

**ADULT SOCIAL CARE CABINET COMMITTEE**

**Thursday, 6th July, 2023**

**2.00 pm**

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



## AGENDA

### ADULT SOCIAL CARE CABINET COMMITTEE

**Thursday, 6 July 2023 at 2.00 pm**  
**Council Chamber, Sessions House, County Hall,**  
**Maidstone**

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

#### **Membership (17)**

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,  
Mrs L Game and Mrs L Parfitt-Reid

Labour (2): Ms J Meade and Mr A Brady

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

Green and Independent (2): Mr S R Campkin and Jenni Hawkins

#### **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 17 May 2023 (Pages 1 - 8)
- 5 Verbal Updates by Cabinet Member and Corporate Director
- 6 Strategic Partnership Agreement for Neurodiversity (Pages 9 - 22)
- 7 Carers' Short Breaks Service (Pages 23 - 38)
- 8 Domestic Abuse Act Framework (Pages 39 - 60)
- 9 Liberty Protection Safeguards Update (Pages 61 - 64)
- 10 Safe Systems, Pathways and Transitions - To Follow
- 11 Integrated Care System Social Prescribing and Care Navigation Strategy (Pages 65 - 72)

12 Work Programme (Pages 73 - 78)

**EXEMPT ITEMS**

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

Benjamin Watts  
General Counsel  
03000 416814

**Wednesday, 28 June 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, 17th May, 2023.

PRESENT: Mr A M Ridgers (Chairman), Mr S Webb (Vice-Chairman), Mrs P T Cole, Mr N J Collor, Ms S Hamilton, Ms J Meade, Mr J Meade, Mr T L Shonk, Mr R G Streatfeild, MBE, 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), Simon Mitchell (Senior Commissioner) and Dominic Westhoff (Democratic Services Officer).

**UNRESTRICTED ITEMS**

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

Apologies for absence had been received from Mr Dirk Ross.

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

Mr Shonk noted that a member of his family was a care provider. Ms Meade noted that she was personally affected by some of the items. Ms Linda Wright noted that she was an appointee for a relative with a mental health issue.

**128. Minutes of the meeting held on 15 March 2023**  
*(Item. 4)*

RESOLVED that the minutes of the meeting held on 15 March 2023 are correctly recorded and a paper copy be signed by the Chairman.

**129. 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) It was noted that the 15-21 May marked Mental Health Awareness Week, this year the focus was on anxiety. Residents were encouraged to think of simple steps they could take to improve their mental health and to recognise where intense anxiety is impacting daily life and when to seek support. Mrs Bell then gave details of services and advice available countywide. Kent and Medway's authorities, health services and community groups were coming together to remind residents of locally based support available. Live Well Kent and Medway were a network of voluntary groups and charities offering free mental health support and guidance for young people and adults. Better Health

Every Mind Matters website offered advice on stress, anxiety, low mood and sleep issues. One You Kent, a free local healthy lifestyle service, would help residents set realistic fitness goals and stay motivated. Counselling services were available for a range of concerns through Release the Pressure. It was noted that further information and links to these services were available on the Kent County Council Website and promoted on the Council's social media channels. Please find links to the services below:

- Live Well Kent and Medway: [Welcome | Live Well Kent](#)
- Better Health Every Mind Matters: [Better Health - Every Mind Matters | Campaign Resource Centre \(phe.gov.uk\)](#)
- One You Kent: [One You Kent - Kent County Council](#)
- Release the Pressure: [Release the pressure - Kent County Council](#)

(b) Mrs Bell said that on the 19 May, there was a free event at the Detling showground showcasing the support available for those living with, or caring for those with, dementia. The event would be organised by members of the Kent Dementia Action Alliance. Organisations and experts will be available with activities and information. People would be able to meet with experts and professionals and connect with local dementia support services. As well as learn about new research and take part in activities. In the afternoon the Kent dementia friendly awards would take place to recognise individuals and organisations that benefit the lives of those with dementia. The event would be attended by Kent County Council Leader Roger Gough and Minister of State for Social Care, and local Kent MP, Helen Whately.

(c) Mrs Bell noted that she had attended the Health Watch Recognition Awards on 29 March 2023, where Kent County Council had won 4 awards. The Council's Public Health directorate had won two of the awards. The first was for Kent and Medway Listens, a large engagement project that engaged with numerous residents from seldom heard communities and the findings from which would help inform the interim Kent and Medway Integrated Care Strategy. The second award was for their commitment to be involved with and listen to those with lived experience of suicide. The other two awards for the Council were for its work with the People's Panel, which was created by Health Watch Kent, and for ensuring that people's experiences were fully part of the Technology Enabled Care pilot.

2. Mrs Clair Bell then responded to comments and questions from the Committee, including the following.

(a) Asked about the difficulties faced by residents in finding the correct pathway or resource for a mental health issue, who instead found themselves being signposted from one place to another. Mrs Bell said that this would be taken away and looked at to ensure the services are effective. Mr Richard Smith said he would like to discuss the issue further outside the meeting.

(b) Asked about the effectiveness of social prescribing for mental health and if it was being promoted during Mental Health Awareness Week. Mrs Bell was not aware of any specific examples but emphasised the evidence that shows how effective such measures were for mental health issues.

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

(a) Mr Smith noted that 1 in 4 people were affected by a mental health issue, he encouraged people to reach out and seek support or check in with their friends, family, or colleagues.

(b) Mr Smith said that he had spoken at the Kent Independent Care Association (KICA) Registered Managers Conference. The conference was hosted at Detling and was said to have been very well attended. A presentation was delivered to providers outlining the directorate's commissioning intentions. Information was provided on the consultation on the care workforce. The Care Quality Commission (CQC) updated delegates on their new structures and inspection regime. There were commercial stands on technology and care services. A workshop was held on technology-enhanced lives, Mr Smith noted that this was a conscious decision to change the terminology from technology-enabled care, as the offer was about more than just care.

(c) Mr Smith had visited a number of the services provided. Including, Strode Park and in-house services provided at West View. Mr Smith was planning to visit further teams and providers over the coming weeks and months.

(d) Mr Smith attended the Association of Directors of Adult Social Services (ADAS), It was noted that there was a call to arms about the workforce and ensuring diversity and equality within the workforce. There had been a focus on co-production as several of the presentations had those with lived experience at their centre and it was a central theme of the CQC and Future Roadmap presentations.

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

(a) Asked about hospital discharges and if there had been any learning from recent events. It was confirmed that discussions were ongoing with staff, NHS colleagues and voluntary sector actors to ensure people were moving as smoothly as possible through the hospital system. Mr Smith noted the complexity of the issue in Kent and that work was ongoing. Hospitals are under considerable pressure not just in winter but all year round, particularly in east Kent. Several out-of-hospital initiatives were underway with NHS colleagues.

*(At this point the Chairman, Mr Alan Ridgers, was unable to continue as Chair and handed over to the Vice-Chair, Mr Simon Webb. Mr Ridgers thanked Mr Webb for taking on the Chairmanship for the remainder of the meeting.)*

### **130. Technology Enabled Care Service Contract Award**

*(Item. 6)*

*Ms Georgina Walton, Senior Project Manager, Innovation Delivery Team, Adult Social Care, and Anthony Prime were in attendance for this Item.*

1. Georgina Walton introduced the item. Ms Walton noted that the service would be known as Technology Enhanced Lives Service going forward, following feedback from users.

2. Ms Walton said that the contract was for 5 years, with the option to extend by a further two years.
3. The procurement process had been completed, with a preferred provider identified. The evaluation panel had high confidence that the provider would deliver against the service specification. Once agreed the contract would be awarded in June and the full county-wide offer would go live in September 2023.
4. Mr Prime gave further information and details on the procurement process.
5. Georgina Walton and Anthony Prime then responded to comments and questions from the committee, including the following.

(a) Asked about the lack of Wi-Fi connectivity among some individuals and groups and how this would impact the implementation of the service, only 44% of those over 65s, the age group most likely to be affected, were recorded as having Wi-Fi connectivity. Also, was there any scope to Wi-Fi enable relevant households to ensure the contract was delivered in the most efficient way possible. In response, it was said that technology facilitators were in place to visit homes and only offer the most suitable technologies for the environment, many of which do not run on Wi-Fi. Also, work was ongoing with Digital Kent, which focussed on digital accessibility and infrastructure, which would help to understand barriers to Wi-Fi connectivity.

(b) Asked about data protection measures it was confirmed that a Data Protection Impact Assessment (DPIA) had been completed and would be updated once work had begun with the preferred provider and legal advice received.

(c) Asked about the security risks. It was said that individuals would be given advice and support and that potential security risks were well understood. Digital ambassadors were in operation to provide 1-on-1 support to users.

(d) Asked about the costs of Wi-Fi installation. It was noted that Digital Kent offered support and vouchers for those with barriers to Wi-Fi connectivity. It was also said that there were technologies that do not rely on Wi-Fi, for example, some were sim based.

(e) Mrs Bell noted the importance of technology in care going forward as benefits included maintaining independence and supporting social connectivity and wellbeing. Excited about the project going forward and thanked those who developed the project.

RESOLVED that the Adult Social Care Committee agreed to the recommendation as set out in the report.

**131. Adult Social Care Charging Policy**  
*(Item. 7)*

*Ms Michelle Goldsmith, Finance Business Partner, Social Care, Health and Wellbeing, was in attendance for this item.*



1. Ms Goldsmith introduced the report and gave an overview of the Adult Social Care Charging Policy. It was noted that all those who were overcharged had now been resolved. The next step was said to be identifying where the authority had been too generous. It was proposed that existing people would remain on the current charge whereas new people would be charged the amended rates. The forecast loss of income was anticipated to be around £200,000, but it was noted this would diminish over time.
2. Asked if further anomalies were expected to come to light and if this would then need to come back before the committee. It was said in response that all anomalies had been identified and resolved. Mr Smith noted that this had been a very specific issue and would only come back to the Committee if there was a substantial change to the Charging Policy.

RESOLVED the Adult Social Care Cabinet Committee agreed to the recommendations as set out in the report.

### **132. Community Sensory Needs Support Service**

*(Item. 8)*

*Katherine Clark, Commissioner, and Nicola McLeish, Senior Commissioner, were in attendance for this item.*

1. Katherine Clark introduced and gave an overview of the report. It was said the proposed contract would be for a period of 4 years. A formal procurement process was due to commence over the summer with the contract expected to be awarded by the end of 2023 with the service commencing in early 2024.
2. Katherine Clark then responded to comments and questions from the committee including the following.

(a) Asked about the choice between commissioning and providing the service in-house. It was said that an assessment had been conducted but as the level of need is small it did not make financial sense to provide this in-house. It was noted an external provider would effectively respond to peaks and troughs in demand.

(b) Asked about the decision made by the Council to withdraw funding from charity sectors and how this impacted the decision to procure this service. Ms Clark and Ms McLeish said that the contract formalised a service that the Council was already engaged with to provide statutory services. Mr Mitchell said that the service was separate and different to existing wellbeing contracts. Mrs Bell said that it was the same provider, but a different service was being provided under the contract being discussed.

RESOLVED that the Adult Social Care Cabinet Committee agreed with the recommendations as set out in the report.

### **133. Adult Social Care Performance Dashboard**

*(Item. 9)*

*Paula Parker, Transformation Lead, Helen Gillivan, Head of Business Delivery Unit, and Sydney Hill were in attendance for this item.*

1. Ms Parker introduced the report and highlighted the key areas of activity and performance during quarter 4 for 2022/23.
2. Ms Parker then responded to comments and questions from the committee, including the following:

(a) Asked if officers could give further details on what happened in Q4 as many of the Key Performance Indicators (KPIs) were down on the previous year and if a forward plan was going to be put in place to address this. Sydney Hill gave further details on what happened in Q4 including greater-than-expected demand resulting from winter pressures. It was noted that issues would be addressed by updating the pressures plan and the structural change to the locality model.

(b) Despite a good response to the winter pressures, it was noted that many individuals had experienced, or had ongoing issues, with accessing care and asked if there was a plan to collect and analyse data on these cases to inform future plans. Mr Smith said that there were several factors responsible for the figures seen in Q4 and gave details on the drivers of demand and pressures in the NHS system. It was noted that this was a national issue, not a Kent-specific one. It was said that Q1 figures would indicate if this was a blip or sign of an ongoing concern.

(c) Asked about care homes heading into the 'required improvement' area and what support was given to such care homes. Mr Mitchell said there was a combination of measures in place. Mr Mitchel gave details of how his team would go into care homes and work to pre-empt any foreseen downward turns in quality of care. It was noted that discussions and work were also ongoing with the front line, CQC and health colleagues to identify care homes heading into trouble. It was said that most care homes were private businesses, so the onus was on them to work with the Council to maintain acceptable standards.

(d) It was confirmed that KPIs were reviewed annually as part of an ongoing process, alongside any national changes, to ensure they accurately reflected what needed to be measured and monitored.

RESOLVED recommendations agreed as set out in the report.

#### **134. Adult Social Care Pressures Plan** *(Item. 10)*

*Sydney Hill was in attendance for this item.*

1. Sydney Hill introduced and gave an overview of the report. It was noted that the pressures plan was updated and reviewed annually. An overview was given of various pressures that were faced over the previous winter and how these were successfully supported and responded to. The Pressures Plan for 2023/24 would take forward the learning from the previous year and the updated plan would be presented to the Cabinet Committee in November 2023.

RESOLVED the report was noted and considered.

**135. Adult Social Care Workforce Update**  
(Item. 11)

*Sydney Hill and Jade Caccavone, Directorate Business Manager Adult Social Care, were in attendance for this item.*

1. Sydney Hill introduced the update. Jade Caccavone then gave a presentation. Please find the presentation attached.
2. Jade Caccavone then responded to comments and questions from the committee, including the following.

(a) Mr Webb thanked the presenter and praised the clarity and quality of the presentation.

(b) Asked how many vacancies were currently open. It was said that the exact figures were not available but would be circulated after the meeting.

(c) Asked about over-50s potentially re-entering the workforce and if they could be attracted to help alleviate the social care workforce pressures. It was said there was no targeted campaign in place but if individuals had the right values and behaviours they would be welcomed to apply and join the workforce.

(d) Asked if there could be a breakdown in the workforce figures by district or locality it was said that this would be taken away and discussed as to how best to deliver this data.

(e) It was asked if there could be a second presentation down the line detailing the impact and evaluation of the proposed measures and how this was affecting Kent residents.

(f) Asked if recruitment campaigns were targeting students from a range of degree courses. It was noted that registered practitioner roles were open to qualified social workers, occupational therapists, and nurses but other operational roles did not require technical qualifications that were being actively recruited for.

(g) Asked about the quality of mental health training it was said that specialist training was available including the Think Ahead Master's Programme. It was noted that the workforce was encouraged to take further mental health training and qualifications. Joint work with the NHS was ongoing with efforts made to progress this going forward.

RESOLVED the presentation was noted.

**136. Work Programme**  
(Item. 12)

RESOLVED that the Work Programme for 2023/24 was noted.



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

**To:** Adult Social Care Cabinet Committee July 2023

**Subject:** **STRATEGIC PARTNERSHIP AGREEMENT FOR NEURODIVERSITY**

**Decision No:** 23/00059

**Classification:** Unrestricted

**Past Pathway of Report:** None

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

**Electoral Division:** All

**Summary:** The review of the formal Kent and Medway wide arrangements for commissioning and delivery of health and social care services to people who are neurodivergent by way of being autistic or having learning disabilities is complete.

The Memorandum of Understanding between Kent County Council and Medway Council is complete and the supporting agreement between Kent County Council and NHS Kent and Medway has been drafted. Neurodivergent people have directly shaped the identity of the partnership and language to be used, which both updates and supports the continued development and adaptation of the partnership and its organisational partners.

Since the completion of the Memorandum of Understanding, Kent County Council and NHS Kent and Medway have begun to restructure their commissioning functions. As this wider environment continues to change, the Strategic Partnership for Neurodiversity must also continuously adapt. The supporting agreements therefore act as a framework to support the continued flexibility and development of the Strategic Partnership for Neurodiversity.

The wider delivery partnership for neurodiversity also includes the delivery collaborative arrangements which will be supported by a lead NHS provider in partnership with Kent County Council and Medway Council. The formal agreements to support this are continuing to be developed within these Kent and Medway arrangements and under the leadership of the Jointly appointed System Program Lead for Learning Disability and Neurodiversity.

**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) **ENTER** into a new Strategic Partnership Agreement for Neurodiversity with NHS Kent and Medway; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to vary the agreement to widen the geographical scope and parties to the agreement and 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 This report presents the work undertaken since December 2021 to develop the whole system delivery partnership for neurodivergent citizens.
- 1.2 The partnership is currently supported through a Section 75 Agreement between NHS Kent and Medway and Kent County Council (KCC) and a Memorandum of Understanding (MOU) between KCC and Kent and Medway Council.
- 1.3 Progress including Medway Council's formal commitment to the whole system delivery partnership and the underpinning agreements supports the delivery partnership to further progress the formal arrangements to make better use of resource and funding to improve outcomes of, and with its neurodivergent citizens.
- 1.4 Self-advocates have been key to developing the neurodiversity movement, including language development, new theories and more inclusive opportunities. The language used throughout this report, and across the partnership reflects the language preferences of the learning disabled and autistic communities under the umbrella of neurodivergence, including Kent and Medway citizens.

## **2. Background**

- 2.1 Since April 2016 KCC has been in a formal partnership with the previous Kent and Medway Clinical Commissioning Groups (CCG) supported by a Section 75 Agreement. The original ambition to develop wider partnership for service delivery was delivered in 2018 when the Learning Disability Alliance was signed. Since the Alliance Agreement ended on 31 March 2021 there has been no use of delegated functions under Section 75 of the NHS Act 2006.
- 2.2 The development of understanding and relationships, supported by the Section 75 and Alliance Agreements, combined with the development of Integrated Care Systems (ICS) in the context of the Health and Care Act, and the continued inequality experienced by neurodivergent people presented an opportunity for review.
- 2.3 Medway Council and KCC have agreed a MOU until 31 March 2024. This MOU and Strategic Partnership Agreement will support the wider system partnership

between health and social care to deliver and strengthen the relationships, including the potential for the legal partnership agreement to expand.

- 2.4 Legal advice has been received to confirm there is no need for a Section 75 Agreement at this stage, and instead a Partnership Agreement can utilise the powers under Regulation 7 of the NHS Bodies and Local Authorities Partnership Arrangements Regulations (2000). The S75 agreement could then be completed at the time that all partners are ready to delegate functions under section 75 NHS Act (2006).
- 2.5 The Joint System Lead has been in post since August 2022, bringing the multiple organisation partners together in delivering the agreed workplan, whilst also future proofing the resources, opportunities and commitment that will better deliver with and for Kent and Medway neurodivergent citizens.

### **3. Financial Implications**

- 3.1 The pooled fund hosted by KCC under the current S75 Agreement includes management of the partnership's commissioning staff arrangements which flows £265,000 per annum through the pool for permanent staffing costs. KCC contribution to this is currently £21,000. This pool also includes other contributions for aftercare costs (currently £770k) and Tier 4 contributions (£300k) which will continue under the new arrangements.
- 3.2 The new Strategic Partnership Agreement creates further flexibility to enable the development for further pooling, hosted by agreed organisational partners. This provides the opportunity to improve joint funding processes and management, for example relating to Mental Health Act Section 117 aftercare, supported by the partnership's commissioning staff arrangements.
- 3.3 The new Strategic Partnership Agreement additionally presents the opportunity and flexibility to align budgets meaning that the partnership can manage jointly commissioned or provided services without needing to pool NHS or Council funds and supports joint decisions and will ensure it maximises the available resources when determining lead partner arrangements and applies a consistent approach to elements such as inflationary increases.
- 3.4 The MOU supports the discussions toward formal agreement of the resource, contributions, and structures between KCC, NHS Kent and Medway, and Medway Council to enter into this partnership agreement. If the partnership is ready to make use of the powers under Section 75 from the 1 April 2024, then this remains an option. The option to align resources without Section 75 flexibilities is retained should this be preferred by the delivery partnership in developing the future collaborative arrangement for delivery.
- 3.5 As partners within the future collaborative arrangement, comprising NHS and local authority services, Kent County Council, and Medway Council will retain oversight and decision making about their own statutory obligations with any additions to pooled or aligned budgets, or resource to be taken through the prescribed governance arrangements for each organisational partner.

3.6 The previous Alliance for Learning Disability ended on 31 March 2021 but continues to flow £10 million per annum of NHS funding through the current pooled fund in and then back out to NHS Kent and Medway who hold the contracts with Kent and Medway Partnership Trust and Kent Community Health Foundation Trust. The new Partnership Agreement removes the requirement to manage this funding flow through the pooled fund, therefore delivering more efficiently.

#### **4. Legal implications**

4.1 Bevan Brittan is engaged and has been providing the legal support necessary to develop the new Strategic Partnership Agreement as agreed with the Head of Law in February 2022. Bevan Brittan will also support the development of the collaborative arrangements.

4.2 An interim MOU between KCC in its hosting capacity under the current Section 75 agreement, and Medway Council is in place until 31 March 2024.

4.3 Each statutory organisation will retain control for their delivery and decision making in relation to their statutory obligations under any Section 75 Agreement and the collaborative arrangement.

4.4 The completion of the new Strategic Partnership Agreement for Neurodiversity will automatically terminate the current Section 75 agreement for Learning Disability and Autism. It is anticipated that the new arrangements will be completed for the 1 September 2023.

#### **5. Equalities implications**

5.1 An Equalities Impact Assessment (EQIA), attached as Appendix 1, was completed in 2021 and was updated in October 2022. The continuing development of the social movement for neurodiversity including language evolution is exposing the potential for some previously unseen intersectional inequalities. For example, relating to autistic women, and the possibility of misdiagnosis with conditions such as personality disorder, and cooccurrence with other acquired neurodivergence, for example Post-Traumatic Stress Disorder (PTSD).

5.2 The proposed decision to enter into a Strategic Partnership Agreement will enable the partnership to better consider, understand and meet the needs of neurodivergent citizens across Kent and Medway by reducing inequalities potentially attributable to inconsistent approach and service availability. This would have a positive impact on citizens with protected characteristics.



5.3 The language used throughout this report, and the EQIA reflects the language preferences of neurodivergent communities. The current focus of the partnership remains on autistic people and people with learning disabilities but creates the flexibility and potential to additionally meet the needs of people from, or intersecting across neurominority groups, for example people with Attention Deficit Hyperactivity Disorder (ADHD) and those with mental health needs.

## **6. Other corporate implications**

6.1 The delivery partnership integrated staffing arrangements are currently hosted within strategic commissioning, working across Adult Social Care and Health. Section 75 Agreements and the proposed Strategic Partnership Agreement are all age, and in perpetuity creating an overlap within the council for partnership working between Children, Young People and Education and Adult Social Care and Public Health. These relationships are well developed as a result of progress made since 2016.

6.2 The strategic commissioning restructure is underway and creates further opportunity to develop the integrated commissioning functions between NHS Kent and Medway, KCC and in the future, other potential partners. It is proposed that this is explored and where appropriate supported through the new Strategic Partnership Agreement for Neurodiversity.

6.3 This delivery partnership has responsibility for supporting and developing the wider economic wellbeing of neurodivergent people with functions overlapping with Growth, Environment and Transport, and Infrastructure Directorates. These relationships are developing supported by the appointment of a Housing and Accommodation Programme Development Lead.

6.4 The delivery partnership aligns with, supports and is supported by the individual partner's organisational governance arrangements and will continue to evolve as the ICS develops. This will include developing informal relationships with district and borough councils as appropriate in improving wellbeing and reducing inequality, including in response to climate change.

## **7. Governance**

7.1 It's anticipated that the Corporate Director Adult Social Care and Health will inherit the main delegations under the Officer Scheme Delegation for the completion and development of the Strategic Partnership Agreement (including any future use of powers under section 75), and the collaborative arrangement.

## 8. Conclusions

- 8.1 The delivery partnership, including the Programme Delivery Unit is operational with the support of Kent and Medway Joint System Lead for Neurodiversity. Continuing to work with neurodivergent people, this delivery partnership is ready to further build on and formalise these arrangements.
- 8.2 The Section 75 Agreement between Kent County Council and NHS Kent and Medway requires redevelopment as a result of the review, and the decision by Medway Council to work within the partnership. This presents the opportunity to develop a consistent, coordinated approach and equitable service development across the Kent and Medway geographical areas.
- 8.3 The proposed Strategic Partnership Agreement enables further flexibility to support the development of appropriate financial infrastructure to support service development, to reduce the inequality experienced by neurodivergent citizens, based on need, and in the context of wider economic wellbeing.

## 9. Recommendations

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

- a) **ENTER** into a new Strategic Partnership Agreement for Neurodiversity with NHS Kent and Medway; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to vary the agreement to widen the geographical scope and parties to the agreement and to take other relevant actions including, but not limited to finalising the terms of and entering into required contracts or other legal agreements as necessary to implement the decision.

## 10. Background Documents

**Kent and Medway Adult Learning Disability and Autism Collective Options**  
Medway Council Cabinet decision 135/2021 [Agenda and minutes for Cabinet on Tuesday, 14 December 2021, 3.00pm | Medway Council](#)

**15/00101 Integrated Adult Learning Disability Commissioning**  
[Decision - Integrated Adult Learning Disability Commissioning \(kent.gov.uk\)](#)

## **11. Report Authors**

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### **Relevant Director**

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# KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

## DECISION TO BE TAKEN BY:

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

## DECISION NO:

23/00059

For publication

Key decision: YES

## Title of Decision: Strategic Partnership Agreement for Neurodiversity

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

- a) **ENTER** into a new Strategic Partnership Agreement for Neurodiversity with NHS Kent and Medway; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to vary the agreement to widen the geographical scope and parties to the agreement and 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:** Since April 2016 Kent County Council (KCC) has been in a formal partnership with the previous Kent and Medway Clinical Commissioning Groups, supported by a Section 75 Agreement. The original ambition to develop wider partnership for service delivery was delivered in 2018 when the Learning Disability Alliance was signed. Since the Alliance Agreement ended on 31 March 2021 there has been no use of delegated functions under section 75 of the NHS Act 2006.

The development of understanding and relationships, supported by the Section 75 and Alliance Agreements, combined with the development of Integrated Care Systems in the context of the Health and Care Act, and the continued inequality experienced by neurodivergent people presented an opportunity to review and develop a consistent, coordinated approach and equitable service across the Kent and Medway geographical areas.

The new Strategic Partnership Agreement for Neurodiversity is ready for implementation between Kent County Council and NHS Kent and Medway, with potential for variation by 31 March 2024 to widen the geographical scope and the parties to the agreement in line with the review for a whole System Delivery Partnership for Neurodiversity.

The proposed decision supports Priority 4 of Kent County Council's Strategic Statement 2022-2026 to integrate our commissioning and planning of services to improve health and social care outcomes.

**Financial Implications:** The pooled fund hosted by KCC under the current Section 75 for learning disability and autism manages the partnership's commissioning staff arrangements and flows funds into the pool for permanent staffing costs. This includes a KCC contribution of £21,000 per annum. This pool, including other contributions from NHS Kent and Medway for aftercare costs, and Tier 4 contributions via NHS England, based on net discharge of learning disabled and autistic inpatients will continue under the new arrangements.

**Legal Implications:** The completion of the new Strategic Partnership Agreement for Neurodiversity will automatically terminate the current Section 75 Agreement for learning disability and autism. The new Strategic Partnership Agreement for Neurodiversity will start on 1 September 2023.

**Equalities implications:** An Equality Impact Assessment (EQIA) has been undertaken and reviewed with no negative impact on people with protected characteristics. The EQIA will continue to be reviewed and updated.

**Data Protection implications:** A Data Protection Impact Assessment is confirmed as not required

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 6 July 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

**Any alternatives considered and rejected:**

Do nothing option discarded - the current Section 75 Agreement is in perpetuity but does not offer the flexibility for the partnership to adapt as required to continuously meet the needs of neurodivergent citizens.

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

.....  
signed

.....  
date

## EQIA Submission – ID Number

### Section A

**EQIA Title**

Neurodivergent Citizen Delivery Partnership

**Responsible Officer**

Xan Brooker - ST SC

### Type of Activity

**Service Change**

No

**Service Redesign**

No

**Project/Programme**

Project/Programme

**Commissioning/Procurement**

No

**Strategy/Policy**

No

**Details of other Service Activity**

Review and development of collaborative partnership agreements

### Accountability and Responsibility

**Directorate**

Adult Social Care and Health

**Responsible Service**

Strategic Commissioning

**Responsible Head of Service**

Marie Hackshall - ST SC

**Responsible Director**

Richard Smith - AH CDO

### Aims and Objectives

Develop the legal agreements to support the development and delivery of the Whole Delivery Partnership System for and with neurodivergent citizens by

- Developing relationship and strengthened partnership with Medway Council supported by interim MOU and

- Develop and complete the Section 75 Agreement between KCC, NHS Kent and Medway and Medway Council

- Develop and complete the arrangements to support the System for provision of services through the NHS Lead Provider contract, in partnership with Medway Council and Kent County Council

### 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?**

Continued to build on and work work in equal partnership in multiple ways directly with neurodivergent citizens at the Neurodiversity Services Board, the Learning Disability Partnership Board, in consultation with Aucademy consultants and Learning Disability England. In addition this Partnership is working across the multiple organisational partners and through the supporting governance routes.
<b>Has there been a previous Equality Analysis (EQIA) in the last 3 years?</b>
Yes
<b>Do you have evidence that can help you understand the potential impact of your activity?</b>
Yes
<b>Section C – Impact</b>
<b>Who may be impacted by the activity?</b>
<b>Service Users/clients</b> Service users/clients
<b>Staff</b> Staff/Volunteers
<b>Residents/Communities/Citizens</b> Residents/communities/citizens
<b>Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?</b>
Yes
<b>Details of Positive Impacts</b>
Improved equitay of service access across Kent and Medway Citizens who are neurodivergent and the opportunity to recognise and address potential for itersectional inequalities experienced by those who additionally intersect across neurotype, gender, sexuality, and ethnicity.
<b>Negative impacts and Mitigating Actions</b>
<b>19. Negative Impacts and Mitigating actions for Age</b>
<b>Are there negative impacts for age?</b>
No
<b>Details of negative impacts for Age</b>
Not Applicable
<b>Mitigating Actions for Age</b>
Not Applicable
<b>Responsible Officer for Mitigating Actions – Age</b>
Not Applicable
<b>20. Negative impacts and Mitigating actions for Disability</b>
<b>Are there negative impacts for Disability?</b>
No
<b>Details of Negative Impacts for Disability</b>
Not Applicable
<b>Mitigating actions for Disability</b>
Not Applicable
<b>Responsible Officer for Disability</b>
Not Applicable
<b>21. Negative Impacts and Mitigating actions for Sex</b>
<b>Are there negative impacts for Sex</b>
No
<b>Details of negative impacts for Sex</b>
Not Applicable
<b>Mitigating actions for Sex</b>
Not Applicable
<b>Responsible Officer for Sex</b>



Not Applicable
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>
<b>Are there negative impacts for Gender identity/transgender</b>
No
<b>Negative impacts for Gender identity/transgender</b>
Not Applicable
<b>Mitigating actions for Gender identity/transgender</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Gender identity/transgender</b>
Not Applicable
<b>23. Negative impacts and Mitigating actions for Race</b>
<b>Are there negative impacts for Race</b>
No
<b>Negative impacts for Race</b>
Not Applicable
<b>Mitigating actions for Race</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Race</b>
Not Applicable
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
No
<b>Negative impacts for Religion and belief</b>
Not Applicable
<b>Mitigating actions for Religion and belief</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
Not Applicable
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
No
<b>Negative impacts for Sexual Orientation</b>
Not Applicable
<b>Mitigating actions for Sexual Orientation</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
Not Applicable
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
No
<b>Negative impacts for Pregnancy and Maternity</b>
Not Applicable
<b>Mitigating actions for Pregnancy and Maternity</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>
Not Applicable
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
No
<b>Negative impacts for Marriage and Civil Partnerships</b>

Not Applicable
<b>Mitigating actions for Marriage and Civil Partnerships</b>
Not Applicable
<b>Responsible Officer for Marriage and Civil Partnerships</b>
Not Applicable
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
No
<b>Negative impacts for Carer's responsibilities</b>
Not Applicable
<b>Mitigating actions for Carer's responsibilities</b>
Not Applicable
<b>Responsible Officer for Carer's responsibilities</b>
Not Applicable

**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 – 6 July 2023

**Subject:** **CARERS' SHORT BREAKS SERVICE**

**Decision no:** **23/00061**

**Classification:** Unrestricted

**Past Pathway of report:** None

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

**Electoral Division:** All

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

The current contract 'Carers' Short Breaks' delivers services to support carers and is held with Crossroads Care Kent, this will expire on 31st March 2024. Further engagement will be required to co-produce a new offer for carers, covering the offer provided through the Community Navigation Services and Carers' Short Breaks Service contracts. As a consequence a further twelve-month extension of this contract until 31 March 2025 is required.

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** a Direct Award Contract to Crossroads Care Kent for a period of twelve months (1 April 2024 to 31 March 2025) for Carers' Short Breaks Services; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

## **1. Introduction**

- 1.1 Kent County Council's (KCC) has statutory responsibilities under The Care Act 2014 include assessing the needs of any adult (cared for or carer) with an appearance for care and support, and arranging services, where appropriate meeting the unmet eligible needs of adults living in Kent.
- 1.2 In Kent, an estimated 148,341 adults aged 16+ provide hours of unpaid care each week. Of those 94,640 provide 1-19 hours of care a week, 18,131 provide 20-49 hours of care a week, and 35,570 provide 50 hours of care or more a week.
- 1.4 The Carers' Short Breaks Service provides support in providing practical help through planned and unplanned breaks in the home which are delivered to the person who is 'cared for' for the benefit of the carer. Carers' Short Breaks Services have been identified as a crucial service for preventing carer breakdown, which avoids more costly residential, nursing and hospital admissions.
- 1.5 The service provides personalised responses to meet the needs of carers. Users of any future service should be able to choose the nature of the support received and when it is delivered to support their personal outcomes.
- 1.6 The service is underpinned by the philosophies of personalisation, flexibility, choice, and control. Support should be tailored to meet the carer and individual's needs, enabling the carers most in need of this service to maintain a balance between their caring responsibilities and a life outside of caring, whilst enabling the person they support to be a full and equal citizen.
- 1.7 This service sits alongside several other commissioned services with the purpose of preventing people's needs from escalating and promoting people's well-being and independence. These services include community well-being, community navigation and adult mental health services. The intention is to strengthen integrated working between these services.
- 1.8 To this end we endeavour to ensure that co-production is embedded for the redesigned service thus aligned with the Adult Social Care Strategy Making a Difference Every Day (MADE) and the Kent Adult Carers' Strategy.

## **2. Background**

- 2.1 The Carers' Short Breaks Service provides replacement care for carers to enable them to have a break from their caring role, attend medical appointments and/or if they are unable to care for their loved one due to illness or other unforeseen circumstance have the peace of mind that their loved one will be looked after. The service is jointly funded by the Kent & Medway Integrated Care Board (ICB) and KCC.
- 2.2 KCC currently commission Crossroads Care Kent to deliver the Carers' Short Breaks Service. The current contract has been extended until 31 March 2024.

- 2.3 To co-produce a new offer for carers which ensures a seamless interface between the Community Navigation Service and Carers' Short Breaks Service contract sufficient time is required to complete that work.
- 2.4 A project team has been set up and will continue working with multiple stakeholders including people with lived experience to embed co-production with the Assistant Director West Kent leading as the Senior Responsible Officer. This will be co-ordinated with the current work on the Carers' Strategy implementation to avoid unnecessary duplication and draw on the time of people with lived experience.

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

- 3.1 Further engagement with stakeholders including people with lived experience will be required to coproduce a new offer for Carers' Short Breaks. This engagement has not been possible in early 2023 due to restructures occurring in both Adult Social Care and Strategic Commissioning moving to a locality based operating model including the development of 24 place- based locality teams in adult social care and the future merging of Adult Social Care Commissioning into the Adult Social Care and Health Directorate. This has had an impact on the resource that can be dedicated to this piece of work.
- 3.2 To progress developing the offer for Carers' Short Breaks, it is recommended sufficient time is given to co-produce a new offer for carers which ensures a seamless interface between the Community Navigation Service and Carers' Short Breaks Service contract.
- 3.3 The following options were considered:
- Option 1: Direct Award the contract for a further twelve months
  - Option 2: Reprocure the contract within a short timeframe
  - Option 3: End the contract on 31 March 2024
- 3.4 In consideration of Option 3, whilst it is recognised that ending these contracts could deliver a significant saving to the council, ending the contract was dismissed at this point for the following reasons:
- Loss of current support to vulnerable people at a time when other services are being reduced.
  - People accessing the contract may fall into crisis resulting in a high financial pressure on Kent County Council operational services (negates possible benefit of saving on the contract value)
  - Increased isolation and loneliness to unpaid carers.
  - Statutory duties non-compliance under the Care Act 2014.
- 3.5 Reprocuring within a short timeframe was dismissed, owing to a lack of clarity as to funding in the present financial climate, current Integrated Care Board (ICB) financial pressures, current workforce implications, and the additional pressures on Adults Strategic Commissioning resource at present. The council is also not assured there are currently reasonable alternatives in the

market that could mobilise in such a short space of time.

- 3.6 A Direct Award to the incumbent provider, is the recommended option. This will allow the outcomes of the Kent Adult Carers' Strategy to be embedded within the future service design, whilst keeping consistency of service for unpaid carers in the interim. It will also allow the opportunity to understand the performance and trends of the contract to better inform and scope the design and recommissioning of the service in a truly co-produced way. The Direct Award will be made in accordance with stipulations within Regulation 32 of the Public Contracts Regulations 2015.
- 3.7 Regulation 32 sets out limited circumstances in which contracting authorities may use the negotiated procedure without prior publication of a notice (otherwise known as a direct award). Relying on Regulation 32 to make a direct award brings an increased risk of facing a procurement challenge from an aggrieved service provider as compared to the situation where the council carries out published procurement process in the normal fashion. Following legal advice, the council will therefore be taking a risk-based approach in deciding to proceed with the direct award. This risk is mitigated (although not altogether eliminated) by the justifications and procurement mitigation strategy set out below.

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

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

*“where the... services can be supplied only by a particular economic operator [because]... competition is absent for technical reasons*

*But only... where no reasonable alternative or substitute exists and the absence of competition is not the result of an artificial narrowing down of the parameters of the procurement”*

- 3.8 Having regard to the contents of this report and the statutory duties that the Carers' Short Breaks Service fulfils, consideration is required for the following reasons for approval of the direct award:
- (i) *Competition is absent for technical reasons*
    - based on Officers' knowledge of the local market for services of this nature (particularly noting the fact that these services were innovative and bespoke when first implemented in 2018), Officers reasonably believe that there is no alternate provider that is able to deliver these services for the period required.
    - The availability of any reasonable alternative provider is also inhibited by the excessive costs in mobilising a change in provider for such a complex and large-scale service by 1 April 2024 and the excessive cost to providers (and therefore the Council) in attempting to do so.

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

- the services required are those activities that are needed to fulfil the council's statutory duties to carers and so have not been artificially narrowed to suit any one particular service provider.
- the relatively short-term (twelve months) requirement has not been artificially selected to favour the incumbent service provider but rather to enable the development and alignment of the strategies mentioned above, giving time for co-production with stakeholders, specifically people with lived experience. This should result in a better and more holistic approach to the market in due course.

3.9 In addition, there is a risk to vulnerable people served by the current service provider if the provider was changed for this twelve- month period (especially since it is likely that a further provider change may take place following a holistic procurement once the Kent Social Prescribing and Navigation Strategy has been developed and aligned with the Kent Carers' Strategy 2022 – 2027.

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

4.1 At the present time the value of the contract is expected to remain the same, although this may be subject to change given current budgetary pressures. The current total annual value of the service is £3,087,241 of which KCC contributes £2,501,894 and the Kent and Medway ICB contributing the remainder, £585,347.

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

5.1 The council is in a similar position to last year in that it will be taking a risk-based approach in relying on regulation 32(2)(b). In summary, the services are necessary and will allow KCC to align its procurement of future services with the ICB's future strategy and also to ensure coordination with the providers of carers' assessments.

5.2 Therefore Regulation 32 of the Public Contracts Regulations 2015 will be used on the basis that it is rational to rely on the justifications listed above. The risk to the council is that an alternate service provider will bring a legal challenge, arguing that the justifications in paragraph 3.7 do not satisfy Regulation 32.

5.3 Officers will mitigate the risk of such a challenge by publishing a Contract Award Notice on the central government "Find a Tender Service". This will notify the market of the council's intention to award this contract under Regulation 32 and start the 30-day time limit in which procurement challenges must be brought. This will have the effect of flushing out and/or time-barring any procurement challenge, allowing the Council to make the direct award with confidence once the 30-day time period has expired.

- 5.4 Commissioners will follow the Public Contract Regulations (2015) and the Spending the Council's Money in relation to any procurement that is undertaken.
- 5.5 This service helps to enable Adult Social Care and Health (ASCH) teams to meet their requirements under the Care Act (2014), under which KCC has a statutory duty to provide respite care for carers.

## **6. Equalities implications**

- 6.1 An Equality Impact Assessment (Attached as Appendix 1) has been undertaken for this proposed extension and this indicates no negative impacts on carers as the continuity provided to people who draw on care and support with an extension to the contract allows the outcomes of the Kent Carers' Strategy to be embedded within the future service design, whilst keeping consistency of service for unpaid carers in the interim. It will also allow the opportunity to understand the performance and trends of the contract to better inform and scope the design and recommissioning of the service in a truly co-produced way.

## **7. Data Protection Implications**

- 7.1 A Data Protection Impact Assessment is in progress and will be updated as this work progresses, and further details are known.

## **8. Conclusions**

- 8.1 Kent County Council's (KCC) has statutory responsibilities under The Care Act 2014 for assessing the needs of any adult (cared for or carer) with an appearance for care and support. This includes arranging services, where appropriate and meeting the unmet eligible needs of adults living in Kent.
- 8.2 This is currently delivered through the contract 'Carers' Short Breaks Service' which delivers services to support carers countywide and is held with Crossroads Care Kent, this will expire on 31 March 2024.
- 8.3 A Direct Award to the incumbent provider will allow the opportunity to co-produce a new offer for carers which ensures a seamless interface between the Community Navigation Service and Carer's Short Breaks Service contract sufficient time required to complete that work.



## 9. Recommendations

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

a) **APPROVE** a Direct Award Contract to Crossroads Care Kent for a period of twelve months (1 April 2024 to 31 March 2025) for Carers' Short Breaks Services; and

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

## 10. Background Documents

**None**

## 11.. Report Author

Nicola McLeish  
Senior Commissioner  
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Nicola.McLeish@kent.gov.uk

### **Relevant Director**

Richard Smith  
Director of Adult Social Care  
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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:

23/00061

For publication

Key decision: YES

Title of Decision: **CARERS' SHORT BREAKS SERVICE**

**Decision:** As Cabinet Member for Adult Social Care and Public Health, I propose to:  
a) **APPROVE** a Direct Award Contract to Crossroads Care Kent for a period of twelve months (1 April 2024 to 31 March 2025) for Carers' Short Breaks Services; and  
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

**Reason(s) for decision:** Kent County Council (KCC) has statutory responsibilities under The Care Act 2014 include assessing the needs of any adult (cared for or carer) with an appearance for care and support, and arranging services, where appropriate meeting the unmet eligible needs of adults living in Kent. The Carers' Short Breaks Service provides replacement care for carers to enable them to have a break from their caring role, attend medical appointments and/or if they are unable to care for their loved one due to illness or other unforeseen circumstance have the peace of mind that their loved one will be looked after. The service is jointly funded by the Kent and Medway Integrated Care Board (ICB) and Kent County Council.

This is currently delivered through the contract 'Carers' Short Breaks Service' which delivers services to support carers countywide and is held with Crossroads Care Kent, this will expire on 31 March 2024. A Direct Award to the incumbent provider will allow the opportunity to co-produce a new offer for carers which ensures a seamless interface between the Community Navigation Service and Carer's Short Breaks Service contract sufficient time required to complete that work. 2015.

**Financial Implications:** At the present time the value of the contract is expected to remain the same, although this may be subject to change given current budgetary pressures. The current total annual value of the service is £3,087,241 of which KCC contributes £2,501,894 and the Kent and Medway ICB contributing the remainder, £585,347.

**Legal Implications:** The council is in a similar position to last year in that it will be taking a risk-based approach in relying on regulation 32(2)(b). In summary, the services are necessary and will allow KCC to align its procurement of future services with the ICB future strategy and also to ensure coordination with the providers of carers' assessments.

Therefore Regulation 32 of the Public Contracts Regulations 2015 will be used on the basis that it is rational to rely on the justifications listed above. The risk to the council is that an alternate service provider will bring a legal challenge, arguing that the justifications do not satisfy Regulation 32.

Officers will mitigate the risk of such a challenge by publishing a Contract Award Notice on the central government "Find a Tender Service". This will notify the market of the council's intention to award this contract under Regulation 32 and start the 30-day time limit in which procurement challenges must be brought. This will have the effect of flushing out and/or time-barring any procurement challenge, allowing the Council to make the direct award with confidence once the 30-day time period has expired.

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

This service helps to enable Adult Social Care and Health (ASCH) teams to meet their requirements under the Care Act (2014), under which KCC has a statutory duty to provide respite care for carers.

**Equality Implications:** An Equality Impact Assessment has been undertaken for this proposed extension and this indicates no negative impacts on carers as the continuity provided to people who draw on care and support with an extension to the contract allows the outcomes of the Kent Carers' Strategy to be embedded within the future service design, whilst keeping consistency of service for unpaid carers in the interim. It will also allow the opportunity to understand the performance and trends of the contract to better inform and scope the design and recommissioning of the service in a truly co-produced way.

**Data Protection Implications:** A Data Protection Impact Assessment is in progress and will be updated as this work progresses, and further details are known.

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 6 July 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

**Any alternatives considered and rejected:**

**End the contract on 31 March 2024**

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

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

**Reprocure the contract within a short timeframe**

Reprocuring within a short timeframe was dismissed, owing to a lack of clarity as to funding in the present financial climate, current Integrated Care Board financial pressures, current workforce implications, and the additional pressures on Adults Strategic Commissioning resource at present. The council is also not assured there are currently reasonable alternatives in the market that could mobilise in such a short space of time.

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

.....  
signed

.....  
date

## EQIA Submission – ID Number

### Section A

**EQIA Title**

12 Month Extension - Carers Short Breaks

**Responsible Officer**

Lisa Rogers

### Type of Activity

**Service Change**

No

**Service Redesign**

no

**Project/Programme**

No

**Commissioning/Procurement**

yes

**Strategy/Policy**

Procurement

**Details of other Service Activity**

No

### Accountability and Responsibility

**Directorate**

Adult Social Care and Health

**Responsible Service**

Strategic Commissioning

**Responsible Head of Service**

Simon Mitchell

**Responsible Director**

Richard Smith

### Aims and Objectives

The 2021 census indicated that there was a 152,000 rise in number of carers providing over 50 hours of care to just over 1.5 million. According to Carers UK full-time carers are more than twice as likely to be in bad health as non-carers whilst one in five adults have seen their work negatively affected as a result of caring. This includes 2.3 million nationally who have quit work and almost three million who have reduced their working hours to care at some point in their lives. More than half (54%) of carers are struggling to pay household bills or to make ends meet, and over a third (35%) are cutting back on essentials like food and heating. About 40% of carers have had a breakdown in a relationship with a family member, and 60% have found it difficult to maintain friendships. As of the end of March 2021 the current short breaks provider Crossroads Care Kent were supporting 2,151 carers.

Recommendations – 12-month extension. A Direct Award to the incumbent provider, is the recommended option. This will allow the outcomes of the Kent Carers’ Strategy to be embedded within the future service design, whilst keeping consistency of service for unpaid carers in the interim. It will also allow the opportunity to understand the performance and trends of the contract to better inform and scope the design and recommissioning of the service in a truly co-produced way. The Direct Award will be made in accordance with stipulations within Regulation 32 of the Public Contracts Regulations 2015.

The current Kent Adult Carers Strategy 2022-2027 was approved and published in Summer 2022. The Care Act 2014 came into effect in April 2015 and replaced most previous laws regarding carers and people being cared for. It outlines the way in which local authorities should carry out carers' assessments

and needs assessments; how local authorities should determine who is eligible for support. The Care Act places a duty on local authorities to promote an individual's 'wellbeing'. This means that they should always have a person's wellbeing in mind when making decisions about them or planning services. The wellbeing principles are also part of the eligibility criteria. Local authorities have to consider the impact of a role as a carer on their wellbeing. Similarly, they have to consider the impact of a disabled person's needs on the carer's wellbeing.

## 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?**

Care Providers  
DMT  
Health and Social Care commissioners.  
Adult Social Care operational teams.  
Those with protected characteristics as detailed below

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

Yes

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

Yes

## Section C – Impact

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

**Service Users/clients**

Service users/clients

**Staff**

Staff/Volunteers

**Residents/Communities/Citizens**

Residents/communities/citizens

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

Yes

**Details of Positive Impacts**

The Carers Strategy 2022 -2027 set the direction of how support can be offered in the future. With 3 main areas: Supporting you to be you; Providing the best support possible; Positive Outcomes . The approach also explores the times within a Carers life that services may be more critical (Key Life Moments). These approaches have been designed with local Carers and so are reflective of what Carers have actually told us.

Thus, an extension will allow KCC to consult and co-produce an effective enabling service to support carers in Kent that is aligned with the Community Navigation service which includes carer navigation and carer's assessments.

Continuity will be provided to people who draw on care and support with an extension to the contract. This will allow the outcomes of the Kent Carers' Strategy to be embedded within the future service design, whilst keeping consistency of service for unpaid carers in the interim. It will also allow the opportunity to understand the performance and trends of the contract to better inform and scope the design and recommissioning of the service in a truly co-produced way.

The services will continue to be accessible to all regardless of the protected characteristics listed below, we therefore assume there will be no adverse impact to this group.

Further with the development long term of a more person centred, coordinated and outcome-based services should have a positive impact based on all the protected characteristics listed below.

Carers, Age, Disability, Gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation have been considered.

Additional positive impacts for a 12-month extension allowing for a redesigned service by 2025 include:

**Carers:** By targeting those people who have the highest need (for example those who deliver the highest amount of unpaid care) they may be in a better position to access the services that they need

**Age:** Contracts will allow performance monitoring to ensure that there is a proportionate distribution of ages accessing these services and that the outcomes for all age groups are being met. Where there are gaps to investigate and put measures in place to remedy them.

Older people who may require access to these services due to degenerative age-related health conditions such as dementia and/or care needs will also continue to benefit from this. As our society ages, the number of people living with complex needs is increasing. It is therefore inevitable that more older people will take on a caring role. Most older carers live alone with the person they care for and many also live with life limiting conditions. Therefore, this service should enable a more personalised offer thus having a positive impact on the older carers.

**Disability:** Disabled people are more likely to have significant interactions with health and social care services as clients. Disabled people may also require the support of carers.

The aim with the extension to the contract is to enable the time to deliver a fairer service across the whole county. This will ensure that those clients with a disability are not potentially missing out because of where they live. Performance monitoring will also ensure that the services that are being delivered to clients are having a positive effect.

**Race -** language barriers or cultural attitudes to accepting support may continue to impact on the success of the contract, and we do not know how attitudes have changed through successive generations. We need to understand this better and Key Performance Indicators (KPIs) will be put in place to address this gap in knowledge.

**Religion or belief:** older people of different religions and beliefs may have differing attitudes towards services that impact on social and familial support systems. A variety of daily living activities may be profoundly influenced by a person's religious and spiritual beliefs: modesty and privacy; clothing, jewellery and make-up; washing and hygiene; hair care; prayer; holy days and festivals; physical examination; contraception; attitudes to death, dying and mourning; medication; healing practice etc. We need to understand this better and Key Performance Indicators (KPIs) will be put in place to address this gap in

knowledge.

Sexual Orientation - Consideration should also be given to the fact that LGBTQ+ individuals may experience, discrimination or attitudes within families that impact social and familial support systems. They may also be less comfortable being open about their sexual orientation due to generational issues. This may be especially true for older LGBTQ+ people who may also be socially isolated due to age mobility.

### **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**

N/A

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

N/A

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

N/A

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

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

No. Note: If Question 20a is "No", Questions 20b,c,d will state "Not Applicable" when submission goes for approval

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

N/A

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

N/A

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

N/A

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

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

No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval

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

N/A

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

N/A

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

N/A

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

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

No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval

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

N/A

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

N/A

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

N/A

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

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

No



<b>Negative impacts for Race</b>
N/A
<b>Mitigating actions for Race</b>
No
<b>Responsible Officer for mitigating actions for Race</b>
N/A
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
No
<b>Negative impacts for Religion and belief</b>
N/A
<b>Mitigating actions for Religion and belief</b>
No
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
N/A
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Sexual Orientation</b>
N/A
<b>Mitigating actions for Sexual Orientation</b>
N/A
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
N/A
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Pregnancy and Maternity</b>
N/A
<b>Mitigating actions for Pregnancy and Maternity</b>
N/A
<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>
N/A
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Marriage and Civil Partnerships</b>
N/A
<b>Mitigating actions for Marriage and Civil Partnerships</b>
N/A
<b>Responsible Officer for Marriage and Civil Partnerships</b>
N/A
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
No
<b>Negative impacts for Carer's responsibilities</b>
N/A

<b>Mitigating actions for Carer's responsibilities</b>
N/A
<b>Responsible Officer for Carer's responsibilities</b>
N/A

**From:** Roger Gough, Leader of the Council  
 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 - 6 July 2023

**Subject:** Domestic Abuse Act Framework 2023-2025

**Decision Number:** 23/00060

**Classification:** Unrestricted

**Past Pathway of report:** None

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

**Electoral Division:** All

**Summary:** This report advises of the 2023-2025 Domestic Abuse Act funding allocation provided by the Department of Levelling Up Housing and Communities (DLUHC), its intended purpose, criteria and proposals for spend across multiple directorates.

It is proposed that a 'Domestic Abuse Framework' will be used to determine further spend of Domestic Abuse Act funding and support decision making which will place responsibility and accountability as well, as Strategic oversight, in a centralised position. With the Leader exercising the full Executive function as the decision-maker, operational decision-making and implementation activity, within the scope defined by the Framework agreed by the Leader, will be delegated to Officers.

In view of the cross-cutting nature of the activity, input and comments are sought from members of the Adult Social Care Cabinet Committee.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** on the proposed decision as set out in the Proposed Record of Decision (PROD) shown at Appendix 1

## 1. Introduction

- 1.1 The Domestic Abuse (DA) Act 2021 introduced new statutory duties to Local Authorities in relation to support for those who have experienced domestic abuse (adults and children) residing in 'safe accommodation' which includes refuges, Sanctuary Schemes, move-on and dispersed accommodation.

- 1.2 As a Tier 1 Local Authority, KCC are required to appoint a multi-agency Local Partnership Board (LPB) to support them in performing certain specified functions. These are to:
- Assess the need for accommodation-based support for those experiencing domestic abuse and their children, including those who require cross border support.
  - Prepare and publish strategies for the provision of support to cover the locality and diverse groups of people impacted by domestic abuse.
  - Give effect to strategies by making commissioning/de-commissioning decisions to meet the support needs of people impacted by domestic abuse and their children.
  - Monitor and evaluate local delivery of the strategy.
  - Report back to Central Government.
- 1.3 New DA Act funding was announced to enable local authorities *‘to fulfil the functions of the new statutory duty relating to the provision of support to victims of domestic abuse and their children residing within safe accommodation.’*
- 1.4 Key decision (21/00040) was taken in March 2021 to accept £3.1m DA Act funding for use in 2021-2022, in line with the Memorandum of Understanding issued by the Government.
- 1.5 The statutory Kent LPB was established and is supported by the cross directorate New Burdens Funding Steering Group, to manage and maintain oversight of the new DA Act funding.
- 1.6 In February 2022, a second annual allocation of £3,112,501 was announced and a Key Decision (22/00040) was taken in May 2022 to accept and use this funding for delivery of domestic abuse support in safe accommodation duties, as defined by the Domestic Abuse Act, and delegate authority to the Corporate Director Strategic and Corporate Services, in consultation with the Leader, the Corporate Director Adult Social Care and Health and the Corporate Director Children, Young People and Education, to accept future years’ allocations of safe accommodation funding, provided funding is given on similar terms.
- 1.7 The countywide assessment of need was refreshed, with a focus on safe accommodation support, and published in January 2022. This identified gaps in now statutory provision including:
- Barriers in people who are experiencing domestic abuse and have co-occurring conditions being able to access safe accommodation,
  - Inequitable support offer across the county for children residing in safe accommodation (who under the Act are now identified as survivors, in their own right)
  - Limited opportunities to move on from refuge,
  - Geographical variation in Sanctuary provision,
  - Need to increase opportunities and support in safe accommodation for males who have experienced domestic abuse.

- 1.8 The Kent and Medway DA Strategy was updated, with a focus on support within safe accommodation, and published in line with the new requirements. The commitments made within this document were agreed by all partner agencies across the Kent and Medway Domestic and Sexual Abuse Executive Group, who also monitor progress of the multi-agency delivery plan.
- 1.9 Proposals for spend across 2022-2023, were developed in line with the needs assessment findings, strategy, and agreed by the Corporate Management Team in July 2022 with areas of spend across staffing, refuge and safe accommodation projects. An update paper was shared with the Policy and Resources Cabinet Committee in October 2022, reporting on the expenditure of the DA Act funding and associated activity.

## 2. Domestic Abuse Act funding 2023-2025

- 2.1 In December 2022, DLUHC announced the Local Authority Domestic Abuse Duty: 2023 to 2024 and 2024 to 2025 funding allocations.
- 2.2 Table 1 shows the allocations for Kent.

Table 1, DA Act funding allocations (Kent)

Year	2023-2024	2024-2025
<b>DA Act funding allocation (Kent)</b>	£3,174,764.00	£3,234,663.00

- 2.3 In line with delegated authority (Decision 22/00040) An Officer Decision (OD 23-0002) was taken by the Chief Executive, to accept the councils 2023-2024 and 2024-2025 DA Act funding allocation, including.
- To delegate acceptance of any future monies to the Corporate Director Finance, providing funding is given on similar terms.
  - To delegate management and oversight of the expenditure of the DA Act funding to the Corporate Director Adult Social Care and Health, in line with the arrangements set out under Key Decision 22/00040

## 3. 2023-2025 Activity

- 3.1 Due to domestic abuse being cross cutting, activity sits under more than one directorate and portfolio holder. Key decisions have been taken by the appropriate Cabinet Member, as required.

3.2 Table 2 shows Key Decisions taken for domestic abuse projects to be delivered in 2023.

Table 2, DA projects

Project	Directorate	Details	Decision Number
Safe Accommodation Support Service	Children, Young People and Education	Support offer for children residing in all forms of 'safe accommodation'	23/00007
Property Security element of the Sanctuary Access for Eligible Residents Scheme	Adult Social Care and Health	Property Security applied to a survivor's home to enable the council to maximise its support offer in 'safe accommodation'	23/00022

**4. Domestic Abuse Framework**

- 4.1 It is proposed that a 'Domestic Abuse Framework' will be used to determine further spend of DA Act funding and support decision making.
- 4.2 The Framework decision approach places responsibility and accountability as well, as Strategic oversight, in a centralised position. With the Leader exercising the full Executive function as the decision-maker, operational decision-making, and implementation activity, within the scope defined by the Framework agreed by the Leader as part of this decision, is delegated to Officers.
- 4.3 In view of the cross-cutting nature of the activity, with implications for Adult and Children services, the matter requires consideration by the relevant Cabinet Committees. Input and comments from Members in these forums are considered at the point of final decision by the Executive Member.
- 4.4 Under this Framework all expenditure of DA Act funding must be in line with budget forecasting and adhere to the DLUHC Guidance and Memorandum of Understanding terms. Additionally, proposals for spend must meet one of the following criteria.

**A.** Will support the council in conducting its statutory functions under the DA Act which include assessing need, preparation, publication, monitoring and delivery of strategies, commissioning activity and mandatory reporting back to central Government.

**B.** Will improve, develop, or maintain specialist support to people who have experienced domestic abuse (adults and children) residing in 'safe accommodation', as defined by the DA Act, (this includes Refuge accommodation, Specialist Safe accommodation, Dispersed accommodation, Sanctuary Schemes and Second stage accommodation) to meet gaps identified through the needs assessment.

4.5 Examples of projects that would meet the criteria include.

- Engagement project to develop and maintain engagement with people who have experienced domestic abuse.
- Development of new services to increase the reach of the existing support offer to survivors residing in a property that is part of a Sanctuary Scheme.

4.6 Work is underway to plan activity for 2023-2025, of which all adhere to the proposed Framework criteria. Delivery of some of this activity includes using the councils existing contractual relationship through the Kent Integrated Domestic Abuse Service (KIDAS) which runs until March 2026.

4.7 This planned activity is summarised in Table 3.

Table 3, Planned DA activity areas 2023-2025

Activity area	Summary	In line with budget and adheres to DLUHC Guidance and MoU	In line with Framework criteria A or B
Staffing resource	Resources across multiple teams to lead in assessing need, preparation, publication, monitoring and delivery of strategies, conduct commissioning activity to procure new services.	Yes	A
	Analytical support to assist with data returns, collation and analysis for the needs assessment and lead survivor engagement.	Yes	A
Safe Accommodation support	Continuation of domestic abuse support delivered to adults who have experienced domestic abuse, residing in refuges across the county. This support includes advocacy, safety planning and therapeutic programmes.	Yes	B
	Intensive specialist Independent Domestic Violence Advisor (IDVA) support for people residing in safe accommodation who have co-occurring conditions and experienced domestic abuse, to address gaps in service identified through the needs assessment.	Yes	B

	Enhanced access to therapeutic support for adults residing in refuge to reduce barriers for individuals with co-occurring conditions.	Yes	B
	Development of a countywide Sanctuary Scheme including a Single Point of Access and specialist domestic abuse support for those residing in properties that have eligible property security applied.	Yes	B
	Safe Accommodation pilot for males who have experienced domestic abuse.	Yes	B
	Increased capacity in commissioned services to increase opportunities and outcomes in relation to move on from refuge.	Yes	B
Domestic Abuse Housing Alliance	Project enabling the housing sector to adopt an established set of standards and become accredited to improve the response to domestic abuse cases.	Yes	B

### Adjusting proposals

- 4.8 The DA Act requires the countywide needs assessment to be refreshed annually and renewed every three years. The council must also prepare and publish strategies. The current Kent and Medway DA Strategy is for the period of 2020-2023. A new strategy for 2024-2029 is being drafted with partners.
- 4.9 The Domestic Abuse Framework therefore requires the council to have the ability to deliver pilots, short-term services and expeditiously realign existing DA Act funded services, to meet the changing needs and demands of people who have experienced domestic abuse, providing all revised proposals meet the criteria set out in point 4.4.



## **Monitoring and reporting**

4.10 The cross directorate New Burdens Funding Steering Group will support the Local Partnership Board in monitoring the expenditure of DA Act funding and meeting reporting requirements to central Government.

4.11 Activity will be reviewed periodically, with any updates subject to consideration against the framework approved by this decision and the associated Grant agreement requirements.

4.12 Updates on progress against delivery will be taken annually to the Policy and Resources Cabinet Committee.

## **5. Domestic Abuse Act funding post 2025**

5.1 Whilst the council's response to the Act and progression in relation to the new statutory duties has been robust, the initial lack of clarity and late notification from DLUHC around future funding allocations created barriers in staff retention and delays in progression of some projects, resulting in an underspend of the full annual grant amount.

5.2 At the end of 2021-2022 £1,043,441.74 was transferred into reserves, with the agreement of DLUHC and the Corporate Director of Finance, to continue to support the council in delivering new services in 2022/23.

5.3 At the end of 2022-2023 a further £989,453.03 was transferred into reserves therefore at the start of 2023-2024 there is a total of £2,032,894.77 DA Act funding held in reserves.

5.4 DA Act funding allocations beyond April 2025 are not likely to be announced before the end of 2024 therefore the funding held in reserves supports the council and partners by.

- Acting as a 'smoothing reserve' - supporting the council's financial resilience by allowing timely planning and response should there be a reduction in future allocations from DLUHC, ensuring the council has sufficient funding to meet contractual notice arrangements.
- Maintaining compliance with the DA Act and terms of the Guidance.

5.5 This funding will be used to respond to future need, but without recurring grant funding, it will only cover a limited period of activity.

## **6. Options considered but rejected**

6.1 The option of turning down the DA Act funding was discarded as there are many people in Kent who will benefit from this resource, and it supports the council to meet its statutory duties.

6.2 The option for handling all DA Act funding activity on an individual basis, with certain projects managed at operational level and others progressing via the Key Decision process as and when required was considered. That option would

not enable the council to respond quickly and flexibly to changing demand and need or provide a clear strategic plan for delivering against the DA Grant requirements.

## **7. Strategic priorities**

- 7.1 This decision supports the Council's strategic priorities in Framing Kent's Future – Our Council Strategy.
- 7.2 The DA Act funding furthers collaboration with our partners and delivery against the Kent and Medway DA Strategy. This partnership response to domestic abuse ensures better care and support for the people of Kent, improving the health of Kent's population. Proposals for spend are informed by the countywide needs assessment and aim to ensure there is an equitable response to domestic abuse across Kent, supporting the narrowing of gaps in outcomes across the county.

## **8. Legal Implications**

- 8.1 The Local Authority has a statutory obligation to meet the duties set out in the Domestic Abuse Act 2021, including to provide support for people who have experienced domestic abuse residing in what is defined as 'safe accommodation'.
- 8.2 Implementing the Domestic Abuse Framework (section 4.4) will support the delivery of activity across 2023-2025 (Table 3) and support the council in meeting its statutory duty and use of the funding in accordance with the guidance set by Government, and terms and conditions of the grant. Specific legal implications for operational or funding allocation activity will be considered through the delegated decision-making as normal.

## **9. Financial Implications**

- 9.1 Since 2021, Kent County Council (KCC) has received new, DA Act funding to implement the new duties. The initial lack of clarity and late notification from DLUHC around future funding allocations created barriers in staff retention and delays in progression of some projects, resulting in an underspend of the full annual grant amount.
- 9.2 Unspent funding from 2021-2022 and 2022-2023 totalling £2,032,894 has been transferred to reserves, to be drawn down and used for domestic abuse safe accommodation support services in 2023-2024.
- 9.3 The estimated expenditure of DA Act funding in line with implementing the Domestic Abuse Framework (section 4.4) across 2023-2025 is shown in Table 4.

Table 4, Estimated expenditure of DA Act funding 2023-2025

		Year	
		2023-2024	2024-2025
INCOME	Grant funding from 2021/22 and 2022/23 transferred to Reserves	£2,032,894.77	£1,616,612.88
	DA Act funding allocation	£3,174,764.00	£3,234,663.00
TOTAL BUDGET		£5,207,658.77	£4,851,275.88
FORECAST EXPENDITURE (includes Staffing, Strategy costs, Support in Refuge and Safe Accommodation projects)		£3,591,045.89	£4,474,199.79
BALANCE		£1,616,612.88	£377,076.09

9.4 Funding held in reserves at the end of 2024-2025 will be spent in 2025-2026 to support the full duration of the two-year Safe Accommodation Support Service (SASS) and Sanctuary Access for Eligible Residents (SAFER) contracts, ensuring the council has sufficient funding to meet contractual obligations and maintain support delivered within safe accommodation.

9.5 Regular financial monitoring reports will be produced and shared with the Corporate Director of Finance and Corporate Director Adult Social Care and Health.

9.5 Throughout 2023-2025 planning will be undertaken on how services can be maintained should DLUHC not provide any further Grant allocations for DA Act duties.

## 10. Equalities implications

10.1 An Equality Impact Assessment (attached as Appendix A) has been conducted and found the impact of this work to be positive across all groups. Specific service arrangements made via the Framework will incorporate necessary equality consideration as part of Officer level decision-making.

## 11. Conclusion

11.1 The Domestic Abuse (DA) Act 2021 introduced new statutory duties for Local Authorities in relation to support for people who have experienced domestic abuse (adults and children) residing in 'safe accommodation' and new funding to fulfil these functions.

11.2 Grant funding for 2021-2023 has been accepted through two Key Decisions taken by the Leader and used in line with findings from the countywide needs assessment and Kent and Medway DA Strategy.

11.3 In December 2022, DLUHC announced the Local Authority Domestic Abuse Duty funding allocations until 2025 and acceptance has been confirmed via

delegated decision making under Key Decision 22/00040. Funding beyond 2025 is unlikely to be known before the end of 2024.

- 11.4 Due to domestic abuse being cross cutting, activity sits under more than one directorate and portfolio holder. Key decisions have been taken by the appropriate Cabinet Member, as required. On occasion, matters related to domestic abuse will require separate decision-making, but this decision provides a clear governance route and accountability arrangement to allow for effective cross-portfolio decision-making at the commissioning and spend level, within the scope set out by the Framework.
- 11.5 Implementing the Domestic Abuse Framework (section 4.4) supports the council in meeting its strategic priorities and statutory duties under the DA Act.
- 11.6 The future work programme requires the council to have the ability to deliver pilots, short-term services and expeditiously realign existing DA Act funded services, to meet the changing needs and demands of those who have experienced domestic abuse. Using a Framework model to provide a Strategic Policy decision confirming the type and scope of activity to be progressed in meeting the DA Act requirements, while delegating the detailed operational decision-making on commissioning and service specific spend supports the council's ability to be agile in this space and respond swiftly to this key area of work, noting the vulnerability and significant risk factors affecting people experiencing Domestic Abuse.

## 12. Recommendation

12.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** on the proposed decision as set out in the Proposed Record of Decision (PROD) shown at Appendix 1

## 13. Background Documents

- [Key Decision 21/00040](#)
- [Key Decision 22/00040](#)
- [Officer decision – OD/23/0002](#)
- [Key Decision 23/00007](#)
- [Key Decision 23/00022](#)
- [Policy and Resources Committee paper, 11 October 2022](#)
- [Domestic abuse - Kent Public Health Observatory \(kpho.org.uk\)](#)
- [Domestic Abuse Strategy - Kent County Council](#)
- EQiA

#### **14. Report Author**

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# KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

**DECISION TO BE TAKEN BY:**

**Roger Gough, Leader of the Council**

**DECISION NO:**

23/00060

**For publication: Yes**

**Key decision: Yes**

Key decision criteria - Total value exceeds £1m and impacts across more than two electoral divisions.

**Title of Decision:** Domestic Abuse Act Framework 2023-25

**Decision:** As the Leader of the Council, I propose to:

1. **CONFIRM** and **ENDORSE** the arrangements put in place via Officer Decision [OD-23-0002](#), taken under delegated authority by the Chief Executive, arising from Key Decision 22/00040.
2. **APPROVE** the framework arrangements set out in the report for ongoing management of the DA Act Funding 2023-25.
3. **DELEGATE** authority to the Corporate Director Adult Social Care and Health to, in consultation with the Leader, Corporate Director Finance and Corporate Director Children, Young People and Education, to revise and amend the arrangement set out in the framework details, subject to the scope of the terms and conditions of the grant funding.
4. **DELEGATE** authority to the Corporate Director Adult Social Care and Health, in consultation with the Corporate Director Children, Young People and Education where applicable depending on affected portfolios, to administer any further DA Act grant monies under the funding / governance framework put in place by this decision, including the determination of Officer Decisions to progress activity via the framework.
5. **AGREE** to continue to utilise the Kent Integrated Domestic Abuse Service (KIDAS) contract to support delivery of the requirements of the Act until March 2026.
6. **AUTHORISE** the Corporate Director Adult Social Care and Health, in consultation with the Chief Executive to take other necessary actions, including but not limited to entering into contracts or other legal agreements, as required to implement this decision.

**Reason(s) for decision:** In December 2022, DLUHC announced the Local Authority Domestic Abuse Duty: 2023 to 2024 and 2024 to 2025 funding allocations.

Year	2023-2024	2024-2025
<b>DA Act funding allocation (Kent)</b>	£3,174,764.00	£3,234,663.00

This was accepted via Officer Decision [OD-23-0002](#), taken under delegated authority by the Chief Executive, arising from Key Decision 22/00040. It is appropriate and necessary for these previous arrangements to be noted and the ongoing acceptance and deployment of the DA Act funding to be agreed in consultation with the Leader.

It is proposed that a 'Domestic Abuse Framework' will be used to determine further spend of DA Act funding and support decision making.

The Framework decision approach places responsibility and accountability as well, as Strategic oversight, in a centralised position. With the Leader exercising the full Executive function as the decision-maker, operational decision-making and implementation activity, within the scope defined

by the Framework agreed by the Leader as part of this decision, is delegated to Officers. Under this Framework all expenditure of DA Act funding must be in line with budget forecasting and adhere to the DLUHC Guidance and Memorandum of Understanding terms. Additionally, proposals for spend must meet one of the following criteria.

**A.** Will support the council in conducting its statutory functions under the DA Act which include assessing need, preparation, publication, monitoring and delivery of strategies, commissioning activity and mandatory reporting back to central Government.

**B.** Will improve, develop, or maintain specialist support to people who have experienced domestic abuse (adults and children) residing in 'safe accommodation', as defined by the DA Act, (this includes Refuge accommodation, Specialist Safe accommodation, Dispersed accommodation, Sanctuary Schemes and Second stage accommodation) to meet gaps identified through the needs assessment.

Examples of projects that would meet the criteria include.

- Engagement project to develop and maintain engagement with people who have experienced domestic abuse.
- Development of new services to increase the reach of the existing support offer to survivors residing in a property that is part of a Sanctuary Scheme.

The DA Act requires the countywide needs assessment to be refreshed annually and renewed every three years. The council must also prepare and publish strategies. The current Kent and Medway DA Strategy is for the period of 2020-2023. A new strategy for 2024-2029 is being drafted with partners. The Domestic Abuse Framework therefore requires the council to have the ability to deliver pilots, short-term services and expeditiously realign existing DA Act funded services, to meet the changing needs and demands of people who have experienced domestic abuse, providing all revised proposals meet the criteria set out above.

**Financial Implications:** Since 2021, Kent County Council (KCC) has received new, DA Act funding to implement the new duties. The initial lack of clarity and late notification from DLUHC around future funding allocations created barriers in staff retention and delays in progression of some projects, resulting in an underspend of the full annual grant amount.

Unspent funding from 2021-22 and 2022-23 totalling £2,032,894.77 has been transferred to reserves, to be drawn down and used for domestic abuse safe accommodation support services in 2023-24.

The estimated expenditure of DA Act funding in line with implementing the Domestic Abuse Framework (section 4.4) across 2023-2025 is;

		Year	
		2023-2024	2024-2025
INCOME	Grant funding from 2021/22 and 2022/23 transferred to Reserves	£2,032,894.77	£1,616,612.88
	DA Act funding allocation	£3,174,764.00	£3,234,663.00
TOTAL BUDGET		£5,207,658.77	£4,851,275.88
FORECAST EXPENDITURE (includes Staffing, Strategy costs, Support in Refuge and Safe Accommodation projects)		£3,591,045.89	£4,474,199.79
BALANCE		£1,616,612.88	£377,076.09

Funding held in reserves at the end of 2024-25 will be spent in 2025/26 to support the full duration of the two-year Safe Accommodation Support Service (SASS) and Sanctuary Access for Eligible



Residents (SAFER) contracts, ensuring the council has sufficient funding to meet contractual obligations and maintain support delivered within safe accommodation.

Regular financial monitoring reports will be produced and shared with the Corporate Director Finance and Corporate Director Adult Social Care and Health

Throughout 2023-25 planning will be undertaken on how services can be maintained should DLUHC not provide any further Grant allocations for DA Act duties.

**Legal Implications:** The Local Authority has a statutory obligation to meet the duties set out in the Domestic Abuse Act 2021, including to provide support for people who have experienced domestic abuse residing in what is defined as 'safe accommodation'.

Implementing the Domestic Abuse Framework will support the delivery of activity across 2023-25 and support the council in meeting its statutory duty and use of the funding in accordance with the guidance set by government, and terms and conditions of the grant. Specific legal implications for operational or funding allocation activity will be considered through the delegated decision-making as normal.

**Equalities implications:** An Equality Impact Assessment has been conducted and found the impact of this work to be positive across all groups. Specific service arrangements made via the Framework will incorporate necessary equality consideration as part of Officer level decision-making.

**Cabinet Committee recommendations and other consultation:**

The proposed decision will be discussed at Adult Social Care Cabinet Committee on 6 July 2023, the Children, Young People and Education Cabinet Committee on 18 July 2023 and Cabinet on 20 July 2023 and the outcome included in the paperwork which the Leader of the Council will be asked to sign.

**Any alternatives considered and rejected:** Consideration was given to the following. The option of turning down the DA Act funding was discarded as there are many people in Kent who will benefit from this resource, and it supports the council to meet its statutory duties.

The option for handling all DA Act funding activity on an individual basis, with certain projects managed at operational level and others progressing via the Key Decision process as and when required was considered. That option would not enable the council to respond quickly and flexibly to changing demand and need or provide a clear strategic plan for delivering against the DA Grant requirements.

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

.....  
signed

.....  
date

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## EQIA Submission – ID Number

### Section A

**EQIA Title**

Domestic Abuse Act Framework 2023-25

**Responsible Officer**

Rachel Westlake - CED SC

### Type of Activity

**Service Change**

No

**Service Redesign**

No

**Project/Programme**

Project/Programme

**Commissioning/Procurement**

No

**Strategy/Policy**

No

**Details of other Service Activity**

No

### Accountability and Responsibility

**Directorate**

Adult Social Care and Health

**Responsible Service**

Adult Social Care and Health

**Responsible Head of Service**

Akua Agyepong - AH OPPD

**Responsible Director**

Akua Agyepong - AH OPPD

### Aims and Objectives

The Domestic Abuse (DA) Act 2021 introduced new statutory duties to Local Authorities in relation to support for survivors of domestic abuse (adults and children) residing in 'safe accommodation' which includes refuges, Sanctuary Schemes, move-on and dispersed accommodation. In December 2022, DLUHC announced the Local Authority Domestic Abuse Duty: 2023 to 2024 and 2024 to 2025 funding allocations.

It is proposed that a 'Domestic Abuse Framework' will be used to determine further spend of DA Act funding and support decision making. Under this Framework all expenditure of DA Act funding must be in line with budget forecasting and adhere to the DLUHC Guidance and Memorandum of Understanding terms. Additionally, proposals for spend must meet one of the following criteria.

A. Will support the council in conducting its statutory functions under the DA Act which include assessing need, preparation, publication, monitoring and delivery of strategies, commissioning activity and mandatory reporting back to central Government.

B. Will improve, develop, or maintain specialist support to survivors (adults and children) of domestic abuse who must be residing in 'safe accommodation', as defined by the DA Act, (this includes Refuge accommodation, Specialist Safe accommodation, Dispersed accommodation, Sanctuary Schemes and Second stage accommodation)

Examples of projects that would meet the criteria

- Analytical project / resource to support the council to assess need.
- Engagement project to develop and maintain engagement with survivors of domestic abuse.
- Development of a new services to increase the reach of the existing support offer to survivors residing in a property that is part of a Sanctuary Scheme.

## 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?**

Adult Social Care and Health Cabinet Committee  
 Children, Young People and education Cabinet Committee  
 Local Partnership Board  
 New Burdens Funding Steering Group

**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**

No

**Residents/Communities/Citizens**

Residents/communities/citizens

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

Yes

**Details of Positive Impacts**

As a Tier 1 Local Authority, KCC are required to appoint a multi-agency Local Partnership Board (LPB) to support them in performing certain specified functions. These are to:

- Assess the need for accommodation-based support for all victims and their children, including those who require cross border support.
- Prepare and publish strategies for the provision of support to cover the locality and diverse groups of victims.
- Give effect to strategies by making commissioning/de-commissioning decisions to meet the support needs of victims and their children.
- Monitor and evaluate local delivery of the strategy.
- Report back to Central Government.

New DA Act funding is provided to enable local authorities ‘to fulfil the functions of the new statutory duty relating to the provision of support to victims of domestic abuse and their children residing within safe accommodation.’

New services commissioned will meet the Framework criteria and include

- Development of a new services to increase the reach of the existing support offer to survivors residing in safe accommodation. This includes underserved groups such as male survivors, ethnic minorities and those with disabilities.

**Negative impacts and Mitigating Actions**

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

**Are there negative impacts for age?**

No. Note: If Question 19a is "No", Questions 19b,c,d will state "Not Applicable" when submission goes for approval

**Details of negative impacts for Age**

Not Completed

**Mitigating Actions for Age**

Not Completed

**Responsible Officer for Mitigating Actions – Age**

Not Completed

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

**Are there negative impacts for Disability?**

No. Note: If Question 20a is "No", Questions 20b,c,d will state "Not Applicable" when submission goes for approval

**Details of Negative Impacts for Disability**

Not Completed

**Mitigating actions for Disability**

Not Completed

**Responsible Officer for Disability**

Not Completed

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

**Are there negative impacts for Sex**

No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval

**Details of negative impacts for Sex**

Not Completed

**Mitigating actions for Sex**

Not Completed

**Responsible Officer for Sex**

Not Completed

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

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

No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval

**Negative impacts for Gender identity/transgender**

Not Completed

**Mitigating actions for Gender identity/transgender**

Not Completed

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

Not Completed

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

**Are there negative impacts for Race**

No. Note: If Question 23a is "No", Questions 23b,c,d will state "Not Applicable" when submission goes for approval

**Negative impacts for Race**

Not Completed

<b>Mitigating actions for Race</b>
Not Completed
<b>Responsible Officer for mitigating actions for Race</b>
Not Completed
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
No. Note: If Question 24a is "No", Questions 24b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Religion and belief</b>
Not Completed
<b>Mitigating actions for Religion and belief</b>
Not Completed
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
Not Completed
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Sexual Orientation</b>
Not Completed
<b>Mitigating actions for Sexual Orientation</b>
Not Completed
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
Not Completed
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Pregnancy and Maternity</b>
Not Completed
<b>Mitigating actions for Pregnancy and Maternity</b>
Not Completed
<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>
Not Completed
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Marriage and Civil Partnerships</b>
Not Completed
<b>Mitigating actions for Marriage and Civil Partnerships</b>
Not Completed
<b>Responsible Officer for Marriage and Civil Partnerships</b>
Not Completed
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
No. Note: If Question 28a is "No", Questions 28b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Carer's responsibilities</b>
Not Completed

<b>Mitigating actions for Carer's responsibilities</b>
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Not Completed
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<b>Responsible Officer for Carer's responsibilities</b>
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Not Completed
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# Liberty Protection Safeguards Update

Adult Social Care Cabinet Committee  
6 July 2023

Maureen Stirrup  
Head of Deprivation of Liberty Safeguards

## Position Statement

The Mental Capacity (Amendment) Act received Royal assent in May 2019 with the new law, Liberty Protection Safeguards (LPS), replacing the Deprivation of Liberty Safeguards (DoLS). An original Go Live date of October 2020 was proposed, but subsequently pushed back due to Covid19 and the global pandemic.

Kent County Council, adult social care planned for this change, alongside other local authorities across the country. A significant amount of work was done to ensure Kent was prepared for the new arrangements, including working with Partners Agencies, the council's Strategic Commissioning, Policy, Organisational Development and Performance and Systems Teams.

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Notification was received from the Department of Health and Social Care, of the Government's decision to delay the implementation of LPS. The decision was taken to allow the Government to focus on Adult Social Care Reform and the publication of the 'Next Steps to Put People at the Heart of Care'.

Work to date was acknowledged, and the Government intends to publish a summary of responses to the consultation in due course.

DoLS will remain the legal framework that Health and Social Care providers will work to. The team who have worked towards bringing the LPS forward have been moved on to other areas of work.

Nationally, DoLS has presented local authorities with a significant challenge since the Cheshire West judgement in 2014. Kent County Council is no exception to this.

The DoLS Team, whilst preparing for change, has developed more sustainable ways of delivering the existing service including introducing proportionate assessments for people needing the service for extended periods of time, optimizing digital solutions to check on those who have been waiting to be seen, re-prioritising people where necessary, working closely with health colleagues and the acute settings to ensure people have the necessary safeguards in place. Demand continues to outstrip capacity in relation to the availability of Best Interest Assessors (BIA), S12 Doctors, and Advocates.

The current position of the service is:

- As of March 2023, the DoLS Service received 9422 applications, compared to the previous year (2021-2022) where 8523 applications were received.
- DoLS Team has 6.5 Full Time Equivalent (FTE) BIAs and their primary focus is all aspects associated with DoLS activity.
- DoLS Assessments are further supported by the 45 BIAs in Community Teams working on a rota. Each BIA is asked to assist by completing one assessment a month. These staff are tasked with carrying out this work alongside their day-to-day work, which presents a challenge due to competing demands.
- Each assessment takes, on average, between 11 hours-15 hours, depending on the involvement needed for the person being assessed.
- Community DoLS reports confirm significant number of people identified within the Community Teams, which will require awareness raising, applying and using the Association of Directors of Adult Social Services (ADASS) screening tool and progressing these people through to the Court of Protection.

To mitigate risks and ensure that Kent County Council is still able to meet its ongoing legislative obligations and to ensure that the Equality and Human Rights of those who may be deprived of their liberty are met, the following recommendations will be explored by the operational team working alongside the Policy and Quality Assurance and wider management team:

- Training programme for all staff, including an induction programme provided by the DoLS Team, for Community Team Managers to improve legal literacy.
- Review the current process for prioritisation, ensuring those people most at risk remain the focus of our work.
- Give closer scrutiny to those people who wish to bring a Section 21(a) legal challenge and ensure Community Teams involvement.
- Collaborate with key partners (Care Homes and Hospitals) and the wider sector (ADASS - South East Regional DoLS network) to understand how we safeguard people who may or may not have been deprived of their liberty.
- Continue to track and review the financial position regarding resources and consider how they are aligned to service delivery and ensuring that Kent County Council is not in breach of its statutory obligations.
- Complete work on the automisation/digital first solution in regard to the DoLS application process.
- Continue to explore and understand Kent's challenges regarding the legal framework/the volume of work/applications/orders and delays by the Court of Protection.
- Mental Capacity Assessment (MCA) and DoLS policy to be fully reviewed.
- Continue to collaborate with the ADASS - South East Regional DoLS Network and monitoring government policy and strategic changes.

# Kent and Medway Integrated Care System Social Prescribing and Navigation Strategy

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Adult Social Care Cabinet Committee  
6 July 2023

Simon Mitchell: Interim Head of Adult's Commissioning

# Introduction

Making a difference every day

Social prescribing and community navigation **support** the long-term shifts and core purposes of an Integrated Care System (ICS) around:

- Improving **population health**
- Tackling **health inequalities**
- Enhancing **productivity** and **value** for money
- Supporting broader **social** and **economic** development across communities

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The Integrated Care System Strategy commits to developing a Social Prescribing and Community Navigation Strategy. It recognises how beneficial it can be for people’s wellbeing when they **connect** with community groups and services to support **mental** and **physical** health.

Social prescribing and community navigation help people to make these **connections**.

“Communications should emphasise the **strategic importance** of social prescribing.”

“Make clear how social prescribing fits with **wider strategy**.”

**Changing lives, changing places, changing systems**

**Making progress on social prescribing**

Reflections from leaders with an interest in place-based health and community wellbeing

NPC National Voices

“The **national team** have endorsed the National Voices (NV) recommendations.”

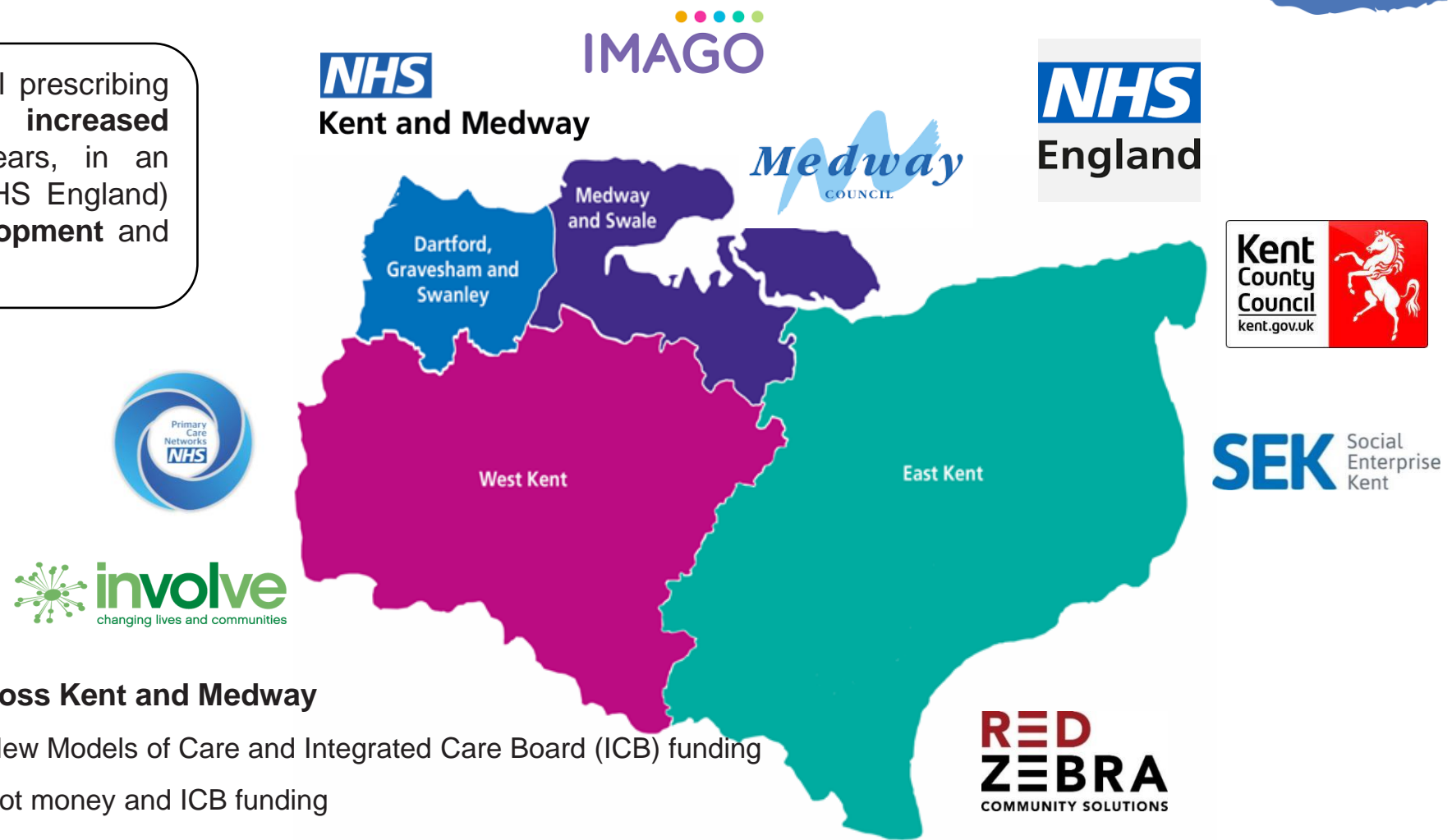
NHS England and Improvement South East. 9/8/22

# Current Projects and Funding Models

Making a difference every day

The **profile** and **investment** in social prescribing and community navigation has **increased** considerably over the last few years, in an environment of **national** (such as NHS England) and **local** (pilots and projects) **development** and **funding**.

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## Various projects and funding models across Kent and Medway

**Red Zebra:** NHSE Vanguard funding, testing New Models of Care and Integrated Care Board (ICB) funding

**Involve Kent :** Department of Health (DOH) pilot money and ICB funding

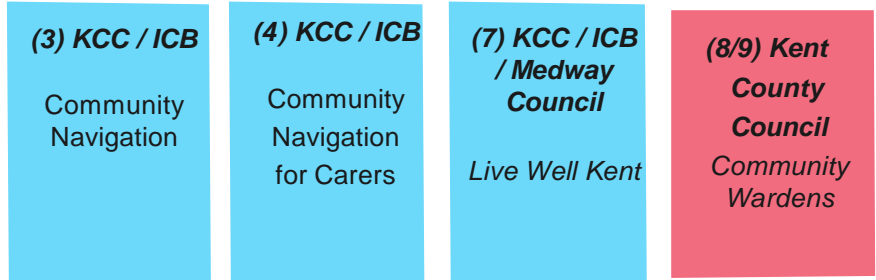
**Social Enterprise Kent (SEK) and Imago:** Jointly commissioned by Health and (KCC - Lead commissioner)

**PCN Link Workers** National funding through ARRS (Additional Roles Reimbursement Scheme)

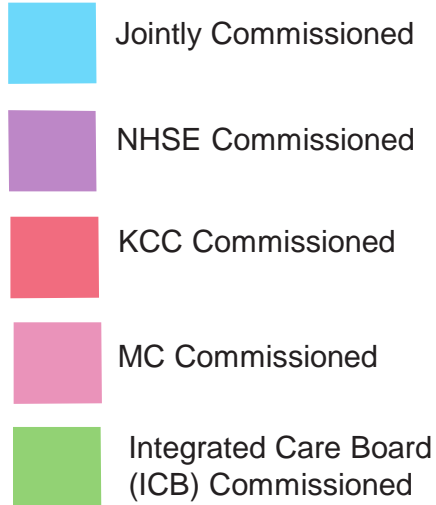
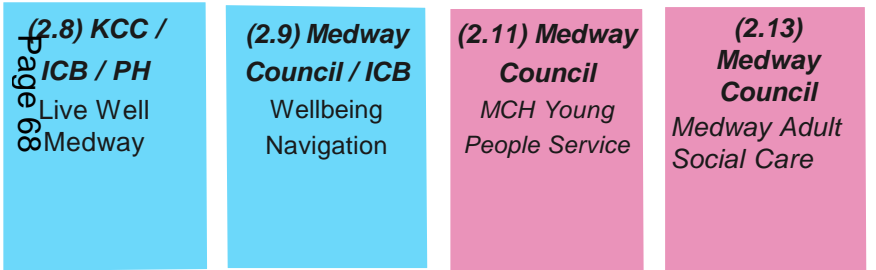
# Current Commissioning Arrangements

Making a difference every day

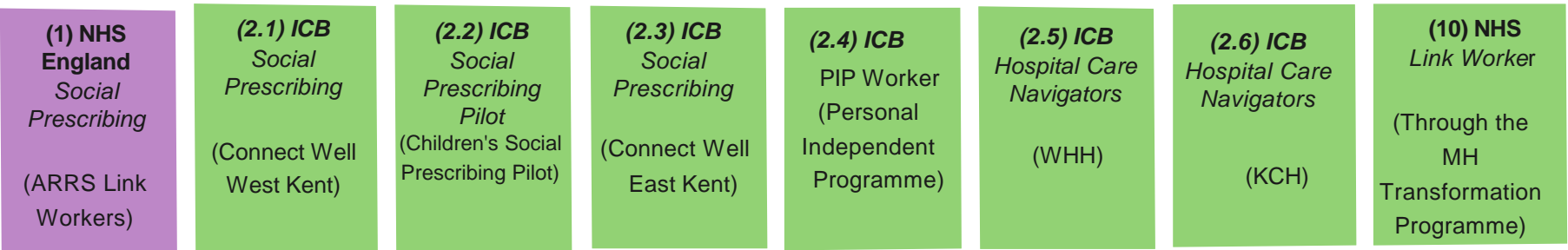
## Kent County Council (KCC)



## Medway Council (MC)



## NHS Kent and Medway



## Challenges\*:

- An **uncoordinated** and **fragmented** approach across the Kent and Medway system
- Examples of **duplication** and **confusion**
- Examples of **variation**
- **Inequity** in service provision and **funding**
- **Variation in awareness** of social prescribing services and **Link Workers**

\* source Kent and Medway system partners



- An Integrated Care System Social Prescribing and Navigation Strategy has been in development since January 2022.
- Numerous workshops involving key stakeholders and people with lived experience have taken place through January 2022 to April 2022.
- A strategy development board and a strategy steering group have been established to support the development of the strategy.
- The NHS Kent and Medway Communications and Engagement Team has undertaken a consultation exercise with the public to gain further insight and information from the public and those involved in delivering these services.
- The strategy is close to completion of a first draft, which will be shared for comment through the summer of 2023.

1

## Profile

**The** profile and level of investment in social prescribing and community navigation has **increased** considerably over the last few years. This rapid progression has led to an increase in the number of providers and services such as Link Workers, Community Navigators and Community Wardens.

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2

## Common approach

**Kent** and Medway are in a good position, through the development of a number of local and national initiatives, to now go further by **building** on and **strengthening** what is in place across the Kent and Medway footprint.

3

## Shared purpose

**This** strategy sets out the shared purpose and common aspiration of partners to work in increasingly joined up ways to enable the people of Kent and Medway to lead the most **prosperous, healthy, independent, and contented** lives they can.

A “**whole system**” approach is needed, with local authorities, health services, central government, the voluntary and private sectors all helping to create a more **connected society**.

- The strategy is close to completion of a first draft, which will be shared for comment through the summer of 2023.
- The intention is to share across Health and Care Partnerships and Kent and Medway Council directorates for comment.
- Expectation to go through formal ICS governance late summer (earliest).

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**From:** Ben Watts, General Counsel

**To:** Adult Social Care Cabinet Committee – 6 July 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.

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

#### 6. Background Documents

None.

#### 7. Contact details

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**ADULT SOCIAL CARE CABINET COMMITTEE  
WORK PROGRAMME 2023/24**

<b>Item</b>	<b>Cabinet Committee to receive item</b>
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2022/23	Standing Item
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)

**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	Property Security Element of Countywide SAFER Scheme - Contract Award	Key Decision
7	Integrated Community Equipment Service – Contract Award	Key Decision
8	Performance Dashboard	
9	Local Account	
10	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	Performance Dashboard	
8	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
<b>13 MARCH 2024 at 2pm</b>		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Risk Management: Adult Social Care	
7	Performance Dashboard	
8	Work Programme	Standing Item
<b>15 MAY 2024 at 2pm</b>		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Performance Dashboard	
7	Work Programme	Standing Item
<b>3 JULY 2024 at 2pm</b>		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Work Programme	Standing Item

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



Down Syndrome Act 2022	Suggested by Mr Ross (ASC CC 1/12/21)
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

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