in December 2021 acknowledges the historic challenges relating social care

funding pressures and seeks to address some of the current disparity between funding for the NHS and social care. Amongst other measures 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.

New analysis undertaken by County Council Network (CCN) published in October 2022 shows that adult social care services in England are set to face £3.7bn in additional costs in 2023 compared to 2021 simply to maintain current service levels due to rising inflation, wage increases and growth in demand. These rising costs are double that of previous estimates by PricewaterhouseCoopers (PwC) for CCN, which estimated costs would rise £1.6bn over the same two-year period due to a combination of service demand and inflation.

These factors are all being faced in the context of the wider workforce, cost-of-living and supply chain issues that are being seen at a national level. As of September 2022, UK job vacancies have reached a record high of 35.8 million, and many sectors are struggling to meet demand for goods which is resulting in rising costs. The cost-of-living crisis presents a significant challenge to the country and its economy with rising energy costs, increases in food, transport and day to day prices rising significantly. These increased living costs will be particularly impactful for people on lower wages, which includes a large proportion of the adult social care workforce. This workforce is historically mobile and likely to seek opportunities in other sectors where wages will be equitable or higher, such as retail and hospitality.

Whilst acknowledging that the primary responsibility for easing the cost-of-living crisis at the population level sits with Government, adult social care will continue to support and work with the support programmes that Kent County Council (KCC) has in place, these include the financial hardship programme, use of KCC's community services and working with our statutory and voluntary partners in a joined up way to ensure that we are helping vulnerable residents in Kent with financial hardship and cost-of-living issues.

Winter 2022-2023 Challenges

Throughout 2022 there has been a gradual return to normality, as the COVID-19 vaccine programme has supported a reduction in serious illness and hospitalisations as a result of coronavirus. National data shows that 88.4% of the population aged over 12 have received both doses of the vaccination, and 69.9% have received a third booster jab. As at the 18 October 2022 39.6% of adults over 50 have had their autumn booster vaccine. Cases are currently far lower than the last peak of infections last winter which peaked at 234,873 cases on 4 January 2022. National data shows cases as of 29

October at 3089 cases. Hospital admissions and deaths currently remain far below the levels of previous waves of the pandemic.

However, we continue to prepare for the possibility of a higher than usual number of infections with seasonal flu (influenza) that are expected for this winter and the consequences of simultaneous infections with both COVID-19 and flu are unknown. A comprehensive flu vaccination programme for eligible age groups and individuals with underlying health conditions has started recently. It is important that front-line health and care staff are encouraged to get vaccinated for both Covid and flu this autumn and these continue to be encouraged across the workforce.

Additionally, health and social care services are already managing large backlogs and waiting lists for care and support services. In the NHS, elective procedures are being delayed and people continue to report challenges in accessing primary care services, which historically results in increased pressure on Accident and Emergency services.

Overall, there is a high level of concern about the levels of pressure on health and care services this winter. Respiratory infection rates are likely to create higher levels of staff absences and the effects of the cost-of-living crisis on staff recruitment and retention in the health and care sector are difficult to estimate, but likely to have an effect.

The following plan sets out the ASCH Directorate's own escalation plans and contingency actions, to ensure that high-quality, safe and timely support is provided to everyone who needs it, whilst maintaining systems that can react quickly to a range of variables and rapidly changing circumstances. Adult social care will need to draw on lessons from 2021-2022, maintain an agile and responsive approach and continue to work collaboratively with health partners to make best use of resources across the system.

The purpose of the 'Adult Social Care Pressures Plan 2022-2023' is to provide a clear and concise summary of all the key activities in place, as the directorate prepares to manage ongoing pressure on health and social care services. The main elements of the plan have been outlined in the table below. This plan will be kept under review during the coming months and updated as appropriate as arrangements are continually reviewed in response to changing circumstances. In line with the review of the Pressures Plan 2021-2022 the effectiveness of this plan will be reviewed to ensure that lessons learned are built into future plans.

| Section | Activity Title | Description | Activity Lead(s) |
|---------|--|---|------------------------------------|
| 2 | Resilience and Emergency Planning, including the Operational Pressures Escalation Plan | The Emergency Resilience and Planning section outlines the tools and plans in place to respond to incidents or surges in demand across the Kent and Medway Health and Social Care System. | John Callaghan Paul Bufford |
| 3 | Hospital Discharge and Community Support | This programme of work seeks to work collaboratively with health partners to jointly commission services, promote a whole-system approach to decision-making and improve value for money for Kent residents, underpinning Government hospital discharge policies. | Sydney Hill |
| 4 | Operational Capacity Management Plan for Winter 2022-2023 | The Operational Capacity Management Plan for winter aims to: <ul style="list-style-type: none"> Assess the likely operational impact of additional demand and setting out plans for additional staffing to manage the likely demand. Identify the financial resources required to fund additional capacity and operational costs and how this will be funded. | Service Managers |
| 5 | Commissioned Services | This section lays out the Strategic Commissioning activities which have been identified to support and build the resilience of the adult social care provider market, including the System-Wide Market Pressures Action Plan. | Simon Mitchell |
| 6 | Financial Implications | This section lays out the funding streams which have been made available to KCC to support the Winter Plan and resilience activities. | James Mackintosh |
| 7 | Risk Management | This section identifies the risk management protocols that are in place, how they will be kept under review during the winter period and the risk owners. | ASC Directorate Management Team |

Table 1: ASC Pressures Plan 2022/2023

2 Resilience and Emergency Planning

The ASCH Directorate Resilience Group maintains oversight of the business continuity, emergency planning, and related resilience workstreams on behalf of the Directorate Management Team. The group provides a forum for the two-way flow of information between all Adult Social Care and Health operational teams, services, and business partners, under the chairmanship of Jim Beale, Director of Adult Social Care, East Kent. The following schemes and initiatives have been brought forward this year to enhance resilience:

| Deliverable | Objective | Timeline |
|--|--|------------------------|
| Debrief report and action plan addressing outcome of Storm Eunice / Franklin in February '22 | <ul style="list-style-type: none"> to ensure lessons arriving from the way this incident was handled are taken forward and recommendations are implemented | Completed May 2022 |
| 'Grab-bag' for senior / on-call managers, revised and updated emergency contact information | <ul style="list-style-type: none"> to provide quick reference guidance for senior and on-call staff | Completed June 2022 |
| Cold Weather Plan reviewed to reflect learning from winter 2021/2022, changes in operating environment and UKHSA / MetOffice guidance | <ul style="list-style-type: none"> to ensure KCC Adult Social Care and Health Directorate can respond appropriately to cold weather events to ensure activities are coordinated across the Council and with partner agencies | Completed Sept 2022 |
| Operational Pressures Escalation Plan reviewed to reflect learning from winter 2012/2022, changes in operating environment and the role of Integrated Care Board (ICB) | <ul style="list-style-type: none"> to ensure KCC Adult Social Care and Health Directorate responds appropriately to surges in demand across the Kent and Medway Health and Social Care System. | Completed Sept 2022 |
| Review of critical dependencies and risk assessment approach completed to inform future priorities. | <ul style="list-style-type: none"> to embed the management process for scanning for developing risks and issues and maintaining oversight of the mitigations and controls for business disruption | Completed Sept 2022 |
| Service Business Continuity Plan exercising programme | <ul style="list-style-type: none"> to validate process / procedure to provide opportunity for rehearsal | Completed Oct 2022 |

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| | and engage broad staff groups | |
| Development of systematic process to identify and address key themes and embed learning, notable practice and recommendations arising from incident and exercise debriefing | <ul style="list-style-type: none"> to ensure lessons arising from incidents, exercising and training activity are cross-referenced to identify common themes to inform future programme development and / or address through KCC-wide and multi-agency working. | Due Nov 2022 |
| Engagement through Multi-agency Kent Resilience Forum Winter Watch Risk Group | <ul style="list-style-type: none"> to ensure the directorate remains up to date with developing winter pressures and response arrangements of multi-agency partners | Starting from Oct 2022 |

Table 2: Resilience and Emergency Planning arrangements

The ASCH Directorate continues to work with internal and external providers to increase resilience. Workstreams are well established to ensure:

- The directorate’s resilience priorities are agreed and monitored through annual programmes of work and through regular reporting
- Horizon scanning for threats and risk to the delivery of Adult Social Care and Health services are maintained
- The directorate’s risk assessment of business disruption, controls and actions are current and holistic
- The directorate’s suite of resilience plans are regularly reviewed and validated
- The directorate is engaged in training and exercising to ensure the appropriate level of preparedness is maintained
- Post-incident and exercise debrief reports are considered, and recommendations are taken forward through annual programmes of work
- The directorate is appropriately engaged in Local Health Resilience Partnership (LHRP) and the Kent Resilience Forum (KRF) and subgroups
- The directorate’s priorities are adequately reflected in KCC and multi-agency programmes of work
- Information relevant to Business Continuity and Emergency Planning is collected and disseminated to ensure managers and staff across the directorate recognise and are aware of their responsibilities and are ready to deliver in response to emergencies and business interruption.

The Operational Pressures Escalation Plan ensures the ASCH Directorate responds appropriately to surges in demand across the Kent and Medway Health and Social Care System. The objectives of the Operational Pressures Escalation Plan are as follows:

- Provide information about the national operating frameworks and service requirements
- Describe the monitoring and reporting arrangements in place, to provide early warning of surge pressures

- Inform staff about the national, regional, and local processes and procedures to be used to manage a surge in demand
- Identify roles and responsibilities for services, teams, and individuals
- Describe the actions required in response to surges in demand.

The Operational Pressures Escalation Plan, which has been deployed successfully for a number of years has been updated to reflect changes through the Health and Care Act (2022) which change the roles and responsibilities of key system partners. The full plan can be found in appendix A.

Teams also have individualised continuity plans which will be activated in the event of a serious or catastrophic incident. These act in accordance with KCC's legal duties under the 'Civil Contingencies Act 2004' and are aligned to corporate business continuity plans.

3 Hospital Discharge and Community Support

The Department of Health and Social Care issued revised Hospital Discharge and Community Support guidance on 31 March 2022. The guidance set out how NHS bodies and local authorities can plan and deliver hospital discharge and recover services from acute and community hospitals settings that are affordable within existing budgets following the ending of the national discharge fund. From 1 April 2022 local areas adopted discharge processes that best met the need of the local population, working together across health and social care to jointly plan, commission and deliver discharge services.

Across Kent it was agreed as a health and care system to continue with the Discharge to Assess approach to support people back to their own home as quickly as possible and assess their ongoing needs in their home environment. System leaders across Kent County Council (KCC) and NHS Kent and Medway agreed a set of principles about how we will work together:

- People should be supported to leave hospital as soon as possible once they no longer need hospital-level treatment
- All pathways and commissioned services should support an individual's recovery, be strengths based and promote independence
- People will be supported to go home first wherever possible
- We will treat people as individuals, and support them to be in control of their own care and support as much as possible
- We will commission in ways that maximise best value from the whole pathway, reduce duplication, multiple assessments and hand-offs
- We will share risks and gains from jointly commissioned discharge pathways

The governance arrangements have been reviewed to take forward ambitions into action and a Joint Commissioning Management Group and Joint Commissioning Operational Group have been formed. Key priorities for 2022-2023 have been established including developing the financial framework and operating model for

Discharge to Assess; developing integrated community discharge hubs; scoping joint commissioning intentions for community services that support hospital discharge.

4 Operational Capacity Management Plan for Winter 2022- 2023

Winter planning actions across the ASCH Directorate have been reviewed from the 2021-2022 plan and identified areas to maintain continuity of provision to meet the anticipated demands of winter 2022-2023:

County Placement Team

The County Placement Team will be resourced to deliver weekend and bank holiday working to support reduced length of stay in hospital for people medically fit for discharge.

Kent Enablement at Home

Kent Enablement at Home (KEaH) aims to ensure that people are able to remain at home with the appropriate levels of support with the emphasis on enablement and not for people to remain or move into long term placements.

In direct response to the current market pressures several actions are being taken:

1. The weekly sitrep completed by all KEAH teams will identify pressures within the service for staffing and capacity
2. The number of people who stay with the service for longer than the six-week enablement period will be monitored via Power BI and shared with commissioning partners on a weekly basis
3. Work is underway with Commissioning to support the continued market pressures. Identifying a medium level of support for those remaining on the service for over 12 weeks. This will form part of the winter monitoring and escalation plan.
4. Recruitment campaign is underway to fill all permanent and short term vacant/available hours

Risk assessments will continue to be completed for all staff and service users. Where a critical major incident occurs, KEaH will activate their Business Continuity Plan.

Operational Support to Hospital Discharge Pathways

The Short-Term Pathways Teams work with health to ensure people receive the right support when discharged from both acute and community hospitals.

11 Occupational Therapy Assistants (OTA) are being recruited across the county. They will work with people on their discharge from hospital to reduce deconditioning for people discharged from hospital in the community and in short term bed to improve levels of ability and enable them to remain at home with reduced levels of long term support. The predicted cost of this additional resource is £363,000.

East Kent – 3.6 x Registered Practitioners/ Social Workers have been recruited via agency staffing to provide additional assessment capacity to support assessment of those discharged from hospital to short term beds at a cost of £20,000 per month.

Area Referral Management Service (ARMS)

The ARMS service continues to receive high volumes of referrals including an increase in urgent referrals to adult social care. To ensure that whole system resilience is maintained and that work around future modelling of the service can be undertaken, we will seek to employ a task force of staff for 6 months to create additional capacity.

The task force of staff is to comprise of a team manager, registered and unregistered practitioner staff and will be provided until 31 March 2023 to support the continued urgent referrals being received.

The predicted cost of this proposal is £145,000

Approved Mental Health Professionals (AMHP)

The AMHP service utilises a range of business continuity arrangements to manage increased levels of activity.

In order to meet anticipated levels of demand over the coming months additional capacity will be provided by use of extended working arrangements and additional capacity to the service until the end of March 2023.

Occupational Therapy

Kent County Council's Occupational Therapists (OT) provide a core skillset that underpins the Adult Social Care Making a Difference Everyday approach and supports the aspiration to support people to maintain their independence and manage risk. OTs are experts in recommending just the right amount of support people, supporting the preventative agenda, underpinning the Enablement offer and supporting discharge from hospital.

Fixed-term acting up management capacity and administration support is planned to ensure that the OT workforce (of over 100 full time equivalent staff) is deployed in the most effective way in response to current and emerging pressures.

The predicted cost of this is £184,000

5 Commissioned Services

Strategic Commissioning is also working with Kent's social care providers to deliver actions to ensure their preparedness and resilience for the coming months. These actions are based on guidance from the Department of Health and Social Care and will ensure that providers are aware of their duties and that Strategic Commissioning can provide oversight of actions being delivered.

This approach is based on three key themes:

- Keep people safe and well at home
- Support safe and timely discharge from hospital
- Help people to recover and thrive in their own home.

Activities and services will be delivered aligned to each of these objectives, as outlined below:

| Keep people safe and well at home | Support safe and timely discharge from hospital | Help people to recover and thrive in their own home |
|--|---|---|
| <p>Preventative services are in place to promote and support physical and mental wellbeing:</p> <ul style="list-style-type: none"> • Wellbeing offer - supporting people to live independently • Support for carers – short breaks, assessment and support services • Live Well Kent – community-based mental health and wellbeing support • One You Kent – support and advice on healthy lifestyles including weight, activity, smoking cessation, NHS health checks • Postural Stability - digital and community-based service to reduce risk of falls | <ul style="list-style-type: none"> • Support to ward staff with discharge options • Pilot discharge grants • Help to settle at home • Appropriate discharge services • Supported homecare capacity – prioritising regulated provision only where needed; giving support to the market in more complex cases • Develop micro providers to reduce the pressure in homecare and deliver non-regulated support • Secure step down beds for those who cannot go directly home from hospital • Complex beds ensure the right beds are available for those with more complex needs | <ul style="list-style-type: none"> • Kent Enablement at Home - reablement in the community • Trusted Reviewer Programme – supported programme to enable providers to conduct prompt reviews • Voluntary and community sector support – befriending, community-based activities • One You Kent - support and advice on healthy lifestyles including weight, activity, smoking cessation, NHS health checks |
| <p>Clear and timely communication in place for residents, carers and professionals</p> | | |

System-Wide Market Pressures Action Plan

Strategic Commissioning are working with colleagues across both adult social care and health partners to identify and implement activities to support the provider market and enable flow through health and social care services.

The provider market in Kent continues to be under pressure due to the identified workforce challenges across adult social care nationally. The number of individuals waiting for support through a package of domiciliary care support as of 25 October 2022 was 329. This represents a 15% increase in the number of people awaiting support when compared to the same time period last year, which is illustrative of continued workforce pressures.

Care and Support in the Home services are critical to supporting other parts of the health and social care system by enabling flow from short-term discharge and enablement services. The significant level of pressure that the market is still under is indicative of the severity of the causes.

The System-Wide Market Pressures Action Plan identifies a broad range of activities to reduce overall pressure on the market and system. The action plan supports demand management through utilising equipment and technology to manage lower-level needs and support a preventative approach. Commissioners are working with the providers for the Integrated Community Equipment Services (ICES) to implement an equipment recycling campaign and ensure that equipment, once used, can quickly be re-integrated within the supply chain to enable hospital discharge.

The plan also includes a number of actions to increase capacity in services:

- Discharge services will continue to deliver additional capacity in acute trusts in both the East and West of the county
- Settle at Home services provided by the Red Cross have been extended to provide discharge support until 30 September 2023
- Discharge to Assess services provided by Hilton have been extended until 30 September 2023
- Exploring additional discharge capacity for mental health services with Kent and Medway Partnership Trust (KMPT)
- KEaH will recruit additional staff to support hospital discharge and system flow
- Further development of the use of 'micro providers' to deliver non-regulated activities will free up capacity in Care and Support in the Home services to address the waiting list for this service and support flow in the discharge process.

There is also a focus on delivering activities which will support recruitment and retention within the care sector workforce:

- The Care Friends app rewards care workers if they successfully recruit friends and family into the workforce
- Strategic conversations are taking place between health and social care to support a joint recruitment approach in relation to overseas recruitment
- Mental health and wellbeing offers are being developed to provide support to care workers

- A Kent and Medway People Board Care Sector Steering group has been established
- Work is taking place with Job Centre Plus to target vacancies in social care with care specific job fairs
- Specialist training in Deaf Awareness to develop existing workers
- Promotion of Care Jobs in Kent via Kent Care Professional
- Ongoing Nursing Associate Program within the care sector
- Specialist training for workplaces to have a worker undertake First Aid Mental Health training to support colleagues

Strategic Commissioning will deploy Locality Commissioners to enable improved collaborative working with health and providers to support the Care and Support in the Home market. The local intelligence of these Commissioners will also support the development of the micro provider market and enable an approach that is responsive to the needs of different localities.

Locality Commissioners continue to work in partnership with Health and Social Care colleagues to provide support to providers who receive a Care Quality Commission (CQC) rating of 'Requires improvement' or 'Inadequate'. This will provide assurance that providers are rapidly taking the appropriate steps to remedy their issues and improve quality without reducing capacity in the provider market.

The plan also lays out how system-wide messaging and communications will be managed. Strategic Commissioning will work with corporate communications teams to manage public messaging and manage reporting into other governance forums. Messaging will focus on what people can do to support their family members this winter, and the need to manage resources so that resources can be targeted to best meet the needs of people requiring care and support.

Additionally, the Adult Social Care Innovation Delivery Team has led the development of the Learning and Development Hub, which supports the care sector to develop registered managers, improve quality in care, identify recruitment and retention solutions, provide training opportunities, and seek out innovation. This activity ensures the social care market is of quality, sustainable and adaptive enough to change, as required by the Care Act 2014. Activities delivered to date have focused on:

- Communication and engagement with the wider care market to share national updates, local support available to the wider care market, financial support and other initiatives available for care workers etc)
- Improving leadership and management
- Quality Improvement
- Training support
- Development of SC Nursing Provision
- Health and wellbeing support offer for the care sector
- Recruitment and retention support
- Promoting care careers & school engagement
- Improving safeguarding
- Encouraging the use of digital technologies

- Collaborative working to support nurses within social care and scoping work on overseas recruitment

6 Financial Implications

KCC has seen significant cost pressures arise during the COVID-19 pandemic and with the change in hospital discharge arrangements. KCC's spend on adult social care has risen sharply in a number of areas over the past three years. One of the areas where the council is seeing the most significant pressure is the Older Person's Residential and Nursing (Long Term and Short Term) for example due to people's needs being higher. Other areas where the council is seeing pressure include, the position of the social care market due to workforce and other cost pressures; increased costs due to increasing numbers of people with mental health needs requiring supported living; and the complex needs of some people being supported at home requiring them to have higher levels of care and support. The spend on Short Term Beds has risen from around £3m in 2019-2020 to a forecast of over £20m in the current year. This is not sustainable for the council.

This interdependency between health and social care demonstrates the importance of taking a whole-system approach to the commissioning and funding of discharge services across the system. The System Discharge Pathways Programme will continue to work collaboratively with the Kent and Medway Integrated Care Board (KMICB) to ensure best value for money and use of resources across the system.

7 Risk Management

Risk management is a key element of the council's internal control framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled. The management of risk is therefore important in underpinning service delivery planning, performance management and operating standards.

The Adult Social Care Directorate Management Team (DMT) maintain risk registers at a directorate level to oversee risks to service delivery and ensure that appropriate mitigations are put in place. Adult social care also holds a number of risks within the corporate risk register for areas under the directorate's portfolio. Risk registers are maintained centrally and reviewed regularly by DMT to ensure actions have been implemented and monitor the outcomes. The risk registers are maintained as live documents and updated with newly identified risks and mitigating actions. DMT will retain responsibility for their oversight and for assuring that actions have been implemented by the identified risk owners.

The risks currently overseen relate to: social care market, safeguarding, social care reform, budget pressures, culture change, workforce recruitment and retention, information governance and systems management.

The full risk registers can be reviewed in Appendices B and C.

8 Conclusion

The challenges facing Adult Social Care and Health in the coming months are unprecedented in terms of the collective impact of financial, workforce and health stressors on the system. Additionally, modelling demand for services is challenging due to the high level of uncertainty about the impact of increasing COVID-19 infections and other respiratory infections such as flu on service demand and staff absence across the sector.

Whilst Adult Social Care and Health has had the opportunity to learn from the extreme pressures it operated under during the last few years and has confidence in its business continuity plans and mitigations in place to manage risk, it will need to maintain an agile approach to respond to this unique set of circumstances. The provider market is already experiencing significant disruption and has not yet dealt with what is typically its most difficult period of the year.

However, the collaborative approach Adult Social Care and Health has undertaken with its partners in both the health and the provider market since March 2021 puts us in a strong position to meet these challenges. Partnership working across the system has already demonstrated its efficacy in ensuring that resources can be targeted to where they are most needed, and that Adult Social Care and Health is able to continue to prioritise the health and wellbeing of Kent residents.




In November 2021 central government and the Department of Health and Social Care issued further publications linked to its Adult Social Care Winter Plan 2021-2022, Review of the Adult Social Care COVID-19 Winter Plan 2020-2021 and Workforce Capacity Fund for adult social care.

The guidance identified a number of requirements for local authorities, including: the ongoing delivery and promotion of PPE; the ongoing promotion of public health measures relating to COVID-19 and vaccination; delivering ongoing work with partners to manage infection control; providing targeted support to the provider market in managing care home visiting, hospital admission avoidance and discharge, use of technology and managing end of life care; utilising government funding to support recruitment and retention in the provider market; supporting and development the provider market; and continuing to engage with regional and national partners to support contingency planning and communication with providers.

Subsequent to the guidance being issued, a full gap analysis was conducted of the requirements against the Adult Social Care Pressures Plan 2021-2022. The gap analysis concluded that actions identified in the new guidance were being managed by existing actions plans and workstreams owned by Strategic Commissioning, Public Health and Adult Social Care.

9 Appendices

The following section contains all relevant appendices to the ASC Pressure Plan 2022-2023 document.

| Appendix Title / Description | Embedded Document |
|--|--|
| Appendix A – Operational Pressures Escalation Plan |  Operational Pressures Escalation |
| Appendix B – ASC Directorate Risk Register |  ASCH Risk Register October 2022.pdf |
| Appendix C – ASC Led Corporate Risk Register |  Adult%20Social%20Care%20and%20Put |
| Appendix D – Equality Impact Assessment | |

-END-

From: Ben Watts, General Counsel

To: Adult Social Care Cabinet Committee – 17 November 2022

Subject: **Work Programme 2022/23**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Adult Social Care Cabinet Committee.

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

1.1 The proposed work programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this report gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Adult Social Care and Health Cabinet Committee: - *‘To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate and which relate to Adults’.*

3. Work Programme 2022/23

3.1 Following the most recent meeting of the committee, an agenda setting meeting was held at which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is asked to consider and note the items within the proposed work programme, set out in the appendix to this report, and to suggest any additional topics they wish to be considered for inclusion in agendas for future meetings.

3.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the work programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.

3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

4. Conclusion

4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme, to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.

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

6. Background Documents

None.

7. Contact details

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

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

18 JANUARY 2023 at 2pm (moved from 11 January)

| | | |
|---|--|---------------|
| 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 |

17 MAY 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 | Work Programme | Standing Item |
| 6 JULY 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 | 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 Disabilities Update - positive impacts of the service on users | Suggested at ASC CC 31/3/22 |
| Social Prescribing – Evaluation and Progress | Suggested by Mrs Hamilton at ASC CC 13/7/22 |
| Dementia Strategy | Deferred from November agenda |

Updated: 08/11/22