ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 17th May, 2023

2.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 17 May 2023 at 2.00 pm
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Dominic Westhoff**
Telephone: **03000 412188**

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,   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 15 March 2023 (Pages 1 - 10)

5   Verbal Updates by Cabinet Member and Corporate Director

6   Technology Enabled Care Service Contract Award (Pages 11 - 86)

7   Adult Social Care Charging Policy (Pages 87 - 110)

8   Community Sensory Needs Support Service (Pages 111 - 132)

9   Adult Social Care Performance Dashboard (Pages 133 - 158)

10   Adult Social Care Pressures Plan (Pages 159 - 168)

11   Adult Social Care Workforce Update (Pages 169 - 176)

12   Work Programme (Pages 177 - 182)

<u>EXEMPT ITEMS</u>

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

Benjamin Watts
General Counsel
03000 416814

Tuesday, 9 May 2023

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, 15th March, 2023.

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

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Richard Smith (Corporate Director of Adult Social Care and Health), Michael Thomas-Sam (Strategic Business Adviser, Social Care) and Simon Mitchell (Senior Commissioner), Jim Beale (Director of Adult Social Care for East Kent), Hayley Savage (Democratic Services Officer) and Dominic Westhoff (Democratic Services Officer)

UNRESTRICTED ITEMS

114. Apologies and Substitutes
(Item. 2)

Apologies for absence were received from Mr Richard Streatfield and Kelly Grehan for whom Ms Dawkins was in attendance as substitute.

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

Mr Shonk noted that a family member worked for the NHS, Ms Wright noted that she was an appointee for a relative with a mental health issue and Ms Meade noted that she was a carer.

116. Minutes of the meeting held on 18 January 2023
(Item. 4)

Ms Meade asked that a request for the Members of the committee to receive the draft White Paper regarding the replacement for Deprivation of Liberty Standards be noted in the minutes.

RESOLVED that the minutes of the meeting held on 18 January 2023 are correctly recorded and a paper copy be signed by the Chairman.

117. 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 said that an 8-week consultation was ongoing regarding the proposed changes to the charges people pay for The Council's chargeable

services for Adult Social Care both at home and in the community. The consultation would close 21 March 2023. The proposal would extend the savings credit disregard from those in care homes to those receiving their care at home and to those new to the service. This would bring the Council's charges in line with those set out in national legislation.

(b) The Care Quality Commission (CQC), the independent regulator of Health and Social Care in England, would launch a new CQC Assurance process for Adult Social Care functions. The CQC would visit from April 2023 to assess the services provided in Kent. The head of the inspection said that Adult Social Care must co-produce a self-assessment with people who have used the service. It was noted that Adult Social Care would expect to be assessed on how they placed people's experiences at the centre of their decision-making and on the four themes: working with people, providing support, ensuring safety and leadership. Adult Social Care would identify both the areas where it was working well and areas where improvement was required. People who had received Adult Social Care Services in Kent were asked to answer a survey to ensure that their views were reflected in the assessment. This could be accessed on the Kent County Council websites 'Let's Talk' page. The assessment would close on 31 March 2023.

(c) Ms Bell said Kent County Council teams had won three awards at the Public Sector Transformation Awards, 8 March 2023. These awards celebrated innovative approaches to transforming public services. Adult Social Care won bronze for the best use of digital and technology award for the Technology Enabled Care Services. Silver for the transformation of health and social care award for community micro-enterprises and gold for the communications award for the Kent Adult Social Care strategy. Mrs Bell thanked all the staff involved in these projects that won the awards.

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

(a) Mr Smith said that he had attended a conference on Friday 10 March 2023 where matters on Adult Social Care and the impact of the financial climate on providers were discussed. It was noted that the financial challenges were of major concern, a point that was raised by many of the presenters. Recruitment and workforce issues were also discussed and noted as a matter of concern.

(b) Mr Smith said that he was holding open-door sessions, where he made time available to meet with frontline staff from across Kent Adult Social Care. The sessions were noted as being useful for understanding the challenges and concerns being experienced in the provision of direct services.

(c) A staff event had been hosted following the publication of staff survey results. The survey had identified many areas of continued satisfaction, such as hybrid working, work-life balance and connectivity with their teams and the communities they support. It was also noted that there were ongoing challenges identified, such as, the disconnect between the vision and strategy for Adult Social Care which would need to be better communicated by senior leadership teams to frontline staff. Several Action Plans had been developed to help overcome the issues identified.

(d) It was said that an event would take place where 40 Adult Social Care managers were to discuss CQC. The sessions would be led by Jenny Anderson whom Mr Smith thanked for her work on the assurance preparation.

(e) At a recent away day, it was discussed how Adult Social Care was becoming a regulated service from 1 April 2023. Mr Smith noted that there were nine quality statements, each of which would be assigned to an assistant director. Work had been done to find out how Adult Social Care in Kent measured up to these statements, there was a good understanding of how the services were operating and of the areas where improvements were required. The next stage would be to develop action plans for the targeted areas.

3. Richard Smith then responded to comments and questions from the committee, including the following.

(a) In response to a question on further details on how Adult Social Care being a regulated service would look like. Mr Smith responded that The CQC was an independent regulator that would pass judgement on the Council's performance and would operate much like The Office for Standards in Education, Children's Services and Skills (OFSTED). This would create a culture of continuous improvement. Mr Smith would bring further updates to the Cabinet Committee as this progressed.

(b) In response to a question regarding the setting for the Open Door Sessions. Mr Smith responded that the sessions were held on Microsoft Teams and 15-minute slots were offered. Due to the size of Kent, it was hard to meet in person. It was noted that efforts were still made to meet in person with front-line staff when possible.

(c) In response to a question about how much pressure Mr Smith and other corporate directors were able to put on Government and Cabinet Ministers so that they were aware of the scale of the challenges that were facing Adult Social Care in Kent. Mr Smith said that Helen Grant MP for Maidstone had been of help due to her contacts in government. Lobbying was ongoing and more resources had been made available as a result. Short-term funding arrangements over winter were welcomed but would not resolve the long-term problems. The cost of care was noted as the greatest challenge.

118.   **23/00022 - Procurement of the Property Security element of the countywide SAFER Scheme**
(Item. 6)

Rachel Westlake, Senior Commissioner, and Ashleigh Cain were in attendance for this item.

1. Rachel Westlake introduced the report. An overview of the scheme was given, and it was noted that the Council had statutory responsibilities as outlined in the Domestic Abuse Act 2021. It was proposed that the property security element would have a two-year contract term, with two opportunities to extend by one year, at a value of £400,000 per year giving it a total contract value of £1.6 million. The anticipated contract start date was 1 August 2023.

2. Rachel Westlake and Ashleigh Cain responded to comments and questions from the committee, including the following.

(a) It was confirmed that there would be an evaluation panel to ensure that those providers who most closely meet the specification were awarded the contract.

(b) Regarding economies of scale, there had been work with boroughs and districts to ensure a wide reach for the scheme and that it fitted alongside services already provided by these authorities.

(c) It was outlined in the eligibility criteria that the perpetrator would not live, or have legal access to, the property.

(d) There had been work with Kent Police to ensure that they were aware of houses which were a part of the scheme and would flag them up on their system if called to the address. It would be explored if the name of the victim would link to the address.

(e) It was noted that CCTV would be offered in exceptional circumstances and Ring doorbells were available as part of the offer, but there were some safety concerns.

(f) Individuals who were a part of the scheme would receive support from the Kent Integrated Domestic Abuse Service. This would offer safety planning, for themselves and their children, when both inside and outside of the home.

(g) In response to a question of how Kent residents could access the scheme. It was confirmed that there would be a single point of access for the SAFER Scheme which would be advertised after the service had been procured.

RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health to:
(a) Approve the procurement of the Property Security element of the countywide Sanctuary Access for Eligible Residents (SAFER) Scheme; and
(b) Delegate authority to the Corporate Director of Adult Social Care and Health to take relevant actions to facilitate the required procurement activity.

119. **23/00023 - Community Services Contract awards for Mental Health Assessment & Independent Advocacy Services**
(Item. 7)

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

1. Mr Mitchel introduced the report. It was noted that the proposal was for a 3-year period with two single-year extensions. About £1.6 million per year, totalling £7.8 million. It was said that the contract would be amended depending on the outcome of the Liberty Protection Safeguards.

2. Mr Mitchell responded to comments and questions from the committee, including the following.

(a) There was no timescale for the Liberty Protection Safeguards publication.

(b) It was confirmed that the specification would ensure that providers ensured their advocates were trained to deliver the services required under the contract. The Council would have the ability to audit and scrutinise this process.

RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health to:
(a) Extend the current Kent Advocacy Hub and Mental Health Assessment contracts for a period of up to four months;
(b) Award contracts to successful providers for the provision of Community Services Contracts (Mental Health Assessment and Independent Advocacy Services);
(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; and
(d) Delegate authority to the Corporate Director Adult Social Care and Health, in consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Finance, to agree the relevant contract extensions as required.

120. **23/00011 - Framework for Interpreting and Communication Services for People who are D/deaf and Deafblind - Contract Award**
(Item. 8)

Katherine Clark, Commissioner, was in attendance for this item.

1. Katherine Clark gave an overview of the report. The new framework would commence in June 2023 for a period of 4 years. The application for additional vendors would remain open throughout the contract to support varying demand and supply issues.

2. Katherine Clark responded to comments and questions from the Committee, including the following.

(a) It was noted that despite most of the users of the service coming from Kent County Council there were other significant users including Kent Fire and Rescue, Kent Police and Kent and Medway NHS Trust.

(b) The list of contacts for the deaf communication service would be circulated after the meeting.

(c) It was confirmed that the framework would be fully accessible and was a key part of the contract.

RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health to:
(a) Approve the award of contracts for 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 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.

121. Risk Management: Adult Social Care and Health
(Item. 9)

Jade Caccavone, Directorate Business Manager Adult Social Care, and Alison Petters, Risk Manager Strategic and Corporate Services, were in attendance for this item.

1. Jade Caccavone introduced the report. Ms Caccavone gave an overview of the annual update of the strategic risks across the Adult Social Care and Health directorate and the Council's Corporate Risk register. Further details were provided on the risk categories regarding the workforce and the financial position of the directorate.

2. Jade Caccavone, Alison Petters, Richard Smith and Jim Beale then responded to comments and questions from the committee, including the following.

(a) In response to a question about what mitigations were in place to ensure the retention of Adult Social Care Staff. It was confirmed that this was an issue occurring nationally. It was noted there would be a focus on support networks, retention packages and providing on-the-job support and supervision to help mitigate the risk they may face and establish a collaborative working culture. The new locality model, beginning April 2023, would allow for more community-level working. It was said that this presented a highly challenging issue.

(b) In response to a question about the risk of cyber-attacks. It was noted that risk was held on the corporate risk regarding cyber and information security and mitigations were in place to reduce the risk to desired levels. Further mitigations were put in place following the pandemic when workers transitioned to working from home on laptops.

(c) In response to a question asking for more details on where within Kent the pressure to recruit social workers most or least felt. It was noted that several areas for different reasons had greater difficulties to recruit social workers. For instance, south Kent had difficulties due to the nature of the area and West Kent faced pressure from competition with London Boroughs. Further details of this could be added to the live risk register.

(d) It was asked if further details could be provided on risk *AH0005 continued pressures on public sector funding impacting on revenue and saving efficiencies*. It was suggested this was too broad a category. It was confirmed that this would be looked at.

(e) In response to a question asking if there were any innovative or different approaches being done to support the recruitment and retention of Social Care staff. It was confirmed that there would be a much greater focus on employee retention and remuneration packages. Also, providing learning, development and training opportunities. It was noted that they were looking at where best to target their recruitment drives.

(f) Asked about the transition from training to full workload as it was argued that it was too extreme and potentially dissuaded some from continuing to work with Kent Adult Social Care. It was confirmed that there was a focus on students in Kent and encouraging them to take social work qualifications. It was noted that work was ongoing to provide staff with support networks to mitigate the risk of those leaving after their first year.

(g) A point was raised that more should be done to look after experienced social workers. It was noted that the essential car user allowance had not appeared to be fair and should be looked at.

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

122.   Adult Social Care and Health Performance Q3 2022/23
(Item. 10)

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

1. Ms Groombridge introduced the report and highlighted the key areas of activity and performance during quarter 3 for 2022/23.

2. Ms Groombridge, Jim Beale, and Katherine Clark then responded to comments and questions from the committee, including the following.

(a) Asked about why the number of people staying at home after rehab had fallen. It was said this was because there had been an increase in the number of people staying in short-term beds, but the trend was reserving and expected the number to go back up.

(b) Asked for more details on why the number of assessments of carer's needs had gone down, it was said that this was based on the level of need incoming so would fluctuate throughout the year.

(c) Asked about the quarter-on-quarter rise of people accessing Adult Social Care services who have a mental health need and what measures were in place and if there would be a target set for this. It was said that the increase was a concern and reflected nationally. Work was ongoing with the Kent and Medway NHS and Social Care Partnership Trust and other partners to ensure the right pathways and support are provided for those with mental health problems.

(d) Asked why there had been an above-inflation rise in cost for new support packages. It was noted that there were various reasons for this, supply and demand, the level of support required in certain areas, harder to find support in parts of Kent and if people are remaining at home as this required greater levels of support.

(e) Asked about the Kent Enablement at Home Service growth plans. It was said There had been a very positive recruitment campaign. Has been a large number of people coming through the service and they were looking at using central funding and joint posts to enhance recruitment further. It was anticipated that the number would increase further going forward.

(f) It was confirmed that social prescribing would be embedded and linked to GP surgeries and hospitals depending on the context of needs.

(g) Concerns were expressed that the detail and data supplied in the targets were too limited. Needed to be much more targeted and specific. It was noted that this concern would be acknowledged and taken back to the team to be reviewed.

RESOLVED that the performance of services in Q3 2022/23 be noted.

123. Revision of Rates Payable and Charges Levied for Adult Social Care Services in 2023-24
(Item. 11)

James Beamish, Principal Accountant, was in attendance for this item.

1. James Beamish introduced and gave an overview of the report.

2. A member of the committee noted that this had not been agreed to by the Labour Group at the Budget County Council meeting 9 February 2023.

RESOLVED the committee noted the revised rates payable and charges levied for adult social care services in 2023-24, which were agreed as part of the administration's budget presented to County Council on 9 February 2023.

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

Asked why decision *23/00029 Fee Uplifts for Adult Social Care Providers for 2023/2024* had to be taken outside the usual process. Mrs Bell said that they always intend to go through the usual governance process. One of the main reasons was that we didn't have a Cabinet Committee scheduled at the right time. Discussing the decision at this Cabinet Committee meeting would have not allowed sufficient time for the changes to the invoicing system to be implemented for April 1 2023 and for providers to access the system with the correct invoice fees. The decision also required further work as additional guidance was issued from the Government and this had to be considered by ASCH, Commissioning and Legal. Every effort would be made to avoid such an event occurring again but sometimes it was unavoidable.

RESOLVED noted.

125. **Work Programme**
(Item. 13)

RESOLVED that the Work Programme 2023/24 be noted.

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

                     Richard Smith, Corporate Director Adult Social Care and
                     Health

To: Adult Social Care Cabinet Committee – 17 May 2023

Subject: **Technology Enabled Care Service Contract Award**

Key/Non-Key decision: 23/00034

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

Past Pathway of report: None

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: The report provides an overview and the outcome of the procurement
process for the countywide Technology Enabled Care Service.

The countywide Technology Enabled Care Service will act as an enabler for adult
social care to achieve its ambitions as set out in the Making a Difference Every Day
Strategy. The use of innovative care technologies will deliver opportunities to embed
data-led practice, align with the delivery of a strengths-based approach and achieve
outcomes that are important to people drawing on care and support.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to
CONSIDER and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member
for Adult Social Care and Public Health on the proposed decision (attached as
Appendix A) to:
a) **AWARD** the contract to the successful bidder identified as part of the procurement
process for the provision of a countywide Technology Enabled Care Service for a
maximum of seven years (1 June 2023 to 31 May 2028 (initial five-year contract) with
an option to extend, subject to robust contract monitoring, for a further two years from
1 June 2028 to 31 May 2030);
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Public
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
extension as required; and
c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to
take other relevant actions, including but not limited to finalising the terms of and
entering into required contracts or other legal agreements, as necessary to
implement the decision.

1.   Introduction

1.1   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 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.

1.2   Following market engagement activities throughout September and October 2022, the procurement for the countywide Technology Enabled Care Service began in December 2022. The procurement followed a two-stage process; eleven providers submitted a Selection Questionnaire and four providers submitted bids at the Invitation to Tender stage.

2.   Background

2.1   Development of the countywide Technology Enabled Care Service will enable adult social care to bring together the existing Telecare, KARA and Technology Enabled Care Build and Test Services under one contractual arrangement. The countywide Technology Enabled Care Service will build on these offers to embrace more innovative and person-centred technologies, ensuring that care technology and data-led practice is embedded across care pathways.

2.2   Another key change which will affect how technology interacts with social care is the national transition from analogue telecommunication networks to digital technology; demonstrating the capability to successfully manage the digital switchover formed a key element of the specification for the countywide Technology Enabled Care Service.

2.3   In November 2022, Adult Social Care Cabinet Committee endorsed the proposed approach for the Technology Enabled Care Service and procurement of the service.

2.4   The proposed Technology Enabled Care Service is the result of extensive co-production with people who draw on care and support, partners, other local authorities and the care technology market. The development of the service has also been a cross-directorate exercise informed by a range of specialisms including IT, the Digital Kent Programme, Strategic Commissioning, Strategic and Corporate Services, Finance and the Strategic Reset Programme to explore cross-working opportunities. This collaborative approach continued throughout the procurement and will oversee the implementation of the service.

2.5   In order to achieve a successful Technology Enabled Care model, tendering providers were assessed against their capability to deliver the following:

- **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, technologies, installation, monitoring, data dashboards and culture, change management.
- **Delivery**: The Technology Enabled Care Partner will work closely with Kent County Council (KCC) to implement the core service and embed the approach in adult social care. To 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) 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 and full service go-live from September 2023.

2.7   The outcome of the tender exercise and details of the preferred provider for the countywide Technology Enabled Care Service are detailed in exempt Appendix 1 (Exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially sensitive information).

2.8   It is proposed that the contract award will be June 2023, with a mobilisation period between June and August 2023 and full service go-live from September 2023.

The contract will be for a maximum of seven years 1 June 2023 to 31 May 2028 (initial five-year contract) with an option to extend, subject to robust contract monitoring, for a further two years from 1 June 2028 to 31 May 2030.

3.   Financial Implications

3.1   Financial modelling for the countywide Technology Enabled Care Service was undertaken based on extensive market consultation and engagement with local authorities who have implemented Technology Enabled Care services.

3.2   Based on this modelling the contract value is up to £17.5m per annum over the 5-year contract length and up to £27.6m if the two-year extension option is implemented. The annual modelled contract cost during the extension period is increased due to the anticipated volume of users and service growth by that stage in the contract. The preferred bidder for the countywide Technology Enabled Care Service has submitted a price which comes in at under the previously agreed contract value.

3.3   The budget for the Technology Enabled Care Service is built using the existing budget for Telecare and KARA, and utilises the 2023/24 demography monies. Over the remainder of the contract, it is anticipated that the service will begin to deliver cash avoidance and cashable savings opportunities which will fund the

service. There are also other opportunities to utilise a proportion of the Disabled Facilities Grant (DFG) and Digital Grants.

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. External legal advice has been obtained to develop the Data Protection Impact Assessment (DPIA) and ensure the countywide Technology Enabled Care 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 and is attached as Appendix 2. As 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.

5.3 The EQIA will be updated further once the provider is appointed.

6. Data Protection Implications

6.1 A Data Protection Impact Assessment (DPIA) screening and full DPIA have been developed in line with advice from the Adult Social Care Information Governance Lead, the Data Protection Office and external legal advice. The full DPIA is attached as Appendix 3.

6.2 The 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. Conclusions

7.1 In summary, the award of the countywide Technology Enabled Care Service contract will contribute towards the long-term sustainability of Social Care through transforming and enhancing the way care and support is delivered.

7.2 It is recommended that the contract is awarded to the recommended provider as detailed in exempt Appendix 1 (Exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially sensitive information) who has been assessed as being best placed to achieve KCC's objectives for its Technology Enabled Care Service.

8.   Recommendations

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

a) **AWARD** the contract to the successful bidder identified as part of the procurement process for the provision of a countywide Technology Enabled Care Service for a maximum of seven years (1 June 2023 to 31 May 2028 (initial five-year contract) with an option to extend, subject to robust contract monitoring, for a further two years from 1 June 2028 to 31 May 2030);

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 extension as required; and

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

9.   Background Documents

Technology Enabled Care Service
Decision - 22/00096 - Technology Enabled Care Service (kent.gov.uk)

10.   Report Author

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Relevant Director

Helen Gillivan
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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Clair Bell, Cabinet Member for Adult Social Care and Public Health	23/00034

For publication: YES

Key decision: YES

Title of Decision: TECHNOLOGY ENABLED CARE SERVICE CONTRACT AWARD

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
a) **AWARD** the contract to the successful bidder identified as part of the procurement process for the provision of a countywide Technology Enabled Care Service for a maximum of seven years (1 June 2023 to 31 May 2028 (initial five-year contract) with an option to extend, subject to robust contract monitoring, for a further two years from 1 June 2028 to 31 May 2030).
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 extension as required; and
c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision

Reason(s) for decision: The 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 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.

Development of the countywide Technology Enabled Care Service will enable adult social care to bring together the existing Telecare, KARA and Technology Enabled Care Build and Test Services under one contractual arrangement. The countywide Technology Enabled Care Service will build on these offers to embrace more innovative and person-centred technologies, ensuring that care technology and data-led practice is embedded across care pathways.

Another key change which will affect how technology interacts with social care is the national transition from analogue telecommunication networks to digital technology; demonstrating the capability to successfully manage the digital switchover formed a key element of the specification for the countywide Technology Enabled Care Service.

The procurement for the countywide Technology Enabled Care Service began in December 2022 and has involved a range of stakeholders from Adult Social Care, the wider council, partner representatives from the Integrated Care Board, Co-production Groups and district and borough councils, ensuring that the service is shaped by people with the right expertise and experience.

Following completion of the procurement process it is proposed to award the contract, to the successful bidder, for the provision of the countywide Technology Enabled Care Service for a

maximum of seven years (Initial five-year contract with a two-year extension option).
The contract will start on 1 June 2023 and end on 31 May 2028 (initial five-year contract) with an option to extend, subject to robust contract monitoring, for a further two years from 1 June 2028 to 31 May 2030.

Financial Implications: Financial modelling for the countywide Technology Enabled Care Service was undertaken based on extensive market consultation and engagement with local authorities who have implemented Technology Enabled Care services.

Based on this modelling the contract value is up to £17.5m per annum over the 5-year contract length and up to £27.6m if the two-year extension option is implemented. The annual modelled contract cost during the extension period is increased due to the anticipated volume of users and service growth by that stage in the contract. The preferred bidder for the countywide Technology Enabled Care Service has submitted a price which comes in at under the previously agreed contract value.

The budget for the Technology Enabled Care Service is built using the existing budget for Telecare and KARA, and utilises the 2023/24 demography monies. Over the remainder of the contract, it is anticipated that the service will begin to deliver cash avoidance and cashable savings opportunities which will fund the service. There are also other opportunities to utilise a proportion of the Disabled Facilities Grant (DFG) and Digital Grants.

Legal Implications: Legal implications have been identified in relation to data processing and data management across a range of technological devices and systems. External legal advice has been obtained to develop the Data Protection Impact Assessment (DPIA) and ensure the countywide Technology Enabled Care Service will be compliant with the Data Protection Act 2018

Equality Implications: A full Equality Impact Assessment (EQIA) has been carried out. As 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.

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.

Data Protection Implications: A Data Protection Impact Assessment (DPIA) screening and full DPIA have been developed in line with advice from the Adult Social Care Information Governance Lead, the Data Protection Office and external legal advice. The full DPIA is included in the background documents.

The 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.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 17 May 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected: As part of the procurement process the following options were considered and discounted as they did not represent the desired level of service change. Awarding the contract for the provision of a countywide Technology Enabled Care Service

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.

<u>Do Minimum</u> - 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.

<u>Less Ambitious than Preferred</u> -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.

<u>More Ambitious than Preferred -</u> 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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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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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, Senior Accountable Officer
Making a difference every day

Version: v0.5

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

Pathway of Equality Analysis: Kent County Council (the authority) trialled the proposed way of working or the authority's long-term Technology Enabled Care Service between May 2022 and March 2023. This way of working was tested in 4 areas of Kent: Thanet, Dover, Folkestone & Hythe. The build and test was delivered in partnership with NRS Healthcare and learning from these areas has shaped 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 throughout the procurement of the countywide Technology Enabled Care (TEC) Service.

The procurement for the countywide TEC Service was issued to the market in December 2022 and the contract will be awarded in June 2023, with the ambition for the service to go live in September 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

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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 contracted 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 August 2023, and the new Technology Enabled Care Services contract will incorporate an equivalent technology offer and transition existing users to the new contract. Additionally, the people drawing on care and support from the build and test service will be supported by NRS until August 2023 and will then transition to the new service provision. The Technology Enabled Care Services contract will be implemented from June 2023 and in the first phase of the contract will focus on mobilising existing Telecare, KARA and build and test 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, KARA and build and test 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, KARA and build and test 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 4,700 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 contact, 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:

Job Title: Date:

DMT Member

Signed: Name:

Job Title: Date:

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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?

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Protected Group	Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	**Medium negative impact** Screen	**Low negative impact** Evidence	**High/Medium/Low Positive Impact** Evidence
Age		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.	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.

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%. | **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. **Existing people who** |

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| | | 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.

The Technology Enabled Care Service team will continue to engage with the Digital Kent team to identify joint working opportunities and risk mitigations. | 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.

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 | **draw on care and support**
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.

<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 |

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			using technology. 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. 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.	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.
Disability			Technology Enabled Care is not a replacement for care; it will enhance and give people more choice. 81.6% of Kent	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

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			residents describe 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%). 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	meeting people's outcomes via the Technology Enabled Care Service will establish their needs and match technology solutions with the person's ability to engage with and utilise different devices. **<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. A range of devices and apps have been identified

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			people are only given 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.	as being particularly beneficial in supporting 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.
Sex		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	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	**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

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		impact on females than on males. 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.	would be adversely impacted as a result of this protected characteristic.	choice and control about 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.	**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.

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Race			The largest ethnic group in Kent is White. 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. 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	The introduction of a Technology Enabled 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.	**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. 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

		in the Gravesend area have worked with translators to ensure 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. 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.		communities who may not have a fixed address or regular access to Wifi. The Digital Kent programme's development of a Community Wifi scheme may also be beneficial.

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		Whilst Technology Enabled Care will be a countywide service and will be accessible 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			In the 2011 Census, 62.5% of Kent residents described themselves as Christian, whilst the largest non - Christian religious group is Muslim (1%). This is not a significant	**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

			consideration for the analysis as the Technology Enabled Care Service will be available to all people regardless of their religion. 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. Practitioners will need to understand the individual needs of all people they are supporting, including	choice and control about the technology they want to access and how it is used to support the outcomes that are important to them.

			those with religious beliefs which may impact on their ability 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	**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

			responsive to all individual needs and desired outcomes.

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. | choice and control about the technology they want to access and how it is 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 | **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 |

| | | | population (19% by 2019). This is likely to be due to a 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.

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 | 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. |

			outcomes. Access to a wide range of technological devices 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.	<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<u>.</u>
Carer's Responsibilities		According to the 2011 Census, in 2011 151,777 people, or		Technology Enabled Care will have a Medium impact on carers responsibilities

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| | | 10.4% of Kent's total population, provided unpaid care. This proportion is higher than the regional average of 8.9% and the national average of 10.2%. 23.6% of all unpaid carers in Kent provide care for 50 or more hours a week.

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.

However, consideration should be given towards carers 'fighting for their person' by ensuring | | as carer gain peace of mind and will take some time to trust equipment.

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.

For carers, Technology Enabled Care has the potential to improve outcomes by providing reassurance about the safety and wellbeing of the person they support. |

| | | the person they support receives all that they are entitled to. It is expected that 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.

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 | | Technology could improve their quality of life by reducing the need for them to deliver interventions and by reducing stress and worry. |

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		will need to understand the individual needs of all people they are supporting and 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.		

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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

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Occupational Therapy
Sensory Services
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 September 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	Evidence base to be created showing benefits of Technology Enabled Care. Stock of training material/ advice to be prepared to support carers grow confidence in Technology Enabled Care. Co-Production group with user and carer attendance to be formed.	Carers to grow confidence in Technology Enabled Care. Co-Production group created to enable People we support and their carers to shape the offer The authority will proceed with.	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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	not the first language	terms of communicating any potential changes regarding service change or re-design as English may not be a first language in these communities. 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.	and benefits from access to technology are available to all groups.		

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

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

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

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DATA PROTECTION IMPACT ASSESSMENT

DPIA v0.1 Adult Social Care Service Provision Review

1. Document History			
Version Number	**Summary of change♦**	**Reviewed by (name and role)**	**Date♦**
V0.1	First draft	Tony Nankivell, Project Officer	14/07/2022
V0.2	Second Draft	Tony Nankivell, Project Officer	09/08/2022
V0.3	Third draft	Tony Nankivell, Project Officer	03/11/2022
V0.4	Fourth draft	Elizabeth Blockley, Project Manager	25/04/2023

2. Administrative information	
Name of organisation♦	Kent County Council (KCC)
Service unit responsible for the project♦	Innovation Delivery Team, Business Delivery Unit, Adult Social Care and Health
Senior Officer responsible for the project♦	Helen Gillivan, Head of Business Delivery Unit, 03000 410180
Project Manager♦	Elizabeth Blockley, Project Manager, 03000 417304
Data processor (if applicable) ♦	N/A
Data Protection Officer♦	Ben Watts 03000 416814
[Other key personnel involved in the project] ♦	Tony Nankivell, Project Officer, 03000 414722 Lee Inman, Project Officer, 03000 412082 Georgina Walton, Senior Project Officer, 03000 415535 Alyson Wagget, Assistant Director (East) Thanet and South Kent Coast, 03000 412483 Barbara Rickman, Assistant Director Service Provision, 03000 410895 Anthony Prime, Commissioner, 03000 410673 Theresa Barwell-Ward, Commercial Manager, 03000 415822 Sandie Atwell, Procurement Lead, 03000 423402 Akua Agyepong | ASCH Assistant Director | County (Specialisms) | Akua.Agyepong@kent.gov.uk (Social Work Professional) Janine Hudson, Social Work Professional, Janine.Hudson@kent.gov.uk

3. Executive Summary♦

The Technology Enabled Care project is a key area of the Making a Difference Every Day approach which is the main driver of change within Adult Social Care. The programme and this project align with KCC's Strategic Reset Programme and will contribute towards the delivery of the key ambitions of the Authority.

The Care Act 2014 places general responsibilities on local authorities relating to the care and support for adults and support for carers in its area. In exercising these statutory duties, Kent County Council ('the authority') must provide or arrange for the provision of services, facilities and resources, or take other steps which it considers will promote an individual's well-being, contribute towards preventing or delaying needs for care and support, promote integration of care and support with health

services etc., provide information and advice, promote diversity and quality in provision of services, cooperate generally and cooperate in specific cases with relevant partners in the exercise of their respective functions relating to adults with needs for care and support and/or relating to carers.

There have been significant developments in social and health care apps and wearables in recent years, and growth in the popularity and uptake of these devices. They provide people with convenience and control to integrate technology into their lives both when well and when ill; they also afford people the ability to share their data with who they want to. For example, the devices can support people in assessing health signs and symptoms, keeping them healthy and managing long term conditions. This in turn can provide value in supporting independent living and the presence of non-traditional care technology brands in the sector may well grow.

The consumer technology / smart home market is rapidly crossing over into the care technology sector. There is undoubtedly an opportunity for KCC to encourage use of technology to support individuals across the county. KCC could consider providing guidance to those wanting to use technology to support independence at home and empower people to live their lives.

As a society, we are adopting digitally enabled solutions in many aspects of our lives; with extraordinary innovations emerging to support people to live independently. For example, technology, such as wearables, smart voice interaction systems, big data analytics and artificial intelligence, can offer so much more than legacy telecare, as a preventive tool to defer the need for or avoid more intensive forms of care. The digital switchover, due by 2025, will be a significant catalyst to the telecare industry, making many of the existing analogue solutions obsolete.

Scope of processing

KCC will engage with one third party provider (acting as a data processor on behalf of KCC) to access the market and purchase devices and equipment on KCC's behalf, as well as to provide a platform that all devices will sync with, to enable KCC to manage them.

Technology Enabled Care could come in the following, but is not limited to, forms:
- Assistive technology - (e.g. smart devices such as televisions speakers, and home hubs, video doorbells, medication dispensers, remote door entry, robotics, wearables etc.)

- Mobile Applications (e.g. promotion of health, for wellbeing, undertaking daily activities etc.)

- Remote monitoring and communication (e.g. tablets, video phones, virtual calls to formal and informal network, sensory impairment communication tools, environment sensors, personal sensors, alarms etc.)

KCC would like flexibility to select any available products and technologies which suit the care package of the service users. The type of data collected, and the nature of the specific processing will depend upon the particular product or technology used.

Ultimately the service users will have a choice as to which technology they would like to use (if any), however recommendations will be made by the relevant Practitioner.

This project is running on the back of a Test and Build pilot project that has been running since early 2022 in three areas, Thanet, Dover, Folkestone and Hythe. A full DPIA was undertaken for that project at the time, and this Countywide offering is seen as an extension of this Test and Build..

Objectives
To design and procure an innovative digital Assistive Technology offer that supports people to live independently and enables the authority, partners and providers to maintain a person-centered approach by being agile to people's needs whilst enabling statutory requirements to continue to be met.

Reasons for processing, lawful basis and processing conditions
Lawful basis Article 6(e): Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller

Article 9 processing conditions:
For the processing carried out by KCC Projects Team (and related parties within KCC i.e. the Performance Team which will run and deliver reports for the Projects Team), in order to deploy technology enabled care and evaluate its impact and success:

(g) Necessary for substantial public interest (on the basis of a DPA condition – **also complete Table 2b below**) and which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and interests of data subjects. Relevant DPA 2018 condition: Schedule 1, paragraph 6 - Statutory and government purposes - necessary for the exercise of a function conferred by an enactment or rule of law (paragraph 6(2)(a)).

For the special category health data that is processed by the healthcare professional using the technology solutions as part of a care plan:
(h) Necessary for the purposes of preventative or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management of health or social care systems and services (subject to a DPA 18 condition – **also complete Table 1 below**) or pursuant to contract with a health professional and subject to the conditions and safeguards in 9(3)

<u>Expected Key Benefits</u>

- People satisfaction
  - o This is a key outcome of the Strategic Reset Programme as well as the Making a Difference Every Day approach. With additional assistive technology tools available for Practitioners to utilise to meet care and support needs, it is expected that people's satisfaction levels should increase
- Partnership working / opportunities
  - o Technology Enabled Care will benefit the wider health and social care system and not just the authority once the culture and awareness of the opportunities has been evidenced. For instance, utilising data and information to identify patterns in behaviours to become more preventative rather than reactive in terms of health, care and support delivered
- Demand
  - o Providing greater information, advice and guidance on assistive technology across all areas of the social care pathways and how this can be accessed will support demand on formal social care services
  - o Utilising assistive technology to provide remote support, targeting those who are in need of support through data and analytics, or empowering the informal support network of people to help manage and respond to changes in need or reactive support (e.g. a fall).
- Cost avoidance, savings and income
  - o Through using Technology Enabled Care, there could be opportunities to not only meet the outcomes of people but also reduce or delay escalation of need but also reduce the need for other traditional care and support methods in favour of assistive technology (where suitable). In some instances, assistive technology could prevent the need for any formal social care intervention.
- Environmental
  - o Through assistive technology, this could also reduce the needs for physical visits to people we support, therefore reducing the use of vehicles for social care professionals.

4. Identify the need for a data protection assessment (DPIA)

| **What type of processing is involved?** ♦ | This DPIA is for the countywide rollout with a five year contract following an initial 1 year trial of Technology Enabled Care. The provision of care by Practitioners is already happening and is not the subject matter of this DPIA, this DPIA is specifically for the use of technology products to assist with the care already being provided.

Processing of personal data – there will be the need to use service user names and addresses, client ID from KCC's social care platform (MOSAIC etc.) and contact details. This is in order to install and manage technology solutions and measure their effectiveness. Additional types of personal data that will be collected and processed for these purposes are detailed in section 5.2(a) and (c) below.

Processing of special category data – this will be for KCC use only in order to complete an equalities impact assessment for this project, as well as to deliver the technology enabled care to |

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	service users depending on their healthcare plan and medication needs (see details of special category data collected in section 5 below).
	Combining, comparing or matching data from multiple sources – the project will be using reports from KCC's social care system MOSAIC as well as information from Strategic Commissioning and the contract care providers they manage in order to identify a suitable cohort of service users. Once the cohort have been selected data will then continue to be combined and compared to evaluate success - this data will be obtained by the Projects Team from the chosen third party supplier's platform as well as from pseudonymised reports which will be run from the KCC live care platforms (for further details see below).
	Processing personal data which could result in a risk of physical harm in the event of a personal data breach – as the service users are vulnerable individuals, a personal data breach may result in a risk of emotional or physical harm to those service users.
	Children's data – there is scope for the Project to involve use of Technology Enabled Care for children, not just for use by the Adult Social Care team.
	Depending on the device or solution chosen, the project may involve processing personal data in a way which involves tracking individuals' online or offline location or behaviour.
	Evaluation or scoring – as part of the project, there will be a need to assess the success Technology Enabled Care service. This will involve asking service users and potentially their friends and family to partake in a research piece of work (questionnaire / case studies / surveys). This evaluation will also be undertaken with the provider, care providers and front-line staff within KCC's Adult Social Care.
	Innovative use or applying new technological or organisational solutions – although this is not new technology, it is based on the findings of the initial Test and Build results.
	The DPIA will reflect the security arrangements of the third party provider once the providers are known.
Reasons a DPIA is required♦	Based on the types of data being processed and the processing activities noted above, the processing is higher risk and a DPIA must be completed.
	This is a new major project involving the use and processing of personal data of service users within adult social care at KCC.
	Whilst the care phone and supporting technology used is not new to the market, it is to the authority and therefore a DPIA should be undertaken to clearly detail the roles and responsibilities of the data controller (KCC) and processor (TBC).
Is this DPIA a review of pre-GDPR processing or does it cover intended processing?	☐Pre-GDPR processing ☒Intended Processing

	Timeline of the project
	- Market Engagement – June 2022 - SSQ – Nov 2022 - SSQ evaluation and ITT – Dec 2022 - ITT evaluation –Anticipated contract start date is Mar 2023

5. Description of the Processing
(you may wish to use or attach a data flow and attach to this DPIA)

| Description of the Project/Processing♦ | **Referrals**
For referrals into this provision, this will be undertaken through traditional care act assessments and where Technology Enabled Care can meet identified needs. The type of information that will then be passed to a provider of the Technology will be as follows:
- Case management reference no.
- Name
- Address
- Contact details (telephone and / or email)
- Delivery address for technology (if different to the living address)
- Contact details of any contacts or responders (friends, family, formal care providers, partner agencies)
- Details of Care package (sensitive) – to help ensure the right technology is identified to meet the needs eg falls detection, video doorbell, Alexa.

People will be provided choice and control over their care and support so Technology Enabled Care will not be suitable for all people KCC supports. Those that do agree to receive Technology Enabled Care will be captured in their care and support plans and recorded on the Authority's case management system in line with existing Practice. Technology Enabled Care is a tool for social care professionals alongside other traditional methods such as care and support in the home.

Reporting
Client data that will be used within this project (prior to being shared with the Projects Team) is stored on one of the following Kent County Council live database - Mosaic, Liberi or LPS. <u>The Operational Team of Practitioners will have access to full client information on one of these live databases.</u>

<u>The Performance Team are responsible for running MOSIAC and equivalent platforms and have access to the data in order to provide IT support functionality. The Projects Team are responsible for trialling the technology enabled care and evaluating its success, but will not have any access to client information within MOSIAC or the equivalent care platform. The Performance Team will run and share reports from MOSIAC etc. to enable the Projects Team to roll out the project and evaluate its success.</u>

For any reporting on technology in use, duration in place and type of usage from the Authority's case management systems, e.g. MOSAIC, the Client data provided to the Project Team will be pseudonymised by the performance team. This will involve using unique identifiers and redaction of names, addresses, contact details, and any other identifiable information not required for the purpose of this project. This process will allow the project to adhere to KCC's Anonymisation and Pseudonymisation Policy at all times.

This pseudonymised report will include an assessment of the suitability of technology for an individual from their Practitioner. These reports are needed to |

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ensure the service we are providing will continue to meet the needs of the clients and maximise their independence whilst enabling remote visiting to take place when needed. This information is necessary to assess the impact of Technology Enabled Care for different teams, however it is more sensitive which is why the decision has been made to pseudonymise it before it reaches the Projects Team.

In addition to the data provided in the pseudonymised reports, the Projects Team will obtain information on the type of technology used, the duration that the technology is used for and voluntary feedback provided by the service user and their family and friends (taken at intervals throughout the project to measure impact). This information will be collected and recorded through the chosen third party supplier's platform and will be used alongside the pseudonymised health information to evaluate the project. The information held on the supplier's system will be significantly less sensitive which is why the Projects Team will have full unrestricted access to this. It will include information such as name and address to enable the service provider to install and respond to queries regarding the technology.

It is likely that the provider / partner that the Authority works with will have a CRM of which will be secured on UK / EU servers and will require a separate login and password to do so. Compliance of this system will be checked with the Compliance and Risk Team during the evaluation of the tender responses. Data contained on this system and processed at the request of the authority will likely be:
- Case management reference no.
- Name
- Address
- Contact details (telephone and / or email)
- Delivery address for technology (if different to the living address)
- Contact details of any contacts or responders (friends, family, formal care providers, partner agencies)
- Details of Care package (sensitive as will contain details of that persons requirements such as any extenuating circumstances relating to care) – to help ensure the right technology is identified to meet the needs.

The system may also capture the following types of information:
- Motion sensor
- Temperature sensor
- Technology usage (quantity, duration and reason e.g. a fall or emergency services required)
- GPS location
- Video doorbells (subject to risk assessment following recent case law)

There will be no video surveillance products contained inside a person's home as part of Technology Enabled Care. KCC will not provide this on the basis that video surveillance is invasive and comes with increased processing risk. However, if requested, KCC will make available information, advice and guidance to enable the service user to self-purchase or to purchase via a Direct Payment (controlled by the person or their carer) independently to KCC and to this project.

Products
As part of the TECS project we aim to provide technological solutions specific to an individuals needs by having access to a broad-range of products and looking at the person as an individual and not as a 'one size fits all' approach. This could come in any of the following forms:

- Assistive technology - (e.g. smart devices such as televisions speakers, and home hubs, video doorbells, medication dispensers, remote door entry, robotics, wearables etc.)

- Mobile Applications (e.g. promotion of health, for wellbeing, undertaking

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daily activities etc.)

- Remote monitoring and communication (e.g. tablets, video phones, virtual calls to formal and informal network, sensory impairment communication tools, environment sensors, personal sensors, alarms etc.)

Data from these products will likely be pooled into a single platform or collated through the Internet of Things (IoT). As the providers and the products are not yet know, further details on this will need to be provided in due course.

Culture Change
Starting a culture change for technology to be viewed at the outset as a preventative solution instead of using technology as a reactive solution to an incident. This will entail supporting Kent County Council members of staff to be confident using technology and have the appropriate skill levels to learn and use new technology as it becomes available.

The Project Team that will be reviewing the data will be comprised of members of the Innovation Delivery team and appropriate members of KCC operational teams based on their professional skill set (e.g. Commissioning, Finance, Social Care etc).

The data flow diagram below shows where the data will be created and sourced from.

The data will be input manually into the care platform by Practitioners. The analytics/performance team will then generate the pseudonymised reports for the Projects Team from these platforms. The pseudonymised data will be combined by the project team, with data collected directly from the third party service provider's platform, to inform their analysis.

Data Flow

5.1 What is the purpose of the processing?	
a) What do you want to achieve?	We are processing this data to ensure that the solutions that are being utilised are the best possible solution for the individual dependent on their needs.
b) What is the intended effect on individuals?♦	Technology Enabled Care is designed to empower people and enable to live independently for longer in an environment they want to be in. This will be provided as part of choice and control over their own care and support plan based on their assessed needs under the Care Act 2014. Harnessing Technology Enabled Care will provide greater safety in and out of the home, response in an emergency, prevention of a crisis and assurances to the person and their informal support network. Technology Enabled Care could also be seen as less intrusive, particularly

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	for those who want to be independent and do not want to be reliant of traditional care and support provisions if not required. Social Care professionals will benefit by having a greater understanding of technology solutions, be empowered in their role by enabling varied and innovative solutions, be confident in suggesting and using technological solutions resulting in client satisfaction. It may also help demand where technology could replace the need for physical visits for some people with certain types of needs where this allows.

c) What are the benefits of the processing for KCC, and more broadly?♦	<u>Expected Key Benefits</u>
	
	• People satisfaction
	    o This is a key outcome of the Strategic Reset Programme as well as the Making a Difference Every Day approach. With additional assistive technology tools available for Practitioners to utilise to meet care and support needs, it is expected that people's satisfaction levels should increase. This will be an increased satisfaction for both the end users, their families and friends, but also the KCC staff who support them.
	• Partnership working / opportunities
	    o Technology Enabled Care will benefit the wider health and social care system and not just the authority once the culture and awareness of the opportunities has been evidenced. For instance, utilising data and information to identify patterns in behaviours to become more preventative rather than reactive in terms of health, care and support delivered
	• Demand
	    o Providing greater information, advice and guidance on assistive technology across all areas of the social care pathways and how this can be accessed will support demand on formal social care services
	    o Utilising assistive technology to provide remote support, targeting those who are in need of support through data and analytics, or empowering the informal support network of people to help manage and respond to changes in need or reactive support (e.g. a fall).
	• Authority
	    o Through using Technology Enabled Care, there could be opportunities to not only meet the outcomes of people but also reduce or delay escalation of need but also reduce the need for other traditional care and support methods in favour of assistive technology (where suitable). In some instances, assistive technology could prevent the need for any formal social care intervention. We anticipate that the use of this technology should have an additional benefit of releasing some of the capacity in the provider market, where it is currently being used in a traditional face to face approach only.
	• Environmental
	    o Through assistive technology, this could also reduce the needs for physical visits to people we support, therefore reducing the use of vehicles for social care professionals.

5.2 What is the scope of the processing?	

a) Types of personal data♦	<u>Personal data:</u>
	    · Case management reference no.
	    · Name
	    · Marital Status
	    · Address
	    · Contact details

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	· Delivery address for technology (if different to the living address)
	· Contact details of any contacts or responders (friends, family, formal care providers, partner agencies)
	· Age
	· Living address/ arrangements
	· Sex
	Special category data, or containing special category data:
	· Ethnicity
	· Disability
	· Religious Belief
	· Pregnancy / Maternity Status
	· Gender Identity/Reassignment information
	· Sexuality
	· Details of Care package
	· Details of medication used
	Note that the service users' full medical records will only be held within MOSAIC etc and therefore will not be accessible by the Projects Team or third party supplier.
	The Projects Team has not yet decided the feedback format – i.e. they may receive granular feedback on a service user-by-service user basis which may reveal additional information about a service user, or alternatively this could be an anonymous restricted fields questionnaire with all responses aggregated.
b) How many individuals will be affected and what geographical area will it cover?	**People drawing on care and support** This will be a countywide approach for Technology Enabled Care and will cover the whole of Kent The number of people impacted by this change will depend on the individual's assessed needs. Therefore, theoretically although extremely unlikely, all or none of the people we support during this period are suitable for Technology Enabled Care; all contacts to Adult Social Care will lead to an assessment and potential provision of Technology Enabled Care. As an indication we have over 4000 people being supported by traditional Telecare options, and over a thousand are utilising the KARA Carephone. Modelling has been undertaken for the countywide contract which indicates that by year 3 of the contract up to 50% of people receiving care and support from Adult Social Care will receive Technology Enabled Care as part of their care and support package.
c) How much data will be collected and used?	Data will be proportionate to the requirements of the individuals. Those with more complex needs may require / want more assurance and therefore more technology and data is collated. Others may want a more light touch approach and therefore will be provided with an appropriate solution to do so. This will be ascertained through the assessment process for social care Practitioners. As for the provision of Technology Enabled Care, this is yet to be determined until the provider / partners and associated products have been identified following the procurement process. However, here is an indication as to the possibilities: · Voice / voice call records (not recordings of the conversation, just data and time stamp types of information). · Status of the technology (inactive / active / errors) · User name · Sequence · Number · Received Local Time · Call Reason · Received Local Time · Battery Level · Charging · Reminder Id · Reminder Scheduled Local Time · Occurred Local Time · Status

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	· Response · Motion / movement · Temperatures · GPS location Further details will be added here once the offer and provider is understood
d) Length and frequency of processing♦	The contract between KCC and the provider / partner is for a period of 5 years, commencing from 2023 and therefore concluding in 2028. The data is processed when the technology is requested by the practitioner and is then by the Users, which will occur for each time that an item is identified as being needed.
e) How long will the data be retained for?♦	Personal information will be kept securely in accordance with Information Security and GDPR data principles (i.e.: Article 5(1)(e), 'personal data should not be kept any longer than necessary'. It is the responsibility of the project team to ensure this is adhered to. Information Security Policy.docx Records Management Policy.p The project team will adhere to KCC's Records Management Policy (enclosed above) with reference to its Retention Schedule. (See sections AS1 – 6 (excluding AS2.1, AS2.2, AS4.4, AS4.5, AS4.9, AS4.10, AS4.11, AS4.12.15, AS4.12.16, AS4.13, AS5.2, AS6.1) which provides a breakdown of the retention periods relied on by Adult Services). <table><tr><td>*Project documentation created for internal projects which may not result in a contract*</td><td>*Last action on the project + 6 years*</td></tr><tr><td>*Project files relating to research undertaken to see if projects are viable*</td><td>*End of operational use*</td></tr><tr><td>*Correspondence which does not merit inclusion on the project files*</td><td>*Last action on project + 1 year*</td></tr><tr><td>*Project documentation created as part of a project where the creator is not the project manager or designated record keeper for the project.*</td><td>*Life of Project*</td></tr></table> All staff working within the Project Team are trained to follow KCC's Data Breach Policy. Details of the care and support provided to an individual will be added as a record to Mosaic by the practitioner recommending the technology, and depending on which service the individual is receiving will determine the retention period for keeping this information.
5.3 What is the nature of the processing?	
a) How will the data be collected and what is the source of the data?♦	The project team do not and will not have direct access to the case management systems e.g. MOSAIC, therefore they will seek support from the Adult Social Care and Health Performance Team. The provider / partner will also not have access to MOSAIC and will only be provided with the data required to deliver the services set out in the contract and as described in this document. The assessed needs of the person will be undertaken by the Social Care professionals. Therefore, those who will require Technology Enabled Care as part of their care and support plan will be passed directly to the provider to commence the service provision. This is no different to other purchasing functions within the Authority.

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	For any reporting on technology in use, duration in place and type of usage from the Authority's case management systems, e.g. MOSAIC, the Client data provided to the Project Team will be pseudonymised by the performance team or the operational teams where unique identifiers are needed, including redaction of names, addresses, contact details, and any other identifiers or information not required for the purpose of this project. This data is needed to ensure the service we are providing will continue to meet the needs of the clients and maximise their independence whilst enabling remote visiting to take place when needed. Client data that will be used within this project is stored on one of the following Kent County Council live database - Mosaic, Liberi or LPS.
	Data from this products will likely be pooled into a single platform or collated through the Internet of Things (IoT). As the providers and the products are not yet know, further details on this will need to be provided in due course.
b) How will the data be used and stored♦	Project documents will be stored on Microsoft Teams in a folder that has restricted access, which only the project team and their senior management team will also have access. Information and data relating to the person / client will be stored on the case management system. Data will also be retained on the providers CRM / platform in order to effectively deliver the service (as listed above). When reporting is required from the case management system, pseudonymising the data front line teams and the performance team will replace the names with unique identifiers to fall in line with GDPR responsibilities. Below is KCC's Anonymisation and Pseudonymisation policy which complies with ICO 2012. Anonymisation and pseudonymisation p It is likely that the provider / partner that the Authority works with will have a CRM of which will be secured on UK / EU servers and will require a separate login and password to do so. Compliance of this system will be check with the Compliance and Risk Team during the evaluation of the tender responses. Further details will need to be provided once known.
c) How is the data secured and processed in a manner that ensures appropriate security (including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage)? ♦	As part of the Project Team's internal process, once a Teams site has been created, only the member of Project Team working directly on that project is able to grant access to new users accessing the site. The Project Team will control the management of the Teams site and will regularly review the membership of each colleague who has access to the channel to ensure that only relevant users have access. Within the Project Team, peer training for Teams takes place as part of the induction process to ensure staff are familiar and confident with Teams. Teams training has also been made available on Delta, Kent County Council's E-Learning site, which is to be completed by each member of the Project Team. Also as part of the induction process for all members of the Project Team, GDPR training must be completed routinely to ensure staff awareness is at a premium. Data Breach Policy.docx KCC ASCH staff are trained to follow the breach policy (above) and refresh their mandatory training every 2 years, including GDPR (Data Protection Essentials) and Introduction to Information Governance. NHS Data Security Level 1 will also be required by the KCC ASCH staff, and this is required to be refreshed on a yearly

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	basis.
	It is likely that the provider / partner that the Authority works with will have a CRM of which will be secured on UK / EU servers and will require a separate login and password to do so. Compliance of this system will be check with the Compliance and Risk Team during the evaluation of the tender responses. Further details will need to be provided once known.
	The way in which data is transferred to and from the Authority is yet to be determined and this will need to be updated once known following procurement exercise.
d) How will the data be deleted/disposed of? ♦	Files will be deleted from the MS Teams site in line with their respective retention periods by the Innovation Delivery Team in accordance with KCC policy, see [Records Management Policy](#):
	Project documentation created for internal projects which may not result in a contract — *Last action on the project + 6 years*
	Project files relating to research undertaken to see if projects are viable — *End of operational use*
	Correspondence which does not merit inclusion on the project files — *Last action on project + 1 year*
	Project documentation created as part of a project where the creator is not the project manager or designated record keeper for the project. — *Life of Project*
	Generic Project documentation which does not contain personal data, e.g., Project Plans, Risk Logs, Decision Logs, will be kept in line with their retention period (see **5.2 e** of this document) and Disposal-flow-chart below.
	Disposal-flow-chart .pdf
e) Will the data be shared/disclosed to third parties? ♦[1]	☒Yes ☐No
	Information may need to be shared with companies to instal the relevant technology.
	Generalisations from the data may be used in conversations with suppliers / providers and other Local Authorities that the Project team may speak with, for example "we have X clients using our service" or "50% of our clients are male". However this will not constitute personal data.
f) What types of processing identified as likely high risk are involved? ♦	The key risks involved are misuse or unauthorised disclosure of special category data about service users, including those that are vulnerable. This is mitigated because of the security measures implemented and limiting access to such data to only those personnel that require access in relation to their job role.
	The risk of data subject claims and mistrust is mitigated due to the transparent privacy notice information that will be provided, the choice given to service users and the steps that will be taken during mobilisation to ensure that data is secure before the project is launched with the public.
	Reference needs to be made to the Screening Tool criteria selected that identifies the types of processing that are likely to be high risk.

5.4 What is the context of the processing?	
a) What are the categories of data subject, and do they include children or vulnerable groups? ♦	• 0-17 clients using ASCH services (Children's Service) • 18-25 clients using ASCH services (Children's Service) • 26+ clients using ASCH services It should be noted that there is an imbalance of power between the data controller and each of the data subjects i.e. it may be harder for data subjects to oppose to the processing of their data. All data subjects are vulnerable groups with these groups including vulnerable children. • Carers and parents/guardians • Other relatives and friends In each case to the extent required to provide feedback.
b) What is the nature of the relationship with individuals?♦	The authority is a provider of services to clients. It should be noted that there may be an imbalance of power between the data controller and data subject i.e. it may be harder for data subjects to oppose to the processing of their data. There may be a time when client family/ guardian data is used to ensure robust support networks are in place to support a known client.
c) How much control will they have?	As shown in the General (Privacy) notice to cover adult social care and health: Client rights to request the data the Council holds on them and the right to leave the service etc,., remain unaffected. An easy read format of Adult Social Care and Health (General) Privacy Notice is also available to facilitate Learning Disabilities or vulnerable clients. A specific TECS privacy notice will be provided at the point of installation of any technology, and will be published on the KCC web page with the ASCH General Privacy Notice. Under GDP Regulations, clients have a number of rights, which they can access free of charge, which allow them to: • Understand what we are doing with their information and for what purpose • Ask to see the information held about them • Ask the authority to correct any mistakes in the information we hold about them • Object to direct marketing • Make a complaint to the Information Commissioners Office/ Ombudsman As part of the project, there will be regular check ins with the people with the technology to make sure it is meeting their needs as assessed. In the event this technology is not, this can be reviewed, and alternative measures put in place to support them.
d) Would they expect you to use their data in this way?	☒Yes ☐No Restructures, Redesign or improvement projects are common within any organisation with the work being undertaken within the TECS project to ensure that clients have the opportunity to remain independent for as long as possible while providing clients the opportunity to have a say in the care they are receiving. The technology solutions advised are to ensure the welfare of the client they are being advised for.

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	Clients would expect that Adult Social Care is advising and implementing the most appropriate and effective care packages to meet their needs, making adjustments as their packages progress to ensure it continues to be the most appropriate and cost-effective package to meet their needs. All residents of Kent expect for KCC budgets to be spent based on the best value for money for the taxpayers of Kent, which would include the most efficient ways of working.
e) Are there prior concerns over this type of processing or security flaws?	No.
f) Is it novel in any way?	No – these are established technologies, it is just a new initiative for KCC.
g) What is the current state of technology in this area?	Client data is held inside the Liberi, LPS and Mosaic database and is accessed both directly and through PowerBI, our analytics reporting software, which interfaces with the Liberi, LPS and Mosaic database and runs automatic reports and is managed by the Performance team (ASCH). This data is then exported manually from Power BI and stored in spreadsheets within Microsoft Excel or as a pdf. While existing common technologies have been used to build efficiency into the processing and storage of data, and in regard to this project analysis carried out within Microsoft Excel has been used to identify cases to review, ultimately all outcomes are based on human decisions. Some clients will currently have access to telecare services (such as emergency buttons, sensors etc.) currently, however, Technology Enabled Care project will enable video calling. Devices Alcove eco system is built with security by design and underlying infrastructure is state of the art.
h) Are there any current issues of public concern that you should factor in?	N/A
i) Are you signed up to any approved code of conduct or certification scheme? ♦2	N/A

6. Consultation

Who will you consult? ♦3	When will you consult? ♦4	How will you consult?	Responses♦5
Clients of the affected services	Clients will be consulted within Social Care practices (e.g. assessments, a review) when exploring options for their service provision.	Social Care Practice By visiting a client directly on a visit or attending a virtual meeting/ appointment.	Responses will be received ongoing throughout the project but at a time when the correct solution is being explored.
Providers specialising in technology and innovative solutions	A market engagement event must take place to enable interested providers to register their interest to be a part of the contract and enable the Project Team to make an informed decision	Market engagement event to be advertised on the Kent Commissioning Portal for 30 days	Responses will be received at the outset of the project to enable us to train our winning provider in the new ways of working.

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	around the provider we plan to award the contract too. The winning provider will be consulted regularly throughout the project lifecycle to ensure adequate skill levels and confidence in new way of working.	to allow for submissions. Each provider to then create a presentation for the Project Team to understand what they can offer. (Online) meetings and email communications will be the primary method.	
Project Management Team	At all stages of the project.	(Online) meetings and email communications will be the primary method. Regular monthly meetings will take place to ensure all members of the project group can receive updates and give direction.	Responses will be received throughout the project and used to inform the work, where necessary.
Kent County Council's Senior Management Team	At all stages of the project.	(Online) meetings and email communications will be the primary method. Regular monthly meetings will take place to ensure all members of the Senior Management Team can receive updates and give direction.	Responses will be received throughout the project and used to inform the work, where necessary.
Other experts, e.g. IT, legal, Finance or other professionals	Other experts include Cantium (03000 415555), KCC's ICT provider. Akua Agyepong | ASCH Assistant Director | County	(Online) meetings and email communications will be the	Responses will be received throughout the project and used to inform the work, where necessary.

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	(Specialisms) | Akua.Agyepong@kent.gov.uk (Social Work Professional) Janine Hudson, Social Work Professional, Janine.Hudson@kent.gov.uk	primary method.	
Adult Social Care Governance Lead	During project development	(Online) meetings and email communications will be the primary method.	Responses will be received throughout the project and used to inform the work, where necessary. Provide comments on draft DPIA.
Social Workers/Front Line Staff	During project development and throughout the life of the project	(Online) meetings and email communications will be the primary method	Technology For Independent Living Facilitators in conjunction with the Prescribers and Project Team will keep Social Workers and Front Line Staff aware of any technological developments. NRS will provide direct guidance on using the technology during the install, and will be responsible for ongoing repair to damages and faults.
DPO	DPO Support team to be consulted on the draft of the document.	(Online) meetings and email communications will be the primary method.	DPO Support team will be consulted in the final draft and their comments accounted for in the approved version, where deemed appropriate.

7. Assess necessity and proportionality

a) What is the lawful basis for processing? ♦[6]	*GDPR Article 6(1) Legal Basis*	*GDPR Article 9(2) Special Category Data Exception [If processing special category data]*
	☐(a) The data subject has given consent for one or more specific purposes	☐(a) Explicit Consent for one or more specified purposes
	☐(b) Processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract	☐(b) Necessary for Employment/Social Security/ Social Protection obligations (subject to a DPA 18 condition – **also complete Table 1 below**)
		☐(c) Necessary to protect the vital Interests of the data subject or of another natural person where a data subject is physically or legally incapable of giving consent
		☐(d) Legitimate activities by foundation, association, or not-for-profit body with political, philosophical, religion, or trade union aim
	☐(c) Processing is necessary for compliance with a legal obligation to which the controller is subject	☐(e) Relates to data manifestly made public by data subject
		☐(f) Necessary for the establishment, exercise or defence of legal claims or whenever courts are
	☐ (d) Necessary in order to	

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	protect the vital Interests of the data subject or another natural person ☒(e) Necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller ☐(f) Necessary for legitimate interests pursued by the controller or by a third party, except where such interests are overridden by the interests or fundamental rights and freedoms of the data subject which require protection of personal data, in particular where the data subject is a child – **also complete Legitimate Interests section below**	acting in their judicial capacity ☒(g) Necessary for substantial public interest (on the basis of a DPA condition – **also complete Table 2b below**) and which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and interests of data subjects ☒(h) Necessary for the purposes of preventative or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management of health or social care systems and services (subject to a DPA 18 condition – **also complete Table 1 below**) or pursuant to contract with a health professional and subject to the conditions and safeguards in 9(3) ☐(i) Necessary for reasons of public interest in the area of public health (subject to a DPA 18 condition – **also complete Table 1 below**) ☐(j) Necessary for archiving purposes in the public interest, scientific, or historical research purposes in accordance with Article 89(1) (subject to a DPA 18 condition **- also complete Table 1 below**) which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.
b) When required, depending on the Article 9 exception relied upon, you must add the conditions you are also relying on from Schedule 1 of the DPA 2018♦		If you are relying on Article 9 exemptions b, h, i, or j, you must also identify one of the additional conditions from Schedule 1, Part 1, of the DPA 2018. **Listed below in Table 1:**

Table 1	**DPA 2018 | Schedule 1, Part 1 | Additional Conditions**

Schedule 1, Part 1,DPA 2018 additional conditions that must be met if using GDPR Article 9 Special Category Data exceptions (b), (h), (i), or (j) ♦[7]	☐(1) Employment, social security, social protection ♦[8]
	    Go to Table 2a
	
	☒(2) Health or social care purposes ♦[9]
	
	9(3)GDPR states that data to be processed for health or social care purpose where under the responsibility of a professional subject to the obligation of professional secrecy under UK law or rules established by national competent bodies or by another person subject to an obligation of secrecy under UK law or rules established by national competent bodies.
	
	S11(1) DPA 18 states that processing must be –
	    (a) by or under the responsibility of a health or social work professional
	    (b) by another person who in the circumstances owes a duty of confidentiality under an enactment or rule of law.
	
	    • **Responsible professional: All Practitioners (qualified health and social work professionals) within the network which utilise the technology as part of the care plans for their service users. NB: Akua Agyepong is Assistant Director (Countywide) and Janine Hudson Service Manager, Adult Mental Health**

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	☐(3) Public Health ♦10 ☐(4) Research etc♦11.

If you are relying on Article 9 exemption g, you must also rely upon additional conditions from Schedule 1 Part 2 of the DPA 2018.
Please go to Table 2b to select the additional conditions being relied upon

If you are processing data related to Criminal Convictions♦12, you must also identify one of the additional conditions from Schedule 1, Part 3 of the DPA 2018
Please go to Table 3 to select the additional conditions being relied upon

If you are required to have an Appropriate Policy Document by the conditions in part 1, 2 or 3, of Schedule 1 that you are relying on, this Appropriate Policy Document must be in accordance with the guidelines laid out in Schedule 1, Part 4 of the DPA 2018.
Please go to Table 2a to confirm these requirements are met.

c) Law Enforcement Processing not carried out under GDPR (where applicable) ♦13	**Law Enforcement Processing under Part 3 of the Data Protection Act 2018**
	Confirm the underlying statutory authority (the law conferring this function): [ADD NAME OF AUTHORISING LEGISLATION e.g.]
	and
	Confirm the lawful basis under DPA:
	☐ 35 (2) (a) the data subject has given consent to the processing for the law enforcement purposes, or
	☐35 (2) (b) the processing is necessary for the performance of a task carried out for that purpose by a competent authority
	
	Confirm (where applicable) the lawful basis for any sensitive processing:
	
	☐ 38(4) (a) the data subject has given consent to the processing for the law enforcement purposes **and**
	☐ 38 (4) (b) an appropriate policy document is in place
	
	☐ 38 (5) (a) the processing is strictly necessary for the law enforcement purpose **and**
	☐ 38 (5) (b) the processing meets one of the following conditions (from Schedule 8 of the DPA 18):
	    ☐(1) statutory purposes♦14
	    ☐(2) administration of justice♦15
	    ☐(3) protecting an individual's vital interests♦16
	    ☐(4) safeguarding of children and of individuals at risk♦17

	☐(5) personal data already in the public domain♦[18]
	☐(6) legal claims♦[19]
	☐(7) judicial acts♦[20]
	☐(8) preventing fraud♦[21]
	☐(9) archiving etc♦[22]
	And
	☐ 38 (5) (c) an appropriate policy document is in place
	☐ Please tick to confirm your appropriate policy document is attached. *If not attached please explain why not*
d) Legitimate interests♦	N/A
e) Any other relevant legal basis or that support the GDPR basis (e.g. legal obligation or statutory purposes)	For the purposes of the public interest processing condition, statutory and government purposes under DPA 2018, Schedule 1, para 6(2)(a) the below legislation confers functions on KCC: • Care Act 2014 Part1.18 • Mental Capacity Act 2005 Part 1.4 • Mental Health Act 1983 Part VIII In addition KCC must have due regard to the Equality Act 2010 when carrying out its functions.
f) What information will you give to individuals?♦	Clients are directed to the Privacy Notices held on Kent.gov.uk, available [here](). This notice covers the information we hold about our clients and how we will use it. In addition, a new standalone privacy notice will be drafted for the technology enabled care trial. This will be provided a) in advance by directing the individual to the notice on the KCC site – so that information is available as part of the decision making process; and b) also in hard copy when the user receives their kit. This will be drafted once the third party provided has been selected as the processing details cannot be confirmed until then. Additionally, the information will vary depending on the devices used and so some additional information may need to provided on a device-specific basis.
g) Does the processing achieve your purpose?	☒Yes ☐No
h) Is there another way to achieve the same outcome?	☐ Yes ☒ No
i) How will you prevent function creep and preserve the second data protection principle: 'purpose limitation' (i.e. only using the data for specific, explicit and legitimate purposes (as set out in a privacy notice) and not further processing the data in a manner that is incompatible with	The project will have a Business Case with a clear plan and scope identified to ensure that irrelevent information isn't provided or analysed, by using a defined controlled set of questions to the User. This will drive only information gathered that is both relevant to that person, but also required to allow the installation of the agreed equipment. Access will also be restricted by using tiered access rights and password protection. Once the third party provider has been selected, more information will be available on additional technical measures implemented for this purpose.

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those purposes♦	
j) How will you ensure data quality and minimisation? ♦[23]	People identified as being suitable for this provision will be done so through a care needs assessment. Only those that have needs which can be met by Technology Enabled Care will be referred into the service and those data processed for this purpose. Those that have an assessed need and do not require Technology Enabled Care, there details will not be processed with this provider. Of those that are deemed suitable for this provision based on their needs, only the data required to effectively deliver the service, as listed above, will be processed (see section 5.2(a) and 5.2(c)).
k) How will you ensure personal data is accurate and, where necessary, kept up to date	Client and staff data provided to the Project Team will be pseudonymised by the analytics team or the operational teams where unique identifiers are needed, including redaction of names, addresses, contact details, and any other identifiers or information not required for the purpose of this project. This data that the Project Team does receive, is needed in order to evaluate use of technology enabled care and to ensure the service we are providing will continue to meet the needs of the clients and maximise their independence whilst enabling remote visiting to take place when needed. Client data that will be used within this project is stored on one of the following Kent County Council live database - Mosaic, Liberi or LPS. The data itself has been pulled from the live databases and should therefore be current and correct. In the event of data being in a poor condition (e.g. obvious errors, 'blanks' instead of 0's where appropriate in excel documents) the data will be challenged with the operational team.
l) How will you support data subject rights? ♦[24]	Data subject rights remain unaffected by this work. Data required for the assessment will be minimised as much as possible, pseudonymised, and proportional to the needs of the project. Under GDPR data subjects have rights which can be exercised free of charge (Privacy Notices held on Kent.gov.uk, available here) which allow them to: - know what we are doing with their information and why we are doing it - ask to see what information we hold about them (subject access request) - ask us to correct any mistakes in the information we hold about them - object to direct marketing - make a complaint to the Information Commissioner's Office Depending on our reason for using your information they may also be entitled to: - ask us to delete information we hold about them - have their information transferred electronically to themselves or to another organisation - object to decisions being made that significantly affect them - object to how we are using their information - stop us using their information in certain way An easy read privacy notice covering KCC Adult Social Care and Health is available on the KCC website to support children/vulnerable adults. The new standalone privacy notice will also be available in an accessible format, to support children/vulnerable adults.
m) What measures do you take to ensure processors comply? ♦[25]	The contract with the third party service provider (not yet selected) contains Article 28 processing conditions.
n) How do you safeguard international transfers?♦	We are not working with any international suppliers on this project, and do not intend to send any data internationally. The third party service provider contract also prohibits transfers of personal data outside of the EU without consent.

8. Identify and assess risks
(you can refer to the risk matrix attached to help assess the level of risk)

8.1 Risks to INDIVIDUALS

Risk Number	Risk Description	Likelihood of harm	Severity of harm	Overall risk
8.1.1	Vulnerable people may be particularly concerned about the risks of identification or the disclosure of information.	☐Very unlikely ☐Unlikely ☒Possible ☐Likely ☐Very likely	☐Minor ☒Moderate ☐Significant ☐Serious ☐Major	☐Low ☒Medium ☐High
8.1.2	Collecting information and linking identifiers might mean that we no longer use information that is safely pseudonymised i.e. the projects team may be able to identify the individuals that pseudonymised reports from MOSIAC relate to.	☒Very unlikely ☐Unlikely ☐Possible ☐Likely ☐Very likely	☐Minor ☐Moderate ☒Significant ☐Serious ☐Major	☐Low ☒Medium ☐High
8.1.3	Information may be collected and stored unnecessarily, or not properly managed so that duplicate records are created, presenting a greater security risk.	☐Very unlikely ☐Unlikely ☒Possible ☐Likely ☐Very likely	☐Minor ☒Moderate ☐Significant ☐Serious ☐Major	☐Low ☒Medium ☐High
8.1.4	Failure to establish appropriate retention periods might mean information is used for longer than necessary.	☒Very unlikely ☐Unlikely ☐Possible ☐Likely ☐Very likely	☐Minor ☒Moderate ☐Significant ☐Serious ☐Major	☒Low ☐Medium ☐High
8.1.5	Information collected for an individual's formal and informal network without their permission	☒Very unlikely ☐Unlikely ☐Possible ☐Likely ☐Very likely	☒Minor ☐Moderate ☐Significant ☐Serious ☐Major	☒Low ☐Medium ☐High
8.1.6	Relevant social worker practitioners do not receive enough training to be able to prescribe the correct technology	☐Very unlikely ☐Unlikely ☒Possible ☐Likely ☐Very likely	☐Minor ☐Moderate ☒Significant ☐Serious ☐Major	☐Low ☒Medium ☐High
8.2 Organisational risks				
8.2.1	Non-compliance with the GDPR or other legislation, which can lead to sanctions, fines and reputational damage.	☐Very unlikely ☒Unlikely ☐Possible ☐Likely ☐Very likely	☐Minor ☐Moderate ☐Significant ☐Serious ☒Major	☐Low ☒Medium ☐High
8.2.2	Problems may only be identified after the project has launched and will then be more likely to require expensive fixes.	☐Very unlikely ☒Unlikely ☐Possible ☐Likely ☐Very likely	☐Minor ☐Moderate ☐Significant ☒Serious ☐Major	☐Low ☒Medium ☐High
8.2.3	Information may be collected and stored unnecessarily, or not properly managed so that duplicate records are created—meaning the information is less useful to the business.	☐Very unlikely ☐Unlikely ☒Possible	☐Minor ☒Moderate ☐Significant	☐Low ☒Medium ☐High

			☐Likely ☐Very likely	☐Serious ☐Major	
8.2.4	Public/client/customer distrust about how information is used may damage KCC's reputation.		☒Very unlikely ☐Unlikely ☐Possible ☐Likely ☐Very likely	☐Minor ☐Moderate ☐Significant ☒Serious ☐Major	☐Low ☒Medium ☐High
8.2.5	Data losses which damage individuals could lead to claims for compensation.		☒Very unlikely ☐Unlikely ☐Possible ☐Likely ☐Very likely	☐Minor ☐Moderate ☐Significant ☐Serious ☒Major	☐Low ☒Medium ☐High
8.3 Legal compliance risks					
8.3.1	Non-compliance with the GDPR - i.e. will the processing meet the principles in Article 5 GDPR♦[26]		☒Very unlikely ☐Unlikely ☐Possible ☐Likely ☐Very likely	☐Minor ☐Moderate ☐Significant ☒Serious ☐Major	☐Low ☒Medium ☐High
8.3.2	Non-compliance with sector specific legislation or standards.		☒Very unlikely ☐Unlikely ☐Possible ☐Likely ☐Very likely	☐Minor ☐Moderate ☒Significant ☐Serious ☐Major	☐Low ☒Medium ☐High

9. Identify and evaluate measures to reduce risk

Potential solution	Which risk(s) would this action address? ♦[27]	Effect on risk	Residual risk	Cost/benefit/ evaluation ♦[28]	Measure approved?
People will be provided Technology Enabled Care if it can meet their unmet eligible needs following their Care Needs assessment with a social care professional. As part of this process it provides the person with choice and control of their care. Should Technology Enabled Care be selected, information and purpose of the	8.1.1	☐Risk eliminated ☒Risk reduced ☐Risk accepted	☒Low ☐Medium ☐High	The minimum information is requested, including only using the persons MOSAIC identification number, to reduce the risk of private information being leaked.	☐Yes ☐No

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equipment and the data collected will be explained to the person in receipt or a representative if preferred.

Privacy notice will also be available. | | | | | |
| Information captured will be within the providers compliant database or on the Authority's case management system. Individuals will be identified by their MOSAIC ID number as this is unique to the individual rather than other personal information.

All KCC personnel including the projects teams are subject to obligations of confidentiality, meaning that even if service users are identifiable within reports, the risk of unauthorised disclosure is reduced. | 8.1.2 | ☐Risk eliminated
☒Risk reduced
☐Risk accepted | ☒Low
☐Medium
☐High | The majority of the direct Project Team do not have access to MOSAIC details, so could not identify an individual. Those that do have access are bound but the same KCC governance rules regarding using information that they have access to. | ☐Yes
☐No |
Information will be stored on compliant databases and not in spreadsheets outside of these platforms.	8.1.3	☒Risk eliminated ☐Risk reduced ☐Risk accepted	☒Low ☐Medium ☐High	No outside spreadsheets will be utilised, so all information is stored only on compliant databases to avoid risk of loss. Staff communications and training will be central to ensure they are fully aware of their responsibilities	☐Yes ☐No
Retention of records for the project will be in line with KCC retention policy as set out in section 5 of this document.	8.1.4	☐Risk eliminated ☒Risk reduced ☐Risk accepted	☒Low ☐Medium ☐High	All retention periods will be followed to ensure we are compliant with data protection principle Article 5(1)€ storage limitations. Staff communications and training will again be central to ensure they are fully aware of their responsibilities	☐Yes ☐No
People will be	8.1.5	☒Risk eliminated	☒Low	A revised Privacy	☐Yes

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informed of their details being used as part of the agreement with the care and support planning process. People can request that these be removed at any point throughout the service provision.		☐Risk reduced ☐Risk accepted	☐Medium ☐High	Notice will be supplied detailing exactly what each individuals rights are, and the process they need to follow should they want their details to be removed at any stage.	☐No
Fully trained experienced practitioners will be available at all times to provide guidance and training, and help with ongoing staff knowledge	8.1.6	☒Risk eliminated ☐Risk reduced ☐Risk accepted	☒Low ☐Medium ☐High	To ensure that staff are aware of their data protection obligations and therefore ensure that data is used and shared safely and securely	☐Yes ☐No
Equipment will be prescribed by KCC in line with the other legislation such as, but not limited to, Care Act 2014, Mental Health Act 1983, Mental Capacity Act 2005 Equality Act 2010, Privacy notices and associated GDPR protocols are adhered to as part of this process. Those who are not known to the Authority, and suitable for Technology Enabled Care, will be provided information, advice and guidance to seek their own solutions with trusted providers of this type of service.	8.2.1	☐Risk eliminated ☒Risk reduced ☐Risk accepted	☒Low ☐Medium ☐High	Full compliance with GDPR protocols will be followed at all times and be adhered to as part of the ongoing process	☐Yes ☐No
The project team will test the compliance of the providers provision during the procurement process. The Authority and the provider will work together to put in place measures to ensure data is secure during mobilisation before introduced to the public.	8.2.2	☐Risk eliminated ☒Risk reduced ☐Risk accepted	☒Low ☐Medium ☐High	The Authority has experience working with NRS previously, and as part of the Test and Build project. Knowledge of our data security is well known. This will be reviewed throughout the contract to ensure it is kept at a minimum risk	☐Yes ☐No
Records relating delivery of the service will be maintained on	8.2.3	☒Risk eliminated ☐Risk reduced	☒Low ☐Medium	Delivery details of any technology will remain on the NRS	☐Yes ☐No

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the providers system. Records relating to a person's care and support needs and other personal information will remain on the Authority's case management system only. Records will be aligned using the MOSAIC ID number as a consistent identifier.		☐Risk accepted	☐High	platform, however a persons care and support needs will remain aligned using the MOSAIC ID number accessible by KCC staff only	
People, or their identified representative, will have choice and control on the products used and the care and support received. They will be provided a privacy notice for the Technology Enabled Care service and it will be explained what data is captured to support the decision.	8.2.4	☐Risk eliminated ☒Risk reduced ☐Risk accepted	☒Low ☐Medium ☐High	I new Privacy Notice has been produced that is specific to this project. This will be provided to users at the time of install in paper format, and access to an electronic version can be obtained at any time from the KNET page should an individual prefer this.	☐Yes ☐No
The project team will test the compliance of the providers provision during the procurement process. The Authority and the provider will work together to put in place measures to ensure data is secure during mobilisation before introduced to the public.	8.2.5	☐Risk eliminated ☒Risk reduced ☐Risk accepted	☒Low ☐Medium ☐High	All steps taken to ensure data is secure in accordance with our requirements. This Countywide storage will require the need to protect data being treated with the same high priority as was previously shown in the Test and Build project	☐Yes ☐No
DPIA will be reviewed quarterly to ensure processing remains complaint.	8.3.1	☐Risk eliminated ☒Risk reduced ☐Risk accepted	☒Low ☐Medium ☐High	Ongoing review of the DPIA will be carried out by the project team	☐Yes ☐No
Only Social Care professionals will be prescribing the equipment to people in line with legislation, including but not limited to, Care Act 2014, Mental Health Act 1983, Mental Capacity Act 2005	8.3.2	☒Risk eliminated ☐Risk reduced ☐Risk accepted	☒Low ☐Medium ☐High	Social Care professionals will be the only people prescribing the technology	☐Yes ☐No

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Equality Act 2010.					

10. ICO consultation

a) Does this assessment indicate that the processing involved in the project would present a high risk in the absence of mitigation measures?	☒Yes ☐No
b) If yes, can those risks be mitigated by reasonable means in terms of available technologies and costs of implementation?	☒Yes ☐No – **You MUST consult the ICO before the data processing starts**
c) If it is necessary to consult with the ICO, has this been done?	☐Yes ☐No ☒Not Applicable

11. Sign off and record of outcomes.

Item	Name	Date
a) Measures to reduce risk approved by: ♦**29**		
b) Residual risks approved by: ♦**30**		
c) DPO advice provided: ♦**31**		
d)Summary of DPO advice: ♦32		
e) DPO advice accepted or overruled by: ♦33		
f) Comments♦**34:**		
g) Consultation responses reviewed by: ♦35		
h) Comments: ♦36		
i) This DPIA will kept under review by: ♦37		

—	
Signature ♦38	
Name(s)	
Job title(s)	
Date	

12. Implementation of privacy risk solutions & actions to be integrated into project plan		
Action to be taken ♦39	**Date for completion or frequency♦40**	**Responsibility for action♦41**
a) Integrate the DPIA outcomes back into the project plan and update relevant project management paperwork/spreadsheets.		
b) Implement the approved privacy risk solutions:		
c) Review and update the DPIA and project plan at regular intervals.		

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Appendix

Table 2a	DPA 2018 | Schedule 1, Part 2 | Appropriate Policy Document
If relying on any of the conditions in sections 1, 6-28, the existence of an appropriate policy document is an additional mandatory safeguard. Unless an exception is detailed within the conditions in sections 6-28 you must confirm and attach your appropriate policy document. Click here to return to Section 7	☒(5) Requirement for an appropriate policy document when relying on conditions in this part – please tick to confirm you have a policy in place when relying on this condition which meets the following requirements: ♦42 (39) *Requirement to have an appropriate policy document in place: the document must (a) explain how your procedures ensure compliance with data protection principles when processing special category data under this condition and (b)explains policies regarding the retention and erasure of that data* ♦43 (40) *Additional safeguard: retention of appropriate policy document: you have to keep the policy throughout the period you use the data and keep a copy for 6 months afterwards, you have to review it regularly and make it available on request to the Information Commissioner*♦44 Special Category Data and Criminal Records Data (Appropriate Policy Document): Special Category Data and Criminal R
	☒ Please tick to confirm your appropriate policy document is attached. *If not attached please explain why not*

Table 2b	DPA 2018 | Schedule 1, Part 2 | Additional Conditions
Additional conditions that must be met if using GDPR Article 9(2) Special Category exemption (g): processing is necessary for reasons of substantial public interest based on UK law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and interests of the data subject, in accordance with **Schedule 1, Part 2** of the DPA 2018. Please go to **Table 2a** to confirm your Appropriate Policy Document is attached, if you haven't already Click here to return to Section 7	☒(6) Statutory etc and government purposes♦45 ☐(7) Administration of justice and parliamentary purposes♦46 ☐(8) Equality of opportunity or treatment ♦47 ☐(9) Racial and ethnic diversity at senior levels of organisations♦48 ☐(10) Preventing or detecting unlawful acts♦49 ☐(11) Protecting the public against dishonesty etc♦50 ☐(12) Regulatory requirements relating to unlawful acts and dishonesty etc♦51 ☐(14) Preventing fraud♦52 ☐(15) Suspicion of terrorist financing or money laundering♦53 ☐(17) Counselling etc♦54 ☐(18) Safeguarding of children and individuals at risk♦55 ☐(19) Safeguarding of economic well-being of certain individuals♦56 ☐(20) Insurance♦57 ☐(21) Occupational pensions♦58 ☐(23) Elected representatives responding to requests♦59 ☐(24) Disclosure to elected representatives♦60 ☐(25) Informing elected representatives about prisoners♦61

Table 3	DPA 2018 | Schedule 1, Part 3 | Additional Conditions
Additional conditions that must be met if processing data related to Criminal Convictions, as per **Schedule 1, Part 3** of the DPA 2018 Click here to return to Section 7	☐ (29) Consent♦[62] ☐ (30) Protecting individual's vital interests♦[63] ☐ (31) Processing by not-for-profit bodies♦[64] ☐ (32) Personal data in the public domain♦[65] ☐ (33) Legal claims♦[66] ☐ (34) Judicial acts♦[67] ☐ (35) Administration of accounts used in commission of indecency offences involving children♦[68] ☐ (36) Extension of conditions in Part 2 of Schedule 1 referring to substantial public interest♦[69] (Please tick the relevant box from Table 2b above) ☐ (37) Extension of insurance conditions♦[70]

Risk Matrix

Likelihood							
	Very likely	5	5 Low	10 Medium	15 Medium	20 High	25 High
	Likely	4	4 Low	8 Medium	12 Medium	16 High	20 High
	Possible	3	3 Low	6 Low	9 Medium	12 Medium	15 Medium
	Unlikely	2	2 Low	4 Low	6 Low	8 Medium	10 Medium
	Very Unlikely	1	1 Low	2 Low	3 Low	4 Low	5 Low
			1	2	3	4	5
			Minor	Moderate	Significant	Serious	Major
			Impact				

Below is the guidance detailed in the guidance diamonds throughout the DPIA template.
Kindly do not edit this section of the document.
Thank you.

[1] If yes, include details of who the data will be disclosed to (eg. partnerships or contractors), what data will be disclosed and why, whether there are any information sharing agreements in place, and who will be responsible for the monitoring arrangements or contract management, and whether there is a need or not for a separate DPIA.

[2] This relates to trade associations and representative bodies who draw up voluntary codes of conduct covering data processing topics that are important to their members. Since December 2019 the ICO can approve both codes of conduct and code monitoring bodies, although there are no ICO approved GDPR codes of conduct at present

[3] Project management team; ICT Risk and Compliance; Procurement; Potential suppliers and data processors; Other experts, eg. IT, legal or other professionals; Anyone else with an interest in the project

[4] State at what stage of the project you will consult
[5] Summarise the response or advice, including the date given

[6] It is useful to state the power or duty your activities fall within but this section MUST include your GDPR Article 6 legal basis and any exception relied on under Article 9 (where you are using special category data). This will be identified in the privacy notice given to data subjects.

Where required, depending on the Article 9 exception relied upon, ALSO ADD any condition relied on under Schedule 1 Data Protection Act 2018 PLUS any additional safeguards (eg appropriate policy document). Examples of commonly used conditions include: for employment, health or social care, safeguarding, equality of opportunity or treatment, public health.

If you are relying on the health or social care purposes or the management of health or social care purposes exception please note:
S11(1) states: 'For the purposes of Article 9(2)(h) of the GDPR (processing for health or social care purposes etc), the circumstances in which the processing of personal data is carried out subject to the conditions and safeguards referred to in Article 9(3) of the GDPR (obligation of secrecy) include circumstances in which it is carried out –
(a)by or under the responsibility of a health professional or a social work professional, or
(b) by another person who in the circumstances owes a duty of confidentiality under an enactment or rule of law.'
Please note these legal bases should be consistent with the relevant privacy notice you identify within the DPIA.

[7] If you are relying on conditions (b), (h), (i), or (j) you also need to meet the additional condition in UK Law, set out in Part 1 of Schedule 1 of the DPA 2018

[8] Condition is met if the processing is necessary for the purposes of performing or exercising obligations or rights, which are imposed or conferred on the controller or data subject with regards to employment, social security or social protection, and when processing is carried out, the controller has an appropriate policy document in place

[9] This condition is met if the processing is necessary for health or social care purposes. In this paragraph "health or social care purposes" means the purposes of: preventive or occupational medicine;
the assessment of the working capacity of an employee; medical diagnosis; the provision of health care or treatment; the provision of social care; or, the management of health care systems or services or social care systems or services.
Subject to the conditions and safeguards in Article 9(3) GDPR and s11(1) DPA 18

[10] This condition is met if the processing: is necessary for reasons of public interest in the area of public health, and is carried out by, or under, the responsibility of a health professional; or, by another person who in the circumstances owes a duty of confidentiality under an enactment or rule of law.

[11] This condition is met if the processing: is necessary for archiving purposes, scientific or historical research purposes or statistical purposes; is carried out in accordance with Article 89(1) of the GDPR (as supplemented by section 19); and, is in the public interest

[12] This includes criminal convictions and offences or related security measures including data relating to (a) the **alleged commission of offences** by the data subject, or (b) proceedings for an offence committed or **alleged** to have been committed by the data subject or the disposal of such proceedings, **including sentencing**.

[13] Where you are processing for the law enforcement purposes as a competent authority (where KCC has a statutory function for any of the following purposes: prevention, investigation, detection or prosecution of criminal penalties, including the safeguarding against and the prevention of threats to public security)

[14] This condition is met if the processing is necessary for the exercise of a function conferred on a person by an enactment or rule of law, and is necessary for reasons of substantial public interest.

[15] This condition is met if the processing is necessary for the administration of justice.

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[16] This condition is met if the processing is necessary to protect the vital interests of the data subject or of another individual.

[17] This condition is met if: the processing is necessary for the purposes of: protecting an individual from neglect or physical, mental or emotional harm, or protecting the physical, mental or emotional well-being of an individual, (this includes protection relating to a particular individual, and protection relating to a type of individual); the individual is aged under 18, or aged 18 or over and at risk; the processing is necessary for reasons of substantial public interest; and, the processing is carried out without the consent of the data subject for one of the following reasons: in the circumstances, consent to the processing cannot be given by the data subject; in the circumstances, the controller cannot reasonably be expected to obtain the consent of the data subject to the processing; the processing must be carried out without the consent of the data subject because obtaining the consent of the data subject would prejudice the aforementioned provision of the protection.

For the purposes of this paragraph, an individual aged 18 or over is "at risk" if the controller has reasonable cause to suspect that the individual: has needs for care and support; is experiencing, or at risk of, neglect or physical, mental or emotional harm; and, as a result of those needs is unable to protect himself or herself against the neglect or harm or the risk of it.

In sub-paragraph (1)(a), the reference to the protection of an individual or of the well-being of an individual includes both protection relating to a particular individual and protection relating to a type of individual.

[18] This condition is met if the processing relates to personal data which is manifestly made public by the data subject.

[19] This condition is met if the processing is necessary for the purpose of, or in connection with, any legal proceedings (including prospective legal proceedings); is necessary for the purpose of obtaining legal advice; or is otherwise necessary for the purposes of establishing, exercising or defending legal rights.

[20] This condition is met if the processing is necessary when a court or other judicial authority is acting in its judicial capacity.

[21] This condition is met if the processing: is necessary for the purposes of preventing fraud; and the processing consists of (i) the disclosure of personal data by a competent authority as a member of an anti-fraud organisation; (ii) the disclosure of personal data by a competent authority in accordance with arrangements made by an anti-fraud organisation; or, the processing of personal data disclosed as described in sub-paragraph (i) or (ii). Here, "anti-fraud organisation" has the same meaning as in section 68 of the Serious Crime Act 2007.

[22] This condition is met if the processing is necessary for archiving purposes in the public interest; for scientific or historical research purposes; or, for statistical purposes.

[23] Identify considerations given to data minimisation (such as certain types of data subject not included in the scope, data collected being minimised, anonymisation being used, etc.) Data minimisation is a fundamental principle of the GDPR: 'Personal data shall be adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed ('data minimisation'). State how this is being addressed in the processing.

[24] What are the arrangements to ensure data subjects' rights are protected (eg. Right to be informed, right of access, right to erasure, data accuracy, data portability, etc.). The degree to which all these rights may be relevant will depend very much on the nature of the processing. Also set out any particular special arrangements for vulnerable subjects or where there is an 'imbalance of power'. Consider who the data subjects are, eg children, vulnerable adults, employees, general public, and how you will support the rights of those specific types of data subjects. For example, having easy read privacy notices for children/vulnerable adults, or, if your Article 6 legal basis is consent, will you regularly review that consent.

[25] You should as a minimum confirm that any data processing contract contains the Article 28 mandatory terms. These should be incorporated in Annex 1/a data protection clause, but if in doubt check with the lawyer who has drafted the service contract on KCC's behalf.
Also consider how these requirements are to be managed (eg to only act on KCC's instructions, to inform KCC if a sub processor is to be appointed etc

[26] i.e. Fair, lawful, transparent; Specified, explicit, legitimate purposes; Adequate, relevant and not excessive; Accurate and up to date; Not kept longer than necessary; Processed in accordance with rights of data subjects; Protection against unauthorised or unlawful processing, loss, destruction or damage; Not transferred outside EEA unless adequately protected.

[27] State which of your identified risk(s) will be addressed by this action.

[28] Is the final impact on individuals a justified, compliant and proportionate response to the aims of the project?

[29] This should be someone in the department who confirms that the Directorate will implement the DPO's advice on risk **and** the measures in section 9. Remember to integrate actions back into project plan, with date and responsibility for completion.

[30] Any residual risks should be approved by the Information Asset Owner (as identified in the Information Governance Management Framework, this is usually the Corporate Director). If there are any residual **high** risks, you will also need to consult the ICO before going ahead. DO NOT START YOUR DATA PROCESSING UNTIL THE ICO HAS MADE A DECISION.

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[31] DPO should advise on compliance, measures to reduce risk in section 9, and whether processing can proceed. Add date of DPO Ben Watts' email confirming the processing is not high risk/ advice to reduce residual risks.

[32] Add here the bullet points of advice provided within DPO Ben Watts' email.

[33] Insert date DPO Ben Watts' advice was accepted or overruled by the IAO. If the advice is accepted, please ensure any actions recommended by the DPO are added to the DPIA and implemented. If overruled, you must explain your reasons, in the comments below.

[34] If the DPO's advice is overruled, this section should explain on what basis and why, (this could be reviewed by an auditor or the ICO and so the reasons should be justified).

[35] Name and date of the person reviewing your consultation responses.

[36] If your decision departs from individuals' views, you must explain your reasons

[37] Insert the name of the Project Manager/ Person responsible for reviewing DPIAs. The DPO should also review ongoing compliance with DPIA

[38] Insert the signature, name and job title of the person or persons signing off and approving the DPIA, and the date of the sign off. This DPIA must be signed off by the Information Asset Owner as identified in the Information Governance Management Framework, (usually the Corporate Director)

[39] Each recommendation from the DPO's formal email of recommendations should be included in a separate row here with a named person responsible for implementation. That person must ensure that the actions are taken by the date stated.

[40] Insert the date at which each action is completed, or insert the frequency with which the DPIA will be reviewed and updated, eg monthly

[41] Include the name and title of person

[42] This condition is met when the controller has an appropriate policy document in place. Unless otherwise noted, a condition in Part 2, of Schedule 1 of the DPA Act 2018 is only met if when the processing is carried out, the controller has an appropriate policy document in place. See also the additional safeguards in Part 4, of Schedule 1

[43] If processing personal data in reliance on a condition in part 1, 2, or 3 which requires the controller to have an appropriate policy document in place when the processing is carried out, then the requirement to have an appropriate policy document in place; if the controller has produced a document which: (a) explains the controller's procedures for securing compliance with the principles in Article 5 of the GDPR, in connection with the processing of personal data in reliance on the condition in question; **and** (b) explains the controller's policies regarding the retention and erasure of personal data processed when relying on the aforementioned condition, and gives an indication of how long such personal data is likely to be retained.

[44] Where personal data is processed in reliance on a condition described in paragraph 38, the controller must during the relevant period: retain the appropriate policy document; review it and, (if appropriate) update it from time to time; and, make it available to the Commissioner, on request, without charge. Nb. 'Relevant period' in this context means a period which begins when the controller starts to carry out processing of personal data in reliance on the condition, and ends at the end of a 6 month period, which begins when the controller stops carrying out this processing.

[45] This condition is met if the processing is necessary for the reasons of substantial public interest, and is necessary for at least one of the following purposes: (a) the exercise of a function conferred on a person by an enactment or rule of law; or, (b)the exercise of a function of the Crown, a Minister of the Crown or a government department.

[46] This condition is met if the processing is necessary for: (a) the administration of justice; or (b) the exercise of a function of wither House of Parliament

[47] This condition is met, (subject to exceptions listed below) if the processing is of a specified category of personal data, [personal data revealing racial or ethnic origin; religious or philosophical beliefs; data concerning health; or sexual orientation]; and is necessary for the purposes of identifying or keeping under review the existence or absence of equality of opportunity or treatment between groups of people specified in relation to the category with a view to enabling such equality to be promoted or maintained. [EXCEPTIONS: Processing does not meet the condition if a data subject has given notice in writing to the controller requiring the controller not to process personal data in respect to which they are the data subject, that notice gave the controller a reasonable period in which to stop processing such data, and that period has ended.] Processing does not meet the condition if it is carried out for the purposes of measures or decisions with respect to a particular data subject, or if the processing is likely to cause substantial damage or substantial distress to an individual.

[48] This condition is met if the processing:
is of personal data revealing racial or ethnic origin;
is carried out as a part of a process of identifying suitable individuals to hold senior positions in a particular organisation, a type of organisation or organisations generally;
is necessary for the purposes of promoting or maintaining diversity in the racial and ethnic origins of individuals who hold senior positions in the organisation or organisations; and,
can reasonably be carried out without the consent of the data subject.

[Processing can only reasonably be carried out without the data subject's consent where the controller cannot reasonably be expected to obtain their consent, and the controller is unaware of the data subject withholding consent- this does not include a data subject failing to respond to a request for consent].
These conditions are not met if it is likely to cause substantial damage or distress to an individual.

[49] This condition is met if the processing is necessary for the purposes of prevention or detection of an unlawful act. The processing must be carried out without the consent of the data subject so as not to prejudice those purposes, and is necessary for reasons of substantial public interest. This condition is met if the processing consists of the disclosure of personal data to a competent authority or is carried out in preparation for such disclosure; even if, when the processing is carried out, the controller does not have an appropriate policy document in place. Nb. 'Act' here includes a failure to act.

[50] This condition is met if the processing is necessary for the exercise of a protective function; must be carried out without the consent of the data subject so as not to prejudice the exercise of that function; and is necessary for reasons of substantial public interest. 'Protective function' in this context means a function which is intended to protect members of the public against dishonesty, malpractice, or other seriously improper conduct; unfitness or incompetence; mismanagement in the administration of a body or association; or failures in services provided by a body or association.

[51] This condition is met if: the processing is necessary for the purposes of complying with, or assisting other persons to comply with, a regulatory requirement which involves a person taking steps to establish whether another person has: committed an unlawful act, or has been involved in dishonesty, malpractice, or other seriously improper conduct; in the circumstances the controller cannot reasonably be expected to obtain the consent of the data subject to the processing; ad, the processing is necessary for reasons of substantial public interest. Nb. 'act' includes a failure to act; 'regulatory requirement' means a requirement imposed by legislation or by a person in exercise if a function conferred by legislation, or a requirement forming part of generally accepted principles of good practice relation to a type of body or an activity.

[52] This condition is met if the processing is necessary for the purposes of preventing fraud or a particular kind of fraud, and consists of: the disclosure of personal data by a person as a member of an anti-fraud organisation; the disclosure of personal data in accordance with arrangements made by an anti-fraud organisation; the processing of personal data disclosed as described above.

[53] This condition is met if the processing is necessary for the purposes of making a disclosure in good faith under either of the following: section 21CA of the Terrorism Act 2000 (disclosures between certain entities within regulated sector in relation to suspicion of commission of terrorist financing offence or for purposes of identifying terrorist property); or, section 339ZB of the Proceeds of Crime Act 2002 (disclosures within regulated sector in relation to suspicion of money laundering).

[54] This condition is met if the processing: is necessary for the provision of confidential counselling, advice or support or of another similar service provided confidentially; is necessary for reasons of substantial public interest; and is carried out without the consent of the data subject for one of the reasons listed: in the circumstances, consent to the processing cannot be given by the data subject; in the circumstances, the controller cannot reasonably be expected to obtain the consent of the data subject to the processing; the processing must be carried out without the consent of the data subject because obtaining the consent of the data subject would prejudice the provision of the counselling, advice, or similar confidentially provided service.

[55] This condition is met if: the processing is necessary for the purposes of: protecting an individual from neglect or physical, mental or emotional harm, or protecting the physical, mental or emotional well-being of an individual; the individual is aged under 18, or aged 18 or over and at risk; the processing is necessary for reasons of substantial public interest; the processing is carried out without the consent of the data subject for one of the reasons listed: in the circumstances, consent to the processing cannot be given by the data subject; in the circumstances, the controller cannot reasonably be expected to obtain the consent of the data subject to the processing; the processing must be carried out without the consent of the data subject because obtaining the consent of the data subject would prejudice the provision of the protection mentioned. Nb. An individual aged 18 or over is at risk if the controller has reasonable cause to suspect that the individual: has needs for care and support; is experiencing, or at risk of, neglect or physical, mental or emotional harm; and as a result of those needs is unable to protect himself or herself against the neglect or harm or the risk of it.

[56] This condition is met if the processing: is necessary for the purposes of protecting the economic well-being of an individual at economic risk who is aged 18 or over; is of data concerning health; is necessary for reasons of substantial public interest; and is carried out without the consent of the data subject for one of the reasons listed: in the circumstances, consent to the processing cannot be given by the data subject; in the circumstances, the controller cannot reasonably be expected to obtain the consent of the data subject to the processing; the processing must be carried out without the consent of the data subject because obtaining the consent of the data subject would prejudice the provision of the protection mentioned. Nb. 'individual at economic risk' here means an individual who is less able to protect his or her economic well-being by reason of physical or mental injury, illness, or disability.

[57] This condition is met if the processing: is (a) necessary for an insurance purpose; (b)is of personal data revealing racial or ethnic origin, religious or philosophical beliefs or trade union membership, genetic data or data concerning health; and (c) is necessary for reasons of substantial public interest,

If the processing is not carried out for the purposes of measures or decisions with respect to the data subject and the data subject does not have and is not expected to acquire rights against or obligations in relation to a person who is an insured person under an insurance contract to which the insurance purpose in (a) relates; or other rights or obligations with such a contract, then the processing does not meet the conditions in (a)-(c) unless it can reasonably be carried out without the consent of the data subject.

Processing can reasonably be carried out without the consent of the data subject only where: the controller cannot reasonably be expected to obtain the consent of the data subject; and the controller is not aware of the data subject withholding consent. This does not include a data subject failing to respond to a request for consent.

Nb. Here, "insurance contract" means a contract of general insurance or long-term insurance; "insurance purpose" means: advising on, arranging, underwriting or administering an insurance contract; administering a claim under an insurance contract; or exercising a right, or complying with an obligation, arising in connection with an insurance contract, including a right or obligation arising under an enactment or rule of law.

[58] This condition is met if the processing: is necessary for the purpose of making a determination in connection with eligibility for, or benefits payable under, an occupational pension scheme; is of data concerning health which relates to a data subject who is the parent, grandparent, great-grandparent or sibling of a member of the scheme; is not carried out for the purposes of measures or decisions with respect to the data subject; and can reasonably be carried out without the consent of the data subject.

Processing can reasonably be carried out without the consent of the data subject only where: the controller cannot reasonably be expected to obtain the consent of the data subject, and the controller is not aware of the data subject withholding consent. This does not include a data subject failing to respond to a request for consent. Nb. Here, "member", in relation to a scheme, includes an individual who is seeking to become a member of the scheme.

[59] This condition is met if the processing is carried out: by an elected representative or a person acting with the authority of such a representative; in connection with the discharge of the elected representative's functions; and in response to a request by an individual that the elected representative take action on behalf of the individual; and the processing is necessary for the purposes of, or in connection with, the action reasonably taken by the elected representative in response to that request,

Where the request is made by an individual other than the data subject, this condition is only met if the processing must be carried out without the consent of the data subject for one of the following reasons: in the circumstances, consent to the processing cannot be given by the data subject; in the circumstances, the elected representative cannot reasonably be expected to obtain the consent of the data subject to the processing; obtaining the consent of the data subject would prejudice the action taken by the elected representative; the processing is necessary in the interests of another individual and the data subject has withheld consent unreasonably.

[60] This condition is met if the processing consists of the disclosure of personal data: to an elected representative or a person acting with the authority of such a representative, and in response to a communication to the controller from that representative or person which was made in response to a request from an individual; the personal data is relevant to the subject matter of that communication, and the disclosure is necessary for the purpose of responding to that communication.

Where the request to the elected representative came from an individual other than the data subject, the condition is only met if the disclosure must be made without the consent of the data subject for one of the following reasons: in the circumstances, consent to the processing cannot be given by the data subject; in the circumstances, the elected representative cannot reasonably be expected to obtain the consent of the data subject to the processing; obtaining the consent of the data subject would prejudice the action taken by the elected representative; the processing is necessary in the interests of another individual and the data subject has withheld consent unreasonably.

[61] This condition is met if: the processing consists of the processing of personal data about a prisoner for the purpose of informing a member of the House of Commons, a member of the National Assembly for Wales or a member of the Scottish Parliament about the prisoner; and the member is under an obligation not to further disclose the personal data.
The references to personal data about, and to informing someone about, a prisoner include personal data about, and informing someone about, arrangements for the prisoner's release.
Nb. here "prison" includes a young offender institution, a remand centre, a secure training centre or a secure college; "prisoner" means a person detained in a prison.

[62] This condition is met if the data subject has given consent to the processing

[63] This condition is met if: the processing is necessary to protect the vital interests of an individual, and the data subject is physically or legally incapable of giving consent

[64] This condition is met if the processing is carried out: in the course of its legitimate activities with appropriate safeguards by a foundation, association, or other not-for-profit body with a political, philosophical, religious, or trade union aim; and, on the condition that: the processing relates solely to the members or former members of the body or to persons who have regular contact with it in connection with its purposes, and the personal data is not disclosed outside that body, without the consent of the data subjects.

[65] This condition is met if the processing relates to personal data which is manifestly made public by the data subject.

[66] This condition is met, if the processing: is necessary for the purpose of, or in connection with, any legal proceedings, (including prospective legal proceedings), is necessary for the purpose of obtaining legal advice; or is otherwise necessary for the purposes of establishing, exercising, or defending legal rights.

[67] This condition is met if the processing is necessary when a court or tribunal is acting in its judicial capacity.

[68] This condition is met if: the processing is of personal data about a conviction or caution for an offence under: section 1 of the Protection of Children Act 1978 (indecent photographs of children); Article 3 of the Protection of Children (Northern Ireland) Order 1978 (indecent photographs of children); section 52 of the Civic Government (Scotland) Act 1982 (indecent photographs etc of children); section 160 of the Criminal Justice Act 1988 (possession of indecent photograph of child); Article 15 of the Criminal Justice (Evidence etc) (Northern Ireland) Order 1988 (possession of indecent photograph of child); or, section 62 of the Coroners and Justice Act 2009 (possession of prohibited images of children); or, incitement to commit an offence under any of these provisions.

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The condition is met also if the processing is necessary for the purpose of administering an account relating to the payment card used in the commission of the offence or cancelling that payment card; and, when the processing is carried out, the controller has an appropriate policy document in place.

[See also the additional safeguards in Part 4 of Schedule 1 of the DPA 2018] Nb. 'Caution' means a caution given to a person in England, Wales, or Northern Ireland in respect of an offence which, at the time when the caution is given, is admitted. 'Conviction' has the same meaning as in the Rehabilitation of Offenders Act 1974 or the Rehabilitation of Offenders (Northern Ireland) Order 1978. 'Payment card' includes a credit card, a charge card, and a debit card'

[69] This condition is met if the processing would meet a condition Part 2 of Schedule 1, but for an express requirement for the processing to be necessary for reasons of substantial public interest.

[70] This condition is met if the processing: would meet the (20) 'insurance condition' in Part 2 of Schule 1, or would meet the (36) condition by virtue if the insurance condition, but for the requirement for the processing to be processing a category of personal data specified

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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 May 2023
Subject:	**Adult Social Care Charging Policy Update**
Decision Number	23/00044
Classification:	Unrestricted
Past Pathway of report:	None
Future Pathway:	Cabinet Member decision
Electoral Division:	All

Summary: This is the follow up to the Adult Social Care Charging Policy Update paper submitted to the Adult Social Care Cabinet Committee – 18 May 2022, which determined KCC's approach to people who were being overcharged and all reassessments have been subsequently undertaken to correct the anomalies. This paper sets out the proposed approach to addressing this issue for those new people who would be undercharged if the current policy continued to be applied, including the outcome of the recent public consultation on the subject.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix A) to:
a) **APPROVE** the amended Adult Social Care Charging Policy; and
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including keeping the policy updated as necessary and to implement it in line with the statutory duties.

1.   Introduction

1.1   This paper is an update to the Adult Social Care Charging Policy Update paper submitted to the Adult Social Care Cabinet Committee on 18 May 2022, and lays out the proposed approach to the remaining people affected.

1.2   After completing changes to address the disparity for people who were overcharged, work has been carried out to prepare a proposal for those people currently being undercharged.

1.3 It is proposed to only apply the changes for those people new to the service and forego the income due from people currently using the service. The impact of the current high cost of living is a factor in adopting this approach.

1.4 Engagement activities and a public consultation have been carried out, asking peoples' opinions on the proposed option, asking for any ways to reduce the impact and for any alternatives. Despite an extensive consultation, the response rate was very low, with a fairly even split of views and no viable alternatives were suggested.

1.5 It is not possible to predict accurately how many new people will be accessing services in the future who will be impacted by this change, due to the variable nature of the amount disregarded vs financial assessment calculations for each individual.

2. Recommended Plan

2.1 The remaining groups of people affected, covered in this paper, have been highlighted in blue and grey in the below table:

Group Ref	Affected Group	Officer Decision Taken	Key Decision Taken	Key Decision Needed (if preferred option is agreed)	Work Complete?
1	New people – Undercharged	No	No	Yes	No
2	Current people– Undercharged	No	No	Yes*	No

 *Not currently proposed to be part of the preferred option.

2.2 A decision was taken on 10 June 2022 (Key Decision 1 22/00049 - Adult Social Care Charging Policy Update) to amend the Adult Social Care Charging Policy, with the intention of avoiding overcharging people who draw on support.

2.3 This Cabinet Member Decision seeks to formally amend the Adult Social Care Charging Policy to address the remaining undercharging of new people only, but to leave existing people as per the current policy. This decision will involve delegating authority to the Corporate Director, Adult Social Care and Health to take relevant actions, including keeping the policy updated as necessary and to implement it in line with statutory duties.

3. Timetable

3.1 The changes to the system to accommodate the revised financial assessment calculation will be made as soon as practicable after the decision on this proposal is confirmed. A month has been provisionally allocated to this work.

4. Financial Implications

4.1 Although the recommended option will result in a loss of income to the council of up to £215k per annum, this amount will diminish as the current group of service users leave the system, reducing to zero over time**.**

4.2 A cost of £5k to make the necessary system changes has been identified.

5. **Legal implications**

5.1 Counsel have been approached at the appropriate points in this work for legal advice and support the approach.

6. **Equalities implications**

6.1 An Equality Impact Assessment (EqIA) has been completed in line with KCC requirements and updated to include feedback from the public consultation. This policy change has been determined to have a medium impact on the people it would affect, and mitigations have been identified to reduce the impact. A copy of the latest EqIA is available as Appendix 1.

7. **Data Protection Implications**

7.1 A Data Protection Impaction Assessment (DPIA) was not deemed necessary for this decision.

8. **Conclusions**

8.1 The charging policy for homecare and other non-residential services needs to be updated to keep the policy in line with the Care and Support (Charging Assessment Resource) Regulations 2014.

8.2 The policy change will only affect those people new to the service, that would otherwise have been undercharged.

9. **Recommendations**

9.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix A) to:
a) **APPROVE** the amended Adult Social Care Charging Policy; and
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including keeping the policy updated as necessary and to implement it in line the statutory duties.

10.   Background Documents

Adult Social Care Charging Policy Consultation Report
Adult Social Care Charging Policy | Let's talk Kent

Care and Support (Charging Assessment Resource) Regulations 2014
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#Chapter8

Care and Support Statutory Guidance
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#using-the-care-act-guidance

11.   Report Author

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Kent County Council
Equality Analysis/ Impact Assessment (EqIA)

Directorate/ Service: Adult Social Care and Health (ASCH)

Name of decision, policy, procedure, project or service: Adult Social Care Homecare and Other Non-Residential Charging Policy

Responsible Owner/ Senior Officer: Richard Smith

Version:

Version	Author	Date	Comment
0.1 Draft Equality Analysis	Simon Wiltshire	21/09/2022	Draft
0.2 Draft Equality Analysis	Simon Wiltshire	02/12/2022	Updated with project team comments
0.3 Draft Equality Analysis	Simon Wiltshire	19/04/2023	Updated with consultation feedback

Author: Simon Wiltshire

Pathway of Equality Analysis:

- ASCH Governance Directorate Management Team – updates and reports throughout the length of the project.
- ASCH Cabinet Committee – updates, reports throughout the length of the project.
- Key Decision

Summary and recommendations of equality analysis/impact assessment.

- **Context**

This work has been developed as a follow up to the decision taken on 10 June 2022 (Key Decision 1 22/00049 - Adult Social Care Charging Policy Update) to amend the Adult Social Care Charging Policy, in relation to the interpretation of the Savings Credit Disregard, and lays out the proposed approach to the remaining people affected.

In developing KCC's preferred option to address this discrepancy for those people who could be undercharged by the current policy, Counsel have been approached at the appropriate points in this work for legal advice and support the approach. In line with their advice, this document includes the justification for the approach, described as follows:

> The existing (600+) people have been accustomed to their charge since first commencing the services and have not been aware that we have been too generous in our calculations. As a result, they have formed a general expectation that this level of charge would continue. If KCC were to change the policy for those individuals, some may feel that that because of their other outgoings and financial commitments, they can no longer afford to pay for their care and may

choose to end their care package. This would mean that they may not be supported with their care needs appropriately.

New people who will be affected by the change will have their charge and their financial assessment explained to them at the outset and the charge will be based on the new policy. KCC will continue to exercise its discretionary powers to consider, on a case-by-case basis, anyone presenting with exceptional hardship with their charge following a means-test financial assessment.

Work has been completed develop this approach, including engagement and a public consultation and the outcome of this work is our Preferred Option, which will be the focus of this EqIA:

We are proposing to extend the Savings Credit Disregard that currently covers people in care homes, to also cover people who receive care in their own home or the community for people new to the service.

- **Aims and Objectives**

Before making any further changes to the Policy, it is necessary to consider and address how the disparity between policy and legislation may have impacted those people affected. To help determine the impact of the proposed changes, on people who may be charged more if the Charging Policy were changed to address this discrepancy, KCC has undertaken engagement with Kent County Council People's Panel and carried out a public consultation to gain the views of the people of Kent on our preferred option. If this Key Decision is taken, KCC will amend the policy for those that would otherwise be undercharged due to the new approach to the Savings Credit Disregard.

This EqIA has been updated and amended throughout the work as different stages of the project have been reached.

- **Summary of equality impact**

A Negative Medium impact has been identified, due to the potential increase in charges for people with care and support needs that have a higher likelihood of being disproportionately impacted due to their protected characteristics. This could be reduced or mitigated further by actions included in the Action Plan and further mitigations or different approaches identified in the engagement activities.

This assessment has been updated throughout the work as the preferred option, or proposal, and its mitigations have changed in response to inputs from the engagement and consultation activity and any recommendations or changes required have been recorded.

Adverse Equality Impact Rating Low /Medium /High

Negative Medium

Updated 09/05/2023   2

Attestation

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

Head of Service

Signed: Name: Richard Smith

Job Title: Corporate Director, Adult Social Care and Health   Date:

DMT Member

Signed: Name: Helen Gillivan

Job Title: Senior Accountable Officer –   Date:
Making a difference every day

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?

Please note that the data in this table is a snapshot showing people in the system when the public consultation was being prepared. This work assumes that new people affected by this change would be expected to show the same proportions in relation to equalities characteristics, as we have no data to forecast these incoming people.

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Protected Group	Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	**Medium negative impact** Screen	**Low negative impact** Evidence	**High/Medium/Low Positive Impact** Evidence
Age		This would have a medium negative impact upon the new people to the service who would need to pay more towards their care than those who are of the same age but already service users. All people affected are over 65, with 38% of people affected being between 70-79 and 36% of people affected being between 80-89. Therefore, this proposal is more likely to affect older people.	The people affected could also experience a low negative impact of having to deal with the increase in correspondence from the Council. Those KCC staff carrying out the correspondence are trained as standard in the appropriate form of communication, so this is only registered as a low negative impact.	
Disability		People affected have a higher chance of having a disability as they are accessing an	Due to all people affected having a higher chance of having a disability as	

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| | | ASCH service, therefore, this proposal is more likely to affect disabled people.

This would have a medium negative impact upon those people who are currently being undercharged, due to the incorrect application of the disregard. | they are accessing an ASCH service and with people with a learning disability potentially being affected, they could experience a low negative impact of having to deal with the increase in correspondence from the Council. Those KCC staff carrying out the correspondence are trained as standard in the appropriate, accessible, forms of communication (e.g. easy read format), and have access to individual preferences on KCC's system, so this is only registered as a low negative impact. | |
| **Sex** | | There is a 68%/32%/<10% split between Female / | | |

		Male and people registered with Unknown sexes affected. Therefore, females may be more likely to be impacted by this proposed change. This would have a medium negative impact upon those people who are currently being undercharged, due to the incorrect application of the disregard.		
Gender identity/ Transgender			None identified.	
Race		86% of people affected are White, 10% register an unknown Race and not stated / Asian/Asian British / Black/African/Caribbea	Due to 13% of all people affected registering as having a non-British race, they could experience a low negative impact of	

| | | n/Black British / Other Ethnic Groups / Not Recorded / Black/Black British and Mixed/Multiple Ethnic Groups each cover <10% of the affected group.

With up to 16% of people affected being from an ethnic minority, the potential impact upon these groups will need to be further explored and accounted for as part of the engagement work.

This would have a medium negative impact upon those people who are currently being undercharged, due to the incorrect application of the disregard. | having to deal with the increase in correspondence from the Council if English is not their first language. Those KCC staff carrying out the correspondence are trained as standard in the appropriate form of communication (e.g. sourcing translations), so this is only registered as a low negative impact. | |

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Religion and Belief			None identified.	
Sexual Orientation			None identified.	
Pregnancy and Maternity			N/A No impact expected due to the cohort being 65+, over pregnancy age.	
Marriage and Civil Partnerships			N/A Analysis has shown that couples both accessing KCC support will not be affected by this proposal and impact will not vary by marital status.	
Carer's Responsibilities		The change may result in increased charges to individuals so may result in the following: Person may choose not to begin receiving care from KCC because of increased	This may have a low negative indirect impact on carers, due to the potential negative effect on the mood/wellbeing of the person that the carer supports' and their finances. This will be	

		charges. This might result in needs being unmet and could have an impact on their safety And as a result, any carer may be required to provide more care, thereby affecting their economic, social and emotional wellbeing.	explored further as part of the engagement / consultation.	

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Part 2

Equality Analysis /Impact Assessment

Protected groups

Analysis has suggested that those with the protected characteristics of Age, Disability, Sex, Race and Carers' Responsibilities will likely be negatively impacted by the changes. The engagement/consultation exercises have also enabled the Council to further test the impact on protected characteristic groups.

Any decision on applying the revised approach of following the legislation, rather than the guidance in relation to Savings Credit Disregard for people who draw on support will need to ensure KCC is mindful of the needs of residents within these protected characteristics groups.

Information and Data used to carry out your assessment

- Performance data held on the people who draw on support
- Financial data held on the people who draw on support
- Data gained from engagement with KCC's Peoples' Panel
- Responses received from public consultation

Who have you involved consulted and engaged?

- People with lived experience of social care as part of targeted engagement
- People of Kent as part of the public consultation
- Relevant charities and businesses representing the affected client groups of people affected
- Staff in management teams and wider teams have been engaged throughout the project
- Cabinet Member for Adult Social Care and Health
- Corporate Director for Adult Social Care and Health
- ASCH wider leadership Divisional Management Team
- Appropriate internal teams including Finance, Client Financial Affairs, ASCH Stakeholder Engagement

Analysis

Adverse Impact

The evidence gathered as part of the assessment indicates that there is a potential negative impact on people who draw on support with Age, Disability, Sex, Race and Carers' Responsibilities as protected characteristics. The proposal could potentially increase the costs of care paid by the people who are affected.

Updated 09/05/2023   11

After due consideration and obtaining legal advice, the Council is proposing to introduce a policy change for only **new** people coming under the auspices of the Authority's Adult Social Care. Existing people would continue to receive the more generous allowance.

KCC have carried out a public consultation to gain feedback from, and on behalf of, those people who this proposed change could affect, in order to inform the proposal and this EqIA, prior to a Key Decision being taken.

The clear theme rising from the consultation feedback was that of the strain that would be caused by even a small increase in the cost charged to the group affected by the proposed changes. This supports the decision to report the impact of the proposed changes in this EqIA as medium on the affected characteristic groups, rather than small, especially during a cost of living crisis and with inflation so high.

We have also ensured that any new individual financial assessments have been carried out, which will consider the person's individual financial circumstances and determine the impact to each individual.

The changes could potentially increase the costs of care paid by the people affected by an average amount of £6.46 per week.

Positive Impact:

For those people who are currently being undercharged, KCC's preferred outcome would mean that they would continue to be charged the same amount when they could have been charged more. This could be seen to be a positive impact.

JUDGEMENT

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

In weighing the justification against the impact, it has been concluded that this approach, along with the following proposed mitigations, is appropriate and proportional. Added to that:

- o KCC is reviewing the potential financial impacts of this proposal on the people who could draw on support in the future to understand the impact upon the individual.
- o To lessen the impact KCC have delayed addressing this part of the work for those people being undercharged for as long as practicable.
- o The preferred option has been proposed to reduce the number of people this could affect.

Internal Action Required   YES

There is potential for adverse impact on groups, and we have found scope to improve the proposal by completing engagement and consultation activities to fully understand the impact on different groups.

The feedback to these activities has helped us to understand the impact more fully.

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
All	Potential medium to high negative impact for these protected characteristic groups because of a potential increase to their contribution to their social care costs.	Engagement activities and public consultation have been carried out to gain a better understanding of the impact of the proposal, including engaging with people who will not be directly impacted now, but may be in the future.	Ensure decisions will be informed by an analysis of the impact on protected groups.	Simon Wiltshire, Senior Project Officer	December 2022 to March 2023	£42 – posters for Libraries and Gateways
Age Disability Sex Race Carer's Responsibilities	These protected characteristic groups have a potential medium negative impact.	Each person has a financial assessment to determine the cost of their care based on their individual circumstances. In addition, there are processes and procedures in place to support people who might be financially impacted by this	Ensure the person affected is supported through any changes, and any increases are affordable to those people.	Michelle Vickery	July 2023 onwards	None identified – carried out as part of Business As Usual practices

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		proposal or are experiencing financial hardship. People can access this support by contacting their practitioner. This support will be available to all people impacted and will be assessed on a case-by-case basis.				
Age Disability Sex Race Carer's Responsibilities	These protected characteristic groups have a potential medium negative impact.	This part of the proposal has been delayed to reduce the impact on those affected. This change has been purposely processed separately to the reduction in charges for those previously being overcharged, according to the new interpretation (see Key Decision 1 22/00049 - Adult Social Care Charging Policy Update, 10 June 2022). The	Ensure the person affected is supported through any changes, and any increases are affordable to those people.	Michelle Vickery	July 2023	KCC has absorbed the cost of any potential income that could have be due from these changes up until the decision, due May 2023

		proposed increase to charging is not planned until July 2023, whereupon financial assessments would take place to ensure affordability.				
Age Disability Race	These protected characteristic groups have a potential medium negative impact.	Publish the consultation documents with Easy Read and large print versions on the website, and all compatible with audio transcription software. All documentation also made available in hard copy on request. Also, translation of documents on request was also available to people where English is not their first language.	Ensure that the engagement and consultation is as accessible to people as possible to enable them to give their views and suggest possible ways to lessen the impact.	Simon Wiltshire	January to March 2023	None identified – all drafting has taken place in house and no translations were requested
Age Disability Sex Race Carer's	These protected characteristic groups have a potential medium negative impact, and the	The Project Team was contactable during the public consultation to answer any questions and	Ensure that the engagement and consultation is	Simon Wiltshire	December 2022 to March 2023	None identified – carried out in house

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| Responsibilities | engagement activities and public consultation could be challenging to understand. Also carer and familial responsibilities could make contacting the team difficult. | provide support via a telephone line and email address. These were available from 9am-5pm Monday to Friday throughout the consultation. | as accessible to people as possible to enable them to respond, give their views and help shape the final outcome. | | | |

Have the actions been included in your business/ service plan?
No – actions will be monitored through the Savings Credit Disregard Project Board.

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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: 23/00044

For publication Yes

Key decision: Yes

Title of Decision Adult Social Care Charging Policy Update

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
a) **APPROVE** the amended Adult Social Care Charging Policy; and
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including keeping the policy updated as necessary and to implement it in line the statutory duties.

Reason(s) for decision: This decision will be a completion of the changes in regard to the approach to Savings Credit Disregard. After completing changes to address the disparity for people who were overcharged, work has been carried out to prepare a proposal for those people currently being undercharged.

It is proposed to only apply the changes for those people new to the service and forego the income due from people currently using the service. The impact of the current high cost of living is a factor in adopting this approach.

It is not possible to predict accurately how many new people will be accessing services in the future who will be impacted by this change, due to the variable nature of the amount disregarded vs financial assessment calculations for each individual.

This decision seeks to formally amend the Adult Social Care Charging Policy to address the remaining undercharging of new people and to leave existing people as per the current policy.

Financial Implications: Although the recommended option will result in a loss of income to the council of up to £215k per annum, this amount will diminish as the current group of service users leave the system, reducing to zero over time.

A cost of £5k to make the necessary system changes has been identified.

Legal Implications: Counsel have been approached at the appropriate points in this work for legal advice and support the approach.

Equality Implications: An Equality Impact Assessment (EqIA) has been completed in line with KCC requirements and updated to include feedback from the public consultation. This policy change has been determined to have a medium impact on the people it would affect, and mitigations have been identified to reduce the impact**.**

Data Protection Implications: A Data Protection Impaction Assessment (DPIA) was not deemed necessary for this decision.

Cabinet Committee recommendations and other consultation:
Engagement activities and a public consultation have been carried out, asking peoples' opinions on the proposed option, asking for any ways to reduce the impact and for any alternatives. Despite an extensive consultation, the response rate was very low, with a fairly even split of views and no viable alternatives were suggested.

The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 17 May 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:
1) Absorb the cost and continue charging less than the legislation states for all people we support - Not chosen due to it being too large a burden on the council's finances
2) Increase the charge to the level stated in the legislation for all people we support - Seen to be too big a risk to the people we currently support. If the council was to change the policy for current people we support, some may feel that that because of their other outgoings and financial commitments, they can no longer afford to pay for their care and may choose to end their care package.
3) Increase the charge for new people and incrementally raise the charge to the correct amount for current people over time- Seen to be impractical, costly and highly resource intensive.

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

....
signed

....
date

From:	Clair Bell, Cabinet Member for Adult Social Care and Public Health
	Richard Smith, Corporate Director Adult Social Care and Health
To:	Adult Social Care Cabinet Committee – 17 May 2023
Subject:	**Community Support Services for Children, Young People and Adults with Sensory Needs**
Decision Number	23/00045
Classification:	Unrestricted
Past Pathway of report:	None
Future Pathway of report:	Cabinet Member decision
Electoral Division:	All

Summary: This report outlines the current situation in relation to the provision support services available for people with sensory needs, the proposed commissioning and contract model going forward and the timetable for implementing these recommendations.

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

a). **COMMENCE** formal procurement activity to establish a Framework of providers to deliver Community Support Services for Children, Young People and Adults with Sensory Needs, for a maximum period of four years; and

b). **DELEGATE** authority to the Director Adult Social Care and Health to award contracts and take relevant action, including, but not limited to, finalising the contractual terms, entering into a contract and other legal agreements, as necessary to implement the decision.

1.   Introduction

1.1 This report uses the term Sensory Needs to cover three types of sensory impairment:

    1) People who are sight impaired
    2) People who are deaf, deafened or hard of hearing
    3) People who have a combined sight and hearing impairment or who are deafblind (dual sensory loss)

1.2 In Kent, as with the rest of the country, the number of people (children and adults) predicted to have serious impairments for all three types of sensory needs is predicted to rise in the future (Source: Kent Public Health Observatory, 2017).

1.3 This report details the current situation with regards to purchasing support services for children, young people and adults with sensory needs, the options considered for how these services are provided in the future and the recommended option for commissioning going forward.

2. Background

2.1 Currently, within both the Strengthening Independence Service (previously the Disabled Children and Young Peoples Service (DCYPS)) and Adult Social Care and Health (ASCH) one-to-one ongoing assistance for the people we support with sensory needs is spot purchased via Individual ('Indi') contracts when this is arranged by the council. This means that there are no clearly defined contract terms or specifications used to ensure consistent outcomes for the people supported. Additionally, there is also no due diligence of providers undertaken ensuring a sufficient Safeguarding Policy, Health and Safety Policy, adequate insurance cover or financial robustness.

3.2 The aim of this project is to commission services that support people with sensory needs to live as safely and independently as possible by providing them with the assistance required as identified within their Care and Support Plan and in line with the Adult Social Care Strategy, Making a Difference Every day. The need for 'specialist' support to be commissioned is to ensure that peoples' individual communication needs are met by the support worker helping the person. It reflects the level of communication skills training required for support workers, for example in British Sign Language (BSL) or Sign Supported English (SSE) used by a person who is D/deaf, or block alphabet or hands-on communication used by a person who is deafblind. As well as technical communication skills, support workers have knowledge and understanding of the impact that communication barriers experienced by people with sensory impairments can have on a person, including the isolating nature of diminished access to services and communities and the emotional difficulties that can be caused by reduced social activity, including loneliness and lower levels of self-esteem and confidence.

3.3 All support will be person-centred and based on identified needs in a person's Care and Support Plan, but typically the type of support provided assists adults with maintaining and improving their independence by supporting people with activities such as managing finances, shopping, using public transport to attend appointments and social activities.

3.4 The market is an extremely restricted one due the very specialist nature of the training required for support workers in the preferred methods of communication for the people they are supporting and the low volume of demand.

3.5   The number of adults currently being supported via this type of service is small, with the Adult Social Care Client Information System (MOSAIC) showing that 40 people with sensory needs were being supported with maintaining their independence through 'Indi' contracts in June 2022. The estimated spend on these services during 2022-23 was £229,000.00.

3.6   The service use and related spend in DCYPS was much smaller, at £30,000, mainly due to a higher take up of Direct Payments for children's services. Consequently, this commissioning project is being led by the Adults Commissioning team, working with Children's Commissioning to ensure that the service specification is fit for purpose across the lifespan pathway.

3.7   To inform the evaluation of the commissioning options for this service, engagement has been undertaken with other local authorities to ascertain best practice and potential service providers to understand the capacity and capability of the market.

4.   Options Considered

4.1   Alternative options, as detailed in Appendix 1, have been considered, including:
- Doing nothing, continue to spot purchase the service.
- Providing a service in-house.
- Varying an already existing contract.

4.2   In summary, the proposal to procure these services externally will allow the authority to take advantage of the highly trained and specialist staff employed by provider organisations to ensure a consistently high quality service for the people we support.

5.   Commissioning Timetable

5.1   Co-production of the principles of the service with people who have lived experience of sensory impairments is underway.

5.2   It is recommended that contractual agreements are put in place with providers via a Framework for a maximum period of four years.

5.3   To put these recommended options in place the following commissioning timetable is proposed:

Activity	Dates
Development of service specification and tender documents	1 March 2023 to 31 May 2023
ASC Cabinet Committee	17 May 2023
Tender period	5 June 2023 to 31 August 2023
Award governance	1 September 2023 to 5 November 2023
Award notifications	1 December 2023
Service mobilisation	1 January 2024 – 31 January 2024
Service commencement	1 February 2024

5.4 To support the involvement of people in their care and to promote choice and control as far as possible, providers that tender to join the Framework will also be added to an 'approved provider list'. This list will allow people to purchase their own support should they wish to use a personal budget, at the same cost as when support is purchased on someone's behalf by the Council.

6. Financial Implications

6.1 Using the identified spend on this service in 2022/23, the estimated budget requirements for spend over the proposed contractual period are:

- **ASCH** services: £229,000.00 per annum/ £916,000.00 over 4 years, funded by individually commissioned care and support budgets within the ASCH Operations revenue budget.
- **CYPE** Services: £30,000.00 per annum/ £120,000.00 over 4 years.
- **TOTAL**: £259,000.00 per annum/ £1,036,000.00 over 4 years.

6.2 The Framework will not commit the council to a minimum level of spend over the contract period.

6.3 Although savings against the current hourly rates paid by the council are unlikely to be achieved in the future, formal contractual arrangements will enable better forecasting and service demand projections as well as better value for money as service quality requirements are formally agreed.

7. Legal implications

7.1 Legal advice will be sought should it be required.

8. Equalities implications

8.1 An Equality Impact Assessment (EqIA) has been completed (Attached as Appendix 2), having been contributed to by Sensory Team Managers and commissioners. At this stage, no negative impacts on any protected characteristics have been identified. This service will offer flexible and personalised support.

8.2 This commissioning project will support the authority to meet requirements under the Equality Act (2010) and the public sector Equality Duty.

9. Data Protection Implications

9.1 A Data Protection Impact Assessment is in progress and will be updated as the project progresses and further details (e.g., successful providers) are known.

10. Other corporate implications

10.1 The contract will also be used by the Strengthening Independence Service within the Children, Young People and Education directorate. This service has been involved in the development of the requirement.

11. Conclusions

11.1 The way support services for people with sensory needs are currently purchased is fragmented and with no formal management in place it is hard to understand or demonstrate the value that they are achieving.

11.2 This commissioning project will put in place a purchasing procedure that will ensure high quality and effective services for all of the people we support and also introduce contract management processes that ensure the services are subject to formal review and continuous improvement.

11.3 Value for money will be achieved via an element of competition in the market and improved data received from providers will allow for more effective planning of future requirements based on identified trends.

12. Recommendations

12.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix A) to:
a) **COMMENCE** formal procurement activity to establish a Framework of providers to deliver Community Support Services for Children, Young People and Adults with Sensory Needs, for a maximum period of four years; and
b) **DELEGATE** authority to the Director Adult Social Care and Health to award contracts and take relevant action, including, but not limited to, finalising the contractual terms, entering into a contract and other legal agreements, as necessary to implement the decision.

13. Background Documents

None

14. Report Author

Katherine Clark
Commissioner
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Relevant Director

Richard Smith
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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY: **Clair Bell, Cabinet Member for Adult Social Care and Public Health**	DECISION NO: 23/00045

For publication Yes

Key decision: YES

Title of Decision: Community Support Services for Children, Young People and Adults with Sensory Needs

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
a) **COMMENCE** formal procurement activity to establish a Framework of providers to deliver Community Support Services for Children, Young People and Adults with Sensory Needs, for a maximum period of four years; and
b). **DELEGATE** authority to the Director Adult Social Care and Health to award contracts and take relevant action, including, but not limited to, finalising the contractual terms, entering into a contract and other legal agreements, as necessary to implement the decision.

Reason(s) for decision: Currently, one-to-one ongoing assistance for children, young people and adults with sensory needs supported by social care teams are spot purchased via Individual ('Indi') contracts when this is arranged on someone's behalf by the council. This means that there are no clearly defined contract terms or specifications used to ensure consistent outcomes for people.

The aim of this commissioning is to support people across the lifespan pathway with sensory needs to live as safely and independently as possible by providing them with the assistance required as identified within their Care and Support Plan. All support is person-centred based on identified needs, but typically the type of support provided assists adults with maintaining and improving their independence by supporting people with activities such as managing finances, shopping, using public transport to attend appointments and social activities. The need for 'specialist' support to be commissioned is to ensure that a person's individual communication needs are met by the support worker assisting them (e.g., British sign language).

The number of adults in Kent predicted to have serious impairments is predicted to rise in the future for all three types of sensory needs. This commissioning activity supports:

- **Framing Kent's Future**, the council strategy (2022-2026), by 'supporting vulnerable children and families and helping adults who draw on social care to lead the lives they want to live and improving the way we design and deliver our care and support services'.
- **Making a Difference Everyday**, the strategy for Adult Social Care (2022-2027) which aims to ensure that 'People experience flexible and creative ways of arranging support which enable a balance between choice for the person we support, quality and value'.
- **Kent's Strategy for Children and Young People with Special Educational Needs and Disabilities** (2021-2024), particularly the principle that Kent is a place where all children, young people with SEND and their families 'benefit from working with skilled practitioners who understand their needs and how these can be best met'.

It is recommended that contracted purchasing arrangements are put in place via a Framework of providers for a maximum period of four years.

Commissioning the service externally will establish innovation, choice and control for the people we support.

Financial Implications: Using the identified spend on this service in 2022/23, the estimated budget requirements for spend over the proposed contractual period are:

•   ASCH services: £229,000.00 per annum/ £916,000.00 over 4 years, funded by individually commissioned care and support budgets within the ASCH Operations revenue budget.
•   CYPE Services: £30,000.00 per annum/ £120,000.00 over 4 years.
•   TOTAL: £259,000.00 per annum/ £1,036,000.00 over 4 years.

The Framework will not commit the council to a minimum level of spend over the contract period.

Although savings against the current hourly rates paid by the council are unlikely to be achieved in the future, formal contractual arrangements will enable better forecasting and service demand projections as well as better value for money as service quality requirements are formally agreed.

Legal implications: Legal advice will be sought should it be required.

Equalities implications: An Equality Impact Assessment (EqIA) has been completed, having been contributed to by Sensory Team Managers and commissioners. At this stage, no negative impacts on any protected characteristics have been identified. This service will offer flexible and personalised support.

This commissioning project will support the authority to meet requirements under the Equality Act (2010) and the public sector Equality Duty.

Data Protection Implications: A Data Protection Impact Assessment is in progress and will be updated as the project progresses and further details (e.g., successful providers) are known.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 17 May 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:
Do nothing (continue to arrange individual packages of support on a spot purchase basis) – This option is likely to lead to a lack of consistency in service, with no minimum standards enforceable and is not compliant with the Public Sector Contract Regulations (2015).

Provide the service in-house – This would restrict the choice of people eligible for support, restrict flexibility in service delivery and not take advantage of existing specialist knowledge and skills available within the VCSE sector.

Vary an existing contract – This would only allow for a short-term solution as the contract that this service could potentially be added to is over half way through its contracted term (excluding potential extensions), and the lack of a competitive process would reduce the ability to demonstrate value for money.

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

....

signed   date

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Appendix 1 – Commissioning Options Considered

Description	Advantages	Disadvantages	Outcome
1. Do Nothing continue to arrange individual packages of support on a spot purchase basis	• Avoidance of commissioning/ procurement resources required. • Potential to allocate resource to shape the market and encourage upskilling of workers to increase supply instead of procurement.	• Lack of control over service costs. • Providers not on standard KCC contract terms and conditions. • No minimum service quality defined, risk to KCC meeting our statutory requirements successfully. • Inconsistent service provision. • No processes in place to monitor outcomes for people being supported. • Risk of duplication in Children's and Adults teams. • In breach of the Public Sector Regulations (2015) Light Touch Regime for health, social and education contracts and KCC's Spending the Council's Money.	Rejected
2. Procure services externally	• Increased control over services purchased, in terms of quality, cost and allocated risk. • Establishes quality baselines in a market with no regulatory oversight. • Ensures service alignment and promotion	• Risk that providers will decline to engage with the council or take part in a procurement process, leading to a failed procurement. • Resources required to procure and manage contractual arrangements.	Recommended

	with MADE principles and other council strategies through design of service specification. • Utilises expert skills and knowledge of local specialist providers. • Supports the development of organisations supporting the D/deaf community across the breadth of Kent. • Allows specialist providers to lead innovation in supporting people to maintain or improve their independence.		
3.Provide services in house	• Control over service delivery and quality	• Cost: Purchasing service via list of providers on agreed terms allows flexibility in the volumes purchased. Resourcing permanently in-house commits to a potentially unnecessary level of resourcing and spend. • Lack of choice: Restricts the choice of people eligible for support to that provided by the council. • Does not take advantage of the specialist knowledge and skills available in provider organisations (often deaf-led VCSE organisations). • Current social care teams are designed as case	Rejected

		management functions. Bringing this provision in-house would not sit functionally alongside the current design of the Sensory Services teams.	
4. Variation to an existing contract	• Reduced resources required to run procurement process. • Utilisation of an existing well performing contract with known provider capability.	• The potential contract to vary has just one year of a three-year term left (with the option for two further 1-year extension periods, at the discretion of the council), so may not offer a long term solution. • With the absence of a competitive procurement process there is less opportunity to demonstrate that value for money is being achieved.	Rejected

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EQIA Submission – ID Number
Section A

EQIA Title

Community Support Services for Children Young People and Adults with Sensory Needs

Responsible Officer

Katherine Clark - ST SC

Type of Activity

Service Change

No

Service Redesign

No

Project/Programme

No

Commissioning/Procurement

Commissioning/Procurement

Strategy/Policy

No

Details of other Service Activity

No

Accountability and Responsibility

Directorate

Adult Social Care and Health

Responsible Service

Sensory Services

Responsible Head of Service

Simon Mitchell - ST SC

Responsible Director

Clare Maynard - ST SC

Aims and Objectives

Context:

Currently, 1:1 support for children, young people, and adults with sensory impairments (sight, hearing or dual sensory loss) who have been assessed to meet the council's criteria for unmet needs are either purchased on an ad-hoc basis via 'Indi' contracts by the council or managed by the individual or their family via Direct Payments. The service purchased provides a support worker to assist people with managing aspects of daily living that can be more challenging for people with sensory impairments, such as managing finances, shopping, using public transport to attend appointments and social activities, and dealing with correspondence.

The aim of this activity is to commission services that support people with sensory needs in particular to live as safely and as independently as possible by providing them with the assistance required identified within their Care and Support Plan. The need for 'specialist' support to be commissioned is to ensure that peoples' individual communication needs are met by their support worker. It reflects the level of training required for support workers, for example in British Sign Language (BSL) or Sign Supported English (SSE) used by a person who is D/deaf and block alphabet or hands-on communication used by a person who is deafblind, as well as knowledge and understanding of the impact that communication barriers experienced by people with sensory impairments can have on a person, including the isolating nature of diminished access to services and communities and the emotional difficulties that can be caused by reduced social activity, loneliness and lower levels of self-esteem and confidence.

Kent is experiencing increasing demographic pressures, with an aging population and people living longer with more complex needs. The RNIB Sight Loss data tool projects that the number of people in Kent living with sight impairment will increase by 23% between now and 2032, while nationally the RNID projects an 18% increase in people with hearing impairments by 2035. There are estimated to be 26,000 people living in Kent with learning disabilities (Source, KPHO Kent Sensory Impairment, 2017). Sensory impairments are more common in people with learning disabilities, and it has been estimated that one in three people with learning disabilities is likely to have a sensory impairment (Foundation for People with Learning Disabilities).

The development of this service is compliant with the Care Act 2014 by preventing, reducing or delaying needs for care and support. Many parts of the Care Act eligibility criteria are relevant to people with sensory loss, for example:

•   Managing and maintaining nutrition- because accessing shops and food preparation is difficult and because food identification as well as the ability to read use by dates is compromised.
•   Maintaining a habitable home environment- keeping the home clean is often problematic for visually impaired people. Health and safety risks may arise from the inability to see or hear hazards in the home, as well as difficulties accessing information relating to utilities.
•   Developing and maintaining family and other personal relationships – both mobility and communication difficulties can be a barrier to developing and maintaining relationships, as they impact on essential activities such as travelling to visit friends, holding a conversation, using the telephone or accessing correspondence.
•   Accessing and engaging in work, education, training or volunteering – mobility, access to information and communication all present barriers to this type of involvement.
•   Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services.

This commissioning activity supports:
•   Framing Kent's Future, the council strategy (2022-2026), in particular by 'supporting vulnerable children
        and families and helping adults who draw on social care to lead the lives they want to live and improving
        the way we design and deliver our care and support services'.
•   Making a Difference Everyday, the strategy for Adult Social Care (2022-2027) which aims to ensure that
        'People experience flexible and creative ways of arranging support which enable a balance between
        choice for the person we support, quality and value'.
•   Kent's Strategy for Children and Young People with Special Educational Needs and Disabilities (2021-
        2024), particularly the principle that Kent is a place where all children, young people with SEND and their
        families 'benefit from working with skilled practitioners who understand their needs and how these can
        be best met'.

Aims and objectives:

The service will provide 1:1 support for children, young people, and adults with sensory needs. Support will be aligned to an individual's Support Plan and achievements reviewed regularly, achieving for example:

•   Increased resilience.
•   Better emotional health, health, and wellbeing.
•   Development of self-confidence and agency.

- Increased planning and problem-solving skills to support independence.

Support will be provided based on the assessed needs of each individual, tailoring the support offered as appropriate, without discrimination on the grounds of protected characteristics.

Outcomes:

Formal commissioning and contract management of the service will lead to better outcomes for children, young people and adults in Kent who have sensory support needs via:

- Increased control over the service purchased, in terms of quality and cost.
- Establishing quality baselines in a market with no regulatory oversight.
- Ensuring service alignment and promotion of council strategies through design of the service specification.
- Utilising expert skills and knowledge of local specialist providers.
- Supporting the development of organisations supporting the D/deaf community in particular.
- Allows specialist providers to lead innovation in supporting people to maintain or improve their independence.

Summary of equality impact:

This EqIA finds that the impact of this work will be positive across all groups and therefore supports the Equality Act 2010.

This service will offer flexible and personalised support and is therefore able to provide support for people with protected characteristics that may experience barriers to accessing their community. The support put in place for people will be needs-led meaning that the service can work with children, young people, and adults where barriers may exist for them, for example, travelling to a location for social activities.

Section B – Evidence

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

Yes

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

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

Market engagement with service providers was conducted in January 2023 through a Prior Information Notice on Kent Business Portal. Organisations were given the opportunity to have 1-1 meetings with Commissioners and Sensory Team (Adults and children's) Managers to develop knowledge of market trends, capability, and capacity. Findings from these meetings will be incorporated into the service specification.

Other Local Authorities have been consulted with in relation to their model of delivery of this service and to share knowledge, ideas and practice.

Co-production with people with lived experience of sensory impairments will be woven in to the design of

the service as the service specification is developed.

Adult Social Care & Health (ASCH) Senior Management Team in March 2023.

Has there been a previous Equality Analysis (EQIA) in the last 3 years?
No

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

Section C – Impact

Who may be impacted by the activity?

Service Users/clients
Service users/clients

Staff
Staff/Volunteers

Residents/Communities/Citizens
No

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

Details of Positive Impacts

The formal commissioning of support services for people with sensory needs will offer the opportunity to build on lessons learnt from current purchasing arrangements and improve the overall service offering.

The contract terms and conditions and service specification will address the requirement for providers to deliver inclusive services that meet the needs of the people from all protected groups where these are different from the needs of other people.

Age and Sensory Support Services:
•   Older people who find it difficult to connect and engage with their community for accessibility reasons will
        be able to do so more easily.
•   Gives older people the opportunity to continue to live in their home for as long as possible.
•   Supports digital inclusion for older people.
•   Socially isolated older people benefit from the interaction with their support worker.

Disability and Sensory Support Services:
The service will be provided to children, young people, and adults with sensory impairments as well as people with additional disabilities and complex needs and will deliver a positive impact on their wellbeing by using a person-centred approach to delivery.

Sex and Sensory Support Services:
The service will not only support people in need regardless of their sex but will be actively tailored to support individual needs.

Gender Identity/ Transgender and Sensory Support Services:
The service will not only support people in need regardless of their gender identity but will be actively tailored to support individual needs.

Race and Sensory Support Services:
The service will not only support people in need regardless of their race but will be actively tailored to support individual needs and respond to culturally specific needs.

Religion and Belief and Sensory Support Services:
The service will not only support people in need regardless of their religion and beliefs but will be actively tailored to support individual needs and respond to culturally specific needs.

Sexual Orientation and Sensory Support Services:
The service will not only support people in need regardless of their sexual orientation but will be actively tailored to support individual needs.

Pregnancy and Maternity and Sensory Support Services:
The service will not only support people in need regardless of their pregnancy and maternity status but will be actively tailored to support individual needs.

Marriage and Civil Partnerships and Sensory Support Services:
The service will not only support people in need regardless of their marriage and civil partnership status but will be actively tailored to support individual needs.

Carer's Responsibilities and Sensory Support Services:
This service will have a positive impact for informal adult carers of children, young people and adults by providing specialist support and promoting independence for the people that they are caring for.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No

Details of negative impacts for Age

Not Applicable

Mitigating Actions for Age

Not Applicable

Responsible Officer for Mitigating Actions – Age

Not Applicable

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

No

Details of Negative Impacts for Disability

Not Applicable

Mitigating actions for Disability

Not Applicable

Responsible Officer for Disability

Not Applicable

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex

No

Details of negative impacts for Sex

Not Applicable

Mitigating actions for Sex

Not Applicable

Responsible Officer for Sex

Not Applicable

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

Are there negative impacts for Gender identity/transgender

No

Negative impacts for Gender identity/transgender
Not Applicable
Mitigating actions for Gender identity/transgender
Not Applicable
Responsible Officer for mitigating actions for Gender identity/transgender
Not Applicable
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No
Negative impacts for Race
Not Applicable
Mitigating actions for Race
Not Applicable
Responsible Officer for mitigating actions for Race
Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No
Negative impacts for Religion and belief
Not Applicable
Mitigating actions for Religion and belief
Not Applicable
Responsible Officer for mitigating actions for Religion and Belief
Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No
Negative impacts for Sexual Orientation
Not Applicable
Mitigating actions for Sexual Orientation
Not Applicable
Responsible Officer for mitigating actions for Sexual Orientation
Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No
Negative impacts for Pregnancy and Maternity
Not Applicable
Mitigating actions for Pregnancy and Maternity
Not Applicable
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No
Negative impacts for Marriage and Civil Partnerships
Not Applicable
Mitigating actions for Marriage and Civil Partnerships
Not Applicable
Responsible Officer for Marriage and Civil Partnerships

Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No
Negative impacts for Carer's responsibilities
Not Applicable
Mitigating actions for Carer's responsibilities
Not Applicable
Responsible Officer for Carer's responsibilities
Not Applicable

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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 – 15 May 2023
Subject:	**ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q4 2022/2023**
Classification:	Unrestricted
Previous Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This paper provides the Adult Social Care Cabinet Committee with an oversight of Adult Social Care activity and performance during Q4 for 2022/2023.

Quarter 4 saw increased activity and demand on Adult Social Care with increased numbers of people making contact (highest in last 2 years); incoming Care Needs Assessments (by 15%) with the highest number being completed (over 5,170); the highest volume of Carers Assessments completed (over 1,480) and the highest volume of Deprivation of Liberty Safeguard assessments completed (by 39%).

There were positive decreases in the number of people in a Short-Term Beds and an increase in those receiving the Kent Enablement at Home Service.

Two of the six Key Performance Indicators were below target and RAG Rated Red, these were Care Needs Assessments delivered within 28 days and those aged over 65 going into long-term residential or nursing care, neither have a significant direction of travel. Three Key Performance Indicators were RAG Rated Amber, only one has a significant downward direction of travel and this was those in a residential or nursing care home rated as Good or Outstanding by the Care Quality Commission. One Key Performance Indicator (ASCH1) remained RAG Rated Green having met the target, which was those having contacted Adult Social Care, with the contact resolved, not re-contacting again within three months.

Adult Social Care will be keeping the current suite of performance measures and targets for continuation into 2023/2024. These will be reviewed during the year in line with the new national Adult Social Care Outcomes Framework.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q4 2022/2023 and **NOTE** the plans for reporting in 2023/2024.

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 Over 23,000 people made contact with ASCH in Quarter 4, the highest volume seen in the last 2 years; ASCH always see increases in contact in Quarter 4 with March being the busiest month each year. To help manage new contacts and queries for people there are new tools being made available and the new ASC Financial Assessment Tool is now live on Kent.gov which helps people to estimate how much they may need to pay towards their care and support. 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) at 7% for Quarter 4.

2.2 In Quarter 4, ASCH saw both the number of Care Needs Assessments (CNA) to be undertaken increase by 15% to over 5,300, and the number of CNAs completed increase by 3% to over 5,170. Both were the highest volumes seen in over six quarters. With the increased volume of incoming CNAs, there were more people requiring a CNA on the last day of the quarter, even with the increased completions.

2.3 Of the incoming new CNAs for Quarter 3, 70% were completed within 28 days, which is the same as the previous quarter, and continues to be below the floor target of 80% (RAG Rated Red). There were over 3,900 new CNAs and over 2,700 were completed within 28 days. The time taken to complete a CNA is dependent on the person and their needs, however the majority of CNAs can be, and are, completed within 28 days (Care Act guidance states that they should be timely). ASCH continues to prioritise completing CNAs as part of its Performance Assurance Framework and has seen an increase in the number of completed CNAs each quarter in 2022/2023.

2.4 There were 1,486 Carers' Assessments completed in Quarter 4, which is the highest seen in a quarter for two years. ASCH and Commissioners have been working with the Carers Organisations to open up tools, such as the PowerBI reports, that give more transparency to the work and increase the quality of the information recorded.

2.5 Following a CNA, where eligible for support, people receive a Care and Support Plan (C&SP) which details how they will be supported and the services they may receive. ASCH had 15,913 people with an active C&SP at the end of Quarter 4. Not everyone will go on to need a support package and ASCH has

seen varying numbers of new support packages being arranged each quarter, in Quarter 4 it was 2,500, with an average weekly cost of a new support package being £550. However due to the time taken for service information to be updated and placed onto the adult social care client recording system (Mosaic), it is expected both of these figures will have increased and will need to be updated in the next report.

2.6 ASCH completed 3,210 annual C&SP reviews in Quarter 4, with over 12,880 reviews completed in 2022/2023. ASCH saw the number of people requiring an annual review on the last day of the quarter increase to 5,005, this is because the annual review was due in March 2023.

2.7 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 4 there was an increase in the number of people actively receiving this support to 1,684, an increase of 8% on the previous quarter. KEaH saw increased capacity due to more people leaving the service when ready to do so, having a further support package where needed, and the impact of a successful recruitment campaign.

2.8 Some people will require residential or nursing care on a temporary basis (either while their longer-term needs or circumstances are assessed, or to provide respite); ASCH saw its first decrease in the numbers of people in Short-Term Beds since before the pandemic in Quarter 3 followed by a bigger decrease of 12% in Quarter 4 at 1,312 people.

2.9 ASCH continue to see fewer people at home 91 days after discharge from hospital having had reablement services, however in Quarter 3 this was maintained at 81%. Increases in those accessing KEaH and the work to reduce the longer-term use of a Short-Term Beds has stopped this KPI decreasing, and further work in Quarter 4 aims to increase those being at home following enablement with ASCH.

2.10 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 4 this measure is RAG Rated Amber at 24%, which it has been for some time.

2.11 The number of people aged over 65 years old going into long term residential and nursing varies each quarter, and in Quarter 3 the rate per 100,000 was 146 increasing from 128 the previous quarter and is RAG Rated Red.

2.12 The percentage of KCC supported people in residential or nursing care with a CQC rating of Good or Outstanding decreased again this quarter, to 76% and is RAG Rated Amber, remaining below target. There has not been an increase on the proportion of those in an Inadequate home, with the movement happening from Good homes to those with Requires Improvement. KCC works with the CQC and providers to improve the levels of quality in the care home market. At present, eleven care homes (four older person and seven learning disability, physical disability, and mental health) have contract suspensions in place to

prevent further placements whilst improvements are being made. This is a decrease of five homes on Quarter 3.

2.13 The number of people accessing support who have a Mental Health need continues to increase each quarter, there were 1,335 people being supported by ASCH with a Mental Health need in Quarter 4. Supporting Independence Services/ Supported Living continuing to be the most prevalent service provision

2.14 The number of Deprivation of Liberty Safeguards (DoLS) applications received in Quarter 4 was 2,374 and is at a similar level to Quarter 3. Over the 2022/2023 reporting period ASCH received 9,412 DoLS applications (which is an increase of 10% on the 2021/2022 reporting period) and continues to show the ongoing annual increase in the number of applications received in Kent. Quarter 4 saw the highest volume of assessments completed by the DoLS Team with 2,769 completed assessments giving a total of 8,789 completed in 2022/2023, a 7% increase on the previous year.

2.15 ASCH reduced further the number of Safeguarding Enquiries open on the last day of the quarter, with Quarter 4 seeing just 988 open. In Quarter 4 there were over 4,152 concerns received, the highest in a quarter, and 2,408 enquiries worked on.

3. Key Performance Indicators and Activity Measures for 2023/2024

3.1 Annually each Directorate assesses their suite of indicators and targets to ensure they continue to reflect local and national direction, policy and practice; in discussion with the Senior Management Team it was decided to continue with the current suite of ASCH KPIs, activity measures and targets. These will be reviewed next year in line with the new national Adult Social Care Outcomes Framework.

4. Conclusion

4.1 ASCH saw high levels of demand in the quarter with increased contacts and incoming Care Needs Assessments; but was able to deliver the highest volume of completed Care Needs Assessments, Carers Assessments and DoLS assessments. On enablement services there were positive decreases in the use of Short-Term Beds and increases in those accessing Kent Enablement at Home.

5. Recommendation

5.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q4 2022/2023 and **NOTE** the plans for reporting in 2023/2024.

6.   Background Documents

None

7.   Report Author

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Adult Social Care Key Performance Indicators 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 ⇧ |
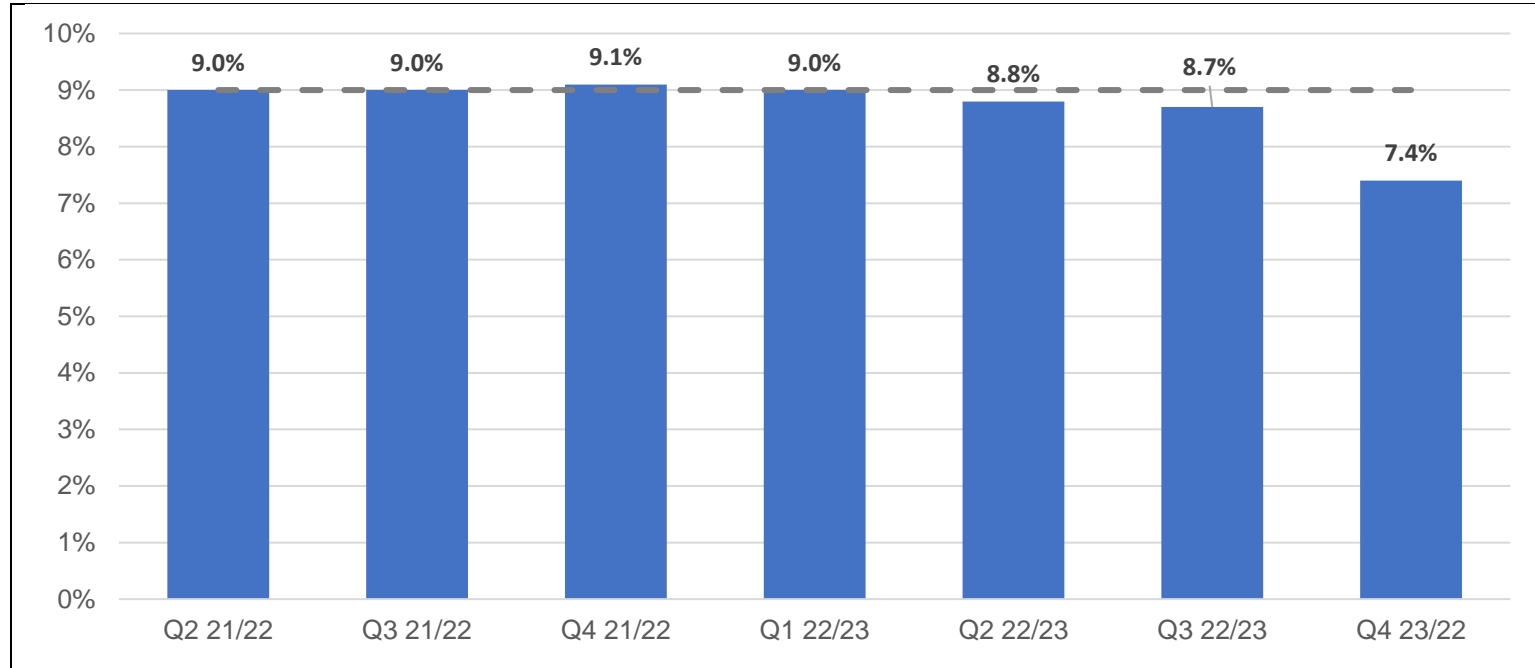
Technical Notes:

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%

Decimal places presented as per action from previous Cabinet Committee

Commentary:

In Quarter 4, Adult Social Care and Health (ASCH) reduced the proportion of people making contact again following a previous contact within the previous 3 months. At 7% this Key Performance Indicator (KPI) remains RAG Rated Green.

Quarter 4 saw an increase in the volume of contacts received at over 46,000, up from 41,000 the previous quarter.

| ASCH2: The proportion of new Care Needs Assessments delivered within 28 days. | RED ⇔ |
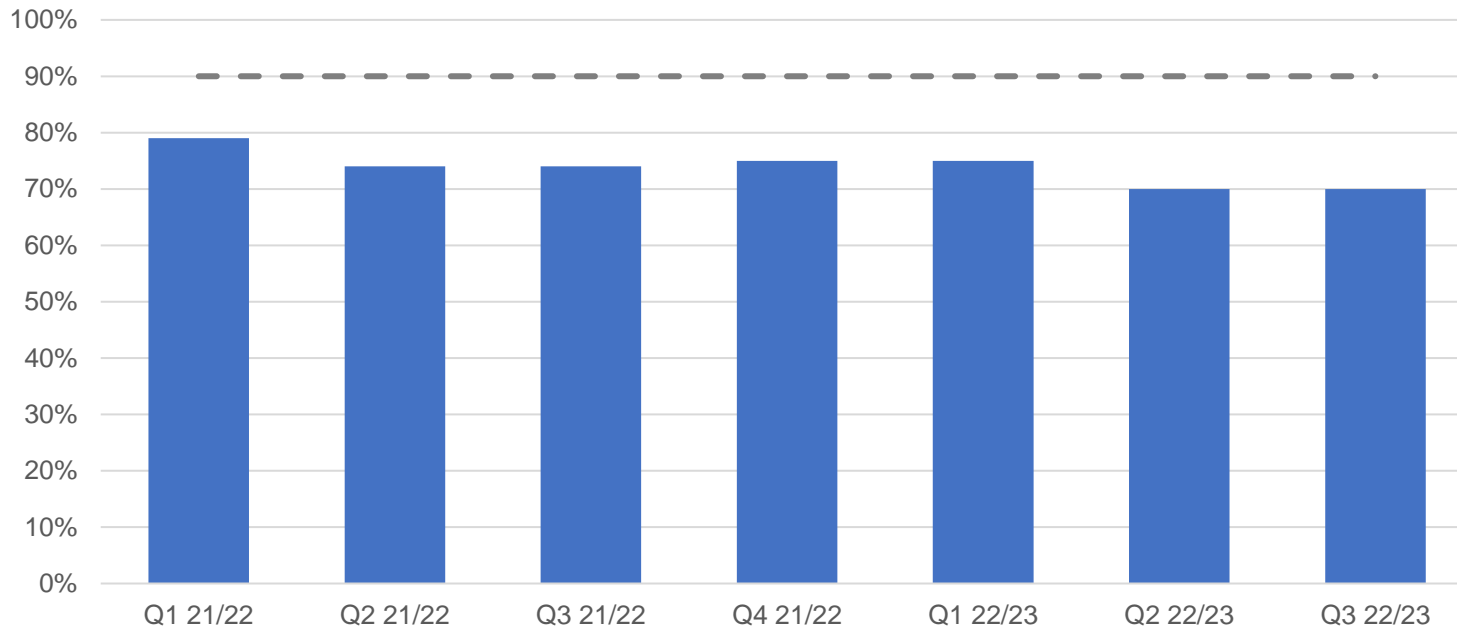
Technical Notes:

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.

Commentary:
In Quarter 3, there were over 3,900 new Care Needs Assessments (CNA to be undertaken, with over 2,700 completed within 28 days, maintaining 70%.

Whilst performance on this measure has not increased for Quarter 3, in general there was a 6% decrease in the number of Care Needs Assessments (including re-assessments) incoming compared to Quarter 2, a 5% increase in the number of Care Needs Assessments completed (at over 5,000) and we ended that quarter with 13% fewer people with their Care Needs Assessment in progress.

There were variances across the ASCH areas, with North Kent having the lowest proportion at 63% and Thanet and South Kent Coast and West Kent both at 74%. Those completed for Countywide services was at 81%.

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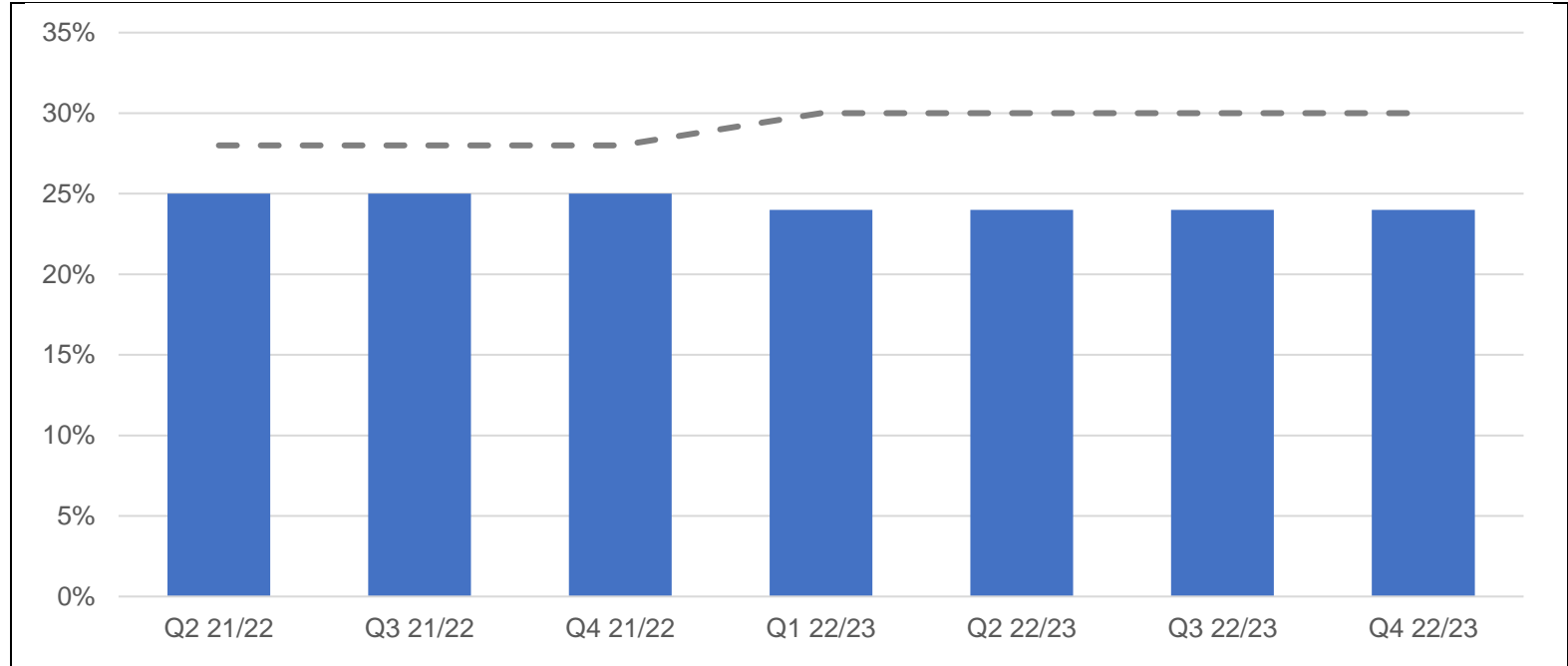
AMBER ⇔

Technical Notes:

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

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

The Direction of Travel is not significant.

Please note axis does not end at 100.

Commentary:

ASCH continue to have 24% of those with community services with a Direct Payment. As with previous quarters, we continue to see new people receiving a Direct Payment, with the number increasing each quarter in 2022/23.

The promotion and use of Direct Payments continues to be a priority both at Kent County Council and Nationally and continues as a national reported measure in the 2023/24 new Adult Social Care Outcomes Framework.

| 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
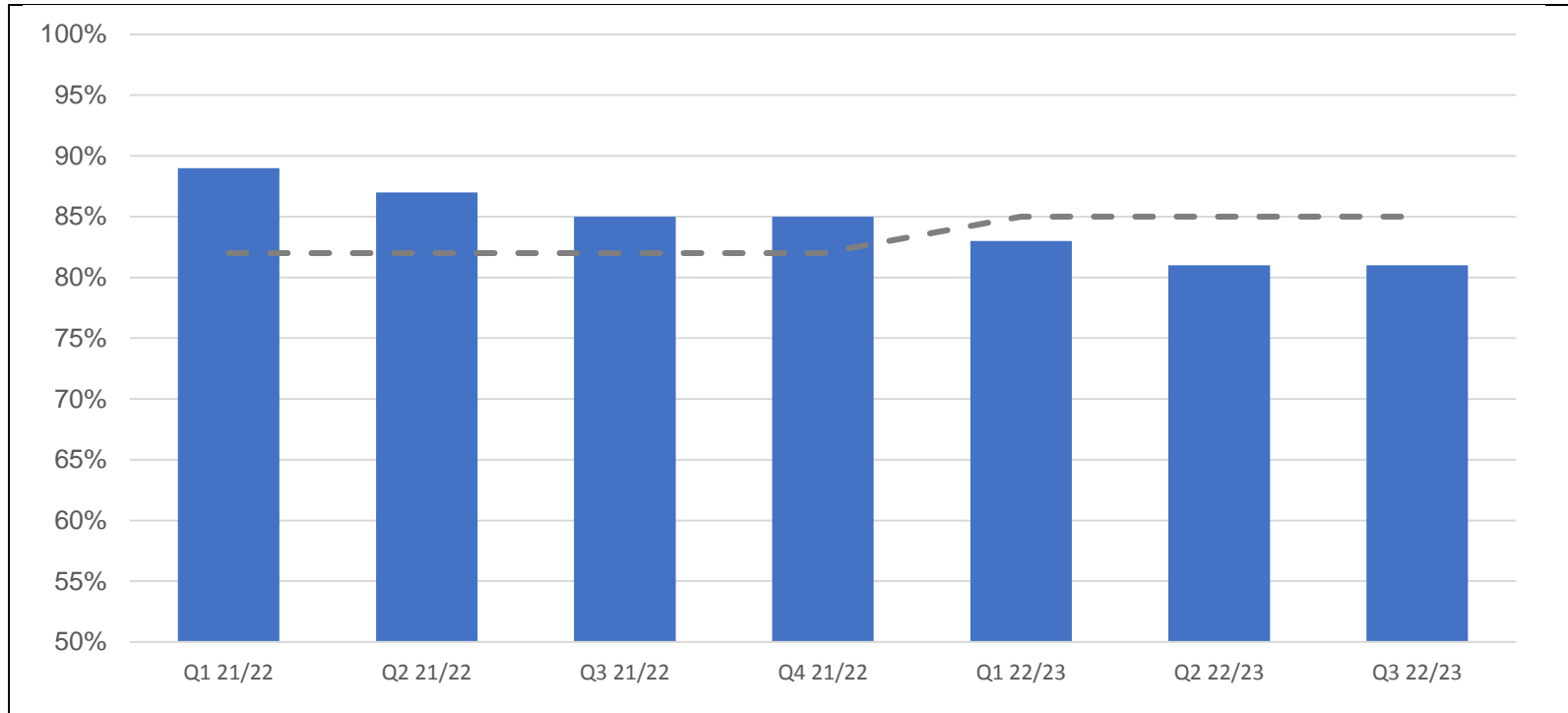
Commentary:

ASCH continue to see fewer people at home 91 days after discharge from hospital having had reablement services, however delivery for Quarter 3 has maintained at 81% for Quarter 3.

Taking a five-year age banding, a normal distribution graph was seen, with those aged 65-69 at 67%, up to those aged 80-84 at 84% down to 80% for those aged 95-99 years old. This showed that for Q3 there was no negative correlation between being older and not being at home.

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

Technical Notes:

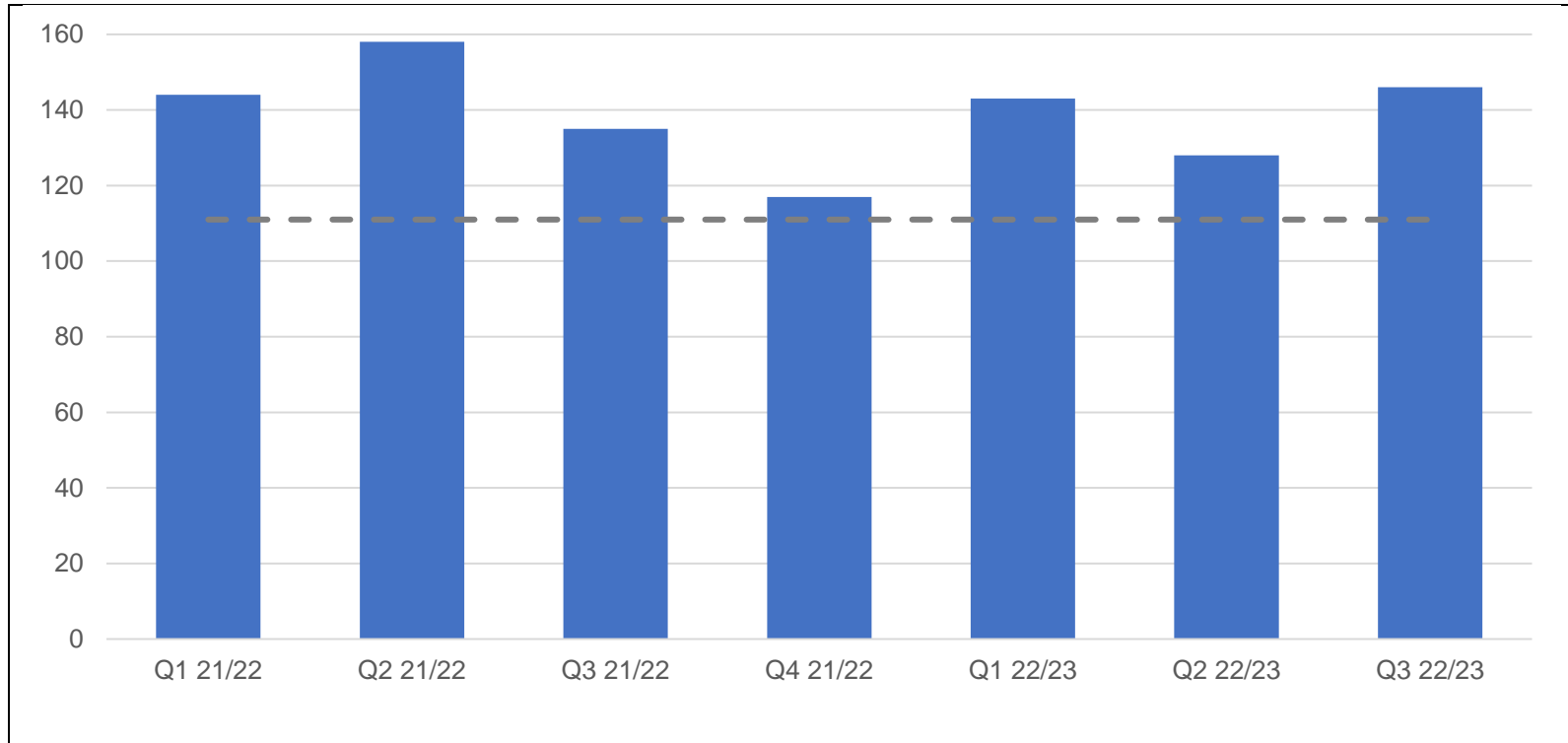Target set at 111 (dotted line) with an upper threshold of 138.

Rate per 100,000 of the population

KPI runs a quarter in arrears to account for recent levels of late inputting.

The Direction of Travel is not significant.

Q1 and Q2 2022/23 figures have been updated.

Better Care Fund Measure

Commentary:

Quarter 3 saw an increase in the rate per 100,000 of those aged 65 and over going into long term residential and nursing care homes. Across the ASCH Areas, Ashford and Canterbury were the only area to decrease their rate from Quarter 2, and although they have one of the highest rates, they are on a downward trajectory overall.

| ASCH6: The % of KCC supported people in residential or nursing care where the CQC rating is Good or Outstanding | AMBER ⇩ |
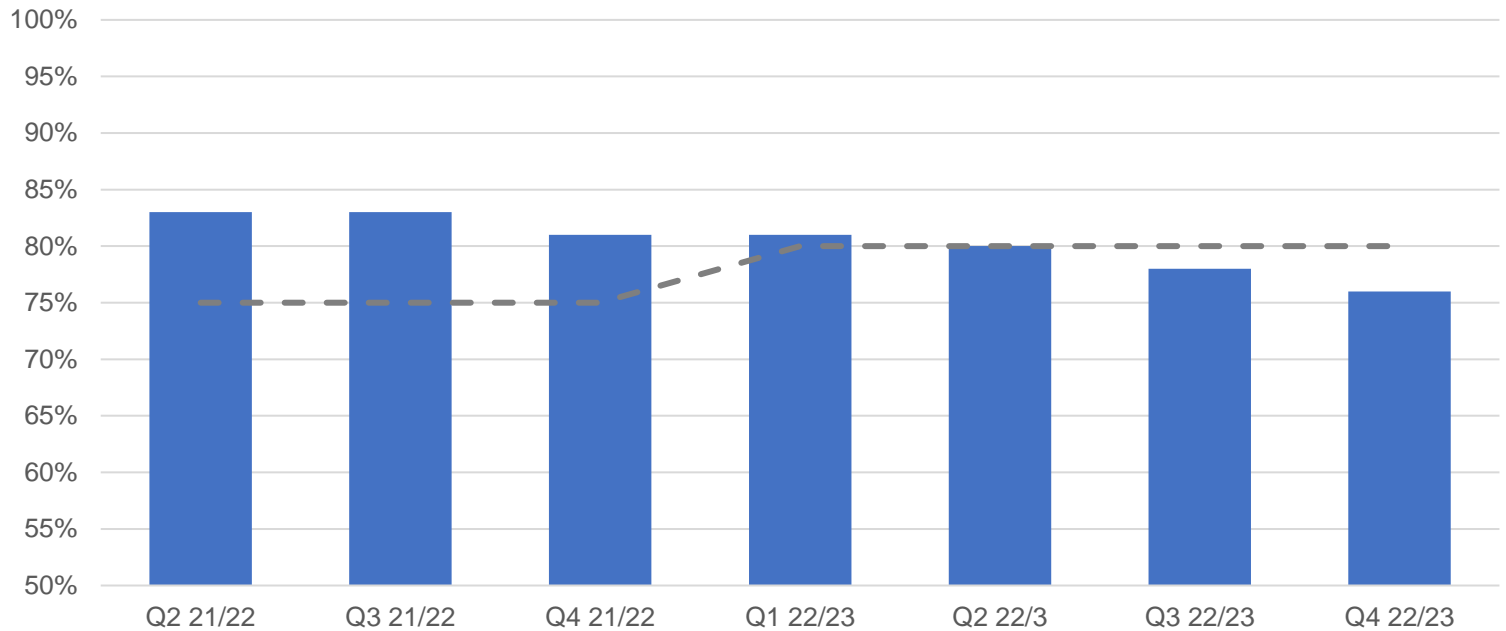
Technical Notes:

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

The Direction of Travel is significant.

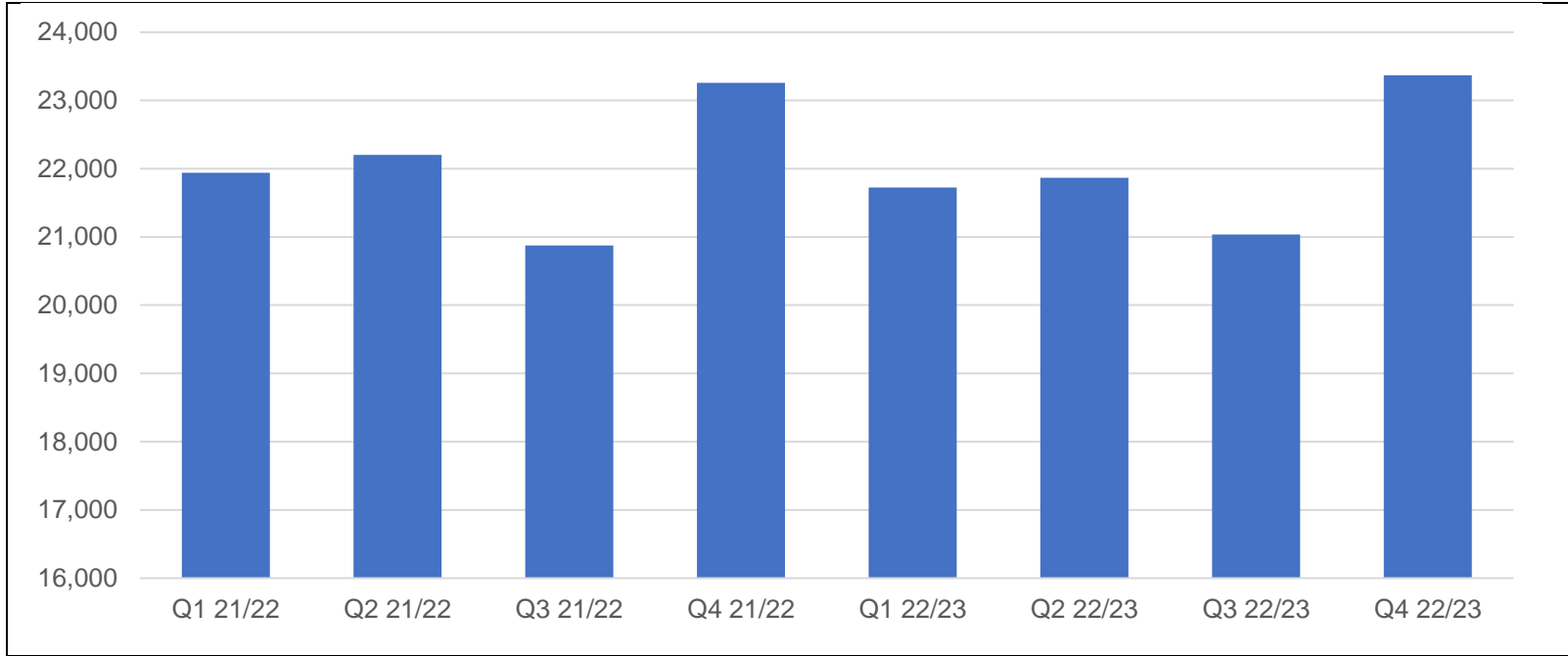Please note axis does not start at 0.

Corporate Risk Register: CRR0015

Commentary:
The proportion of people supported by KCC in residential or nursing homes that were rated either Good or Outstanding by the Care Quality Commission (CQC) continue to decrease. There was no increase in the proportion of those in an Inadequate home (3%), with the movement being from Good (75%) to Requires Improvement (21%). There has also been no decrease in those in an Outstanding home (2%).

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 monitor these action plans as required. At present, eleven care homes (four older person and seven learning disability, physical disability and mental health) have contract suspensions in place to prevent further placements whilst improvements are being made. This is a decrease of five homes on Quarter 3.

ASCH7: The number of people making contact with ASCH

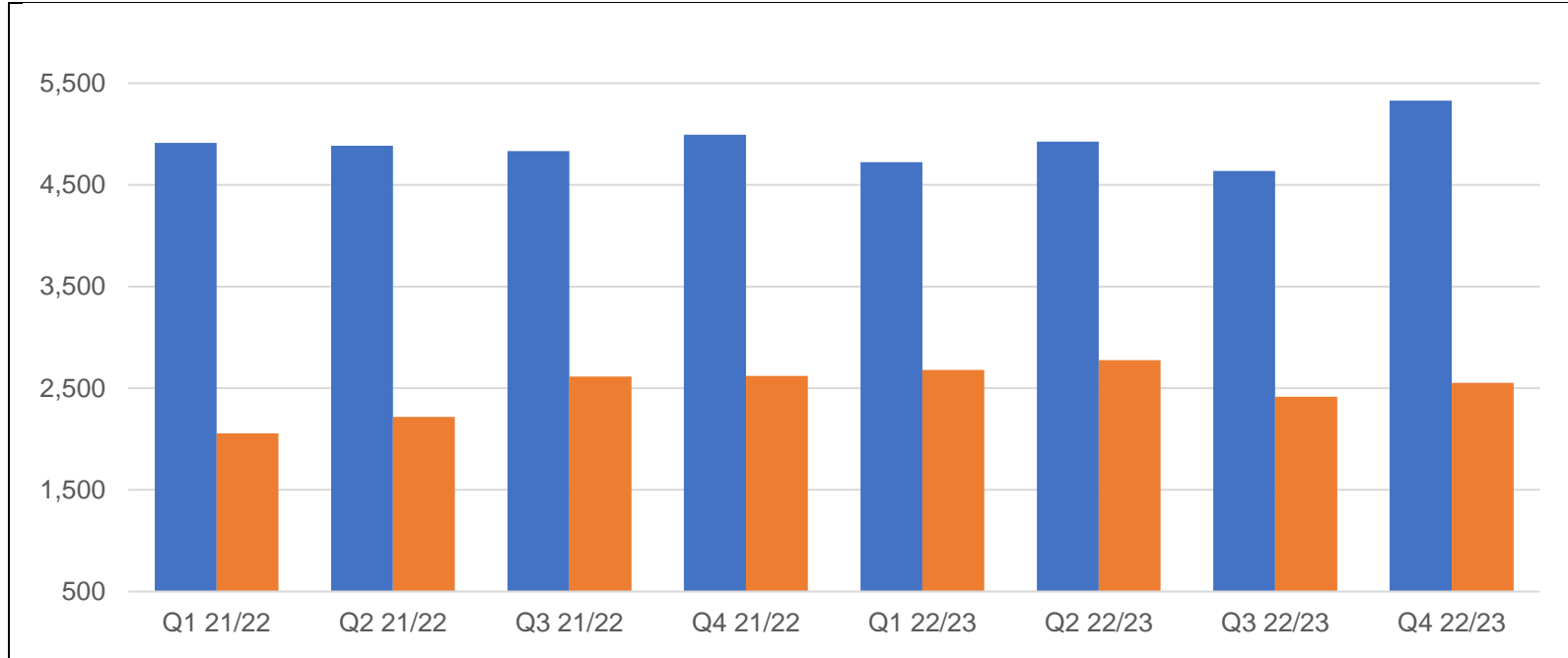Technical Notes:

Activity measure, no specified target

Includes all forms of contact.

Please note axis does not start at 0

Commentary:

Quarter 4 saw the highest volume of contacts with ASCH at over 23,300; traditionally Quarter 4 of each year ASCH sees the most contact activity. This increase from Quarter 3 is reflected across all ASCH Areas.

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:

In Quarter 4 ASCH received the highest volume of Care Needs Assessments to be undertaken in the last 2 years, at over 5,300, this was a 15% increase on the previous quarter.

Whilst there was a 6% increase of those requiring their Care Needs Assessment on the last day of the quarter, ASCH completed the highest volume of Care Needs Assessments in Quarter 4, with over 5,170 completed, a 3% increase on Quarter 3 and a 4% increase on the same period last year. This was the highest volume of completions in the last 18 months.

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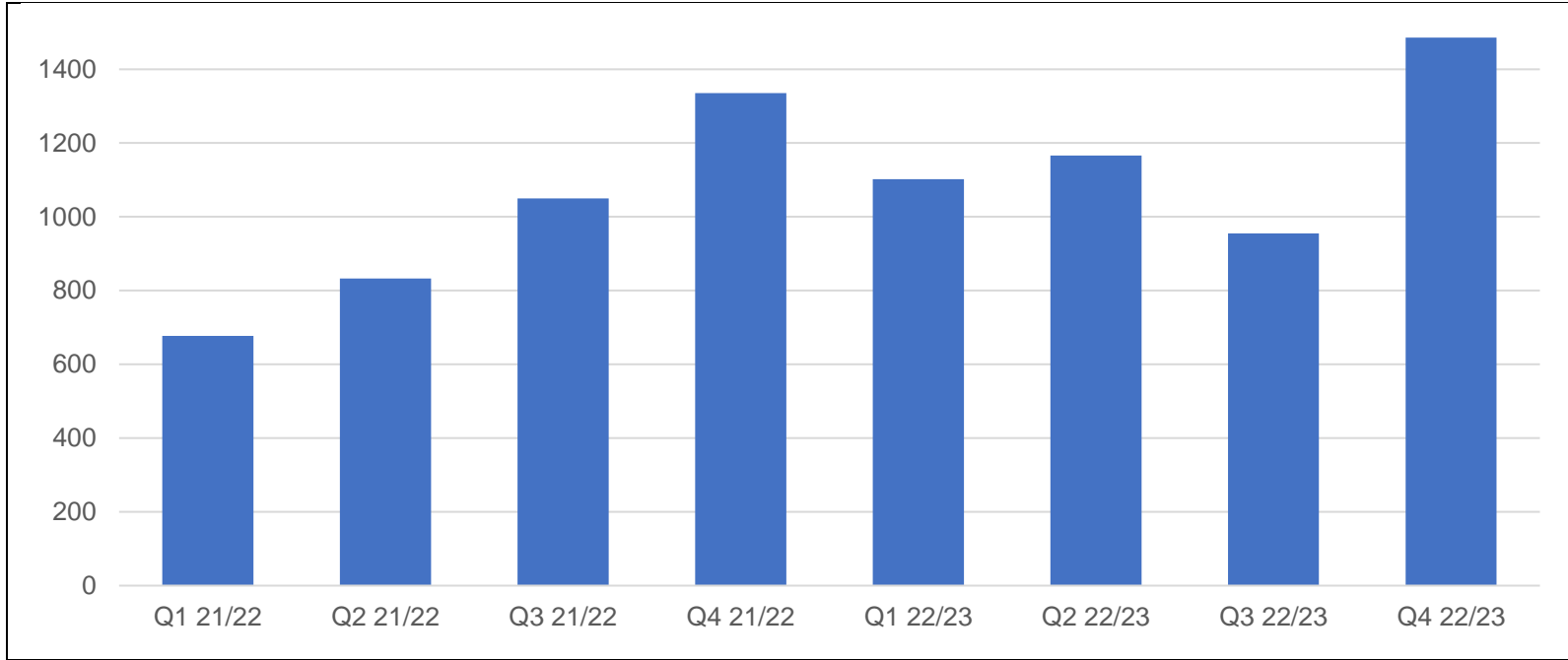
Technical Notes:

Activity measure, no specified target

Corporate Risk Register: CRR0015

Commentary:

Work between Commissioning, ASCH Performance and the Carers Organisations has increased the flow of information between the Carers Organisations and KCC and has given the organisations more transparency over the work they are doing and how it fits into wider ASCH.

Part of the increase in Carers Assessments delivered is due to improvements in data quality following the work between the partners mentioned above, alongside the increase due to more transparency and understanding.

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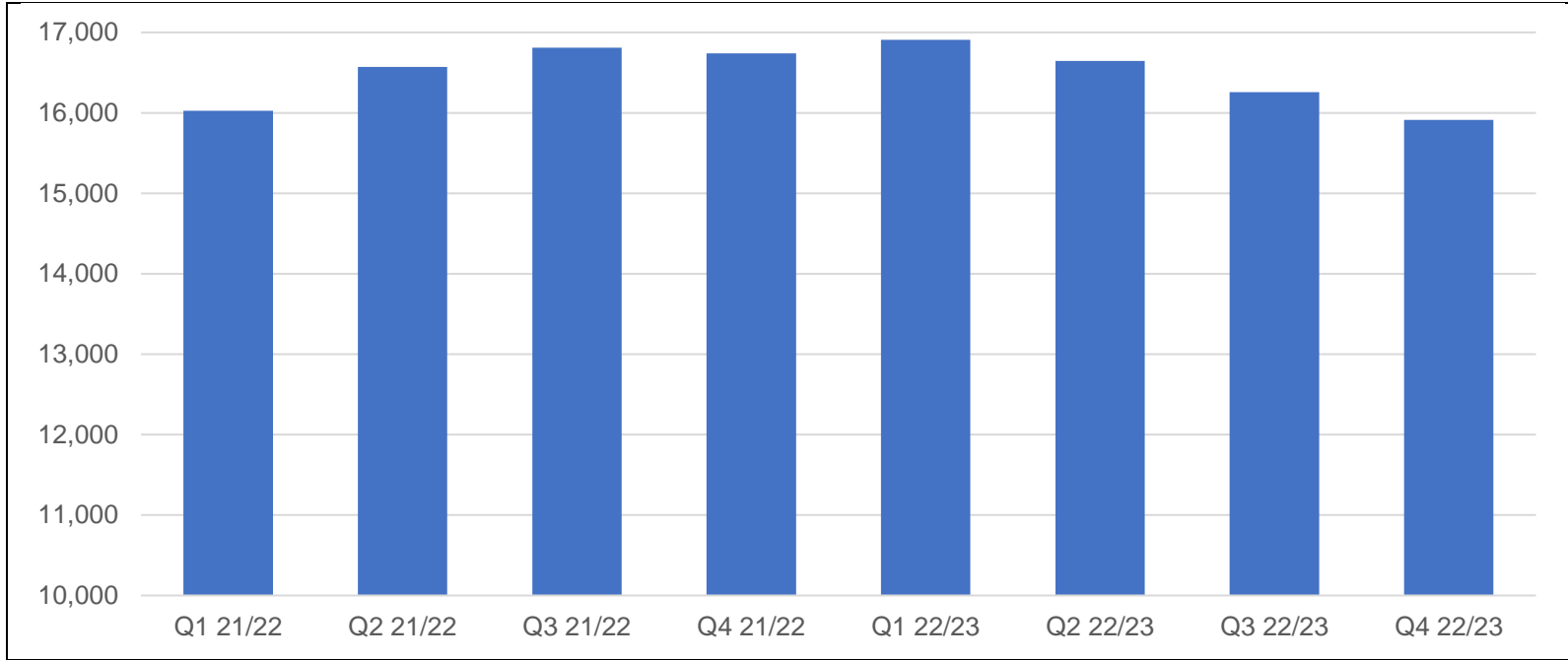
Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

Q1 to Q3 2022/23 figures have been updated.

Commentary:

Although there have been quarterly decreases of 2% in 2022/23, there are still high numbers of people being supported by ASCH with an active Care & Support Plan.

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

Commentary:

Each quarter the figures are updated as new packages are placed onto the adult social care client recording system (Mosaic) there can be a time-lag in updating the client recording system, and we expect Quarter 4 to increase on the 2,500 presented here; we are monitoring whether the lower volume of packages arranged in Quarter 4 each year is a seasonal trend.

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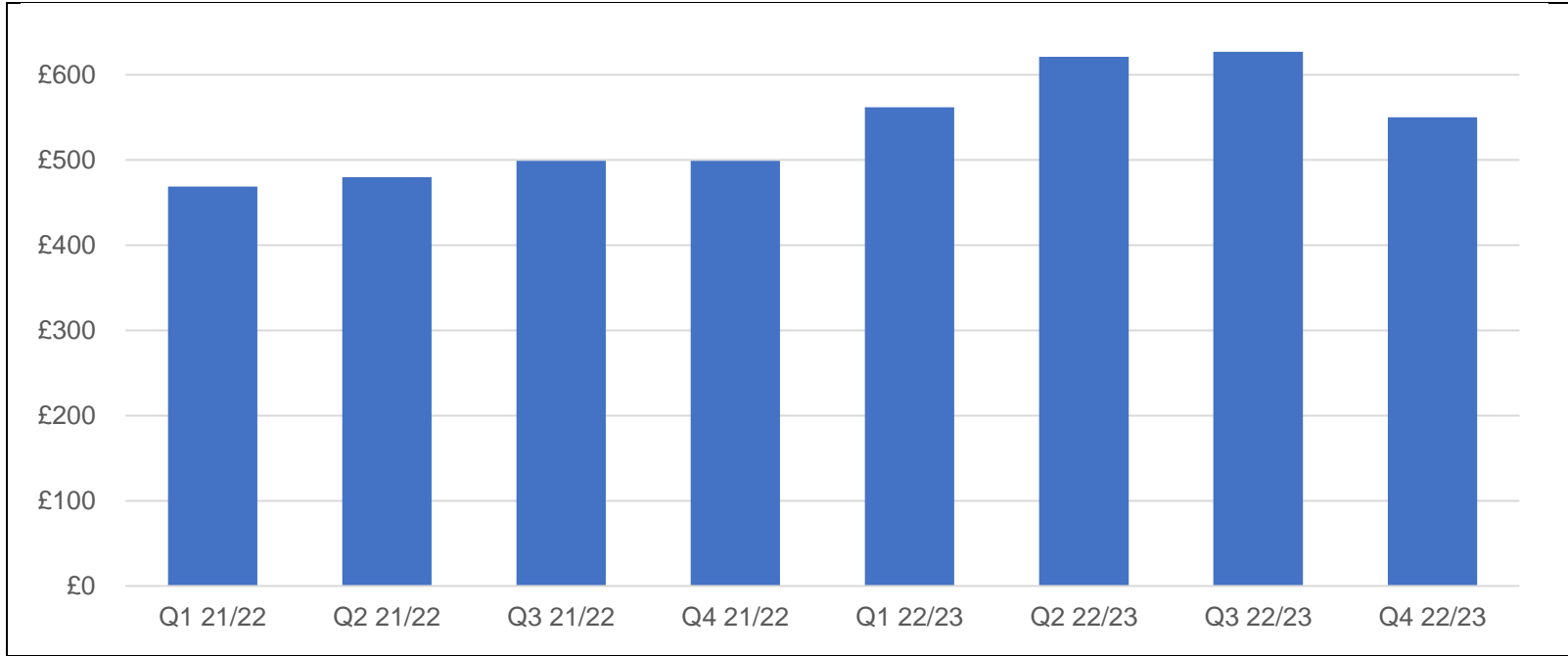
Technical Notes:

Activity measure, no specified target

Average weekly cost at end of quarter

Please note axis does not start at 0.

Q1 to Q3 2022/23 figures have been updated.

Commentary:

Quarter 4 saw a decrease in the average cost of new support packages being arranged, although we expect this to increase as information is updated and placed onto the client recording system (with ASCH11).

Currently there are decreases in the average cost of a package for Day Care and Direct Payments as well as a smaller decrease for Supporting Independence Services/Supported Living packages.

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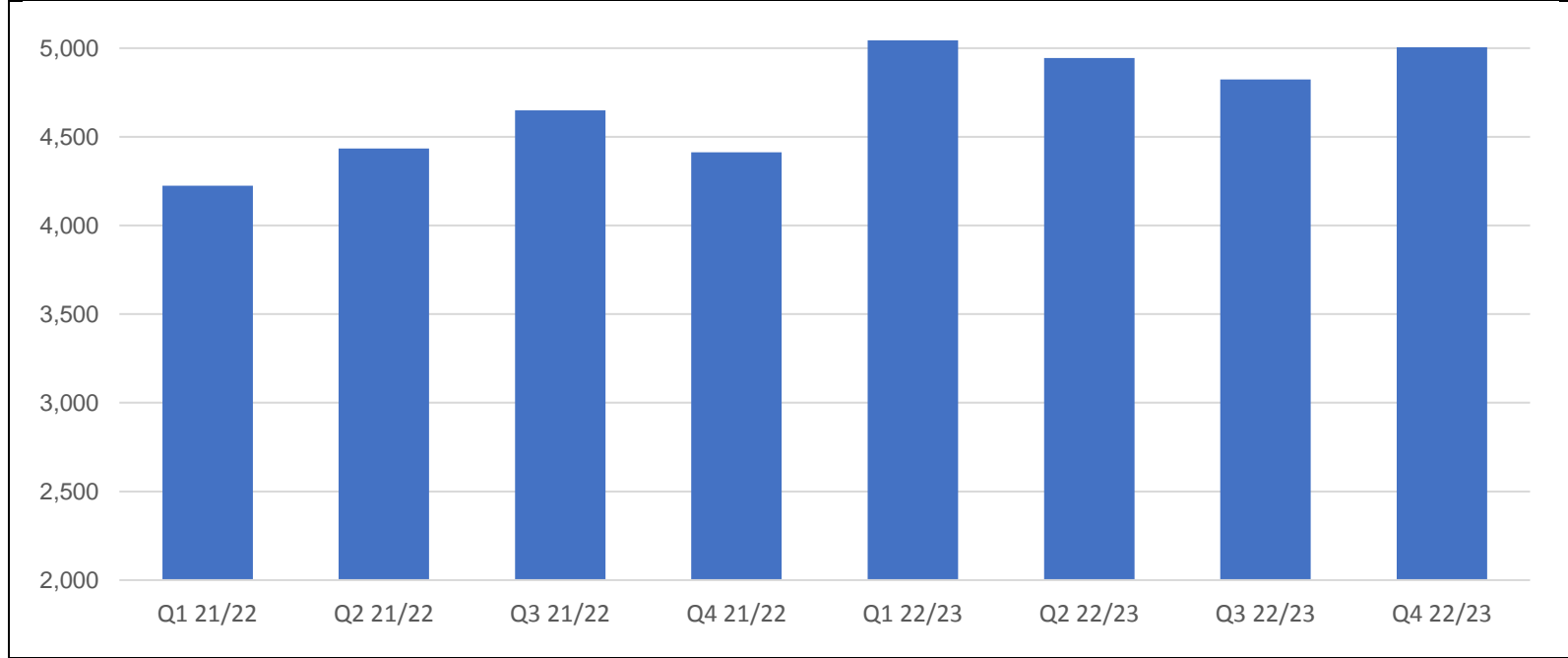
Technical Notes:

Activity measure, no specified target
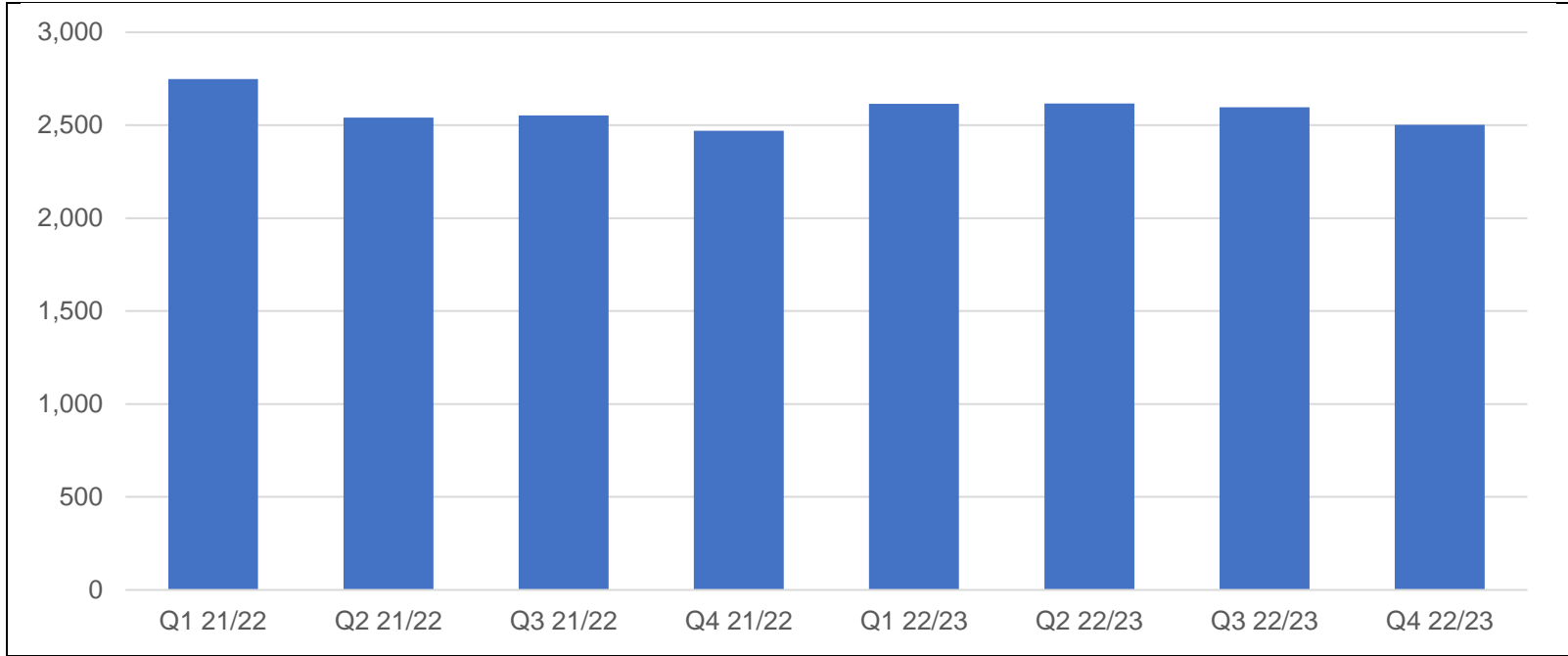
Please note axis does not start at 0.

Corporate Risk Register: CRR0002

Commentary:

There were over 3,200 annual reviews of the Care & Support Plan (also known as ongoing reviews) completed in Quarter 4, which is the same volume as in Quarter 3, and at similar levels to each quarter of 2022/23. In total, 12,886 annual reviews were completed in 2022/23.

The higher number of people requiring an annual review compared to Quarter 3 was due to an increased number of people in March whose review became due.

ASCH14: The number of people in Kent Enablement at Home
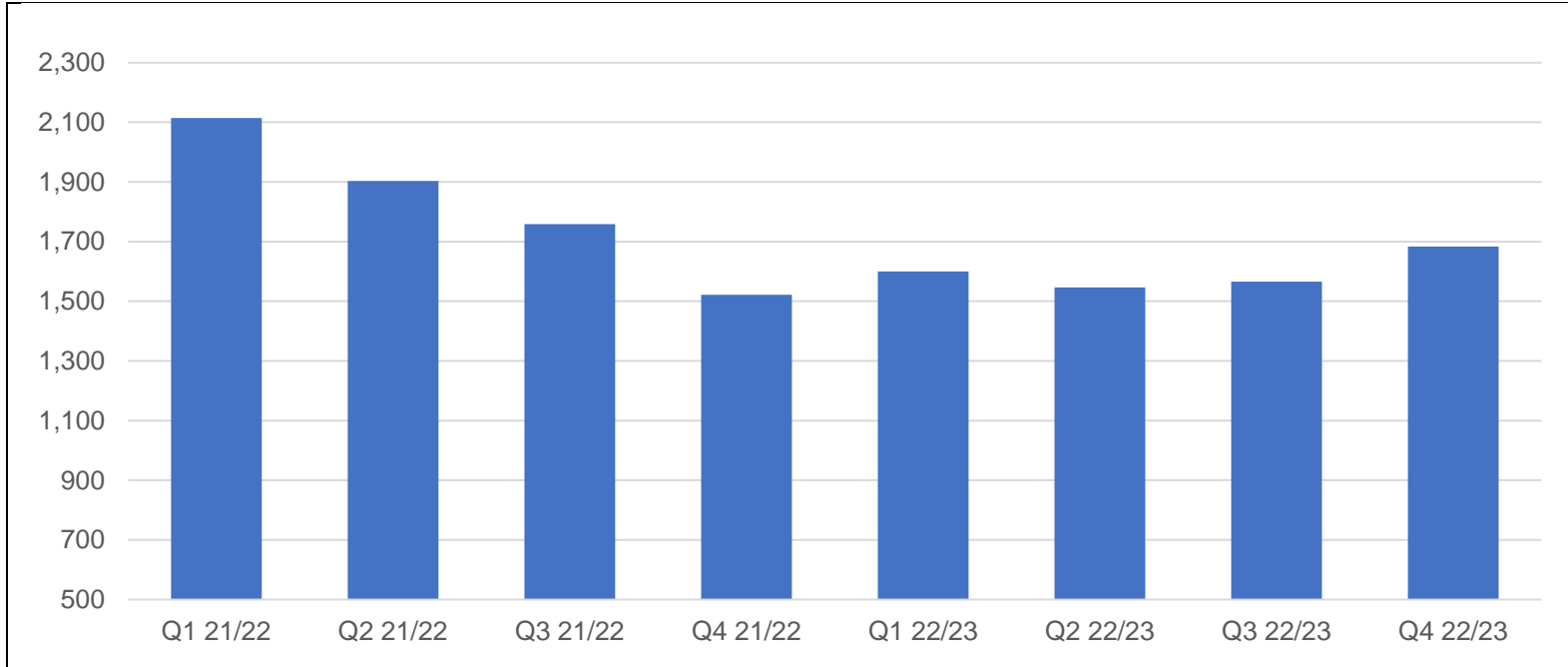
Technical Notes:

Activity measure, no specified target

People receiving services with Kent Enablement at Home (KEaH)

Please note axis does not start at 0.

Q1 to Q3 2022/23 figures have been updated.

Commentary:

Kent Enablement at Home (KeaH) saw an increase in Quarter 4 of people in receipt of their service, at over 1,680, and this is the highest volume of people seen in a quarter for over 12 months.

The number of people remaining with KEaH when they are ready to leave, having completed the enablement service is decreasing, particularly in West and North Kent. With a successful recruitment campaign, these 2 actions are creating additional capacity within the service, allowing more people to receive the enablement opportunity.

ASCH15: The number of people in Short Term Beds
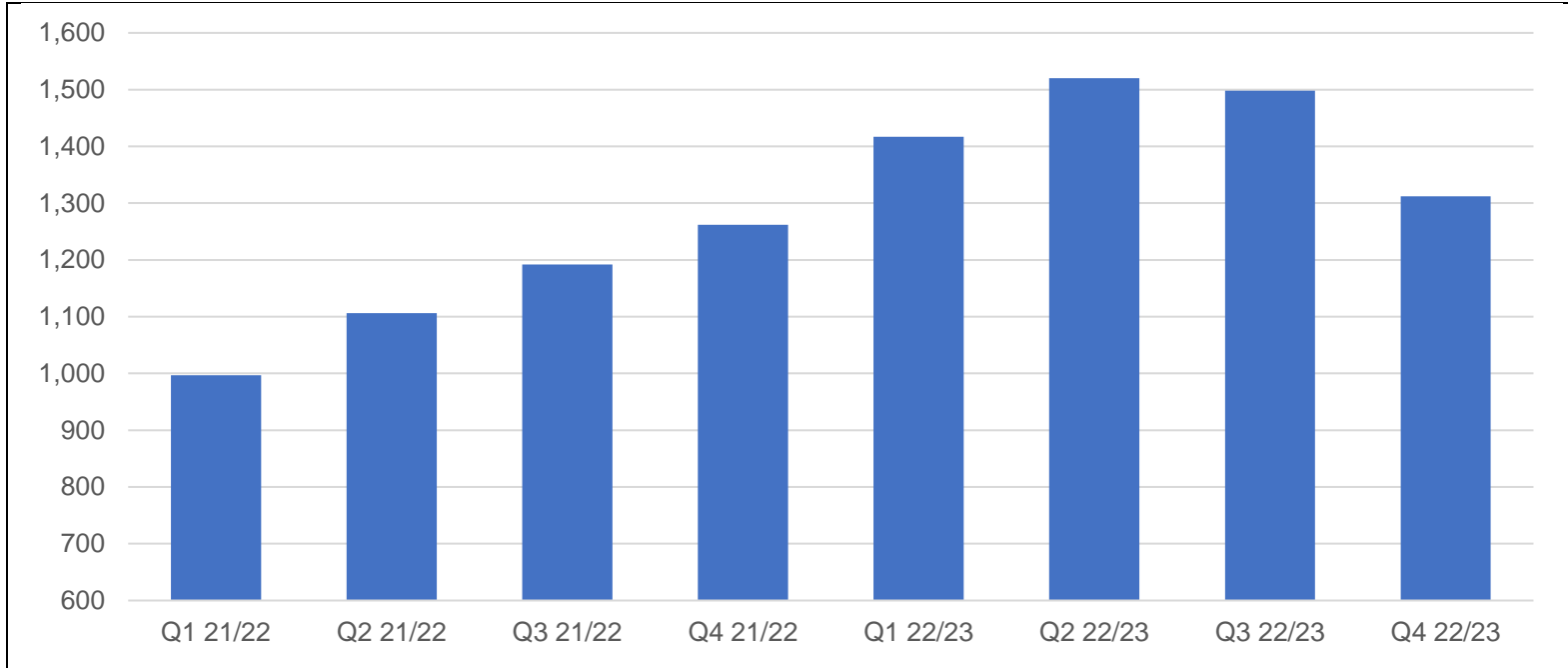
Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

Q1 to Q3 2022/23 figures have been updated.

Commentary:

There has been a decrease in the use of Short-Term Beds in Quarter 4, this decrease was seen across all ASCH Areas. There has been targeted work by ASCH to ensure that Short-Term Bed use is necessary and appropriate, and that that the people in them are assessed, reviewed, and enabled to go home or on to community services as needed, in a timely manner.

ASCH16: The numbers of people in Long Term Services
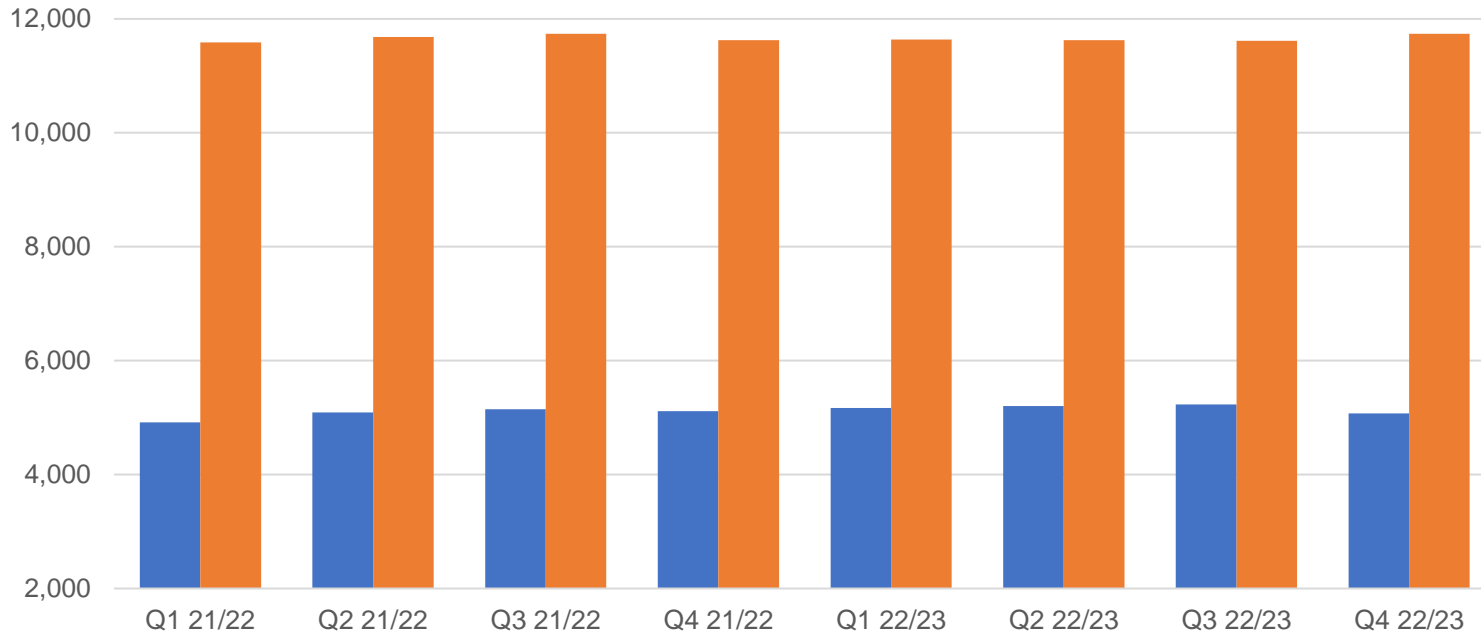
Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

Blue – Residential or Nursing services

Orange – Community Services

Q1 to Q3 2022/23 figures have been updated.

Commentary:

ASCH saw an increase in the number of people in community services, there was a noticeable increase of those having Homecare. There are now over 5,000 people in receipt of this community service. There are also ongoing increases in those with Supporting Independence Services/Supported Living and Shared Lives.

There was a small decrease of those in Long Term Residential or nursing services, where we saw more ends than starts, even with the increased volume of new starts in Quarter 4.

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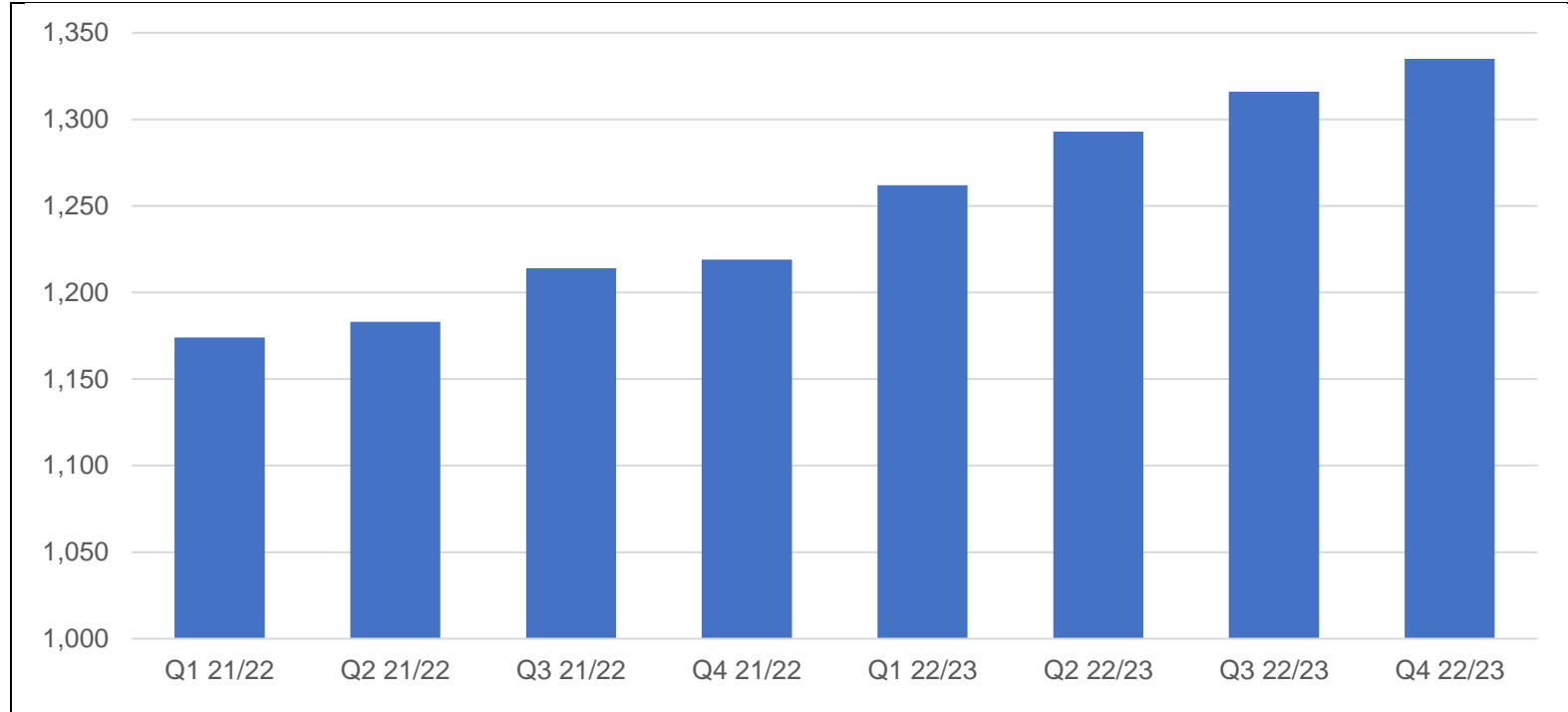
Commentary:

ASCH continue to see increasing numbers of people with a Mental Health need accessing services, with over 1,330 in Quarter 4. Supporting Independence Services/Supported Living remains the most prevalent service.

ASCH18: Number of DoLS applications received and completed
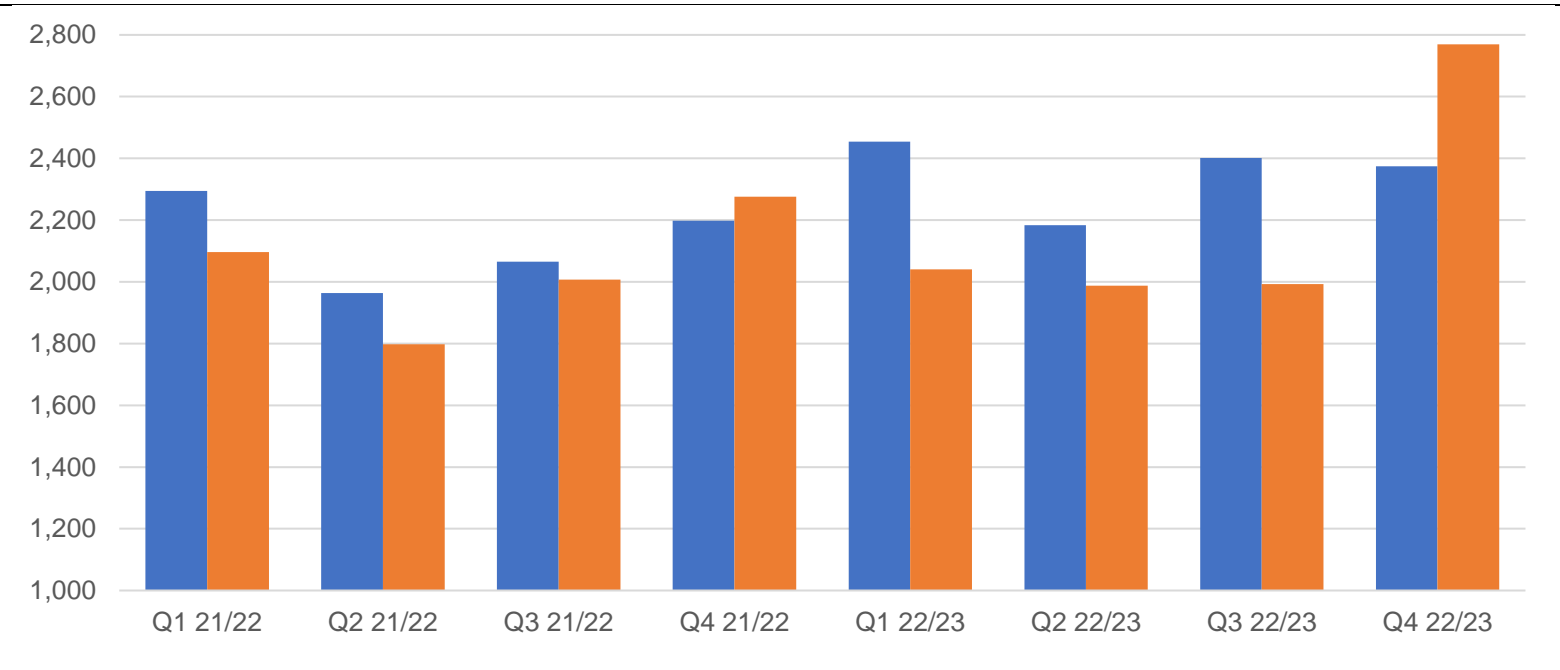
Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

Corporate Risk Register: CRR0002

Blue – applications received.

Orange – Applications completed.

Q1 to Q3 2022/23 figures have been updated

Commentary:

There was a similar number of DoLS applications received in Quarter 4, with 72% Urgent. The DoLS Team completed the highest volumes of DoLS assessments in Quarter 4 compared to any of the quarter, with 2,769 completed. This was a 39% increase on Quarter 3.

For the whole of 2023/24, there were 9,412 applications received, and 8,789 completed.

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

Technical Notes:

Activity measure, no specified target
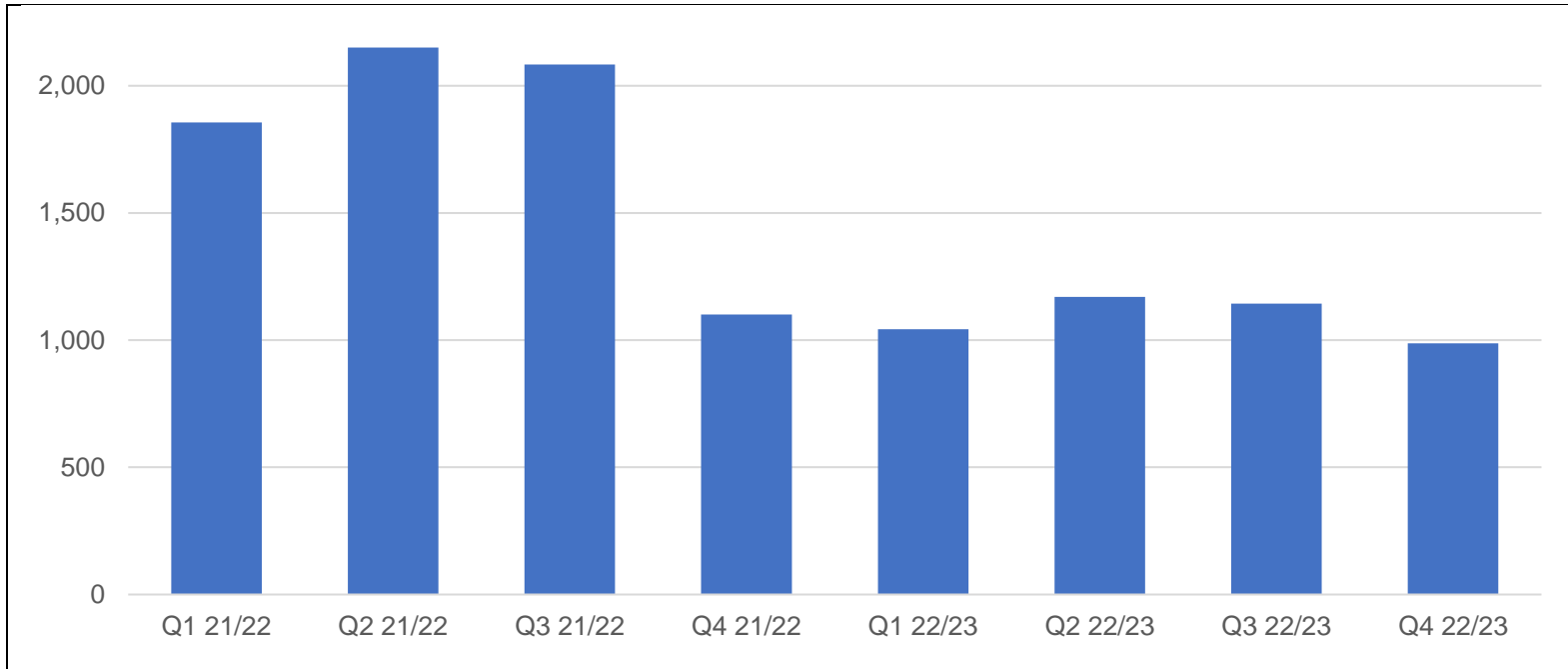
Commentary:

ASCH reduced the number of safeguarding enquiries open on the last day of the quarter to below 1,000. Work by the teams in preparation for the new Locality Model and ASCH Performance Assurance contributed to this decrease though a series of targeted actions.

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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 May 2023
Subject:	**Adult Social Care Pressures Plan 2022-2023 Review**
Classification:	Unrestricted
Past Pathway of report:	None
Future Pathway of report:	None
Electoral Division:	All

Summary: The report will provide an overview of the implementation and outcomes of the Adult Social Care Pressures Plan 2022-2023. The report focuses on the outcomes of contingency plans to manage pressure on services, financial implications of the actions that were taken and the outcomes for Kent County Council's partners and Kent's residents.

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

1. Introduction

1.1 The Adult Social Care Pressures Plan 2022-2023 was developed in order to ensure that the council had planned for and was able to respond to the significant pressures that were anticipated during the winter period. Its development built on the Adult Social Care Winter Plan 2021-2022' and the lessons learned from the review of its development and implementation.

1.2 It is good practice to ensure that there are well developed and robust plans to manage winter pressures under normal circumstances, and with the ongoing challenges of recovering from COVID-19 and its impact on the health and social care system, a clear plan was essential to ensure that appropriate arrangements were in place.

1.3 The Adult Social Care Pressures Plan 2022-2023 built on previous winter resilience activities, including the Adult Social Care Winter Pressure Plan 2021-2022. The previous Adult Social Care Winter Pressure Plan was successful in managing a time of significant pressure; in 2021-2022 Kent continued to be impacted by the COVID-19 pandemic and several acute hospitals operated at full capacity. Kent was also significantly impacted by the fuel crisis which added additional pressures to a stressed provider market and storms Eunice and Franklin which caused disruptions to transport, power and local loss of telephone and internet services.

1.4 In addition to the pressures associated to recovery from the COVID-19 pandemic, adult social care services have been impacted by local authority budget pressures in recent years, combined with the increased demographic pressures of an ageing population and people living longer with more complex needs.

1.5 Workforce sustainability issues in health and social care have continued throughout 2022-2023 and this has been compounded by the cost-of-living increase that has been seen nationally and which is particularly impactful for people on lower wages, including a large proportion of the adult social care workforce. This workforce is historically mobile and likely to seek opportunities in other sectors where wages will be equitable or higher, such as retail and hospitality.

1.6 The combined challenges of the usual winter pressures with the additional factors highlighted above resulted in a high level of concern about the pressures that would be faced in the winter 2022-2023 period. As a result, a range of robust contingency planning activities were carried out to ensure that high-quality, safe and timely support continued to be provided to everyone who needed it.

1.7 This report provides an update on the outcomes associated with key aspects of the Adult Social Care Pressures Plan 2022-2023, and the impact that it had over the winter period. Lessons will be taken forward to ensure that future arrangements continue to be robust.

2. Adult Social Care Pressures Plan 2022-2023 Review

2.1 The Adult Social Care Pressures Plan 2022-2023 consisted of six key elements, which were:
- Resilience and Emergency Planning, including the Operational Pressures Escalation Plan
- Hospital Discharge and Community Support
- Operational Capacity Management Plan for Winter 2022-2023
- Strategic Commissioning activities to support and build resilience in the adult social care provider market, including the System-Wide Market Pressures Action Plan
- Financial Implications, including plans for funding streams made available to KCC to support resilience activities.
- Risk Management, including risk protocols and risk owners.

2.2 When comparing the winter periods 2021-2022 against 2022-2023, adult social care saw a slight decrease of 1.9% in contacts to the service as well as a slight decrease of 0.8% in incoming assessments. However, there was an increase of 3% in completed Care Needs Assessments and an increase of 24% incoming reviews of the Care and Support Plan were seen. Despite the continuing pressures over the winter period which included staffing and market pressures the Adult Social Care Pressures Plan 2022-2023 was successful in anticipating risks and implementing appropriate mitigating actions.

Resilience and Emergency Planning

2.3   In line with previous resilience planning, the development of the plan was supported by a range of stakeholders including the Adult Social Care Directorate Business and Planning Team, Service Managers across adult social care, colleagues in finance and partner organisations in health. Oversight of the plan was provided through submission of the plan to Adult Social Care Cabinet Committee in November 2022.

2.4   Building on work conducted in 2021-2022, Resilience and Emergency Planning delivered a number of workstreams to support directorate resilience which included lessons learned activities, business continuity plans and exercises to stress test plans.

2.5   The Operational Pressures Escalation Plan has been well established in Adult Social Care and Health for several years. It continues to be used year-round to support the appropriate response to surges in demand across the Kent and Medway Health and Social Care System.

2.6   The Plan was successfully deployed on a number of occasions during the winter months in response to Acute Hospital Critical Incident declarations. With the support of partner agencies across the system, implementing their own plans beneath the overarching NHS England Operational Pressures Escalation Level Framework, these periods of intense pressure were managed down swiftly.

2.7   On reflection, 2022/2023 was a challenging year for directorate resilience. The directorate experienced a higher than usual number of significant incidents during 2022/2023 which put services under pressure. Nonetheless, services demonstrated a high level of resilience, responding effectively whilst maintaining critical functions. The most notable incident over the winter period was tiggered by a UK Health Security Agency Level 3 Cold Weather event in December 2022. The directorate's Cold Weather Plan was implemented successfully, protecting the most vulnerable residents from harm. The subsequent thaw resulted in widespread short-term water outages across the county and a significant water outage in Tunbridge Wells lasting seven days, ending on Christmas Eve. The directorate was engaged in the response throughout and specifically the multi-agency Vulnerable People and Communities Cell which was established to oversee the delivery of bottled water to residents throughout this incident.

Hospital Discharge and Community Support

2.8   The System Discharge Pathways Programme was established in autumn 2020 following a jointly-commissioned review of Kent's hospital discharge pathways in summer 2020. The review found Kent did not have a whole-system, holistic approach to delivering effective discharge pathways and set out recommendations for the delivery of consistent, needs-based services aligned to the developing Integrated Care System (ICS). Adult social care worked closely with partners in the Kent Community Healthcare Foundation Trust and the former Kent and Medway Clinical Commissioning Group to establish a

programme of work to deliver activities aligned to the review's recommendations.

2.9 Significant progress was made through the System Discharge Pathways Programme in 2021-2022 however, the governance arrangements were reviewed in 2022 in line with the Kent and Medway Integrated Care Board (K&M ICB) and local Health and Care Partnerships (HCP). A joint Commissioning Management Group which is co-chaired by the Corporate Director Adult Social Care and Health is now well established and a Better Care Fund Steering Committee and Intermediate Care Group is now in place and is co-chaired by the Adult Social Care Director of Operations (East Kent).

2.10 The programme of work for both groups is being refreshed for 2022-2023 and includes the development of integrated 'transfer of care hubs across the county' (piloting in East Kent); developing an intermediate care model for commissioned services to support on discharge from hospital; development of joint 'arranging support function; development of live capacity tracker and joint performance dashboard; expand use of technology and self-directed support as enablers.

Operational Capacity Management Plan for Winter 2022-2023

2.11 The Operational Capacity Management Plan for Winter 2022-2023 identified areas to maintain continuity of provision to meet the anticipated demands of winter 2022-2023.

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

2.13 The Area Referral Management Service (ARMS) continued to manage high level of referrals during the winter period and worked closely with Health partners to support pressures in their acute and Rapid Response services. This included extended working hours enabled the service to respond to a higher level of demand.

2.14 The Short-Term Pathways Team maintained additional Occupational Therapy Assistants (OTA) to work with people discharged from hospital into the community or Short-Term Beds to improve their levels of ability and enable them to remain at home with reduced level of long-term support. Additional agency Registered Practitioners were also recruited in East Kent to provide additional assessment capacity to support assessments for people discharged from hospital into Short-Term Beds.

2.15 The Approved Mental Health Professional (AMHP) Service implemented a range of business continuity arrangements to manage increased levels of activity. Additional capacity was provided by using extended working arrangements and additional workforce to the service until end of March 2023.

2.16 The Occupational Therapy (OT) Service maintained additional fixed term acting up management capacity and administration support to ensure that the OT workforce (of over 100 full time equivalent staff) was deployed in the most

effective way in response to current and emerging pressures, reducing risk to clients and carers, as well as pressure on partner services. Staff were retained and vacancies recruited expediently, including induction and training to elicit quality outcomes for people we support. The service continues the work on a range of innovations and service developments across the health, social care and local District and Borough Council economy to improve flow out from acute and community in patient settings, avoid admission into these settings, reduce duplication, streamline and simplify the process to speed up response rates and make best use of limited resource.

2.17 Kent Enablement at Home (KEaH) had a successful recruitment campaign which enabled them to fill 90% of their vacant hours. To address potential ongoing recruitment issues work has been completed in developing joint support worker posts between the NHS and Kent County Council. Additionally, redeployment opportunities were utilised during the winter period to manage increased demand on the service. KEaH also reported to the Adult Social Care Senior Management Team on a weekly basis to feed into the situational reporting which managed pressures across the health and care system and reported on a regular basis to the Market Pressures Working Group.

3.   Other activity to ensure Directorate and system resilience

3.1 The Innovation Delivery Team has provided a range of activities with objectives to enable workforce development and support in the provider market. A focus on communication and engagement with the care market has included the delivery of regular newsletters, locality meetings with Registered Managers and the delivery of Autumn and Spring Registered Managers conferences with 300 people in attendance each time.

3.2 Providers have been supported to focus on Quality Improvement with a wide training and support offer including funded access to the Social Care Information Learning Service (Scils) online training portal offering over 200 courses; these have been accessed by over 1,500 users. Bitesize health and clinical webinars run monthly to upskill worker's around more complex care. The Skills for Care Nurses Leadership Programme has supported another 15 nurses in social care to develop their skillset. Partnership work with the ICS has provided training around Ageing Well and Frailty for 130 care workers. Specialist Clinical Mental Health topics have been provided specifically for learning disability and mental health providers and included Personality Disorders, Suicide Prevention, Eating Disorders, Clinical Risk Assessments, Managing Suicide – 234 workers have accessed these sessions.

3.3 Recruitment and retention in the provider market has been supported through a variety of campaigns undertaken in collaboration with partners and the promotion of the National Department of Health and Social Care 'Made with Care' campaign. Work with local schools continued to raise the profile of social care careers, reaching 2,000 students. The Innovation Delivery Team also received two media awards in relation to a short video produced to share with schools on the values required to work in the care sector.

3.4 Adult social care continued to participate in local authority workforce groups at a national and regional level to share ideas, good practice support and a regional approach to recruitment and retention.

3.4 As part of the focus on workforce recruitment and retention, the Care Friends app has been implemented; the app rewards care workers if they successfully recruit friends and family into the care workforce. All 8,000 licences have now been allocated free to providers resulting in 300 new starters since the launch in 2022. To ensure providers are considering all potential new workers fairly, drama-based workshops on De-Biasing Recruitment, funded by the ICS, have been made available to care providers along with Flexi Working webinars to help providers consider new retention strategies.

3.5 Collaboration between health and social care is ongoing to support a streamlined approach for identifying and allocating placements and work experience opportunities within the care sector for students. Progress has also been made in offering providers the opportunity to attend school and college career fairs in their local areas to help them to potentially build their future workforce. Over 45 events around the county this year.

3.6 The Department for Work and Pensions (DWP) has been supporting the sector with information webinars for managers on the recruitment support available to them and links have been made between local DWP career advisors and providers.

3.7 Support continues for the sector with maintaining their health and wellbeing as we continue to be a sector under extreme pressure. The promotion of the Kent and Medway NHS Wellbeing Hub has been well received and a series of webinars on resilience, managing stress etc have also been made available.

3.8 With retention of nurses being an issue across the health and care sector a support program has been established for social care nurses to help them feel valued. The offer includes clinical training and updates for nurses, a K&M Nurses in Social Care support network, opportunities to access grants for their personal development, links with professional bodies and wellbeing support. To help grow the future nurse's workforce in the care sector, the Nursing Associate program, in partnership with Canterbury Christ Church University and the West Kent NHS Nursing Associate Consortium, continues to be promoted to nursing services so their care workers can undertake Nursing Associate qualifications which can progress to a fully qualified registered nurse. Funding has also been secured from Health Education England for a 12-month post to support this work.

3.9 The K&M ICB secured funding from NHS England as part of a programme to drive digital across the adult social care sector to improve the quality, safety and personalisation of care. Funding is to be used to support adult social care providers to adopt technologies that can transform care with a focus on:

- Increase uptake of digital social care records, also known as digital care plans, to ensure data is captured at the point of care and can be shared between care settings.

- Roll-out sensor-based falls prevention and detection technologies for those most at risk of falls, to reduce the frequency and severity of falls-related injuries resulting in hospital admissions.
- Test other care technologies based on local need to further develop understanding of what works.

3.10 In addition funding has been secured to test Technology Facilitators in hospital settings to support people to be discharged with technology.

3.11 Adult social care has recently completed procurement activity to procure a countywide Technology Enabled Care Service. 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 services such as community-based care and residential and nursing care.

3.12 Adult social care has also introduced an information, advice and guidance platform [Home | Connect to Support | Kent](#) which is designed to signpost and connect people. During the summer of 2023, a digital self-assessment is being implemented, this will allow people to see if they are eligible for social care and provide them with bespoke recommendations and connections to support and services.

4. Commissioned services

4.1 Commissioned services in Kent continue to experience extreme pressure due to the challenges arising from the COVID-19 pandemic and associated challenges in recruiting and retaining workforce, primarily due to the current cost of living increases. The Adult Social Care Pressures Plan 2022-2023 identified plans to support providers in delivering against three key themes:
1. Keep people safe and well at home
2. Support safe and timely discharge from hospital
3. Help people to recover and thrive in their own home

4.2 Activities and services delivered were aligned to each of these objectives and included wellbeing offers to support independent living, support for carers, managing appropriate hospital discharge services, delivery of effective reablement, access to community-based activities and development of long-term strategies to support market sustainability, including partnership working and the micro provider strategy.

4.3 Throughout the winter period senior officers from across the health and care system have met weekly (or on occasion more frequently) to review the pressures in care homes and community-based care services. This has enabled these groups to understand pressures at a system level and develop system responses and actions relating to quality, market sustainability and capacity.

4.4   Dashboards and analytic insights have been developed for community-based services including KEAH, Homecare, Supporting Independence Services and Hilton Discharge to Assess Services. These have enabled adult social care and its partners to closely monitor demand and capacity across a number of interdependent services and assess where pressures are particularly acute.

4.5   Waiting lists for services remained high through much of 2022. For Care and Support in the Home Services, waiting lists had increased from a weekly average of 46 in early 2021 to a weekly average of approximately 400 from December 2021, and remained close to that level for some time. However, since September 2022, the number of people waiting for a package of homecare has steadily decreased to a current weekly average of approximately 180. Although this remains relatively high, and two thirds (67%) of people waiting for a homecare package are in East Kent, which continues to be the most challenging area, there is continued evidence of an overall easing of pressure in terms of waiting list size.

4.6   Demand for services has been compounded by an increased number of provider handbacks and increases in hospital discharges during the winter period.

4.7   The Adult Social Care Senior Management Team is now managing oversight and actions relating to market pressures, and will seek to mitigate the current market pressures through the delivery of projects including Technology Enabled Care, managing timely reviews in adult social care services and ongoing market sustainability activities. However, there remains a high level of pressure on commissioned services especially with the challenges associated to the impact of the cost-of-living increases.

5.   Risk Management

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

6.   Financial Implications

6.1   The Adult Social Care and Health Directorate continues to see significant cost overspends resulting from higher activity, complexity and unit costs than originally budgeted for. At Q3 we were forecasting a forecast pressure of £25m, we are not expecting the year end position to show any significant change.

6.2   The impact of implementing the discharge element of the Adult Social Care and Health Winter Pressure Plan 2022-2023 has been assisted by additional funding made available from the Adult Social Care Discharge Fund which was

released in December 2022 to support additional activity to manage pressures of hospital discharges.

7.   Equalities implications

7.1   An Equality Impact Assessment was undertaken and is available within the Adult Social Care Pressures Plan 2022-2023.

8.   Other corporate implications

8.1   In delivering the Adult Social Care Pressure Plan 2022-2023, lessons have been learned about partnership working and managing market pressures. Lessons learned will be owned by the relevant plan owners and will be shared corporately where appropriate.

9.   Conclusions

9.1   In reviewing the Adult Social Care Pressures Plan 2022-2023 and the way in which it has built on its predecessor for 2021-2022, there has been positive learning in relation to the value of joint working, particularly with the NHS, to have a strong system response to collective pressures.

9.2   There continue to be pressures on workforce across the wider health and care sector and challenged budgetary position for health and social care services nationally. Managing the interdependencies across these factors is crucial and it is key that adult social care continues to prioritise and build on the improved working relationships with system-wide and provider partners. In line with previous years, lessons learned from the Adult Social Care Pressures Plan will be reviewed and incorporated within future planning for pressures management.

10.   Recommendations

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

11.   Background Documents

Adult Social Care Pressures Plan 2022-23
https://democracy.kent.gov.uk/documents/b23467/Item%2010%20-%20Appendix%201%20ASC%20Pressures%20Plan%2022-23%20updated%2017th-Nov-2022%2014.00%20Adult%20Social%20Care%20Cabi.pdf?T=9

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Adult Social Care Workforce Update

Adult Social Care Cabinet Committee
17 May 2023

Jade Caccavone: Directorate Business Manager

Adult Social Care

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Agenda Item 11

Adult Social Care workforce is a key priority for the directorate to ensure the **recruitment, retention and development of our workforce** for now and the future.

Adult Social Care and Health has a workforce headcount of **2441 employees** ; this includes a variety of roles that include management, professionally registered social care staff, front line social care workers and back office functions.

The directorate has a senior officer led **Organisational Development Group** which reports into the Directorate Management Team, and also has two sub groups to support the delivery of the workplan of the directorate
- **Resources Group which focuses on Recruitment and Retention**
- **Academy Group which focuses on learning and development requirements**

Our Organisational Development Group leads on the delivery of our **strategic workforce plan** which was launched in 2022 following co production with staff, data analysis and future workforce needs.

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Workforce Challenges

Recruitment and Retention of staff within Adult Social Care is a key risk that is held on the Directorate Risk Register

Recruitment and retention is a national issue across the social care sector. Adult social care also has a programme of work to support with the wider care sector workforce recruitment and retention within Kent.

Difficulties in recruiting and retaining staff due to our location
- London authorities and increased pay rates
- Coastal borders
- Rural locations and travel links

We have recently undertaken a redesign of the service as we moved into locality based working , this has impacted the workforce during the last year, however our new structure went live on 1 April 2023 and staff are settling into our new teams and recruitment to key roles - this has helped to reduce the risk over the last few months.

Our workforce plan was developed to help mitigate the risks we face across adult social care and help build the workforce and skills sets we require for the future.

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Recruitment

- **Coordinated recruitment** over the past 8 months to ensure consistent and planned recruitment approach across the county

- Successfully appointed **21 Community Team Manage**r roles for the new 24 Community Teams to support our locality ways of working

- Internal offers of **17 Senior Practitioner** roles following a competitive and successful round of interviews

- **People with lived experience** have been involved in our recruitment activities and supported us to recruit the right people with the right skills and behaviours.

- Recruitment progressing for newly created **Social Care Involvement Officers**

- **Supported the Student Experience programme**, a successful launch event was held in February for Students in their final year and a campaign is underway for **Newly Qualified Social Worker recruitment**.

- **Developing media solutions** with the council's communications team to support recruitment

- Kent County Council and the Kent Community Health Foundation Trust have signed a collaborative agreement and are recruiting to joint roles for **Health and Social Care Support Workers**, with the first recruits starting imminently.

- **Refer a friend** scheme introduced for our Provider Services

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Retention

- **13 Social Work Apprentices** have just completed their degree and are due to start practice in our teams in the coming months

- **18 Social Work Apprentices** have just commenced their placements following a large volume of applications and a competitive application process

- Supporting **13 Occupational Therapy Apprentices** with 4 due to start practice in the coming months

- 6 students are undertaking the **Think Ahead Programme** (mental health social work) with 2 due to start practice in the coming months

- Revision to our market premium offer and **introduction of service related payments** to support retention of our registered workforce

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Development Pathways

- **Practice Framework** launched and core skills programme developed, over 1800 staff have attended 50+ sessions

- **Kent Academy Platform** updated to support better navigation of **development opportunities** and updated to provide information for staff

- New **Occupational Therapy Practice Development Role** recruited to reinforce the professional development and activity of our occupational Therapy staff

- 13 additional staff have recently undertaken **Best Interest Assessor training**

- New cohort of staff undertaking **Practice Educator Training**

- **Approved Mental Health Professional** qualification selection underway.

- Internal adult social care **induction programme** has been developed and due to be launched in the coming months

- Changes have been made to the **Social Care Capability Framework** to support a more streamlined development programme for our practitioners

- Attendance at Job fayres and attending colleges and 6th forms to **share careers in social care**

Review of **Strategic Workforce Plan** to identify priorities and revising **Organisational Development Workplan** for 2023-2024**.** Key themes remaining:

      - Recruitment and Retention

      - Management and Leadership

      - Roles, Skills and Development for New ways of working

This will be **co-produced with our workforce** through the creation of localised Organisational Development Groups

Leadership Team are driving forward **Culture Growth** to embed our new ways of working and towards **the best we can be**

Induction planning for our new managers is underway to support them in their new roles and revised of working to ensure they are our enablers within the workforce.

Further work with Corporate communications to **develop a new marketing campaign for Social Care** roles with the aim to launch in June.

Work with our partners to identify more opportunities for joint working

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From: Ben Watts, General Counsel

To: Adult Social Care Cabinet Committee – 17 May 2023

Subject: **Work Programme 2023**

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 2023.

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 2023**

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.

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5. Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **NOTE** its work programme for 2023.

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6. Background Documents
None.

7. Contact details

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ADULT SOCIAL CARE CABINET COMMITTEE
WORK PROGRAMME 2023/24

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	May 23, Sep 23, Nov 23, Mar 24, May 24
Draft Revenue and Capital Budget and MTFP	Annually (January)
Risk Management: Adult Social Care	Annually (March)
Annual Complaints Report	Annually (November)

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	Property Security Element of Countywide SAFER Scheme - Contract Award	Key Decision
7	Work Programme	Standing Item

13 SEPTEMBER 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

15 NOVEMBER 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	Annual Complaints Report	
7	Work Programme	Standing Item

18 JANUARY 2024 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Draft Revenue and Capital Budget and MTFP	
7	Work Programme	Standing Item

13 MARCH 2024 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	Risk Management: Adult Social Care	
7	Work Programme	Standing Item

15 MAY 2024 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

3 JULY 2024 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)
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 and 15/03/23
Dementia Strategy	Deferred from November agenda
DOLS (transition of service)	Approx. September 2023
Transition from SEND – inc. cost implications, joint ASC/Integrated Care Partnership Paper	March 2023 (Mr Streatfeild 17/11/22)

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