

**ADULT SOCIAL CARE CABINET COMMITTEE**

**Wednesday, 13th September, 2023**

**2.00 pm**

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



## AGENDA

### ADULT SOCIAL CARE CABINET COMMITTEE

**Wednesday, 13 September 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), Mrs P T Cole, Mr N J Collor,  
Ms S Hamilton, Mr J Meade, Mr D Ross, Mr T L Shonk,  
Ms L Wright, Mrs L Game, Mrs L Parfitt-Reid and Mr A Kennedy

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 Election of Vice-Chair
- 4 Declarations of Interest by Members in items on the agenda
- 5 Minutes of the meeting held on 6 July 2023 (Pages 1 - 10)
- 6 Verbal Updates by Cabinet Member and Corporate Director
- 7 23/00074 - Property Security Element of the Countywide Sanctuary Access for Eligible Residents (SAFER) Scheme - Contract Award (Pages 11 - 28)
- 8 23/00078 - Community Equipment Service (Pages 29 - 54)
- 9 Adult Social Care and Health Performance Q1 2023/2024 (Pages 55 - 80)
- 10 Local Account for Adult Social Care (January 2022 - December 2022) (Pages 81 - 122)
- 11 Bespoke Support Service - Service Update (Pages 123 - 132)

12 Enablement and Support Services Update - To Follow

13 Work Programme (Pages 133 - 136)

**EXEMPT ITEMS**

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

Benjamin Watts  
General Counsel  
03000 416814

**Tuesday, 5 September 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 Thursday, 6th July, 2023.

PRESENT: Mr A M Ridgers (Chairman), Mr S R Campkin, Mrs P T Cole, Ms S Hamilton, Ms J Meade, Mr J Meade, Mr D Ross, Mr T L Shonk, Mr R G Streatfeild, MBE, Mr R J Thomas, Ms L Wright, Mr A Brady, Mrs L Parfitt-Reid, Jenni Hawkins and Mr M Dendor

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**

**137. Apologies and Substitutes**

*(Item. 2)*

Apologies had been received from Mr Simon Webb, Mrs Lesley Game and Mr Nigel Collor. Mr Dirk Ross was in attendance virtually.

Mr Mike Dendor was in attendance as substitute for Mr Simon Webb.

**138. Declarations of Interest by Members in items on the agenda**

*(Item. 3)*

Ms Meade noted that they were a full-time carer and had experience of a family member subject to a deprivation of liberty order. Mr Shonk said that a family member worked for the NHS. Mr Brady noted that his partner was a senior lecturer at the Tizard Centre, University of Kent with a qualification to undertake autism assessments. partner hospitals. Ms Hamilton noted that she had a young person in her care.

**139. Minutes of the meeting held on 17 May 2023**

*(Item. 4)*

RESOLVED that the minutes of the meeting held on 17 May 2023 were correctly recorded and a paper copy be signed by the Chairman.

**140. 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.

**National Awareness Weeks Update** – Mrs Bell gave an overview of awareness weeks that had taken place in June and July.

- Carers Week took place from 5-11 June and raised awareness of caring, unpaid care challenges and carers' contributions to families and communities. Events took place to celebrate the work carers do and how others could identify carers and access support.
- Learning Disability Week took place from 19-25 June, the Council joined Mencap by encouraging people to share stories of what it is like to live with a learning disability. Mrs Bell said that they supported the week by speaking on the matter and drawing attention to how people can support those with a learning disability and build a more inclusive future.
- Shared Lives Week took place from 26 June to 2 July, Shared Lives allowed those with difficulty with day-to-day living the chance to move in with their carer and live an ordinary life in a safe environment. The Council's Shared Lives program provides the carers short breaks, day support and longer-term support for adults in social care. Carers receive a weekly allowance, tax breaks, full training and ongoing support. Residents were being encouraged to open their homes to adults who needed extra care and support. Further information could be found on the Council website here: [Sharing a home - Shared Lives scheme - Kent County Council](#)
- Alcohol Awareness Week took place 2-9 July, to mark this the Council and partners were encouraging residents to take the 'Know Your Score' test, an online quiz which would help show how drinking was affecting yourself and others, depending on the score it would offer appropriate advice on where to find help from experts. Specialist help was available for dependent drinkers. Mrs Bell said that last year Council support services provided help to over 5000 people to cut down their drinking or break the cycle of alcoholism. More advice and support can be found on the KCC website: [Alcohol and drug support - Kent County Council](#)

**Kent and Medway Integrated Care Strategy Focus Group** - Mrs Bell thanked Members of the committee for their attendance at the focus group on 13 June 2023 and welcomed any further feedback on the 6 priorities of the interim strategy. The feedback would be reported back and would contribute to the engagement activities that would take place across the summer along with the results from a survey that was open to the public, which could be found on the Lets Talk Page of the KCC website and here: [Kent and Medway Integrated Care Strategy | Have Your Say In Kent and Medway](#).

**Deputy Chief Medical Officer Visit to Kent** – Mrs Bell said that on 26 May 2023 one of the three deputy Chief Medical Officers for England, Dr Jeanelle de Gruchy, visited Kent to see first-hand Public Health funded initiatives across the county. Mrs Bell, Public Health officers, local Members and KCC Leader Mr Roger Gough accompanied Dr Jeanelle de Gruchy to services in Gravesend, Sheerness and Maidstone. Services visited included: Hypertension Heroes, a voluntary organisation that goes into the community to get those at risk to get blood pressure readings, Sheppey Matters, a healthy living centre one of four in Kent, which supported healthy living and well-being and supporting tackling the wider determinants of health. Change, Grow Live Maidstone, funded by the Public Health Grant provided community substance misuse treatment, recovery services and an inpatient detox centre for those with alcohol addiction issues in West Kent. Mrs Bell noted that Dr de Gruchy was very interested in the facilities visited and they spoke on health inequality and wider determinants of health challenges.

2. A Member asked about the Kent Care Summit and what pledges had the Council made and how could the committee follow up on these. Mrs Bell said the summit was not mentioned today as they were still following up on the outcomes but would report back in due course.
3. The Corporate Director of Adult Social Care and Health, Mr Richard Smith, then gave a verbal update on the following.

**Director of Integrated Commissioning** - It was noted that the service was mid-appointment for the director of integrated commissioning and was expected to be completed by mid-July 2023. This would mean that there was a complete director and management team.

**Anniversaries** – Mr Smith noted two important anniversaries that had been marked recently. On the 75th anniversary of Windrush, Mr Smith had attended a day at County Council where a flag was raised to celebrate the contribution of the Windrush generation. It was noted that the 10 July 2023 marked the 75th anniversary of the NHS.

#### **141. Strategic Partnership Agreement for Neurodiversity** *(Item. 6)*

*Xan Brooker, Senior Commissioner, and Marie Hackshall, System Programme Lead – Learning Disability and Neurodiversity Kent and Medway, were in attendance for this item.*

1. Xan Brooker introduced the report. An overview of the agreement which was replacing the Section 75 Agreement, it was noted there had been a memorandum of understanding with Medway Council which had enabled more open communication and further developed partnership working. Ms Brooker said there had been language changes due to the outcomes of a review and co-production with neurodivergent-affected people. It was said that upon approval of the recommendations the partnership agreement was ready to be signed on 1 September 2023.
2. In response to questions from Members, it was said.

(a) A Member asked about the governance arrangements as many authorities had divergent procedures in place. Ms Hackshall said that the partnership aligned with the Mental Health Learning Disability and Autism Provider Collaborative a system-wide arrangement of different organisations with governance and oversight, alongside this each organisation would also follow its own governance arrangements. It was noted that processes were in place for joint discussions on commissioning, funding, staffing and workforce arrangements,

(b) Asked by a Member to give further details on tier 4 contributions and what the funding covered, how many staff were employed and aftercare costs. Ms Brooker said that tier 4 funding was what was provided to the pooled fund from NHS England as a result of net discharges of adults of in-patients who had learning disabilities or autism totalling around £770,000. This covered aftercare costs of those in the community as well as some social care staff. It was noted that the Integrated Commissioning Team had a budget of £300,000 for staffing.

(c) Mrs Bell noted, in response to a question from a committee Member, that similar papers to the one presented would be brought to the committee as a result of further integration with NHS colleagues and governance requirements.

(d) Members asked if more inclusive language and terminology could be used in the paper going forward. Ms Brooker said it was very important to recognise the use of inclusive language and that it was of high importance. Mrs Bell noted the importance of inclusive language, and that progress was being made. The language and terminology used would be constantly reviewed and Mrs Bell welcomed Members input.

3. RESOLVED the recommendations were agreed as outlined in the report.

## **142. Carers' Short Breaks Service**

*(Item. 7)*

*Nicola McLeish, Senior Commissioner, was in attendance for this item.*

1. Nicola McLeish introduced and gave an overview of the paper. It was noted that the paper asked for the direct award of a 1-year contract from 1 April 2024 to 31 March 2025. The contract value was over £3 million of which the Council contributes £2.5 million and the rest from the Integrated Care Board (ICB). It was said that the provision of this service was to meet part of the Council's statutory responsibilities under the Care Act.

2. In response to questions from Members, it was said.

(a) Asked by a Member if the provider had been consulted on the contract length, as the 1 year-long contract would not offer stability for them. Mr Simon Mitchell said that Crossroads Care Kent, the provider, had been engaged with and it was noted discussions had taken place with both the provider and the ICB to ensure the sustainability of the model going forward.

(b) A Member asked if the procurement strategy for the long-term plan for this service could be brought to the committee within the next six months. Mr Mitchell said that the plan for the future model was that it was co-produced with carers, to understand exactly what type of support was needed. Once this was completed the procurement strategy would be developed and this could be brought to the committee when ready. The Member responded saying that a long-term strategic view was needed rather than the annual renewal of contracts. Mr Mitchell noted the importance of co-production to get the service procurement right for the needs of carers.

(c) A Member asked what other authorities had done to provide this service. Mr Mitchell said other authorities were looked at to inform best practice. It was noted that there were several variations some offered the support completely in-house while others relied on external providers.

(d) Mr Smith said that there was a need to recognise that Adult Social Care both locally and nationally was in a difficult sustainability environment, with workforce issues and lack of funding. Carers were very important to Adult Social Care but there needed to be found new ways to provide services. It was noted the important



role the NHS had in procuring and commissioning caring services. It was said that carers were not a homogenous group as they had many different needs and requirements that varied by geographical location, therefore a one-size-fits-all approach would not be feasible. There would need to be flexibility to offer bespoke support. The long-term sustainability would need to be understood and would inform the procurement strategy.

(e) The Chair said that a report on the long-term plan for the service should be brought to the committee in the future.

RESOLVED recommendations were agreed upon as outlined in the report.

### **143. Domestic Abuse Act Framework**

*(Item. 8)*

*Akua Agyepong, Assistant Director - Adult Social Care and Health, and Rachel Westlake, Senior Commissioner, were in attendance for this item.*

1. Akua Agyepong introduced the paper and gave an overview of the needs and responsibilities of the framework.
2. Rachel Westlake then provided further details. Since 2021 the Council had been awarded funding to deliver statutory duties under the Domestic Abuse Act, the full allocation was not spent in 2021-2022 and 2022-2023. It was said that the underspent money would be held in reserves and used in future budget forecasting for safe accommodation support services. The Department of Levelling Up, Housing and Communities said the Kent County Council was to receive 3.2 million per year up to 2025. The Framework was to decide how the funding, and that held in reserves should be spent going forward. It was noted that A Key Decision taken by the Leader was expected at a later date.
3. In response to questions from Members, it was said.

(a) The Chair asked about the future funding, as just two years of funding had been guaranteed in the report. Ms Agyepong said that it was difficult to permit future decision-making. The framework would be used to understand what the emerging need is around domestic abuse following the impact of the Covid-19 pandemic and demographic changes. It was said this would help realign and rest how the Local Authority responded to domestic abuse. It was noted that domestic abuse had usually been held within the adults directorate but going forward would be across the whole Local Authority and this framework was leading the way on this.

(b) A Member asked what outcomes were expected from this and the All Member Briefing on the Kent and Medway Domestic Abuse Strategy would take place on 15 September 2023. Ms Agyepong said that this would allow Members to inform the strategy as part of the consultation period. It was noted that it was a parentship agreement, with key partners including Kent Police, all 12 District Councils and Kent Fire and Rescue.

(c) Asked by a Member how this could be made sustainable over the long term and if there was the opportunity to provide some of the services in-house. Ms Westlake said there were restrictions on how the funding was used. It was said they were

looking at streamlining the services that were currently being provided and the new services being developed and aligning them with the statutory services would make it more sustainable in the future. The Sanctuary Access for Eligible Residents (SAFER) scheme was given as an example.

(d) Asked by a Member if there were any additional reasons as to why the full allocation of funding had not been spent. Ms Westlake said that the original funding was announced late which led to an underspend in the first year which was then followed up in the second year, the current amount held in reserves was £2 million. The Framework would allow the procurement of new services that would deliver against the defined intentions.

(e) In response to the above point the Member asked why it had taken 2 years to design the framework to decide which services to procure. Ms Agyepong said that it was the intention to deliver evidence-based services that were co-produced which took time to do. There had been a lag created by the late announcement of the funding, the framework and the New Burdens Funding Steering Group would work against this lag and review new ideas and opportunities that would support the use of these monies. It was said a full report on what work was being done could be brought to the committee in the future to show the work that was being done. It was noted that several ideas were being developed that focus on the emerging needs across domestic abuse and closing the gaps in the services currently being provided. It was said that the pace of the work was expected to pick up in the near future, which the framework would support.

(f) A Member raised the importance of working with and supporting, children as victims of domestic abuse. Ms Agyepong said that there was a close working relationship with Children's and Young People to understand the impact on children of domestic abuse and how they could be supported.

4. RESOLVED the recommendations were agreed as outlined in the report.

#### **144. Liberty Protection Safeguards Update**

*(Item. 9)*

*Akua Agyepong, Assistant Director - Adult Social Care and Health, was in attendance for this item.*

1. Ms Agyepong introduced the update and gave a presentation. (Please find the presentation attached).
2. In response to questions from Members, it was said.

(a) A Member asked if there was an assurance that there would be stability even if there was a change in government within the next two years. Ms Agyepong said that it was uncertain what could happen in the future, but if there were to be any changes the Cabinet Member would be briefed, and the committee informed.

(b) Asked by a Member about the training programmes if both legal and psychological literacy were offered and if the local universities were involved in the training. Ms Agyepong said there was a mix of external and internal training provided. It was noted the internal training was of high quality provided by expert Best Interest Assessors.

(c) Asked about data protection measures. Ms Agyepong said that they were working closely with sister teams to ensure a high standard of information governance and information integrity. If there were any changes a Data Protection Impact Assessment (DPIA) would be completed.

(d) Asked by a Member for further details of what happens to those cases where their liberties are affected. Ms Agyepong said all would be screened to understand the level of risk. Parents in hospitals and care homes have been encouraged to call if they have concerns about patients and they will be screened. Mr Albiston said there was a need to recognise the weaknesses with the current Deprivation of Liberty Safeguards (DoLS) system as it was largely reactive. It was noted there were still weaknesses but would not want to lose the frontloading of people's rights including the well-being principle and the specificity of restrictions following the assessment so that they are justified. It was noted that alongside the Deprivation of Liberty perspective, there would also be a Duty of Enquiry under the Care Act to ensure that any immediate safeguarding issues are addressed under the correct legal process.

(e) Asked by a Member about the sustainability of the process due to the ever-increasing number of people needing to be reviewed and the lack of staff to review every case. Ms Agyepong said that it was a difficult situation. There was a focus on the workforce and a need to ensure that more people were trained as Best Interest Assessors in the Local Authority. There would be multiple pathways to help manage the level of risk. It was noted that there was now a shorter more focussed assessment period. There was hope this area would become a priority for future parliaments.

(f) Asked about the risk of misdiagnosis and lack of medical staff to review cases. Ms Agyepong said about the importance of legal literacy and that people's rights were fundamental to the work going forward.

3. RESOLVED that the update was noted.

#### **145. Safe Systems, Pathways and Transitions**

*(Item. 10)*

*Susan Ashmore, Assistant Director – Adult Social Care and Public Health, was in attendance for this item.*

1. Ms Ashmore introduced the update and gave a presentation. (Please find attached).

2. In response to questions from Members, it was said.

(a) Asked by a Member how the cost pressures from transitions to the Adult Social Care budget were being managed. Another Member asked about the implications of the Care Leavers budget being underfunded and its impact on the Adult Social Care budget going forward. Mr Smith gave details of how the Adult Social Care Budget was set for those who come through the transition. It was noted that managing the cost pressures of transitions within Adult Social Care was one part of the sustainability programme of work, work was ongoing through governance meetings across the Council. Mark Albiston noted, as the senior responsible officer

for the sustainability programme, would ensure that changes in one area would not result in a cost pressure elsewhere.

(b) A Member asked to be reassured that young people were fully informed and were proactively engaged when decisions were made on their care and that young people informed future decision-making. Ms Ashmore said that the language used was of importance and engagement with young people was key as a part of their co-design principles. It was said that decisions on a young person's care would be based on their terms.

3. RESOLVED the presentation was noted.

#### **146. Integrated Care System Social Prescribing and Care Navigation Strategy**

*(Item. 11)*

1. Mr Simon Mitchell introduced the update and gave a presentation. (Please find attached)
2. Mr Mitchell provided a further update that the strategy would go to Integrated Care strategy governance in November 2023.
3. In response to questions from Members, it was said.

(a) The Chair asked about the length of the document and Mr Mitchell said that it was over 50 pages. It was noted that the current version contains all the various information and work done so far and would be edited down to be both accessible and readable.

(b) Asked by a Member about the role of Social Prescribing in preventative healthcare. It was also asked if an update on a recent pilot with children could be shared with the committee and if there was an evidence base being developed on the benefits of social prescribing interventions. Mr Mitchell said more information on the children's pilot would be gathered and shared with the committee. It was noted that the construction of an evidence base was ongoing focussed on what works. Work was ongoing to collect data and evidence from various partners so that there were clear insights into the outcomes of various projects and to understand what further work is needed going forward.

(c) A Member asked how well all the partners and groups work together. Mr Mitchell said that providers had been pulled together so that they worked as if they were a partnership and there was a strategic partnership that brought many of the providers together and prevented duplication.

4. RESOLVED the presentation was noted.

#### **147. Work Programme**

*(Item. 12)*

RESOLVED the work programme for 2023/24 was noted.



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

**To:** Adult Social Care Cabinet Committee – 13 September 2023

**Subject:** **PROPERTY SECURITY ELEMENT OF THE COUNTYWIDE SANCTUARY ACCESS FOR ELIGIBLE RESIDENTS (SAFER) SCHEME – CONTRACT AWARD**

**Decision Number** 23/00074

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

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

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

**Electoral Division:** All

**Summary:** The report provides an overview and the outcome of the procurement process for the Property Security element of the countywide Sanctuary Access for Eligible Residents ('SAFER') Scheme which will ensure the council meets its new statutory duties under the Domestic Abuse Act 2021.

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

- a) **AWARD** the contract, to the successful bidder identified as part of the procurement process for the provision of the Property Security element of the countywide SAFER Scheme for a maximum of four years (initial two-year contract, 1 December 2023 to 30 November 2025, with two, one-year optional extension periods, subject to robust contract monitoring, from 1 December 2025 – 30 November 2026 and 1 December 2026 – 30 November 2027);
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, after consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Finance, subject to robust contract monitoring to agree the relevant contract extensions as required; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

## **1. Introduction**

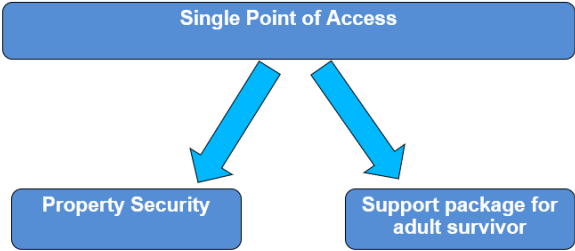
- 1.1 The Domestic Abuse Act 2021 introduced new statutory duties to Local Authorities to assess need and commission services, to support survivors of domestic abuse (adults and children) residing in 'safe accommodation'. This includes refuges, Sanctuary Schemes, move-on and dispersed accommodation.
- 1.2 Since 2021, the Department of Levelling Up Housing and Communities (DLUHC) has awarded £12.4m in new Grant funding to Kent County Council (KCC), to support implementation of these duties until 2025.
- 1.3 A Sanctuary Scheme is a property where security measures have been installed, enabling survivors to remain in their own homes safely if they chose to do so. It also incorporates an element of specialist domestic abuse support to the individuals residing there.

## **2. Background**

- 2.1 The 2021 countywide assessment of need for support within 'safe accommodation' found that there is not a geographically equitable Sanctuary Scheme offer across the county. It also evidenced that fewer private owner/occupiers are accessing refuge provision than expected and their tenure may be a barrier to fleeing domestic abuse and that people with a disability experience additional barriers to reporting and accessing support including in refuge.
- 2.2 Kent's SAFER Scheme, has been developed to address these findings whilst supporting the council in meeting its statutory duties and Priority 4 of KCC's Strategic Statement 2022-2026 – New Models of Care and Support. It will be funded in full by Domestic Abuse Act monies.
- 2.3 The countywide SAFER Scheme has been co-designed through extensive engagement with a range of stakeholders from Adult Social Care and Health, Children and Young People, Kent Community Safety Partnership, District, Borough and City councils, the Office of the Police and Crime Commissioner, Kent Fire and Rescue, Integrated Care Board, other Local Authorities with similar successful schemes, the market and those who have experienced domestic abuse, ensuring that the service is shaped by people with the right expertise and experience.



2.4 The SAFER Scheme will be split into three service elements, shown in the diagram below.



2.5 Under the DA Act, a child who sees or hears, or experiences the effect of, the abuse, and is related to the adult survivor or perpetrator, is classed as a victim in their own right. The Children and Young People’s ‘Safe Accommodation Support Service’ (SASS) will work in conjunction with and provide support to children residing in properties under the SAFER Scheme.

2.6 A procurement exercise has been undertaken to identify suitable suppliers for the Property Security element in line with decision 23/00022.

2.7 Individuals who have experienced domestic abuse informed the evaluation criteria. To achieve a successful SAFER Scheme, tendering providers were assessed against their capability to deliver the following:

- **Implementation:** Mobilisation of the Property Security element of the countywide SAFER Scheme, to ensure a full service go-live from 1 December 2023.
- **Service delivery:** Processes and procedures to manage risk, safeguarding, data protection and a suitably trained workforce.
- **Partnership working:** With key stakeholders and organisations such as Victim Support, Kent Integrated Domestic Abuse Service, Safe Accommodation Support Service, Kent Police, Kent Fire and Rescue, Housing and other Local Authorities.
- **Informed practice:** Ensuring the service meets the diverse needs of clients and implements trauma informed practice.

2.8 The outcome of the tender exercise and details of the preferred provider for the Property Security element of the countywide SAFER Scheme are detailed in exempt Appendix A (Exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially sensitive information)

2.9 It is proposed that the contract award will be October 2023, with a mobilisation period between October and November 2023 and full service go-live from 1 December 2023.

2.10 The contract will be for a maximum of four years, 1 December 2023 to 30 November 2025 (initial two-year contract) with two, one-year optional extension periods, subject to robust contract monitoring from 1 December 2025 – 30 November 2026 and 1 December 2026 – 30 November 2027.

**3. Financial Implications**

3.1 The table below outlines the costs to KCC for the initial two years and extension options of the Property Security element of the SAFER Scheme, with the total contract value being £1,600,000.

	<b>KCC Domestic Abuse Act funding</b>
Initial two-year contract term	£800,000
Two, one-year optional extension periods	£800,000
Total (Initial two-year contract term PLUS Two, one-year optional extension periods)	£1,600,000

3.2 The above contract value will be funded in full by Domestic Abuse (DA) Act monies (awarded by the Department of Levelling Up Housing and Communities) and is within the councils approved budget.

3.3 Currently DA Act funding allocations have been confirmed until March 2025. Further funding is expected to be announced in early 2025 for future years.

3.4 To ensure a sustainable offer, engagement will commence with all stakeholders to seek ongoing funding for the Property Security measures and development of an integrated, partnership funded service from year three, if government grant funding does not continue.

**4. Legal Implications**

4.1 The change in legislation in 2021, means that the council now has statutory duties to provide support to those residing in ‘safe accommodation’. This includes adults and children. The Kent SAFER Scheme including the Property Security element will ensure the council meets its new duties under the DA Act.

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

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

**5. Equalities implications**

5.1 An Equality Impact Assessment (EQIA) has been completed, given that the SAFER Scheme is proposed to be a countywide service available to all survivors of domestic abuse, the EQIA did not identify any potential adverse effects of the proposal. The EQIA is attached as Appendix 1.

5.2 This is a live document and will be developed further once the new service has been procured.

## 6. Data Protection Implications

- 6.1 The Data Protection Impact Assessment (DPIA) and draft Privacy Notice have been completed to ensure the Property Security element of the countywide SAFER Scheme will be compliant with the Data Protection Act 2018.
- 6.2 These documents will be updated once a provider is appointed to reflect their specific processing arrangements.

## 7. Conclusion

- 7.1 In summary, the award of the Property Security element of the countywide SAFER Scheme contract will ensure the council meets its new statutory duties under the Domestic Abuse Act 2021. The Scheme supports Priority 4 of KCC's Strategic Statement 2022-2026, New Models of Care and Support, in protecting the most vulnerable children and families from harm.
- 7.2 It is recommended that the contract is awarded to the recommended provider as detailed in exempt Appendix A (Exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially sensitive information) who has been assessed as being best placed to achieve KCC's objectives for the Property Security element of the countywide SAFER Scheme.

## 8. Recommendations

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

a) **AWARD** the contract, to the successful bidder identified as part of the procurement process for the provision of the Property Security element of the countywide SAFER Scheme for a maximum of four years (initial two-year contract, 1 December 2023 to 30 November 2025, with two, one-year optional extension periods, subject to robust contract monitoring, from 1 December 2025 – 30 November 2026 and 1 December 2026 – 30 November 2027);

b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, after consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Finance, subject to robust contract monitoring to agree the relevant contract extensions as required; and

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

**9. Background Documents**

[Decision - 23/00022 - Procurement of the Property Security Element of the Countywide Sanctuary Access for Eligible Residents \(SAFER\) Scheme](#)

**10. Report Author**

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

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# KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

**DECISION TO BE TAKEN BY:**

**Cabinet Member for  
Adult Social Care and Public Health**

**DECISION NO:**

23/00074

**For publication** Yes

**Key decision:** Yes

**Title of Decision: Property Security element of the countywide Sanctuary Access for Eligible Residents (SAFER) Scheme – Contract Award**

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

- a) **AWARD** the contract, to the successful bidder identified as part of the procurement process for the provision of the Property Security element of the countywide SAFER Scheme for a maximum of four years (initial two-year contract, 1 December 2023 to 30 November 2025, with two, one-year optional extension periods, subject to robust contract monitoring, from 1 December 2025 – 30 November 2026 and 1 December 2026 – 30 November 2027);
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, after consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Finance, subject to robust contract monitoring to agree the relevant contract extensions as required; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

**Reason(s) for decision:** The Domestic Abuse Act 2021 introduced new statutory duties to Local Authorities to assess need and commission services, to support survivors of domestic abuse (adults and children) residing in 'safe accommodation'. This includes refuges, Sanctuary Schemes, move-on and dispersed accommodation. Since 2021, the Department of Levelling Up Housing and Communities (DLUHC) has awarded £12.4m in new Grant funding to Kent County Council (KCC), to support implementation of these duties until 2025. A Sanctuary Scheme is a property where security measures have been installed, enabling survivors to remain in their own homes safely if they chose to do so. It also incorporates an element of specialist domestic abuse support to the individuals residing there.

A procurement exercise has been undertaken to identify suitable suppliers for the Property Security element in line with decision 23/00022. This decision seeks to award the contract to the successful bidder identified as part of the procurement process. It is proposed that the contract award will be October 2023, with a mobilisation period between October and November 2023 and full service go-live from 1 December 2023

The contract will be for a maximum of four years, 1 December 2023 to 30 November 2025 (initial two-year contract) with two, one-year optional extension periods, subject to robust contract monitoring from 1 December 2025 – 30 November 2026 and 1 December 2026 – 30 November 2027.

**Financial Implications:** The table below outlines the costs to KCC for the initial two years and extension options of the Property Security element of the SAFER Scheme, with the total contract value being £1,600,000.

	<b>KCC Domestic Abuse Act funding</b>
Initial two-year contract term	£800,000
Two, one-year optional extension periods	£800,000
Total (Initial two-year contract term PLUS Two, one-year optional extension periods)	£1,600,000

**Legal Implications:** The change in legislation in 2021, means that the council now has statutory duties to provide support to those residing in 'safe accommodation'. This includes adults and children. The Kent SAFER Scheme including the Property Security element will ensure the council meets its new duties under the DA Act. A procurement exercise was undertaken to identify suitable suppliers in accordance with PCR 2015 Regulation 32(2)(c) and Procurement Policy Note 01/20. The Strategic Commissioning Division used the standard Terms and Conditions of contract. There will need to be resource allocated at the end point contract award for contracts to be signed and sealed.

**Equality Implications:** An Equality Impact Assessment (EQIA) has been completed, given that the SAFER Scheme is proposed to be a countywide service available to all survivors of domestic abuse, the EQIA did not identify any potential adverse effects of the proposal. This is a live document and will be developed further once the new service has been procured.

**Data Protection Implications:** The Data Protection Impact Assessment (DPIA) and draft Privacy Notice have been completed to ensure the Property Security element of the countywide SAFER Scheme will be compliant with the Data Protection Act 2018. These documents will be updated once a provider is appointed to reflect their specific processing arrangements.

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 13 September 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

**Any alternatives considered and rejected:** As part of the procurement process the following options were considered and disregarded.

**Option 1 - Do nothing.** The Needs Assessment has shown that there is not a consistent offer of sanctuary across the county, resulting in an inequitable offer of support to survivors and their children. Doing nothing will not address this identified gap in services and therefore the council will not be meeting its statutory duties.

**Option 2 – Delegate funding and responsibility for delivery of Property Security measures to district and boroughs across Kent and commission support for adult survivors residing in properties where measures have been applied.** It is recognised that this would likely result in multiple procurements and the opportunity for efficiencies through collaborative commissioning would be lost. There would be 12 separate sanctuary offers across the county with separate referral routes, making pathways unclear for survivors and referrers.

**Option 3 – Procure a Sanctuary Scheme (Property Security measures and support for adult survivors) for areas where there is not currently a provision in place only. (Canterbury,**



**Gravesham, Thanet, Dover, Sevenoaks, Tonbridge and Malling and Tunbridge Wells)** It is recognised that this would likely result in 7 separate sanctuary offers across the county with separate referral routes, making pathways unclear for survivors and referrers. All offers would need to ensure a clear pathway for the provision of support for adults and new support service for children (due to be procured in April 2023) It is viewed that option 3 would be challenging to implement and deliver geographic equitability and the opportunity to achieve full efficiencies through collaborative commissioning would be lost.

**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**

The SAFER Scheme

**Responsible Officer**

Ashleigh Cain - ST SC

### Type of Activity

**Service Change**

No

**Service Redesign**

No

**Project/Programme**

No

**Commissioning/Procurement**

Commissioning/Procurement

**Strategy/Policy**

No

**Details of other Service Activity**

No

### Accountability and Responsibility

**Directorate**

Adult Social Care and Health

**Responsible Service**

Strategic Commissioning

**Responsible Head of Service**

Simon Mitchell - ST SC

**Responsible Director**

Clare Maynard - ST SC

### Aims and Objectives

The Domestic Abuse Act 2021 introduced new statutory duties for Local Authorities to meet the support needs of survivors of domestic abuse residing in 'safe accommodation'.

A Sanctuary Scheme meets the definition of 'safe accommodation' under the Domestic Abuse Act 2021 and involves provision and installation of target hardening measures alongside the offer of support for all survivors living within the property.

The refreshed Kent & Medway needs assessment, undertaken in 2021, highlighted the disparity of sanctuary provision across Kent and identified that underserved groups face barriers in accessing domestic abuse support within safe accommodation.

The SAFER scheme has been developed to address these identified gaps and enable the council to meet its new statutory obligations under the Act.

The scheme will;

- provide an equitable, countywide offer for survivors of domestic abuse,
- improve accessibility for underserved groups,
- enable people to remain in their own homes, within their local support networks,
- improve safety, health, and wellbeing of survivors,
- prevent/reduce the risk of harm or serious Page 23

## 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?**

Survivors of domestic abuse  
Cabinet Member (Cllr Clair Bell) for Adult Social Care and Health  
Local Partnership Board Members  
Adult Social Care Domestic Abuse Group  
Assistant Director and Strategic Commissioners for Children and Young People  
District and borough councils (Ashford, Canterbury, Dartford, Dover, Folkestone & Hythe, Gravesham, Maidstone, Sevenoaks, Swale, Thanet, Tonbridge, Tunbridge Wells)  
Lead Providers of the Kent Integrated Domestic Abuse Service (Oasis, Clarion, Look Ahead, Victim Support)  
Funding partners of the Kent Integrated Domestic Abuse Service (includes ASC, PH, Office of Police and Crime Commissioner, Kent Fire and Rescue)  
Other Local Authorities (Devon, Bexley, Sussex, Southampton, Brighton & Hove, Greenwich, Bromley, Bracknell Forest, Cambridgeshire, Medway)  
Members of the Kent and Medway Domestic Abuse Executive and Tactical Groups and sub groups including VCS partners and Kent Police, Kent Fire & Rescue, KCC Policy Team, Medway Council, OPCC, Community Safety Team, Public Health, Probation, ICB  
Members of the Kent Housing Group and sub-groups (landlords and housing options teams)  
Full Market engagement events delivered with attendance from providers of similar schemes across England  
Department for Levelling Up Housing and Communities  
Office of the National Domestic Abuse Commissioner

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

No

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

Yes

## Section C – Impact

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

**Service Users/clients**

Service users/clients

**Staff**

Staff/Volunteers

**Residents/Communities/Citizens**

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 SAFER Scheme will improve the councils offer to underserved groups, including older, male, transgender and disabled survivors, providing the option to access safety and support when experiencing domestic abuse from their own homes, in their own communities and retain existing support networks.

Enabling individuals to remain in their own homes, when it is safe and where it is their choice will improve the ability for survivors to retain jobs, social circles, friends, family networks. It will put the survivor in control of their journey and have a positive impact on health and well-being outcomes.

Children are now identified as victims in their own right under the Domestic Abuse Act 2021. The SAFER Scheme will support families to be able to remain together safely and reduce the need to with less need to flee to a new area.

Through the provision and installation of security measures to homes with the aim to delay/deny access to the property by the perpetrator will provide positive impacts to survivors of domestic abuse as the risk of harm or serious injury will be reduced.

Providing sanctuary will see an increase in the requirement of community staff such as IDVAs and outreach support workers, working to support those are experiencing domestic abuse therefore providing job opportunities within local communities.

## **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
<b>Mitigating actions for Gender identity/transgender</b>
Not Completed
<b>Responsible Officer for mitigating actions for Gender identity/transgender</b>
Not Completed
<b>23. Negative impacts and Mitigating actions for Race</b>
<b>Are there negative impacts for Race</b>
No. Note: If Question 23a is "No", Questions 23b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Race</b>
Not Completed
<b>Mitigating actions for Race</b>
Not Completed
<b>Responsible Officer for mitigating actions for Race</b>
Not Completed
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
No. Note: If Question 24a is "No", Questions 24b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Religion and belief</b>
Not Completed
<b>Mitigating actions for Religion and belief</b>
Not Completed
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
Not Completed
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Sexual Orientation</b>
Not Completed
<b>Mitigating actions for Sexual Orientation</b>
Not Completed
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
Not Completed
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Pregnancy and Maternity</b>
Not Completed
<b>Mitigating actions for Pregnancy and Maternity</b>
Not Completed
<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>
Not Completed
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Marriage and Civil Partnerships</b>

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

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

**To:** Adult Social Care Cabinet Committee – 13 September 2023

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

**Decision Number:** **23/00078**

**Classification:** Unrestricted

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

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

**Electoral Division:** All

**Summary:** The paper updates on the work completed since the previous paper was brought to Cabinet Committee in September 2022. Following the decision to devise and procure a new service model for the provision of community equipment (Decision 22/0081), the council has led programme of procurement activities to prepare for the commissioning of a new service. Extensive engagement and co-design work has taken place with people who draw on care and support, including those with lived experience; prescribers of such equipment in health and social care professions and the market. This has informed the design of a new model for a Community Equipment Service.

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

- a) **APPROVE** the revised model for the Community Equipment Service and the arrangements to secure the appropriate contract for a period of five years from 1 April 2024 to 31 March 2029, with the option for a contract extension of a further two years from 1 April 2029 to 31 March 2031;
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, to finalise terms of and award contracts to the successful provider and to approve, in consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Finance, the exercise of any extensions permitted within the agreed contracts; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to entering into contracts and other legal agreements, as required to implement the decision.

## **1. Introduction**

- 1.1 The current Integrated Community Equipment Service is jointly funded by Kent County Council (KCC) and the NHS Kent and Medway Integrated Care Board. The contract covers the purchase, delivery and repairs/servicing of equipment into people's homes. The service enables people to live more independently for longer and supports timely discharge from hospital.
- 1.2 All items of equipment are loaned to people and when no longer needed are collected. Where possible items are recycled and reused. A range of credits are received by KCC, on some items of reused equipment.
- 1.3 Following decision 22/0081 taken in September 2022 and the associated extension of the contract, and in partnership with the NHS Kent and Medway Integrated Care Board, KCC has led on a programme of activity to commission a revised Community Equipment Service that would meet the needs of local populations, promote choice and retain equity of provision.
- 1.4 The activity was designed to ensure that the new service aligns to the design principles of Making a Difference Everyday: Our Strategy for Adult Social Care 2022 to 2027, including the council's ambitions on choice and self-directed support.
- 1.5 The new service model will further align to the priorities of 'Framing Kent's Future – Our Council Strategy 2022 – 2026' and will: -
  - a. Narrow the gaps in outcomes between different parts of Kent with a particular focus on providing the right type of equipment to improve life in deprived communities.
  - b. Harness digital connectivity to ensure people are aware of all their options and have access to all the equipment and services they need and want.
  - c. Contribute to the Net Zero targets, by exploring options to reduce the carbon footprint of the service.
  - d. Manage future demand and resource challenges facing the service to ensure it continues to support people to lead the lives they want to live in the future.

## **2. Background**

- 2.1 Following Decision 22/0081, a comprehensive communication and engagement plan was implemented and a programme of targeted activities and events to support the co-design began in January 2023 continuing to May 2023.
- 2.2 A broad range of stakeholders was invited to participate including people with lived experience, prescribers of the service and associated professionals, the public and the market. The activities included face-to-face events, such as workshops, existing forums and also surveys.

- 2.3 The council was supported by Healthwatch to ensure the views of seldom heard communities were represented and included in the co-design.
- 2.4 Key learning points for the new service were taken from the engagement activities, including:-
- Empowering people who draw on care and support by improving choice about how they can access equipment.
  - Improving sustainability and enabling more recycling
  - Ensuring equity of provision across the county,
  - Retaining delivery targets that are working well.
- 2.5 The draft specification was shared with participants of the engagement activities for comment.
- 2.6 Learning derived from the engagement activities has had a direct impact on shaping the new model, the associated commissioning processes and documents including the Equality Impact Assessment; these include new service specification, the evaluation of all bids and the performance measures that will be tracked and developed throughout the lifetime of the contract.
- 2.7 Further detail about the engagement activity is contained within Appendix 1

### **3. The Preferred Model**

- 3.1 Market engagement revealed a number of potential models for the new service. These were discussed with prescribers and people who draw on care and support including those with lived experience of equipment services.
- 3.2 The preferred model remains a loan and recycle model which includes the following additional benefits:
- a) An enhanced (85%) credit model providing better value for the council.
  - b) Increased recycling throughout the life of the contract, linked with Waste Management Services.
  - c) A range of options to promote self-directed support.
  - d) A greater choice in delivery and collection times
  - e) Improved equity of service access.
  - f) Contract duration of five years with the option to extend for a further two years subject to satisfactory performance.
  - g) A partnership approach to support adaptability, innovation and collaboration.
  - h) A mix of payment methods to the provider to support adaptability.
  - i) The same choice of stock to reduce prescribing of expensive “specials”.
- 3.3 The revised model will deliver a comprehensive suite of outcomes at individual, organisational and system level whilst ensuring flexibility to meet changes to the health and social care landscape with no detriment to people who draw on care

and support. The specification for the new model has no reduction in service or eligibility.

3.4 A summary of the outcomes to be delivered is given in Appendix 2

## 4. Other Service Models Considered

4.1 A summary of the other models considered is provided below.

Option	Description	Reasons for Adopting This	Reasons for Not Adopting This
1. Purchase Model	Purchase all equipment as new and do not recycle.	Cost savings would be made from a negated need to collect and maintain equipment.	<ul style="list-style-type: none"> <li>a. This is not in line with Net 0 ambition. Kent's contribution to mining for raw materials would increase (mining for raw materials is the largest contributory factor to global warming).</li> <li>b. Providers could be incentivised to recycle but commissioners would miss credit opportunity and the associated savings.</li> <li>c. Costs of raw materials and freightage is still unstable and new equipment costs could increase beyond expectations. Providers would build in a price contingency to cover their own risk.</li> <li>d. The savings made from reduced deliveries would not offset the increased costs and missed credits from recycling.</li> </ul>
2. Hub and Spoke	To have 1 or 2 warehouse hubs and smaller units linked to pharmacies and supermarkets to support faster deliveries via a "click and collect" service.	<ul style="list-style-type: none"> <li>a. Cost savings would be harnessed from reduced logistics (deliveries) as people would be encouraged to collect their own equipment at a time convenient to them.</li> <li>b. This supports greater choice.</li> </ul>	<ul style="list-style-type: none"> <li>a. Costs of additional overheads and staff would be greater than the cost savings made from reduced mileage.</li> <li>b. People who use the service are predominantly frail and/or disabled so unlikely to be able to "click and collect" their own equipment.</li> <li>c. Most equipment requires fitting and training on correct usage for safety reasons. This model therefore carries a clinical risk.</li> </ul>
3. Reduced Catalogue Range	<p>Remove items from the catalogue below an agreed price range.</p> <p>Remove some high-cost items in line with the changes made by other authorities (eg riser recliner chairs).</p> <p>Underpin the reduced catalogue with digital signposting to self-purchase.</p>	<ul style="list-style-type: none"> <li>a. This would align to MADE digital and self-directed support commissioning intentions and supports choice.</li> <li>b. Immediate savings would be made as certain equipment would not be available through this contract.</li> </ul>	<ul style="list-style-type: none"> <li>a. Some people who have had clinical assessment and deemed to require equipment for safety reasons, may choose not to purchase equipment at all and just "get by without". There is a clinical risk.</li> <li>b. Prescribers have a duty of care and, to meet their clinical obligations in line with the Care Act, would order necessary equipment as a special if it wasn't on the catalogue and therefore available as stock. Specials cost more and take longer to deliver.</li> <li>c. Other councils who have reduced their catalogue are reporting delayed discharges as a direct result of ineffective community equipment services.</li> </ul>
4. Block contract with a reduced overall financial envelope	Commission the whole service as a block contract to include deliveries, equipment, fitting, training etc.	Immediate savings would be made if the service was contracted within a smaller financial envelope.	<ul style="list-style-type: none"> <li>a. To make a profit and reduce their financial risk from fluctuations in demand, providers would offer a higher costing model and reduce the quality-of-service to fit within the financial envelope.</li> <li>b. This model stifles adaptability for change and innovation and is a risk to service quality.</li> </ul>

4.2 None of the above models deliver the against the requirements for both financial and environmental stability and choice for people who draw on care and support, as the selected model does, and were therefore rejected.

## 5. Route to Market

5.1 The council is using the nationally available and PCR (2015) compliant Kent Commercial Services Framework. Four of the largest providers of community equipment are on the Framework.

5.2 The contract will be awarded in October 2023, allowing for a five month mobilisation period in order that the new service is operational by 1 April 2024, as required.

## 6. Financial Implications

- 6.1 This is a demand-led service and activity can fluctuate. The total value for the length of the five-year contract term will be up to £82.5m, increasing to £115.5m if the two-year extension option is implemented.
- 6.2 Financial modelling shows that should all targets on recycling and self-purchase be achieved, the contract could make savings of circa £7m over its initial five-year term, when compared to forecast costs of the current model over the same timeframe. Savings could continue to be made over any extension period applied.

	Forecast Gross Spend	Forecast Net Spend with Current Credit Model	Target for Self Purchase	Potential Gross Spend if Self Purchase target is achieved	Potential Reduction in Gross Spend	Forecast Net spend with 85% credit model	Target for Increased recycling	Forecast Net Spend all targets are achieved	Total Potential Savings Against current model
	£000	£000		£000	£000	£000		£000	£000
<b>Year 1 (2024/25)</b>	£5,012.0	£ 3,705.6	6%	£4,764.8	£247.2	£2,650.5	Increase by 5%	£2,484.0	£ 1,221.6
<b>Year 2 (2025/26)</b>	£4,973.0	£ 3,838.4	Year 1 +2%	£4,891.2	£81.8	£2,720.8	Year 1 + 2%	£2,481.6	£ 1,356.8
<b>Year 3 (2026/27)</b>	£5,105.0	£ 4,001.2	Year 1 + 5%	£4,979.1	£125.9	£2,769.7	Year 1 + 5%	£2,421.8	£ 1,579.4
<b>Year 4 (2027/28)</b>	£5,196.6	£ 4,080.7	Year 1 + 9%	£5,025.8	£170.9	£2,795.7	Year 1 + 8%	£2,339.1	£ 1,741.6
<b>Year 5 (2028/29)</b>	£5,245.4	£ 4,202.6	Year 1 + 15%	£5,029.8	£215.6	£2,797.9	Year 1 + 11%	£2,235.5	£ 1,967.0
	£25,532.0	£ 19,828.5		£24,690.58	<b>£841.39</b>	£13,734.6		£11,962.0	£ 7,866.5

**Caveat:** Forecast savings from increased recycling and the promotion of self-purchase are based on the assumption that increase targets are achieved. Forecast savings also assumes the provider will not seek to increase cost elsewhere in the contract and this will be managed during procurement and throughout the life of the contract with robust contractual levers.

## 7. Legal implications

- 7.1 The provision of community equipment services facilitates the council's delivery of its statutory duties under the Care Act 2014.
- 7.2 Paragraph 8.14 of the Statutory Care and Support Guidance states that "local authorities may not charge for assessments, community equipment and minor adaptations, intermediate care or reablement for up to six weeks". The option of self-purchase is therefore a choice to enable people, who wish to self-purchase, to choose the right equipment safely.
- 7.3 Independent Legal advice has been sought regarding Terms and Conditions of the Framework to mitigate any procurement risks.

## 8. Equalities implications

- 8.1 An Equalities Impact Assessment (EQIA) was completed in January 2023 and revised in July 2023 following the initial co-design engagement events which highlighted a gap in representation from people who are not White or English speaking.
- 8.2 Additional targeted engagement events were held and learning was used to revise the EQIA and shape the model selected. The learning also informed the specification and all other tender documents. The revised EQIA is attached as Appendix 3.

## 9. Data Protection Implications

- 9.1 A Data Protection Impact Assessment has been completed.
- 9.2 Prospective providers have all been subjected to robust testing of their information security management policies and processes and the technical security and design of their systems in order to be added to the Framework and were found to be compliant.

## 10. Conclusions

- 10.1 Following the extension of the current Integrated Community Equipment Service Contract to 31 March 2024 (22/00081) a new model for the Community Equipment Service has been devised, using learning from an extensive programme of engagement with people who draw on care and support, including those with lived experience of equipment services, prescribers to the service and associated professionals, the public and the market.
- 10.2 The new service will harness innovation and improvements in choice, whilst delivering greater financial and environmental sustainability through increased recycling, an improved credit model and supporting self-purchase. There is no change to service scope or accessibility.
- 10.3 The council is using an existing Framework to select a suitable provider, with the intention to award the contract in October 2023. This timeframe will allow a suitable period for full and effective mobilisation of the new service by 1 April 2024.

## 11. Recommendations

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

- a) **APPROVE** the revised model for the Community Equipment Service and the arrangements to secure the appropriate contract for a period of five years from 1 April 2024 to 31 March 2029, with the option for a contract extension of a further two years from 1 April 2029 to 31 March 2031;
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, to finalise terms of and award contracts to the successful provider and to approve, in consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Finance, the exercise of any extensions permitted within the agreed contracts; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to entering into contracts and other legal agreements, as required to implement the decision.

## **12. Background Documents**

Integrated Community Equipment Service

[Decision - 22/00081 - Integrated Community Equipment Service \(kent.gov.uk\)](#)

## **13. Report Author**

Sharon Wilcock

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# KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

**DECISION TO BE TAKEN BY:**

Cabinet Member for  
Adult Social Care and Public Health

**DECISION NO:**

23/00078

**For publication** Yes

**Key decision:** Yes

**Title of Decision: Community Equipment Service**

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

- a) **APPROVE** the revised model for the Community Equipment Service and the arrangements to secure the appropriate contract for a period of five years from 1 April 2024 to 31 March 2029, with the option for a contract extension of a further two years from 1 April 2029 to 31 March 2031;
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, to finalise terms of and award contracts to the successful provider and to approve, in consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Finance, the exercise of any extensions permitted within the agreed contacts; and
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to entering into contracts and other legal agreements, as required to implement the decision.

**Reason(s) for decision:** The current Integrated Community Equipment Service is jointly funded by Kent County Council and the NHS Kent and Medway Integrated Care Board. The contract covers the purchase, delivery and repairs/servicing of equipment into people's homes. The service enables people to live more independently for longer and supports timely discharge from hospital.

All items of equipment are loaned to people and when no longer needed are collected. Where possible items are recycled and reused. A range of credits are received by KCC, on some items of reused equipment.

Following the decision to procure a new service model (Decision 22/0081), the council has led a programme of procurement activities to prepare for the commissioning of a new service. Extensive engagement and co-design work has taken place with people who draw on care and support, including those with lived experience, prescribers of such equipment in health and social care professions and the market. This has informed the design of a new model for a Community Equipment Service.

The new service model will align to the priorities of "Framing Kent's Future – Our Council Strategy 2022 – 2026" and will: -

1. Narrow the gaps in outcomes between different parts of Kent with a particular focus on providing the right type of equipment to improve life in deprived communities.
2. Harness digital connectivity and innovation to ensure people are aware of all their options and have access to all the equipment and services they need and want.
3. Contribute to the Net Zero targets, by exploring options to reduce the carbon footprint of the service.
4. Manage future demand and resource challenges facing the service to ensure it continues to support people to lead the lives they want to live in the future.

The preferred model remains a loan and recycle model but has the following additional benefits:

- An enhanced (85%) credit model with increased recycling linked with Waste Management Services.
- Digital signposting to support people who wish to self-purchase.
- A partnership approach to support adaptability, innovation and collaboration.
- A greater choice in delivery and collection times.
- Improved equity of service access.
- Improved financial and environmental sustainability through greater recycling/reuse of equipment, increased credit model and options to self-purchase.

The new specification has no reduction in service or eligibility.

The council is using the nationally available and PCR (2015) compliant Kent Commercial Services Framework. Four of the largest providers of community equipment are on the Framework. The opportunity to bid for the new service will be published in August 2023. The contract will be awarded in October 2023, allowing for a five-month mobilisation period in order that the new service is operational by 1 April 2024.

**Financial Implications:** This is a demand-led service and activity can fluctuate. The total value for the length of the five-year contract term will be up to £82.5m, increasing to £115.5m if the two-year extension option is implemented.

Financial modelling shows that should all targets on recycling and self-purchase be achieved, the contract could make savings to KCC of circa £7m over its initial five-year term, when compared to forecast costs of the current model over the same timeframe. Savings could continue to be made over any extension period applied.

**Legal implications:** The provision of services to support people with health and/or social care needs following discharge from hospital is detailed within the Care Act 2014.

Paragraph 8.14 of the Statutory Care and Support Guidance states *that “local authorities may not charge for assessments, community equipment and minor adaptations, intermediate care or reablement for up to six weeks”*. The option of self-purchase is therefore a choice to enable people, who wish to self-purchase, to choose the right equipment safely.

Independent Legal advice has been sought regarding Terms and Conditions of the Framework to mitigate any procurement risks.

**Equalities Implications:** An Equalities Impact Assessment (EQIA) was completed in January 2023 and revised in July 2023 following the initial co-design engagement events which highlighted a gap in representation from people who are not White or English speaking. Additional targeted engagement events were held, and learning was used to revise the Equality Impact Assessment and inform the specification and all other tender documents.

**Data Protection Implications:** A Data Protection Impact Assessment has been completed. Prospective providers have all been subjected to robust testing of their information security management policies and processes and the technical security and design of their systems in order to be added to the Framework and were found to be compliant.

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 13 September 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

**Any alternatives considered and rejected**

Other options considered but rejected included:

Option	Reason for Rejection
A Purchase model with no recycling	Environmental impact, instability of costs and missed opportunity to achieve deliver savings.
A Hub and Spoke model	Increased clinical risk to people, poor access for people who draw on care and support. Additional costs.
A reduced catalogue of equipment	Increased clinical risk to people, poor alignment with statutory duties and risk of delayed discharge from hospital.
A block contract model within reduced financial envelope	Poor value for money and risk to service quality. Reduced innovation and adaptability.

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

.....  
signed

.....  
date

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## **Community Equipment Engagement Plan– a Summary**

Following the extension of the current and jointly funded Integrated Community Equipment contract until the end of March 2024, a communication and engagement plan was devised to co-ordinate the co-production activities to develop a service model and specification with people who interact with the service. Kent County Council (KCC) and NHS Kent and Medway Integrated Care Board (ICB) communication and engagement team colleagues worked in partnership to jointly deliver this engagement plan.

The plan builds upon a survey that was conducted from July to October 2021 inviting people who use the service, carers, family members and a range of other stakeholders who interact with it, to share their experiences and views on how well this service is working, areas that need improvement and how they could be improved.

Just over 100 respondents completed the online survey questions and overall, the feedback was very positive about the service with three-quarters of respondents rating the service as good/very good/excellent and provided useful insights as how the service could be improved further. The feedback was used to plan future engagement activities.

### **The aims of the engagement plan were:**

- To capture feedback from a wide range of stakeholder groups and hear experiences of people who use the service,
- To explore ideas and proposed changes to the service with stakeholders to ensure we continue to meet their needs,
- To drive service improvement and transformation,
- To inform stakeholders about the procurement and any proposed changes.
- The learnings and insights from this engagement were reviewed by commissioners and fed into the development of the service model and specification.

## **Approach**

Engagement with stakeholders took the form of deep dive discussions, such as one-to-one interviews and focus groups, to allow us to explore specific areas of the service in sufficient depth to understand stakeholder needs and how these can be best met by the service.

The discussions followed a discussion guide, which differed according to the different stakeholder groups, and covered three key questions:

1. What areas of the current service are working well?
2. What areas of the current service are not working so well?
3. How can the service be improved?

## Channels

The reach of engagement activity was maximised by tapping into existing networks, platforms and partners of Kent County Council and in health. Feedback was sought across a wide-reaching audience throughout social care and health, such as paediatrics, care homes, hospices, education and learning disability teams.

## Stakeholder mapping

There was a focus on the views of people the service has supported, their families and carers as well as other stakeholders who interact with the current service. Feedback was sought from across Kent but did not include Medway as this area has a separate service which is commissioned by Medway Council.

The engagement plan included 5 key groups:

1. The Market
2. Experts by Experience
3. Prescribers
4. Public
5. Other stakeholders

## Engagement overview

Communication inviting stakeholders to engage was sent to over 2,000 contacts in the County Council's stakeholder database.

Dedicated meetings were held for

- people who use the service or support someone who does
- prescribers from health and social care
- Occupational Therapy teams
- Service providers

## Appendix 1 – Summary of Engagement Activities

A full list of the key stakeholders and approach taken for each group is given below:

	<b>Audience Group</b>	<b>Approach</b>	<b>Stakeholders</b>
1.	The Market:	Workshops with providers from Kent Commercial Services Framework will be held to co-design the new service model	<ul style="list-style-type: none"> <li>• Kent Commercial Services Framework</li> <li>• AJM</li> <li>• Millbrook Healthcare</li> <li>• NRS</li> <li>• Medequip</li> </ul>
2.	Experts by Experience:	<p>A mix of in-depth interviews and focus groups will be used to capture feedback and engage people in the design of the new service model.</p> <p>Vox pop interviews to bring to life the voice of people who use the service to highlight some of the benefits and issues with the current service</p>	<ul style="list-style-type: none"> <li>• People who use the ICES or may do in the future (to include a wide age range, Black Asian and Minority Ethnic users, those with learning disabilities, a range of needs i.e. those with a low-level need to complex needs)</li> <li>• Family members/parents</li> <li>• Carers/ Carer groups</li> <li>• People from the survey who expressed an interest to participate in further engagement work</li> </ul>
3.	Prescribers:	A range of lessons learned sessions will be used to capture learning from both health and social care prescribers who use the current service	<ul style="list-style-type: none"> <li>• Adult Social Care (ASC) directorate staff</li> <li>• Council colleagues outside ASC including:</li> <li>• Children's Social Care directorate staff</li> <li>• Education/SEND</li> <li>• OTs, physio's and other colleagues in health (adults, paediatrics, learning disability):</li> <li>• NHS Kent Community Health Foundation Trust</li> <li>• NHS East Kent Hospitals University Foundation Trust</li> <li>• NHS Medway &amp; Tunbridge Wells Trust</li> <li>• Health Care Research Group (HCRG)</li> <li>• Medway Community Hospital</li> <li>• NHS Kent and Medway Health and Social Care Partnership Foundation Trust (KMPT)</li> <li>• Pilgrim's Hospice</li> <li>• Continuing Health Care Teams</li> <li>• Technician services (KCHFT, EKHUFT teams)</li> </ul>
4.	Public:	Events will be used to capture the views from people in the local community which will help to refine the new service model	<ul style="list-style-type: none"> <li>• General public</li> <li>• Wider Kent residents (self-funders)</li> <li>• Customer contact centre and additional public contact points (e.g., Community Safety Team)</li> <li>• Local voluntary and community organisations (Those who support people to live independently, Carer organisations, those who support people who are frail)</li> <li>• Disability Assist</li> <li>• Physical Disability Forum</li> </ul>

## Engagement findings

### Feedback from prescribers

Prescribers told us that areas which needed to be improved included more accurate delivery appointments.

### Feedback from Kent County Council Occupational Therapy (OT) teams

OT teams identified key areas of the contract that were working well such as 3-day delivery, communication, training videos, clinical support and the timeliness of room to room moves and the joint working with Waste Management to support equipment collections from waste sites. They recommended these areas are retained and built upon in the new service.

Many of the suggestions that were made were in connection with booking appointments to improve collection and delivery times.

### Feedback from people who access the service

People told us they wanted more choice of delivery and collection appointments to avoid them having to wait all day for a delivery. They asked for better communication for appointments and asked for more choice in equipment.

People asked for improved information on how to use equipment. Some people reported equipment is sometimes left.

People asked improved communication around how to return equipment for recycling. They suggested a wider variety of collection points in the community to support this.

People told us that “Integrated” Community Equipment isn’t very clear and that “Community Equipment would be easier for people to understand.

### Feedback from the market

- There are opportunities to enhance the service using digital approaches, and give greater choice and control to people who draw on this support service, including in booking arrangements,
- A Hub and Spoke model could be adopted,
- A purchase model could reduce expenditure and environmental impact,
- Any extension period should be for more than one year,
- A block payment arrangement could work well,
- The service can offer a range of contributions to Net Zero ambitions,
- There is potential to improve recycling rates,
- The contract can deliver a varied programme of social value over its term.
- Reducing the breadth of the catalogue may achieve improvements in financial sustainability.



## Equality Impact Assessment (EQIA)

The EQIA identified several areas which needed to be addressed as part of the engagement work.

These areas were:

- Issues with older people not being familiar with digital technologies to take advantage of the signposting benefits,
- Some disabilities may mean people are less able to use digital technologies,

However, the mitigations around this are that prescribers are able to provide this information to everyone verbally and it can also be communicated via the Customer Service and Clinical Team by the Provider. Both of which have been included in the new service specification.

## Raising the voice of seldom heard communities

The outputs of the initial engagement events were reviewed, and it was noted that there had been no representation from people who were not White, or those who first language was not English. We worked with Healthwatch to address this and the views of the Nepalese community were used to shape the new service, including on issues of access, awareness and inclusion across all communities. The EQIA was revised as a result.

## You said, we did

You Said	We Did
3-day delivery service is working well and should be retained	This is included in the specification, section 17. Deliveries
5-day delivery service is working well	This will continue, as per specification, section 17. Deliveries
Some items take too long to arrive	There have been supply issues with some items. A new supplier has been found and improvements made. Expectations about deliveries, repairs and sourcing equipment have been written into the specification e.g. A target time of 8 weeks has been stipulated in the service specification for 'specials' to be sourced and delivered to the warehouse (17 Deliveries , 'p').
Sometimes equipment is being left and not fitted.	This has been fed back to the current provider to remind staff of the correct process. Expectations as to what actions are to be taken if a delivery cannot be made/completed are clearly set out within the service specification under section 17. Deliveries (mm).
Clinical team is an excellent resource and we need to keep this.	The role of the clinical team has been recognised and has been expanded in the service specification to include assessments for repairs and replacement equipment, section 24. Planned Maintenance and Testing.
There sometimes needs to be better communication when difficulties rise	The service specification dictates that prescribers are to be notified of 'difficulties' the same day via email through the secure ordering system/email or, if the order is an 'emergency' they are to be contacted by telephone with an email follow up (20. Delays and Difficulties)
A direct line to the Clinical Team would be preferred	There is a dedicated number for the clinical team as well as a dedicated email available and this will continue in the new service contract.

## Appendix 1 – Summary of Engagement Activities

<p>Prescribers would like changes for repairs and replacements they sit under the provider clinical team.</p>	<p>In the new service specification, it is a requirement that the clinical team has the ability to conduct assessments for equipment that needs to be repaired or replaced which would address this issue and significantly reduce the need to contact the last prescriber (10. Clinical Teams)</p>
<p>Advice to care homes around equipment would be helpful</p>	<p>We are undertaking work to provide better links with care homes to ensure they understand the process for equipment loans, and their responsibilities including the circumstances when they should provide it. This is a joint KCC/IB workstream where improved guidance and processes will lead to improvements</p>
<p>Specials can take a long time between the order being processed and being received by the Provider.</p>	<p>There is a target time within the service specification of 8 weeks for 'specials' to be sourced and delivered to the warehouse (17 Deliveries, 'p'). This target has been set as the provider is reliant on manufacturer timelines to complete the order and the complexity of the equipment needed impacts how quickly it can be sourced.</p>
<p>Collection times can vary and can wait a long time.</p>	<p>Targets for collections have been reduced from 10 to 5 days in the new specification. (19. Collections/Credits) This will be monitored continuously as part of contract and KPIs. The provider will try to be as flexible as possible to any prescriber requests.</p>
<p>Flexibility – due to appointments not being able to have a specified time slot/period, it can be difficult for some people to allocate a whole day waiting for delivery/collection.</p>	<p>Where People who draw on care and support can be contacted by telephone, the Provider will make contact to arrange a delivery, People will be offered a convenient date for delivery/collection. We will also empower people more by giving them access to an online portal where they can monitor their orders and take more control in the process.</p>
<p>If consent is given to share the key code, could the equipment delivery not have access to the property?</p>	<p>We have set out the ambition within the specification for a narrower time window for when deliveries should take place and also asking to provide innovative solutions which could include portals to help people have a better understanding of when items are due for delivery</p>
<p>Communication – there needs to be better means of communication that work for the individual. Sending a letter with an appointment day isn't always helpful</p>	<p>We have set out the ambition within the specification for a narrower time window for when deliveries should take place and also asking to provide innovative solutions which could include portals to help people have a better understanding of when items are due for delivery</p>
<p>Choice – a choice around things like colour or style would be really nice, this is something that children's is good at and could be something to think about for adult social care.</p>	<p>If people who draw on care and support wish to have greater choice around colour or style, there is the option to self-purchase and information will be provided as to how to do this if this is something they wish to consider. We have included a section within the specification around retail and choice (58)</p>
<p>Sustainability – there's not enough information on returning equipment and reusing it and more collection sites.</p>	<p>This has been and continues to be a focus for commissioners to ensure there are greater opportunities to return equipment which can be recycled back into the community. The service specification outlines our expectations for the Provider to offer these going forward (19. Collections / Credits)</p>
<p>Support people to be as independent as possible by showing them how to use the equipment properly. There's no induction or details of who to call if you need help.</p>	<p>The specification requires that information e.g. leaflets is to be provided to people who draw on care and support to make clear how to use the equipment as well as essential contact information for the provider (19. Collections/Credits)</p>
<p>Language – 'Integrated Community Equipment' isn't very clear. Maybe 'Community Equipment' would work better for people to understand.</p>	<p>The word integrated was used to capture the fact that this contract is a partnership between KCC and the NHS. We acknowledge that this doesn't necessarily mean much to the people who draw on care and support. The name has been changed to the 'Community Equipment Service'.</p>

## Conclusions

Whilst there are high levels of satisfaction with the current model, feedback from stakeholders, including the market, indicates that there are changes that can be made to the new service that would give people who draw on care and support greater choice and control, deliver more options for self-directed support and achieve improved financial and environmental sustainability.

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Kent County Council (KCC) and NHS Kent and Medway Integrated Care Board (ICB) will work in partnership with the new community equipment provider to deliver a Community Equipment Service that is focused on delivering the following outcomes.

<b>Outcomes for People Who Draw on Care and Support</b>	
1.	People have Equipment provided to them which takes account of their strengths and capabilities and helps them to feel safe by either enabling them to carry out everyday activities, whilst maximising their independence or supporting them to be cared for at home.
2.	People understand the type of Equipment available to them, what is recommended, when it is arriving and who to contact to arrange maintenance and/or collection when it is no longer needed.
3.	The Equipment that people receive is delivered on time, clean, installed, tested correctly, demonstrated, repaired quickly, and is regularly maintained.
4.	People know what to do if they have concerns about the Equipment safety or the standard of the service.
5.	People who use the service have their views regularly sought and these are used to drive continuous improvement.
7.	People are always treated with courtesy, respect and dignity, and people's diverse needs are recognised and supported
8.	People are aware of the different ways to return Equipment when it is no longer required and are actively encouraged to do so
9.	People have greater choice in how to access a range of Equipment that meets their needs, and they are supported by the Provider to do this safely.
<b>Outcomes for Prescribers</b>	
1.	Prescribers have confidence in the Provider to access the most cost-effective Equipment, that best meets assessed need, industry standards, is the most cost effective.
2.	Prescribers have confidence in the Provider to install Equipment to the expected standard and in accordance with agreed timelines.
3.	Prescribers' views are regularly sought and used to drive continuous improvement in service delivery.
4.	Support for prescribers such as for clinical and order queries is accessible via a range of media, including telephone, online resources, literature and documentation.
5.	Prescribers have access to a user-friendly on-line catalogue with tracking functionality.
6.	Prescribers are confident in the availability of stock and if this is compromised, they will be offered close technical equivalents.

Appendix 2  
Kent Community Equipment Service – Outcomes

<b>Outcomes for Kent County Council and NHS Kent and Medway Integrated Care Board</b>	
1.	The Provider delivers a high-quality value for money service that is environmentally and financially sustainable for the future.
2.	Confidence in the accuracy of the management information data received and able to easily scrutinise management data as and when required.
3.	The service continues to innovate and improve throughout the lifespan of the contract
4.	Added value is demonstrated through the social value programme throughout the lifespan of the contract

**EQIA Submission – ID Number****Section A****EQIA Title**

Integrated Community Equipment Service Re-Tender

**Responsible Officer**

Sharon Wilcock - ST SC

**Type of Activity****Service Change**

No

**Service Redesign**

Service Redesign

**Project/Programme**

No

**Commissioning/Procurement**

Commissioning/Procurement

**Strategy/Policy**

No

**Details of other Service Activity**

No

**Accountability and Responsibility****Directorate**

Adult Social Care and Health

**Responsible Service**

Strategic Commissioning - Adult Social Care

**Responsible Head of Service**

Clare Maynard - ST SC

**Responsible Director**

Richard Smith - AH CDO

**Aims and Objectives**

Align the service with the new KCC strategic direction.

Promote self-directed support via digital signposting.

Reduce waste and improve service delivery and efficiency.

Harness cost efficiencies through innovation.

**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?**

Service Users general

Service Users from protected groups disability, age and ethnicity

Prescribers from Health

Prescribers from Social Care

<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>
wider choice of equipment through digital signposting greater understanding of other equipment / services available through digital signposting
<b>Negative impacts and Mitigating Actions</b>
<b>19. Negative Impacts and Mitigating actions for Age</b>
<b>Are there negative impacts for age?</b>
Yes
<b>Details of negative impacts for Age</b>
older people may be less likely to use digital technology and may miss the opportunity of having increased choice or awareness of what other equipment or services are available.
<b>Mitigating Actions for Age</b>
Ensure prescribers are able to advise and support people to make the right choice for their needs and wants.
<b>Responsible Officer for Mitigating Actions – Age</b>
Sharon Wilcock
<b>20. Negative impacts and Mitigating actions for Disability</b>
<b>Are there negative impacts for Disability?</b>
Yes
<b>Details of Negative Impacts for Disability</b>
Some people may not be able to use digital technology and may miss the opportunity of increased choice and awareness of what other equipment or services are available
<b>Mitigating actions for Disability</b>
Ensure prescribers are able to support people to use digital technology to find the equipment or service to their needs and wants
<b>Responsible Officer for Disability</b>
Sharon Wilcock
<b>21. Negative Impacts and Mitigating actions for Sex</b>
<b>Are there negative impacts for Sex</b>
No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval
<b>Details of negative impacts for Sex</b>
Not Completed
<b>Mitigating actions for Sex</b>
Not Completed



<b>Responsible Officer for Sex</b>
Not Completed
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>
<b>Are there negative impacts for Gender identity/transgender</b>
No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Gender identity/transgender</b>
Not Completed
<b>Mitigating actions for Gender identity/transgender</b>
Not Completed
<b>Responsible Officer for mitigating actions for Gender identity/transgender</b>
Not Completed
<b>23. Negative impacts and Mitigating actions for Race</b>
<b>Are there negative impacts for Race</b>
Yes
<b>Negative impacts for Race</b>
Early engagement events revealed a lack of ethnic diversity in attendance. Healthwatch supported commissioners to engage with some of their ethnic communities. The people in these groups told us that they are unaware of the community equipment service. Those that were aware said they don't know how to access it.
<b>Mitigating actions for Race</b>
Continue to engage with ethnic groups supported by Healthwatch and KCC Communications Team. Agree actions to ensure people whose first language is not English understand how to access services.
<b>Responsible Officer for mitigating actions for Race</b>
Sharon Wilcock
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
No. Note: If Question 24a is "No", Questions 24b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Religion and belief</b>
Not Completed
<b>Mitigating actions for Religion and belief</b>
Not Completed
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
Not Completed
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Sexual Orientation</b>
Not Completed
<b>Mitigating actions for Sexual Orientation</b>
Not Completed
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
Not Completed
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Pregnancy and Maternity</b>
Not Completed

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

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

**To:** Adult Social Care Cabinet Committee – 13  
September 2023

**Subject:** **ADULT SOCIAL CARE AND HEALTH  
PERFORMANCE Q1 2023/2024**

**Classification:** **Unrestricted**

**Previous Pathway of Paper:** None

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** This paper provides the Adult Social Care Cabinet Committee with an update on adult social care activity and performance during Quarter 1 for 2023/2024.

Adult social care continues to experience high level of demand across all areas of its work and with the people we support. There remain high numbers of people making contact, increased incoming Care Needs Assessments (by 5%), more people with an active Care and Support Plan, more people with mental health needs accessing services and more Deprivation of Liberty Safeguards applications received.

The Key Performance Indicator looking at Care Needs Assessments delivered within 28 days remains below target and RAG Rated Red, even with a 1% increase in Quarter 4. Adult social care continues to prioritise delivery of Care Needs Assessments within the Performance Assurance Framework. Four Key Performance Indicators are RAG Rated Amber and only one has a significant downward direction of travel and this was for those in a Care Quality Commission rated residential or nursing care home rated Good or Outstanding. One Key Performance Indicator remained RAG Rated Green having met the target which was those not re-contacting adult social care having had a previous contact resolved.

Whilst dealing with high levels of demand adult social care continues to face challenges on availability within both its own workforce and in the social care market, as experienced nationally, and are taking steps to increase recruitment and retention as well as finding new ways to innovate to help manage changing demands and the need for new solutions to support people. The new Community Teams and County Services are working to prioritise, and risk manage these demands to ensure they can meet their statutory duties and keep people safe and independent, optimising the resources they have available to them.

**Recommendation:** The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 1 2023/24.

## **1. Introduction**

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

## **2. Overview of Performance**

- 2.1 Adult social care continues to have over 20,000 people contact them each quarter. In Quarter 1 over 22,425 people made contact, and this continues the ongoing trend of increasing activity with this quarter, with a 3% increase on the same quarter last year. In addition to the new tools made available on Kent.gov which help people understand their adult social care needs, provide advice and information and help estimate how much they may need to pay towards their care and support., adult social care is working on transforming the contact and referral pathways to ensure they work for Kent residents and the people we support, working further with partners. The KPI on the percentage of people who re-contacted adult social care, having had a previous contact resolved with advice and information, continues to achieve the target of 9% (RAG rated Green) decreasing further to 5% in Quarter 1.
- 2.2 Quarter 1 also saw another increase in the number of Care Needs Assessments (CNA) to be undertaken, with an increase of 5%, which was on top of the 15% increase experienced the previous quarter. 5,573 CNAs were initiated in Quarter 1. Adult social care completed 4,878 CNAs this quarter, less than in previous quarters, which led to more people needing their CNA to be completed on the last day of the quarter, over 3,000, the highest since 2019.
- 2.3 Of the incoming new CNAs for Quarter 1, 71% were completed by adult social care within 28 days, an increase of 1% on the previous quarter, and continues to be below the floor target of 80% (RAG Rated Red). The time taken to complete a CNA is dependent on the person and their needs, however most CNAs can be, and are, completed within 28 days (Care Act Guidance states that they should be timely). Adult social care continues to prioritise completing CNAs as part of its Performance Assurance Framework and is looking at new ways of working to help balance all the activities worked on by practitioners in the new Community Teams.
- 2.4 1,085 Carers' Assessments were completed by adult social care and the Carers' organisations in Quarter 1. The Carer Strategy Group has been running for three months, co-chaired by an Assistant Director and a carer (with lived experience). The group will deliver against the Kent Carers' Strategy 2022 – 2027 and has plans to also roll out localised Carer Forums in each of the four locality areas. Work within the Health and Care Partnerships and with the Community Mental Health Framework is highlighting the needs of carers with

partner organisations. The carers week, which was held in June 2023, included several opportunities to highlight the needs of carers and included further awareness raising with adult social care.

- 2.5 Evidence continues to show the positive effect on well-being when carers are supported to receive short breaks from their responsibilities and are also signposted to other support services, supporting their individual aims and goals. Furthermore, the whole system approach to prevention and improving outcomes is underpinned by the Kent Carers' Strategy 2022 -2027 as well as the Kent and Medway Integrated Care System Social Prescribing and Navigation Strategy which will support the long-term shifts and core purposes of an integrated care system.
- 2.6 Following a CNA, where eligible for support, people receive a Care and Support Plan (C&SP) which details how a person will be supported and the services they may receive. Adult social care had 16,294 people with an active C&SP at the end of Quarter 1, which is an increase of 2%. Not everyone will go on to need a support package and adult social care has seen varying numbers of new support packages being arranged each quarter, in Quarter 1 it was 2,501, with the average weekly cost of a new support package being £629. Increased averages costs reflect both increases in the level of need for people we support, for example those with mental health needs, and the increased cost of services.
- 2.7 Adult social care completed 2,475 annual reviews of the C&SP in Quarter 1, which was a decrease on the previous quarter; this decrease alongside people's ongoing review becoming due in Quarter 1 has meant adult social care has seen an increase in the number of people requiring an annual review on the last day of the quarter again, to 5,621.
- 2.8 Where people need short-term enablement services, adult social care has the Kent Enablement at Home Service (KEaH) which aims to keep people independent and in their home. In Quarter 1 there was a decrease in the number of people actively receiving this support to 1,572; changes in activity were due to a decrease in referrals from the Adult Social Care Referral Service, Adult social care has temporarily increased the use of a pause function in the CNA to ensure people have enablement services where appropriate whilst we work on increasing the enablement focus at the referral service. The pause function, which is within the guidance of the Care Act will be stood down following the changes to the referral service.
- 2.9 Some people will require residential or nursing care on a temporary basis (either while their longer-term needs or circumstances are assessed, or to provide respite) and adult social care has been working to reduce the use of Short-Term Beds as well as the amount of time people spend in them, ensuring they maximise the opportunities for people to remain independent in their own homes. There was another decrease from Quarter 4 to Quarter 1, continuing the quarterly decreases in activity since Quarter 2 last year.

- 2.10 Adult social care saw an increase in the percentage of people aged 65 and over at home 91 days after discharge from hospital having had reablement services, at 82% in Quarter 4. Increases in those accessing KEaH in Quarter 4 and the work to reduce the longer-term use of a short-term bed have stopped this KPI from decreasing. There is work with partners to develop the Transfer of Care Hubs, where it is anticipated that decision making on people's care and support will shift to outside of the hospital to a robust Multi-Disciplinary Team, maximising the outcomes for people.
- 2.11 A key priority for adult social care is to enable people to remain independent and in their own homes with clear personal choice of their support. Direct Payments are nationally recognised as an effective way of delivering these aims and for Quarter 1 this measure is RAG Rated Amber at 25%, a 1% increase on the previous quarter, with increases in the numbers of carers, people with learning disabilities, mental health and sensory needs receiving a Direct Payment.
- 2.12 The number of people aged over 65 years old going into long term residential and nursing care varies each quarter and following an increase in Quarter 3 leading to the KPI being RAG Rated Red, there has now been a decrease in the rate per 100,000 for Quarter 4 at 115 per 100,000 and the KPI is now RAG Rated Amber. For the past three years it is the trend that Quarter 4 has the lowest number of admissions.
- 2.13 The percentage of KCC supported people in residential or nursing care with a Care Quality Commission (CQC) rating of Good or Outstanding decreased for another quarter to 75% and is RAG Rated Amber, remaining below target. There has not been an increase in the proportion of those in an Inadequate home, 2% this quarter compared to 3% last quarter (1% of Care Homes in Kent are rated Inadequate) with the movement happening from Good homes to those with Requires Improvement. This is a trend we have seen since the CQC re-started their inspections following the Covid-19 pandemic.
- 2.14 KCC continues to work closely with the CQC and providers to improve the levels of quality in the care home market. Locality commissioners provide advice and support to ensure that effective action plans are in place which respond to identified concerns and/or CQC findings and monitor these action plans as required. At present, eleven care homes (five older person care homes and six learning disability, physical disability, and mental health care homes) have contract suspensions in place to prevent further placements whilst improvements are being made. This is the same total number as the previous quarter. A collaborative approach between KCC and external agencies is being taken to support providers deliver on comprehensive multi agency action plans to improve CQC ratings.
- 2.15 The number of people accessing support who have a mental health need continues to increase each quarter, there were 1,375 people being supported by adult social care in Quarter 1. Supporting Independence Services/ Supported Living continue to be the most prevalent service provision

2.16 The number of Deprivation of Liberty Safeguards (DoLS) applications received remains high, albeit with a lower volume than previous quarters in Quarter 1, at 2,266. Over 2,000 applications were completed, a similar number to previous quarters except when compared to Quarter 4. The DoLS Team continues to manage risk through strong relationships with partners and look to innovate to get the best outcomes from the available resources.

2.17 Adult social care saw an increase in the number of safeguarding enquiries open on the last day of the quarter, this follows targeting of the safeguarding teams in Quarter 4 on closing those which were ready to be closed in preparation for the new locality operating model beginning in April 2023. Safeguarding remains a high priority for adult social care and work is ongoing to ensure enquiries that can be closed are done so; there was only a 3% increase into Quarter 2 of active enquiries.

### 3. Conclusion

3.1 Adult social care continues to deal with high levels of demand across all the teams; in particular, there are consistently high levels of contacts, incoming CNAs, DoLS applications and increasing numbers of people needing services with a mental health need. Adult social care continues to face challenges both in its own workforce and in the social care market, and is taking steps to increase recruitment and retention, as well as finding new ways to innovate to help manage changing demands and the need for new solutions to support people. Adult social care ensure they prioritise and risk manage these demands so we can meet our statutory duties and keep people safe and independent.

### 4. Recommendation

**Recommendation:** The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Quarter 1 2023/24

### 5. Background Documents

None

### 6. Report Author

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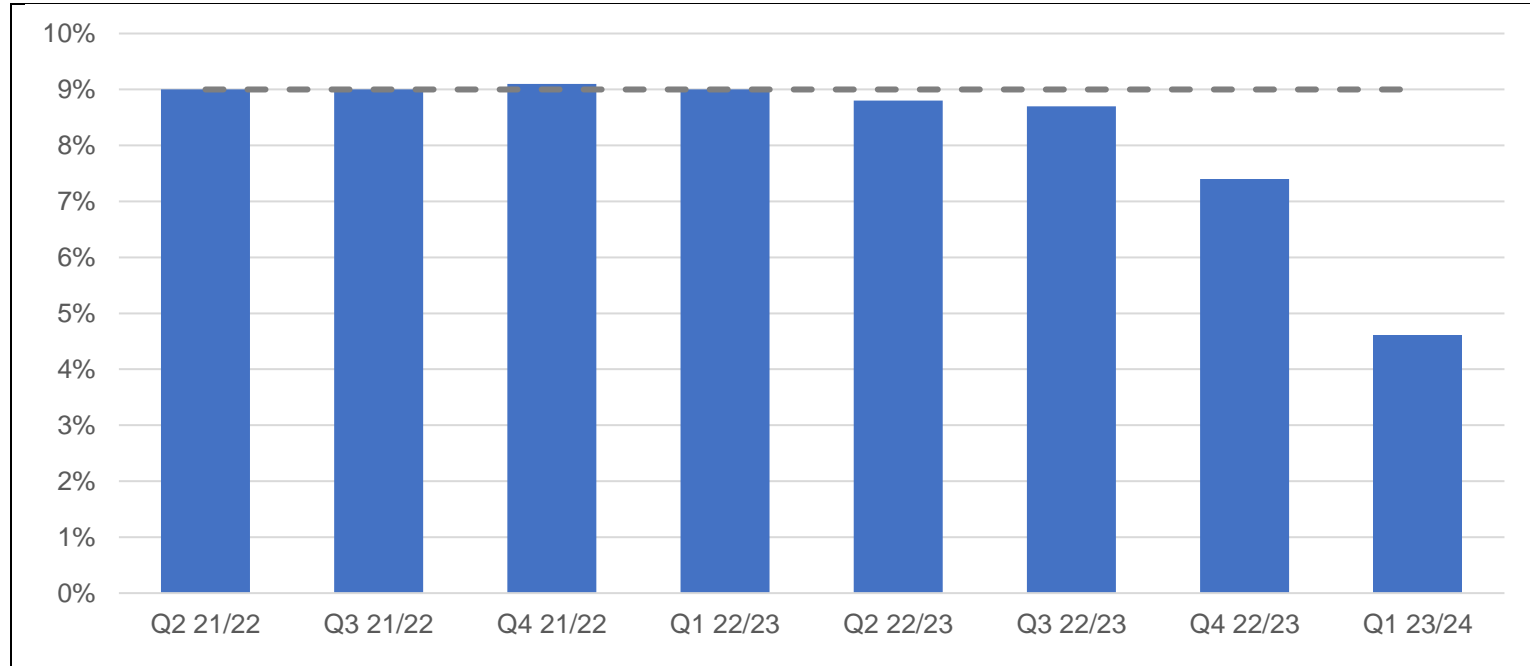
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Appendix 1: Adult Social Care and Health Key Performance Indicators and Activity Performance 2023/2024

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

**GREEN**  
↑



**Technical Notes:**

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

The Direction of Travel is significant.

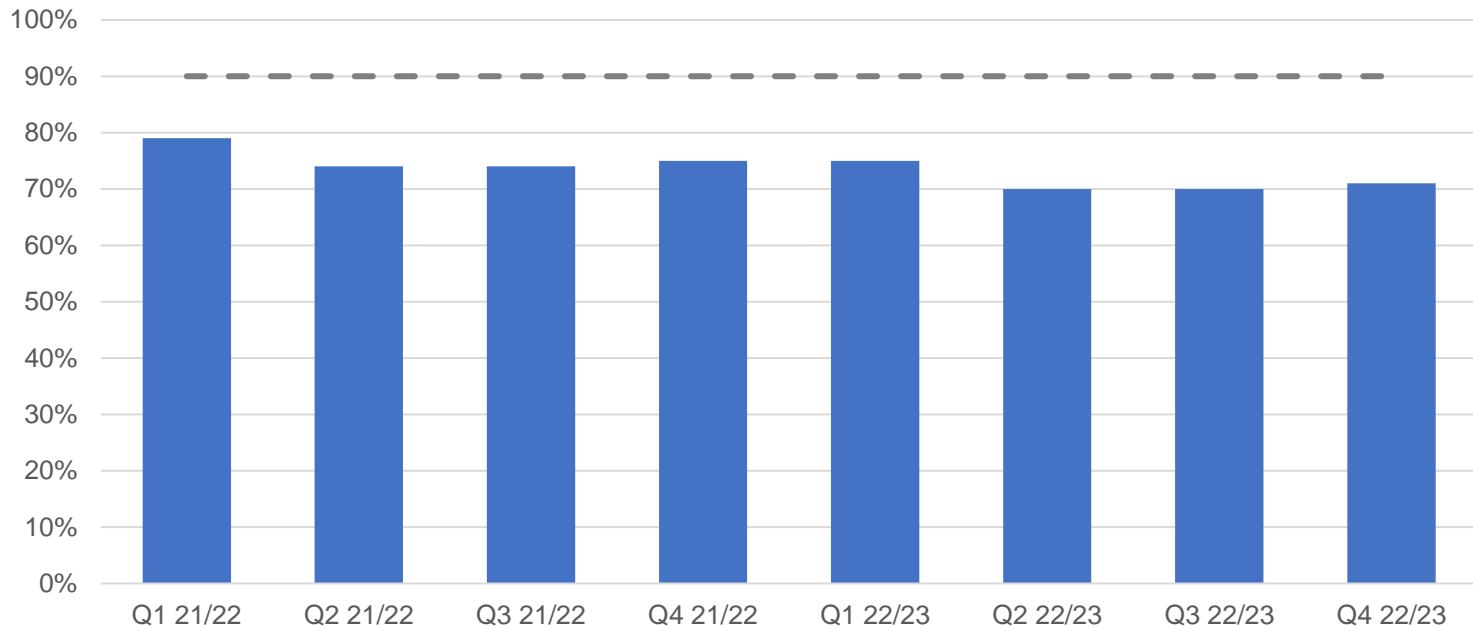
Please note axis does not end at 100%

**Commentary:** Delivery on this Key Performance Indicator (KPI) continues to perform at target with just 5% of those having their original contact resolved with no further action needed by adult social care coming back to us within three months.

The Area Referral Service within the new locality model, which manages incoming new contacts, now includes practitioners, who provide additional assurance by using their knowledge and skills in decision making, providing the right intervention at the right time. There is ongoing work to analyse the themes from any recurring contacts, and support for partners to signpost people to the appropriate support.

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

**RED**  
↑



**Technical Notes:**

Target set at 90% (dotted line) Floor Threshold of 80% for 22/23 and 23/24

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

The Direction of Travel is significant.

**Commentary:** There was a 1% increase in the proportion on new Care Needs Assessments (CNA) completed within 28 days in Quarter 1. Completing CNAs in a timely manner remains a priority for adult social care within the Performance Assurance Framework.

Overall adult social care completed 4,878 CNAs in Quarter 1, with over 1,780 in June alone. Within the locality model CNAs are allocated to the most appropriate worker, with practitioners having come together from the previous disciplines they have a wealth of experience between them. It is to be noted that the same practitioners are balancing safeguarding, assessment, reviews and other activities (for example Coroner Court, Court of Protection, Social Supervision).

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

AMBER



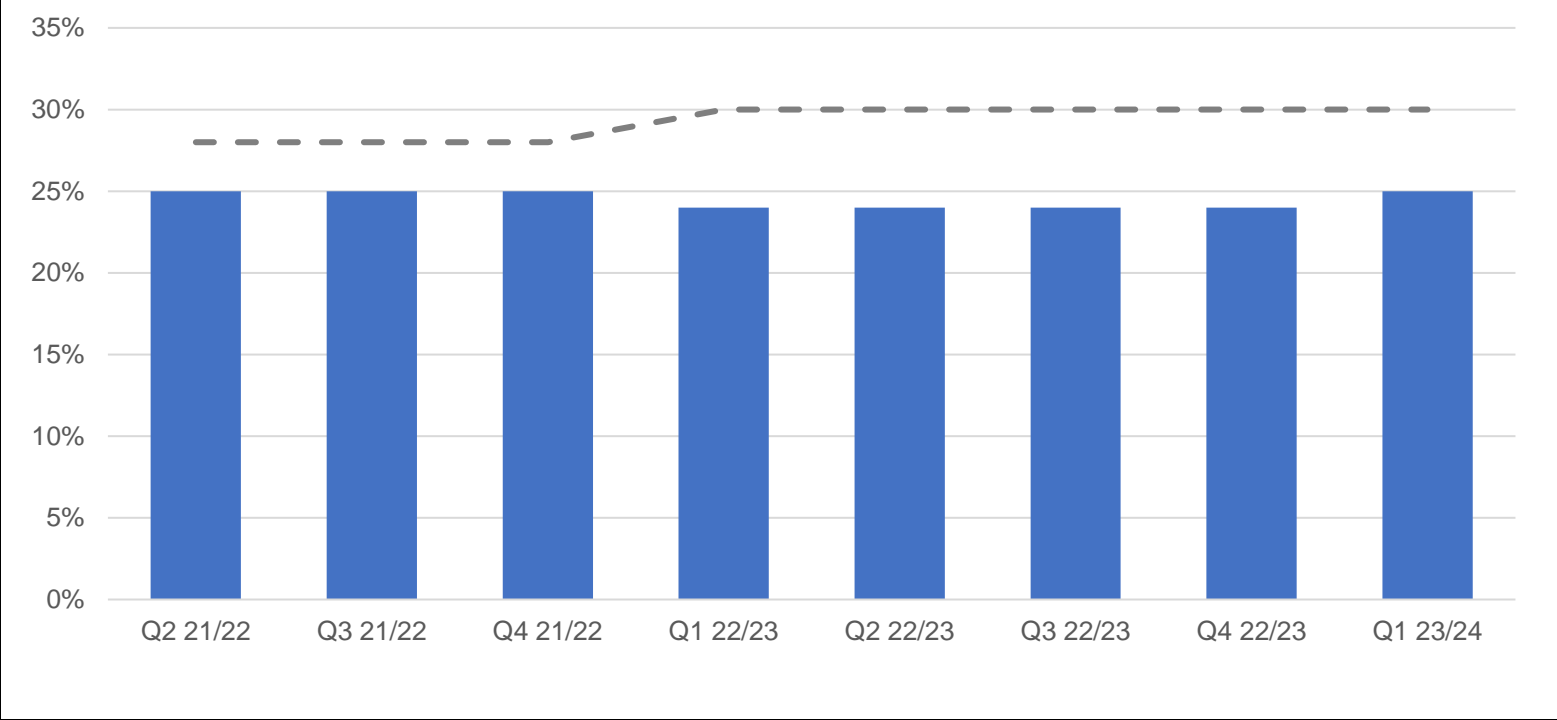
#### Technical Notes:

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

Does not include people with Learning Disabilities aged 18-25 with Children Young People and Education (CYPE).

The Direction of Travel is not significant.

Please note axis does not end at 100.

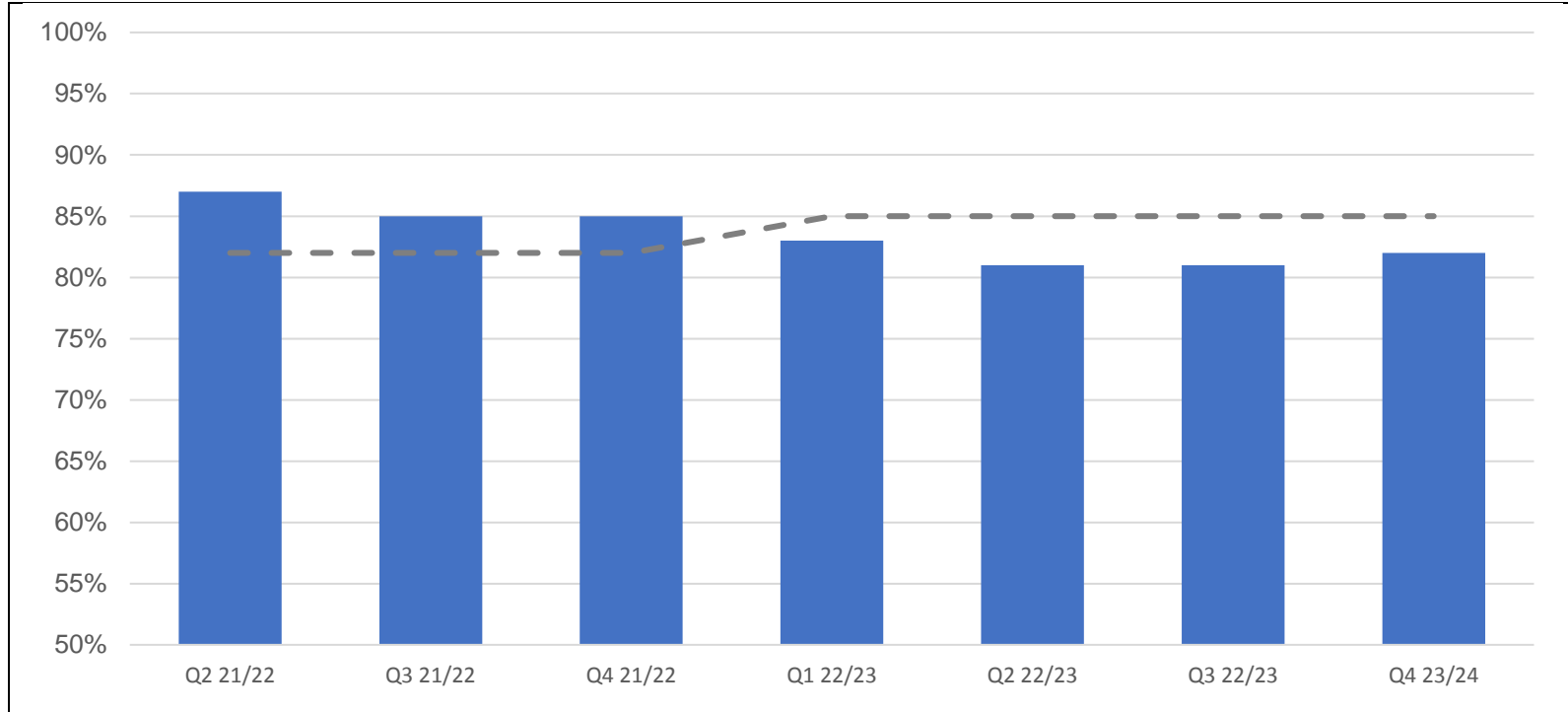


**Commentary:** Adult social care saw an increase in 1% of those with a Direct Payment in Quarter 1; there were increases in the numbers receiving a direct payment, for Carers, people with learning disabilities, mental health and sensory needs.

Work is ongoing to raise the profile of direct payments with practitioners and people who draw upon care and support.

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

**AMBER**  
↑



**Technical Notes:**

Target set at 85% (dotted line) with a floor threshold of 80% for 23/24

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

The overall Direction of Travel is significant.

Please note axis does not start at 0.

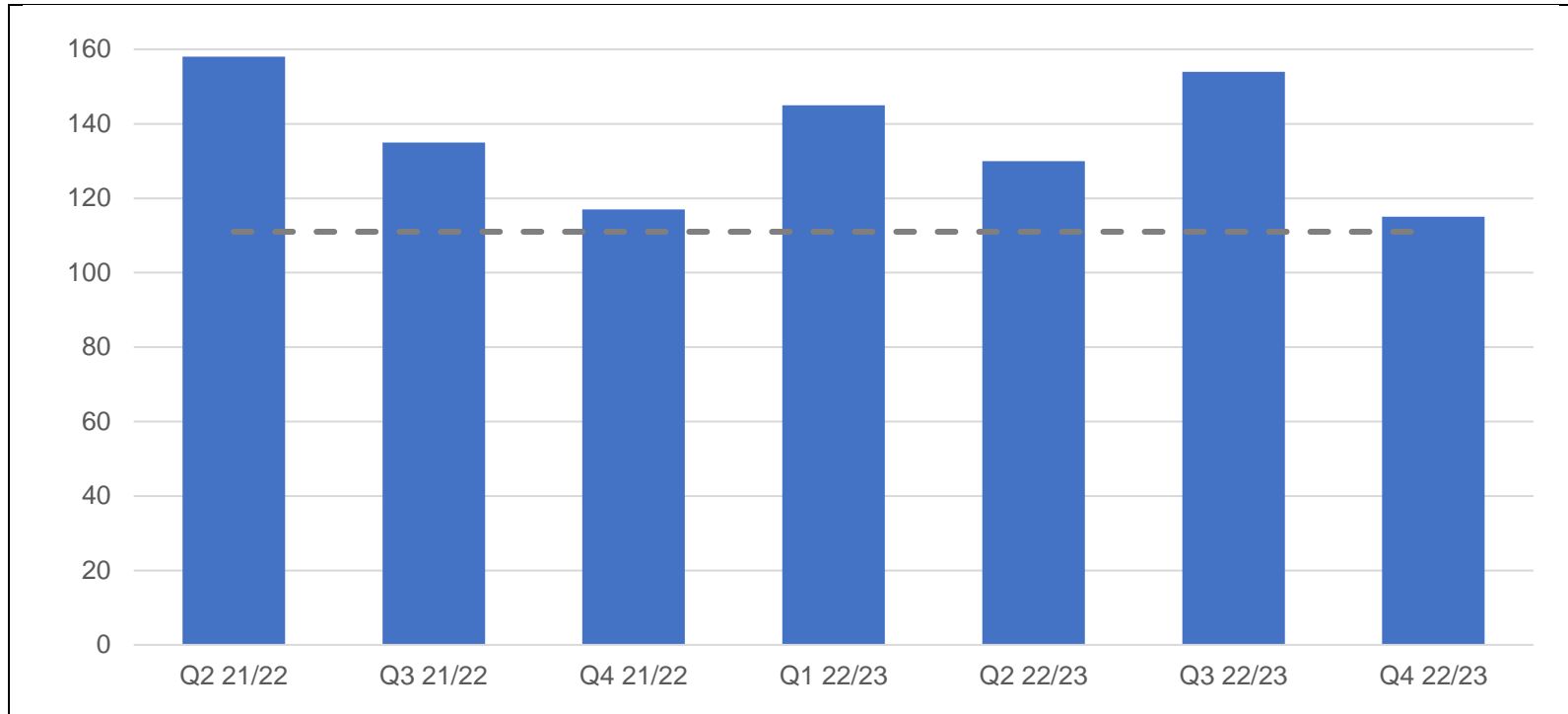
**Better Care Fund Measure**

**Commentary:** There is still a high percentage of people still at home 91 days after discharge, even though this is below the target of 85%, indicating that people are being identified for the right care at the right time and all the services involved especially the Short-Term Pathways Team and Occupational Therapy Services are supporting people to maintain their independence at home.

There is work with partners to develop the Transfer of Care Hubs, it is anticipated that these will shift decision making outside of the hospital by a robust Multi-Disciplinary Team.

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

**AMBER**  
↑



**Technical Notes:**

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

Rate per 100,000 of the population

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

The Direction of Travel is not significant.

Q1 to Q3 2022/23 figures have been updated.

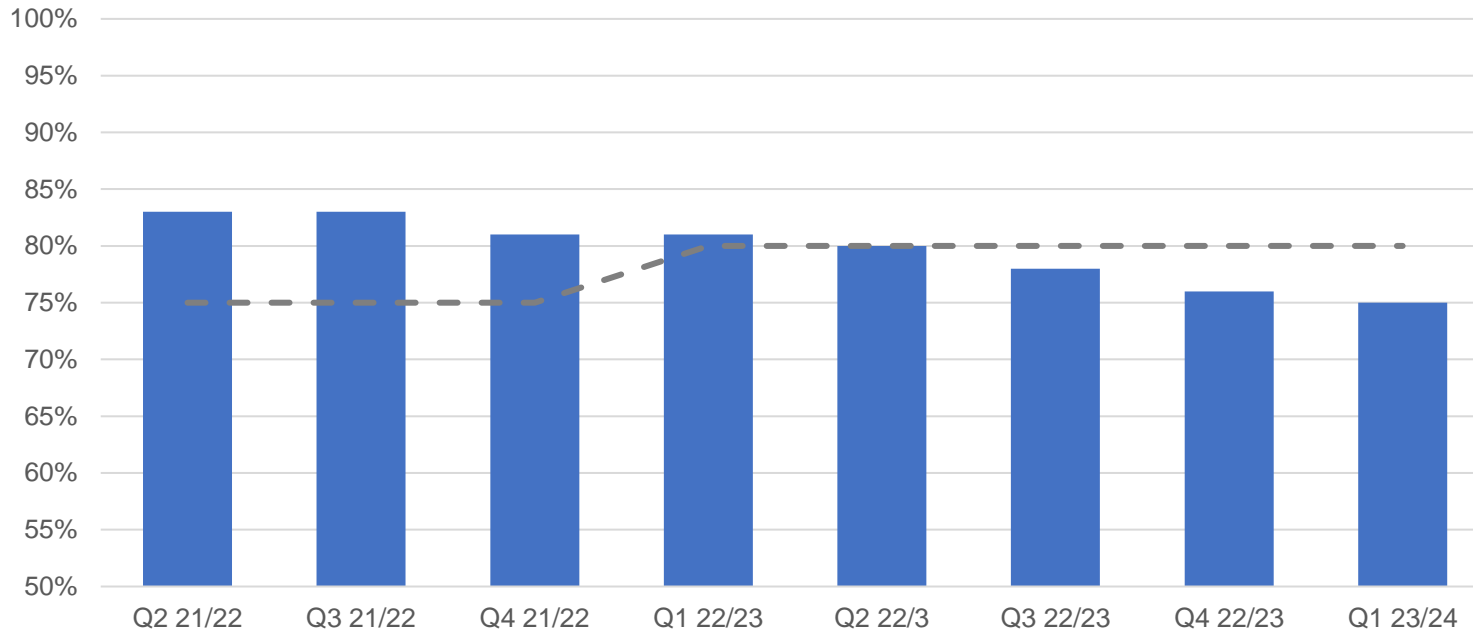
**Better Care Fund Measure**

**Commentary:** Each quarter adult social care sees variances in the number and rates of people starting long term support in residential or nursing care homes, and the current trend is for Quarter 4 to be the quarter with the least.

One route into people we support becoming a long term residential or nursing resident is via a short term bed, either placed by KCC or by Health partners; adult social care has prioritised reducing the numbers of people starting a short term bed and working with those who have been in them for longer than six weeks, both actions have reduced the activity in this area, and should lead to less people going into long term care support via this route.

**ASCH6: The % of KCC supported people in residential or nursing care where the Care Quality Commission rating is Good or Outstanding**

**AMBER**  
↓



**Technical Notes:**

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

The Direction of Travel is significant.

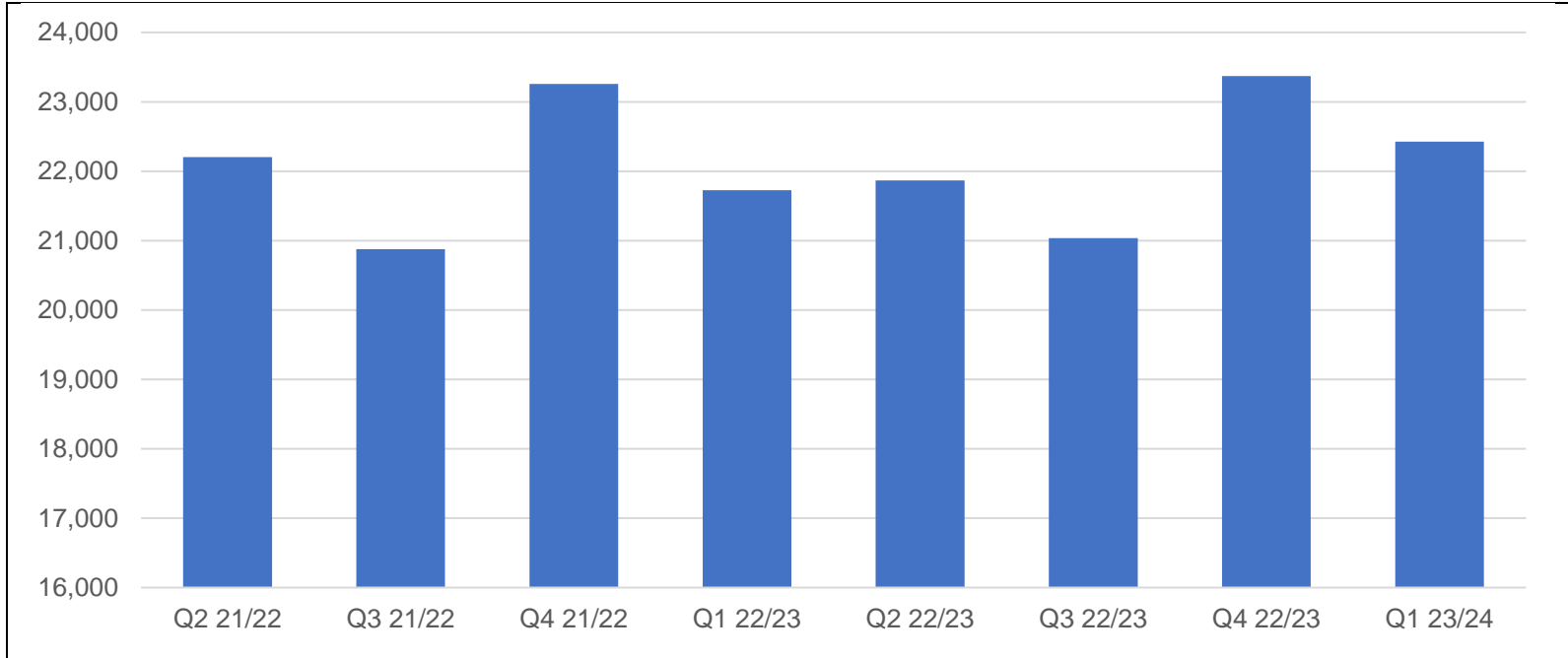
Please note axis does not start at 0.

Corporate Risk Register: CRR0015

**Commentary:** Adult social care continues to see decreases in the proportion of people we support in residential or nursing care being in a care home rated Good or Outstanding by the Care Quality Commission (CQC). Only 2% were in Inadequate care homes this quarter, which is a decrease of 1% from Quarter 4.

At present, eleven care homes (five older person care homes and six learning disability, physical disability, and mental health care homes) have contract suspensions in place to prevent further placements whilst improvements are being made. This is the same total number as the previous quarter. A collaborative approach between KCC and external agencies is taken to support providers to deliver on comprehensive multi agency action plans to improve CQC ratings.

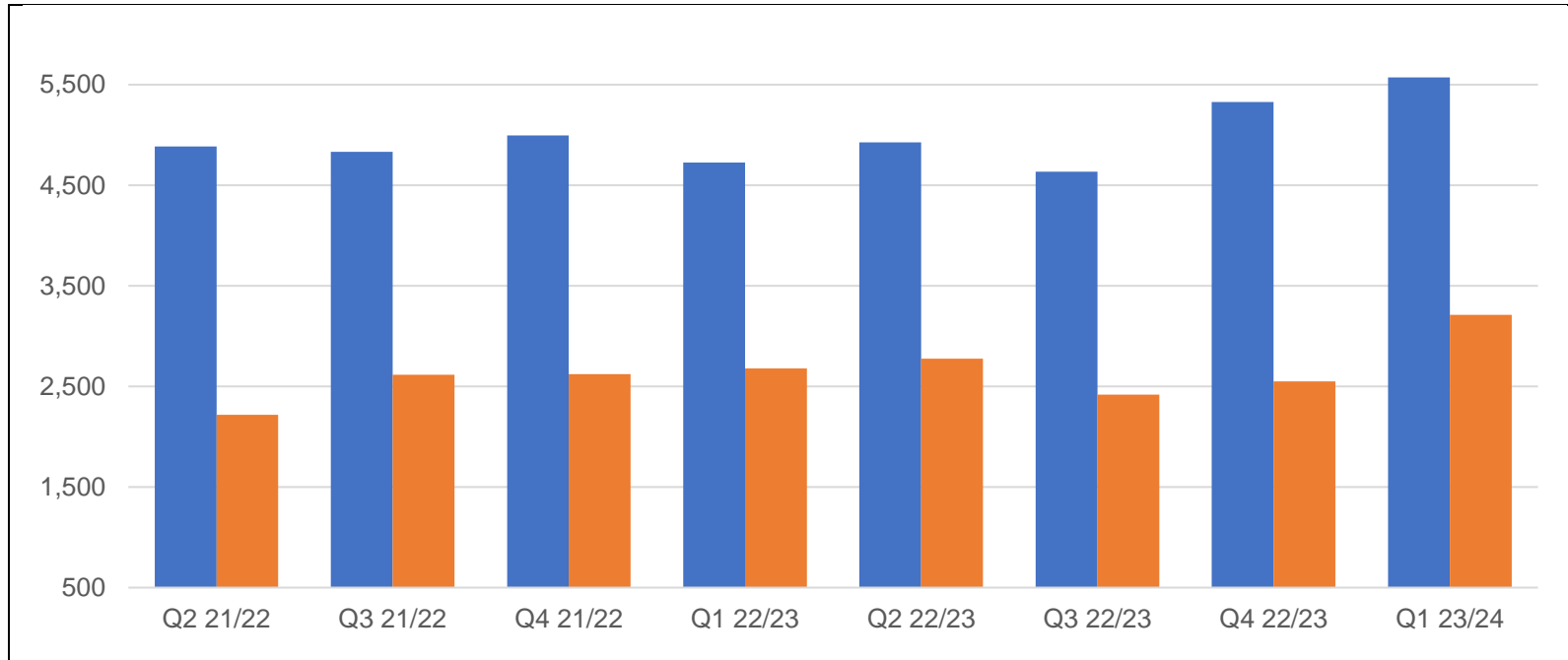
**ASCH7: The number of people making contact with Adult Social Care and Health**



**Technical Notes:**  
Activity measure, no specified target  
Includes all forms of contact.  
Please note axis does not start at 0

**Commentary:** Activity on contacts in Quarter 4 and Quarter 1 follow a pattern, with decreases seen in Quarter 1 in comparison to the higher level of contacts in Quarter 4 which cover the winter period. In general, we are seeing increases in contacts, and this quarter we can see the contribution of the new locality model and the absorption of mental health contacts which were previously routed directly into the teams from Kent and Medway Partnership Trust. The referral process is being managed differently, and a transformation piece of work looking at qualitative and quantitative analysis will inform the future development of this new pathway. Work with our partners is underway to ensure that referrals are redirected or signposted to partners appropriately.

## ASCH8: Care Needs Assessments



### Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

Blue – New assessments to be undertaken.

Orange – Assessment needing to be completed.

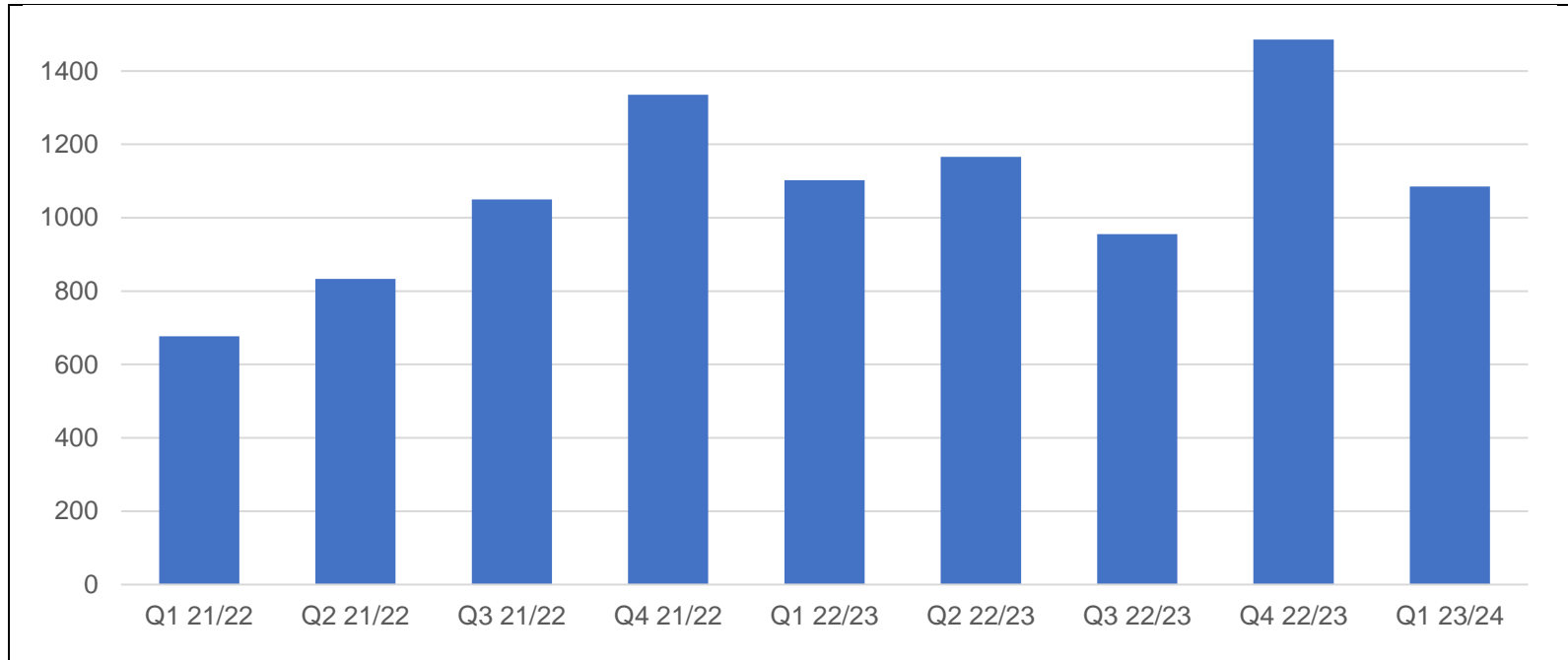
Corporate Risk Register:  
CRR0002

**Commentary:** Adult social care continues to see increases in the volumes of incoming CNAs, with over 5,500 in Quarter 1, this highest we have seen. This was a 5% increase on the previous quarter. Adult social care completed 4,878 CNAs in Quarter 1, this is lower than previous quarters, but is more than in Quarter 1 in 2022/23.

With this adult social care has also seen an increase of people with their CNA to be completed, this includes people who have the CNA in progress and where we are awaiting agreement from the person we are supporting on the outcomes of the CNA.



### ASCH9: The number of new Carers' Assessments delivered



#### Technical Notes:

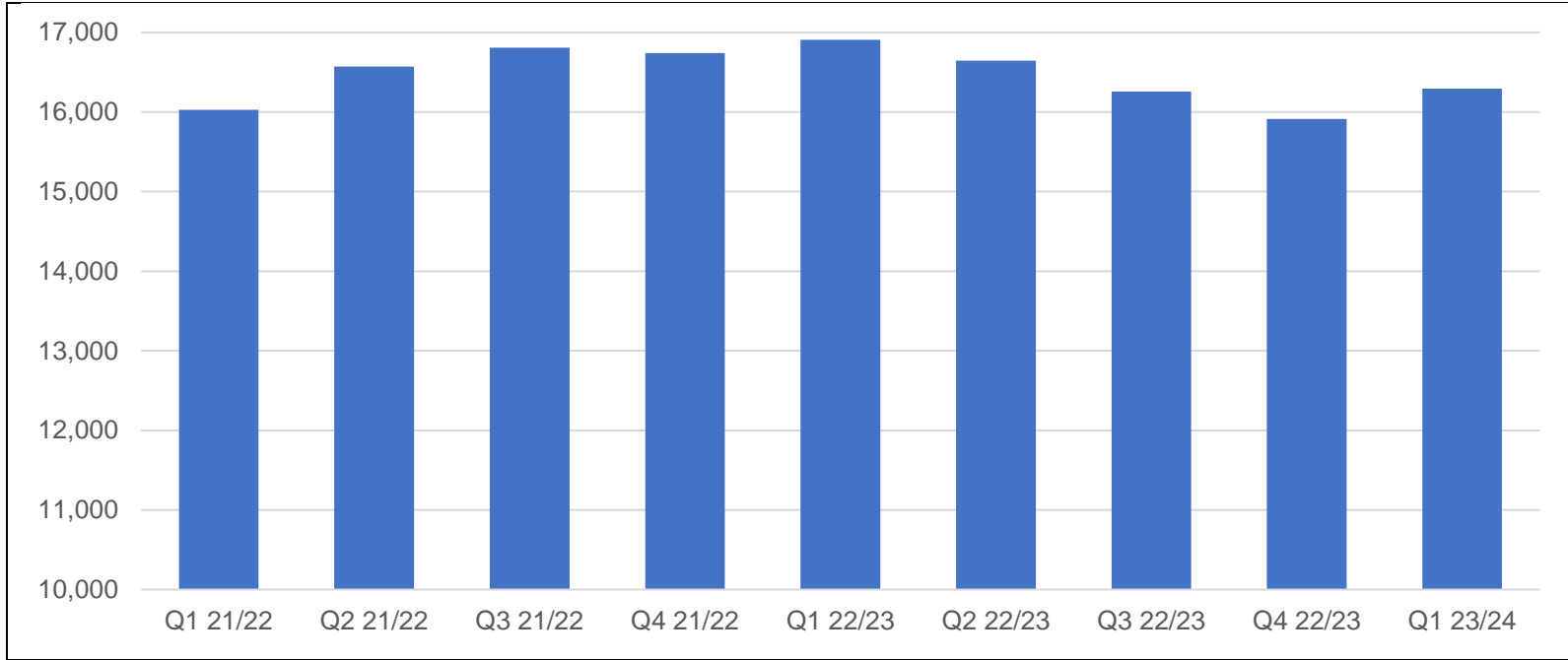
Activity measure,  
no specified target

Corporate Risk  
Register:  
CRR0015

**Commentary:** The Carer Strategy Group has been running for three months, co-chaired by an Assistant Director and a Carer (with lived experience). The group will deliver against the Kent Carers' Strategy 2022-2027 and has plans to also roll out localised Carer Forums in each of the four locality areas. Work within the Health and Care Partnerships and with the Community Mental Health Framework is highlighting the needs of Carers with partner organisations. The recent Carers week held in June 2023 included several opportunities to highlight the needs of carers and included further awareness raising with adult social care.

The number of Carers' Assessments continue to increase overall, despite challenges with recruitment and capacity. Evidence continues to show the positive effect on well-being when carers are supported to receive short breaks from their responsibilities and are signposted to other support services, supporting their individual aims and goals.

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



**Technical Notes:**

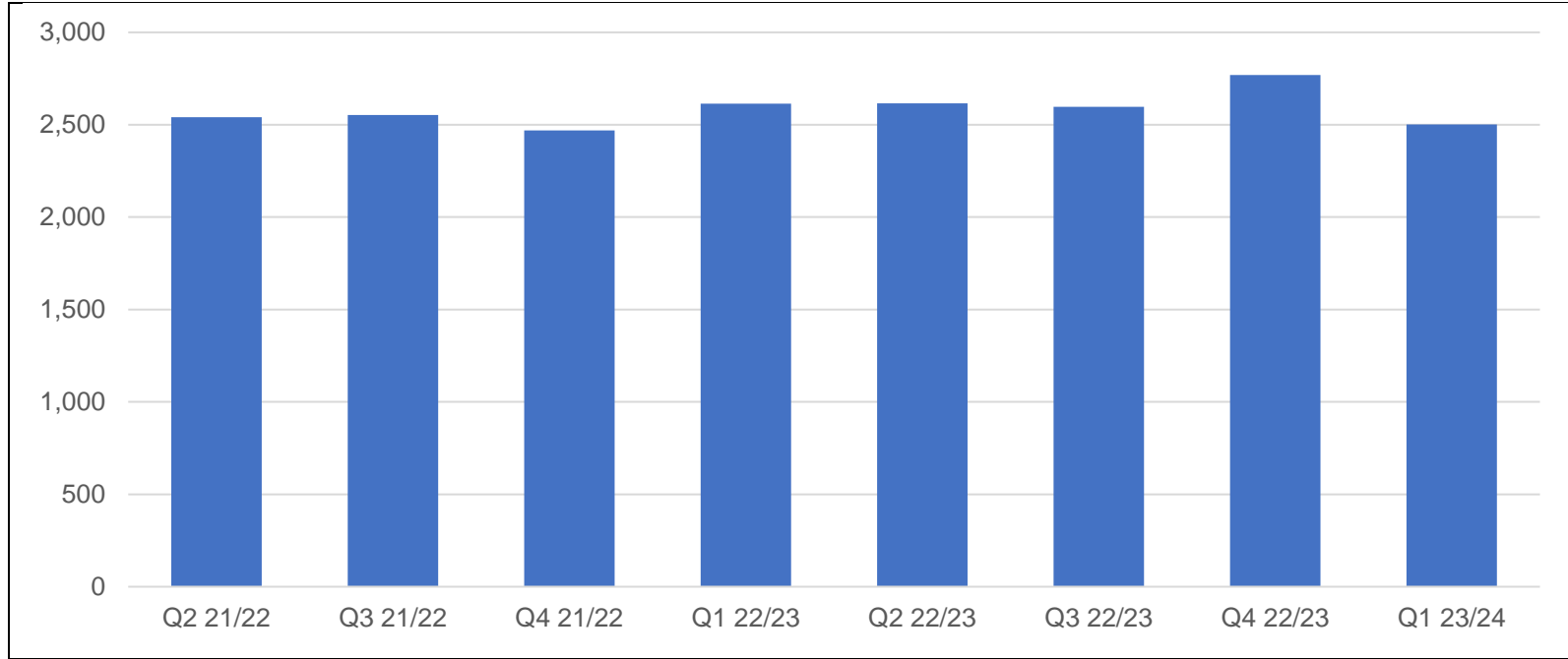
Activity measure, no specified target

Please note axis does not start at 0.

**Commentary:** Care and Support Plans (C&SP) form the basis of the arrangements for meeting a person’s social care needs and follow the completion of a CNA where a person is assessed as eligible for care and support with adult social care.

In Quarter 1 there was an increase in 2% of people with an active C&SP.

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



**Technical Notes:**

Activity measure, no specified target

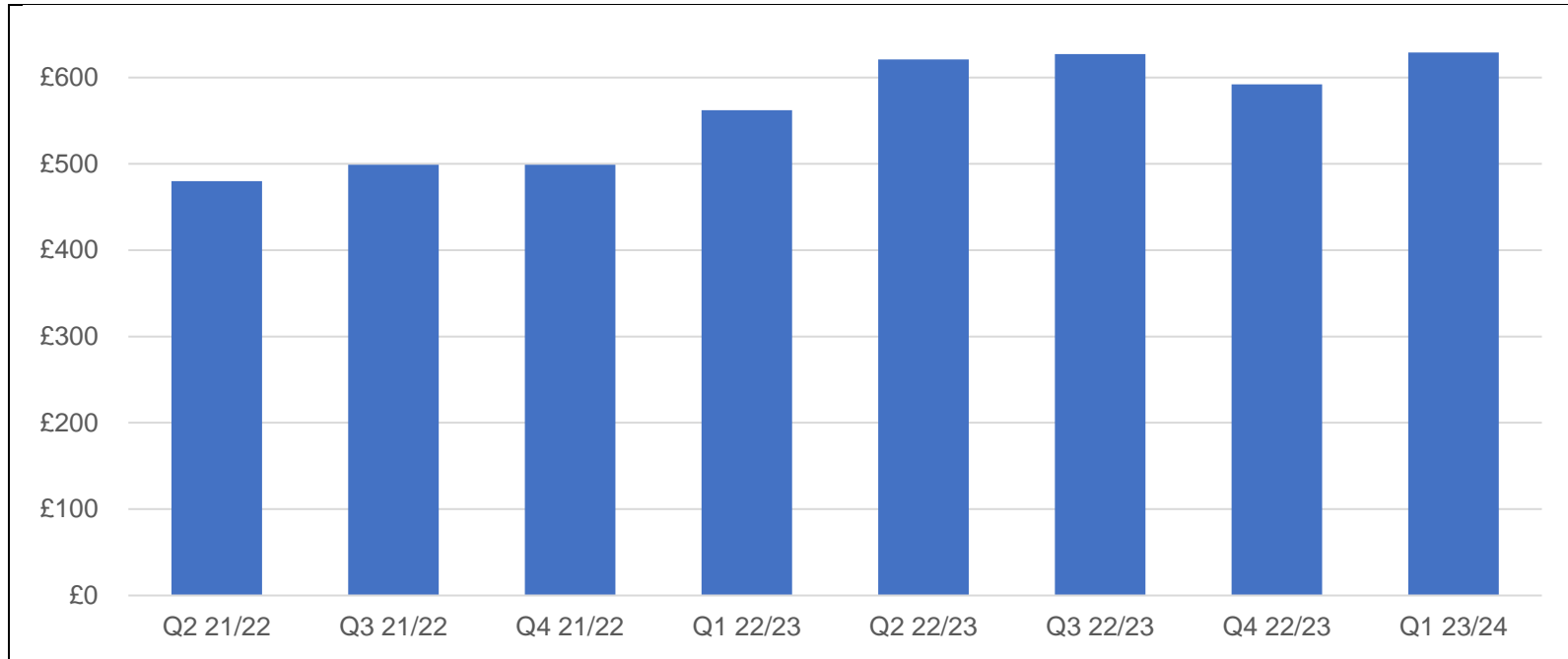
Q1 to Q4 2022/23 figures have been updated.

Corporate Risk Register:  
CRR0002 & CRR0015

**Commentary:** Each quarter the figures are updated as new packages are placed onto Mosaic (the Adult Social Care Client Recording System), there can be a time-delay in updating the client recording system. Quarter 1 saw 2,501 new packages of support arranged.

Practitioners will work with people following their assessment and application of eligibility criteria to determine the best way to meet the person's eligible needs and personal outcomes. A traditional package of care is just one way to meet a person's care and support needs and practitioners will explore local community resources within the voluntary and community sector, such as community catalysts and other ways i.e. technology or one-off pieces of equipment to support independence.

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



#### Technical Notes:

Activity measure, no specified target

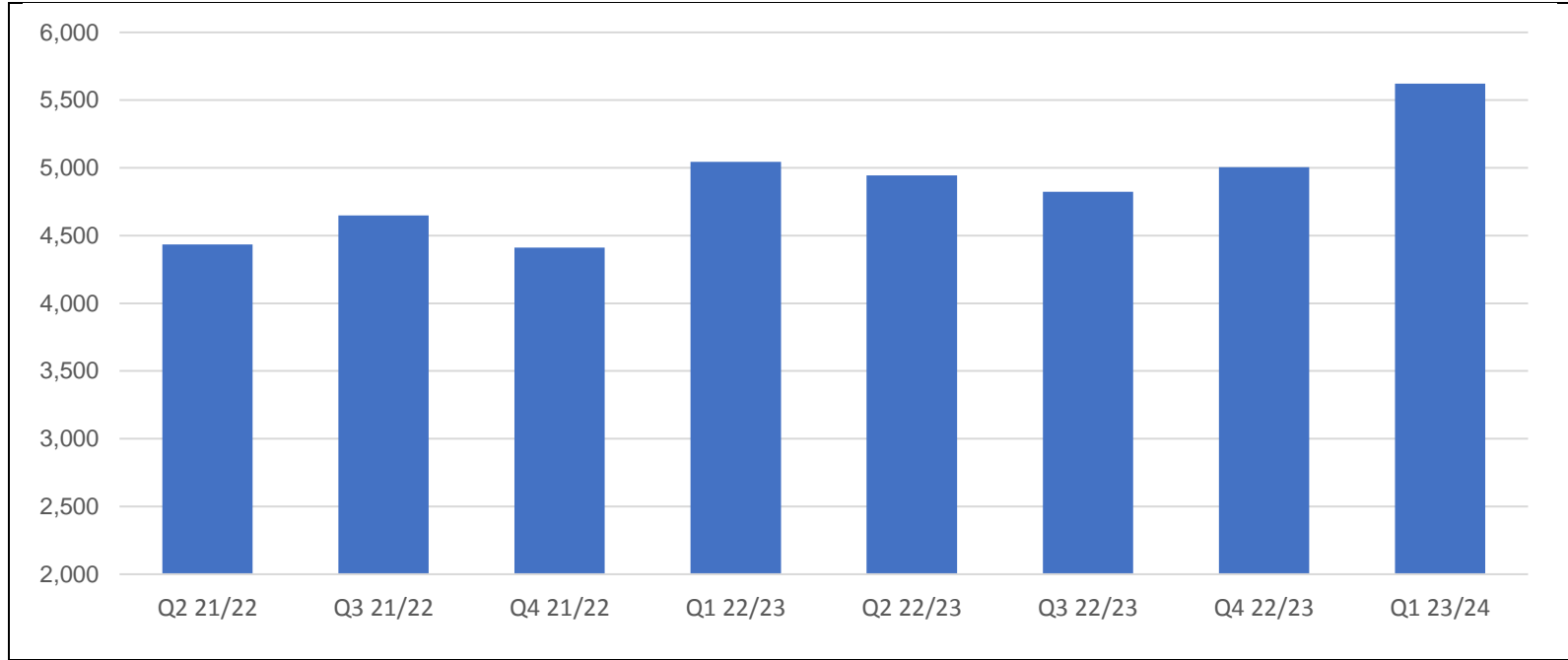
Average weekly cost at end of quarter

Q1 to Q4 2022/23 figures have been updated.

**Commentary:** Quarter 1 saw an increase in the average cost of new support packages being arranged on the previous quarter and is at a slightly higher amount than the quarters before that.

The increase in costs reflects the level of need for people we support, this is particularly seen in Supported Living arrangements for people with mental health need, and in increases to the cost of services.

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



**Technical Notes:**

Activity measure, no specified target

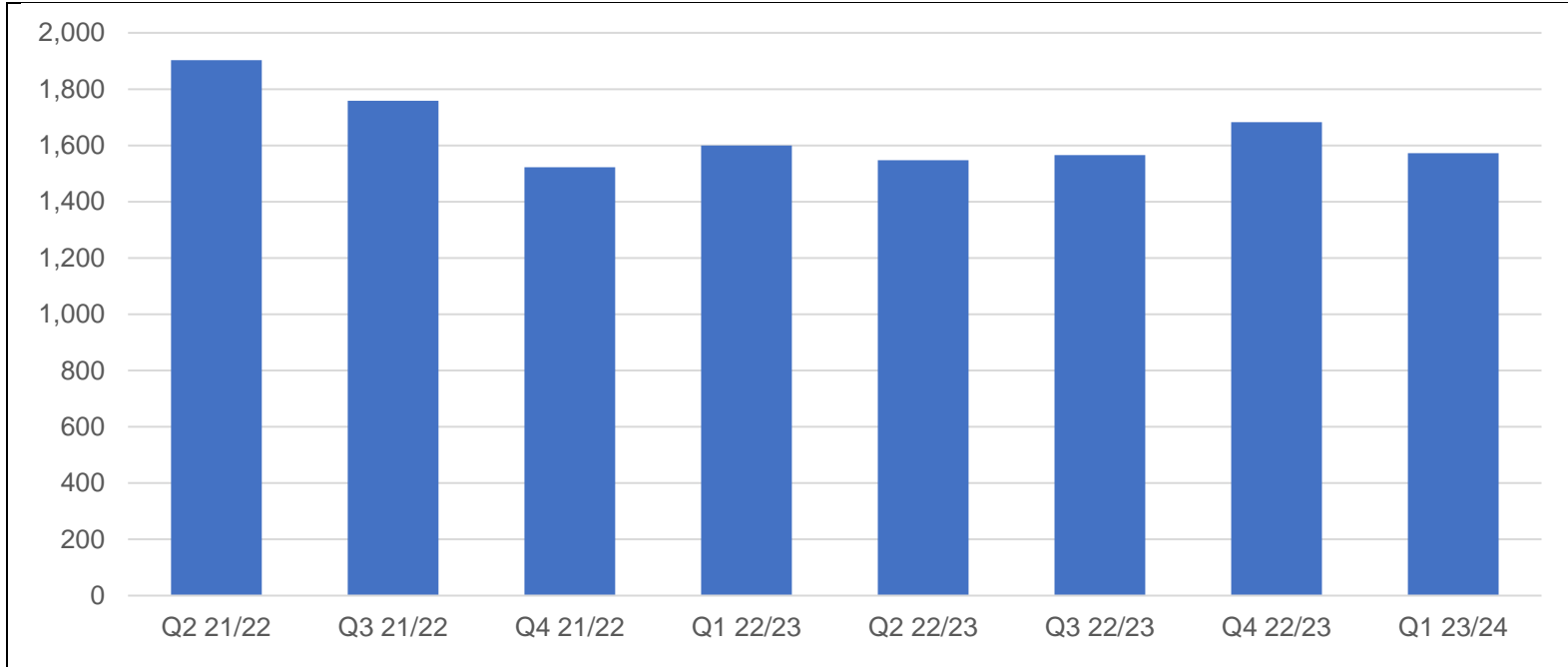
Please note axis does not start at 0.

Corporate Risk Register: CRR0002

**Commentary:** The number of people requiring their annual review of their C&SP increased as on the last day of Quarter 1; it was a 12% increase on the previous quarter.

In Quarter 1 there was a decrease in the number of completed annual reviews, with 2,475 compared to over 3,200 in Quarter 4.

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



**Technical Notes:**

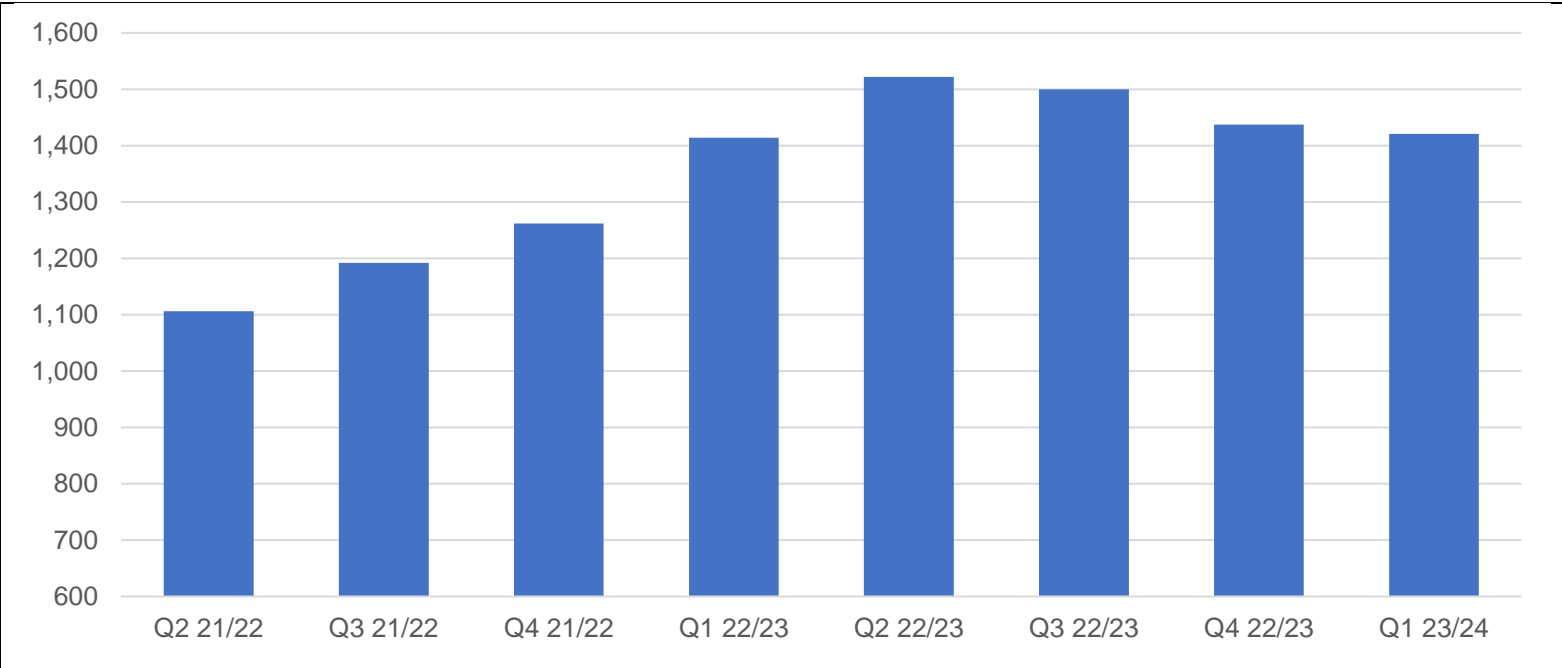
Activity measure, no specified target

People receiving services with Kent Enablement at Home (KEaH)

Please note axis does not start at 0.

**Commentary:** There was a decrease of 7% in people receiving the Kent Enablement at Home (KEaH) Service in Quarter 1; following the move to the new locality model there was a decrease in referrals into the service, however this has now been addressed and it is expected that there will be increases in activity reflective of Quarter 4.

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



#### Technical Notes:

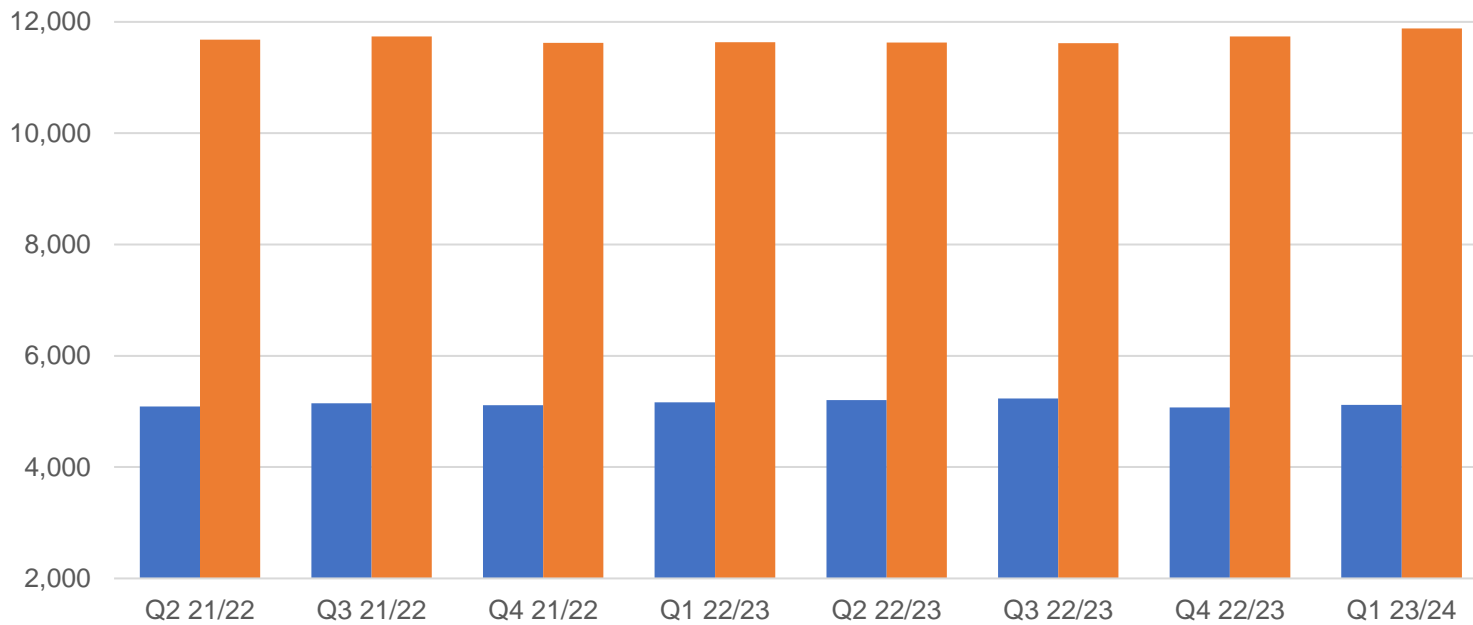
Activity measure, no specified target

Please note axis does not start at 0.

Q1 to Q4 2022/23 figure has been updated.

**Commentary:** Adult social care continues to see decreases in the number of people in a Short-Term Bed; there continues to be targeted work to ensure that Short-Term Bed use is necessary and appropriate, and that that the people in them are assessed, reviewed, and enabled to go home or on to community services as needed, in a timely manner.

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



**Technical Notes:**

Activity measure, no specified target

Please note axis does not start at 0.

Blue – Residential or Nursing services

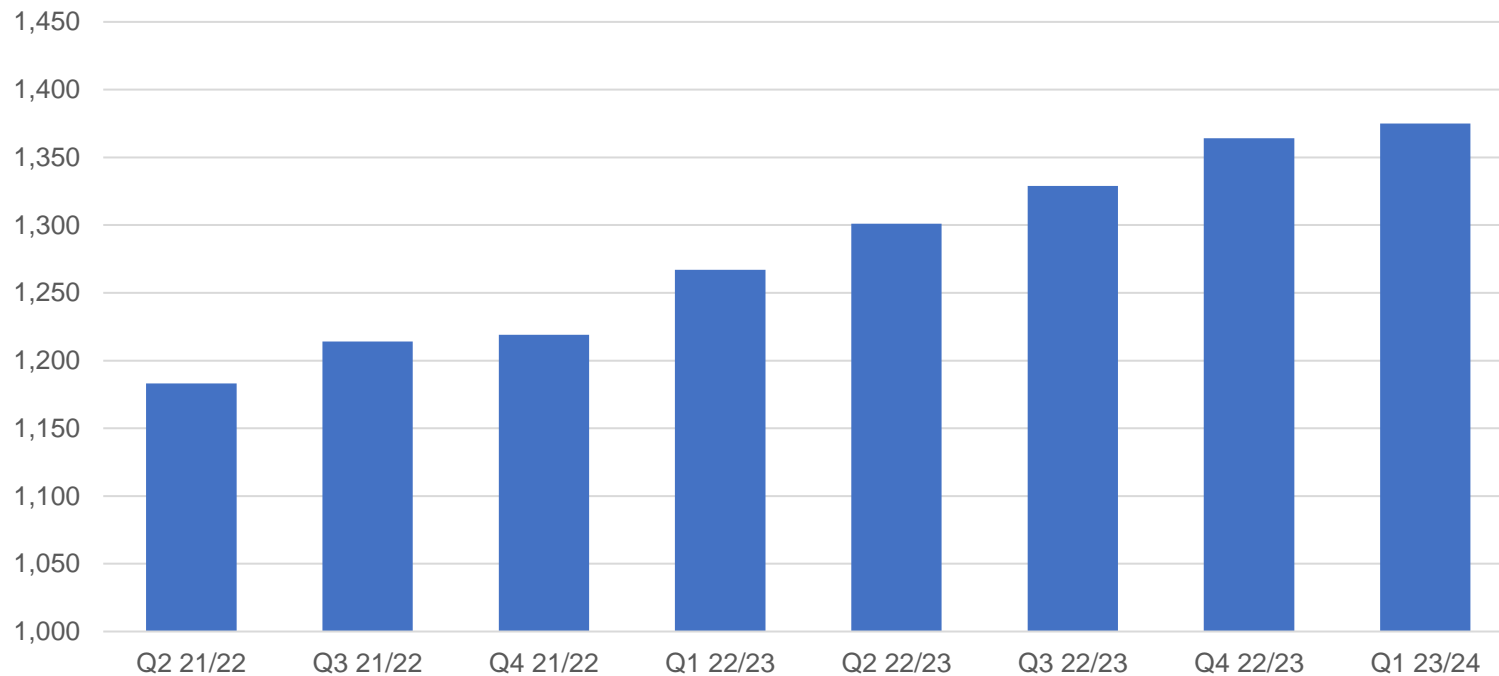
Orange – Community Services

**Commentary:** The number of people accessing community services continues steadily increase and was at over 11,800 in Quarter 1. The number of people in residential and long-term care continues to fluctuate with a slightly increased number in Quarter 1.

Work around exploring alternative approaches to care and support and community catalyst, and strengthening the use of self-directed support and direct payments continues to be the main driver to ensure people will receive the care and support and be able to live in their own home where able to do so.



**ASCH17: The number of people accessing Adult Social Care and Health Services who have a mental health need**



**Technical Notes:**

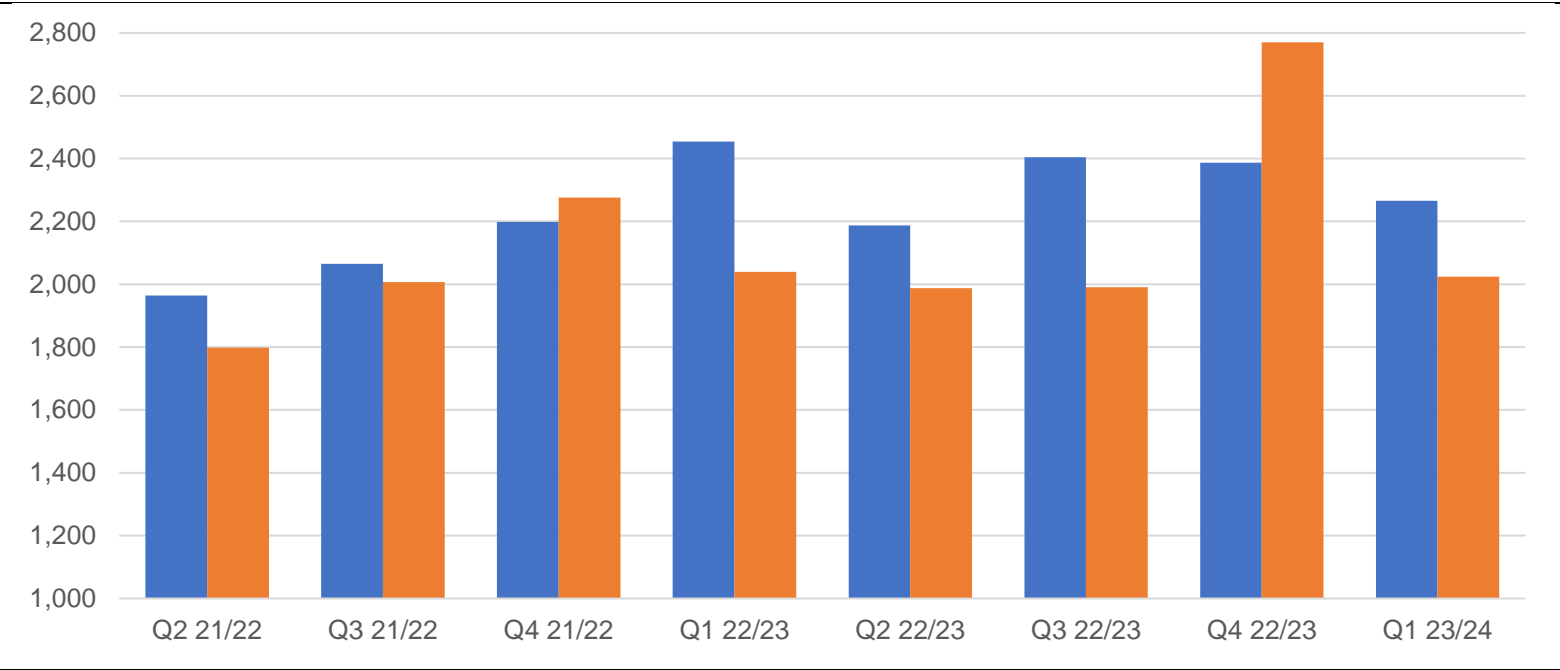
Activity measure, no specified target

Please note axis does not start at 0

Q1 to Q4 2022/23 figures have been updated.

**Commentary:** The national picture has identified that more people are experiencing mental health needs since the Covid19 pandemic, and this is evident in the increasing trend since 2021/2022. Better recognition of mental health needs across all areas of social work and wider systems pressures relating to the provision of acute mental health care, wider societal pressures related to the cost-of-living crisis and a growing wider and ageing population are resulting on an increased demand on Mental Health Services.

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



**Technical Notes:**

Activity measure, no specified target

Please note axis does not start at 0.

Corporate Risk Register: CRR0002

Blue – applications received.

Orange – Applications completed.

Q1 to Q4 2022/23 figures have been updated

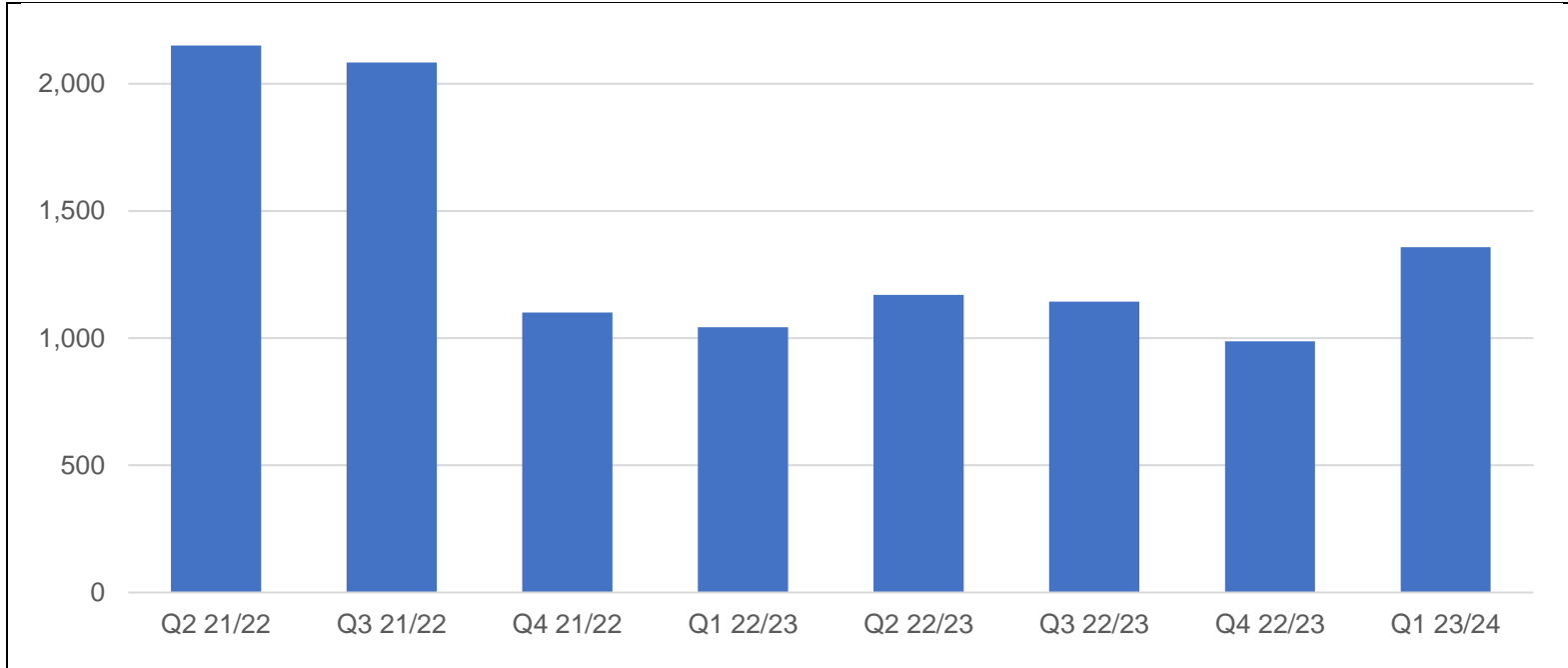
**Commentary:** The numbers of applications for Deprivation of Liberty Safeguards (DoLS) remains high, but adult social care received a lower volume in Quarter 1 compared to previous quarters.

Although the numbers of applications completed has decreased compared to the previous quarter, the function continues to manage the risk through strong relationships with partners which enables the team to be directly contacted should an application have an increased urgency. The team continues to look to innovate to get the best outcomes from the available resources.

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

**Technical Notes:**

Activity measure,  
no specified target



**Commentary:** In Quarter 4 the Safeguarding Specialist Teams concentrated on closing open safeguarding enquiries prior to the locality operating model beginning in April 2023. For Quarter 1 the management of safeguarding concerns is now integrated within the 24 locality teams. Some operational teams have reached their optimum staffing levels and recruitment has continued to date to ensure that all teams are fully staffed/optimised. Whilst recruitment is ongoing, and the teams are embedding the new ways of working, this has had some impact on the closure of safeguarding enquiries. Work is in progress to identify where processes can be streamlined, and work is ongoing with partners, whom we undertake enquiries on behalf of, to produce a report within the timelines given. This will support a reduction in any potential delay in enquiries being closed.

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**From:** Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Richard Smith, Corporate Director Adult Social Care and Health

**To:** Adult Social Care Cabinet Committee – 13  
September 2023

**Subject:** **LOCAL ACCOUNT FOR ADULT SOCIAL CARE (JANUARY 2022 – DECEMBER 2022)**

**Classification:** **Unrestricted**

**Previous Pathway of Paper:** None

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** This report provides the Adult Social Care Cabinet Committee with an update on the development of the Local Account for Adult Social Care (January 2022 – December 2022) as well as a summary of engagement and co-production with people with lived experience and colleagues across social care and health during that timeframe.

The Local Account is utilised as a tool to provide a short, user-friendly overview of the types of services and support provided and gives examples of the work undertaken in adult social care and includes contact details and signposting to further information for the public.

**Recommendation:** The Adult Social Care Cabinet Committee is asked to **NOTE** the Local Account document– ‘Here for you, how did we do?’ (January 2022 - December 2022).

## 1. Introduction

1.1 In our eleventh edition, we take a look back at how colleagues have been aiming to making a difference every day within local communities across Kent and delivering the key areas that people said mattered most to them during the development the Making a Difference Every Day: Our Strategy for Adult Social Care 2022 to 2027 and of our Adult Social Care Strategy and the Kent Adult Carers’ Strategy 2022 to 2027.

1.2 This year has been a year resetting our approach and tackling the challenges of increasing demand and complexity of support required. This has, however, encouraged us to look closely at how we do things internally to align with our strategies, to focus on being more innovative, more inclusive and working more closely with the people we support, carers, families, partners and colleagues across adult social care. Our focus in 2022 was on progressing our Making a Difference Every Day: Our Strategy for Adult Social Care 2022 to 2027 and delivery plan and the efforts of our workforce has resulted in lots to reflect on and be proud of despite the challenges we face.

- 1.3 The Local Account, **'Here for you, how did we do?' January 2022 – December 2022**, (Attached as Appendix 1) contains highlights from the reporting period and outlines the challenges experienced in adult social care in the delivery of its services and support. It also includes an overview of the number of people in Kent who draw on care and support and broken this down through a number of different services and areas. This year's edition focuses on the co-production of our five-year Making a Difference Every Day – Our Strategy for Adult Social Care and the Kent Adult Carers' Strategy. It shares examples of how we have delivered some of the key areas that people told us were important to them, whilst demonstrating the innovative ways in which colleagues have worked to achieve better outcomes for people that draw on care and support.
- 1.4 It is an important way in which people can challenge and hold us to account and this is the tenth year that it has been developed, with contribution from people with lived experience of social care and unpaid carers.

## 2. Development of the Local Account

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

## 3. Engagement activity to inform the Local Account

- 3.1 There are several engagement forums and partnerships already in place across adult social care and work has been undertaken to gain insights from these groups to inform the Local Account. This year, an early draft was shared in wider forums and events and shared through communications channels with

the ask for volunteers to help shape the document, and where we weren't successful in finding those, we asked for feedback through other channels. Here is an overview of those it was shared with (between March 2023 and June 2023):

- **People's Panel** – 8 people attended a virtual meeting
- **Provider Bulletin** – email sent to approximately 300 providers
- **Kent Registered Managers Conference** – presentation and agenda item at their in-person event with 250 attendees
- **Your Voice Network** – email sent to 160 members
- **Disability Assist newsletter** – Included in their newsletter, reaching 1400 people
- **Direct Payments Involvement group** – email sent to 16 members of the group
- **Stakeholder database** – email sent to 2400 people
- **West Kent Stakeholder Advisory Group meeting** – presentation and agenda item at their meeting with 16 people

3.2 Last year's Local Account was subject to a completely refreshed format that was developed in partnership with people with lived experience, Members and other stakeholders and this format continues for the current edition. Feedback on the document is sought each year upon publication of the standard version once it is updated on the Kent County Council website. It is sent by email and post to stakeholders annually along with a letter asking for any comments and views. This was also the case with last year's easy read version, which was published on the council website and the Kent Learning Disability Partnership website together with an easy read cover letter and tailored commentary to encourage additional feedback. Last year's Local Account was distributed widely and was sent to Kent libraries, gateways, clinical commissioning groups, parish councils, to faith organisations, local clubs, societies, and patient participation groups to increase awareness and seek feedback, particularly across the health sector and in local communities.

3.3 An adult social care engagement database containing around 2,500 active community stakeholders has continued to be grown along with our public engagement panel - the 'Your Voice Network' that consists of Kent residents who have expressed a particular interest in adult social care. Contacts within the databases have received a copy of the previous versions of the Local Account in the most appropriate format – digital version, easy read, standard edition or plain text requesting their feedback. The database will be utilised again for the current version.

- 3.4 Where possible (and if appropriate), the Local Account has been distributed electronically each year to increase reach and minimise waste, but with the addition of printed copies as deemed practical, helpful and appropriate.
- 3.5 The database, which is General Data Protection Regulation (GDPR) compliant, has been used to provide suggested adult social care engagement contacts to help gather insights to inform service developments, to encourage engagement with adult social care/wider surveys and to support consultations.
- 3.6 Over the past year, this growing group of contacts (made up of people with lived experience of social care, people who are unpaid carers or those who have a special interest in social care) have had the opportunity to be involved in a number of projects to help shape social care in Kent including the co-production of our Making a Difference Every Day - Adult Social Care Strategy 2022 – 2027 and initiating a research study to inform the development of the Kent Adult Carers' Strategy 2022 – 2027.
- 3.7 In addition to this, there has been a great deal of activity taking place to co-produce with people who draw on care and support and to enable the person's voice to influence key plans, projects and processes at the early stages of their development. As part of this work, here are just a few of the other areas where we have worked with people with lived experience, whose general feedback on social care has helped to shape our general approach to communication and engagement:
- **Face to face engagement and awareness raising** at public locations and events via community roadshows.
  - Involvement work related to the **Public Research Partnership** and Communities of Practice.
  - **Kent Learning Disability Partnership Board** - discussions and co-produced with members and Learning Disability England.
  - **Technology Enabled Lives build and test** – co-production with people with lived experience and providers.
  - **Integrated Community Equipment Service re-procurement** - full co-production plan and representatives on project board.
  - **Stakeholder engagement interview panels** - embedding a process to ensure people with lived experience support recruitment of new staff and training teams to deliver this.
  - **Adult Social Care Commissioning Intentions** – facilitated discussions and co-production workshops with people with lived experience and other stakeholders to define how the council works with providers.
- 3.8 Through the development of these engagement channels and the relationships built with the public and partners, we plan to work with these groups to distribute the Local Account. We continue to work with them and request feedback to ensure the document meets the needs and wants of various stakeholder groups.



## **4. Financial Implications**

- 4.1 When developing the printed booklet and planning our wider engagement approach, one of the aims has been to ensure value for money and making the best use of resources. This includes reaching out to existing forums and networks and working in conjunction with directorate stakeholders and partner organisations where possible.
- 4.2 There will be a cost implication in the printed production and distribution of the Local Account; however, these are routinely managed within the budget planning forecasts.

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

- 5.1 The final document will be ready for publication in September 2023 and will be distributed as widely as possible to give everyone the chance to read it, challenge our approach, ask questions and feedback their views.
- 5.2 All contacts within the adult social care engagement database (2,500+) will receive a copy in the most appropriate format – digital version, easy read, standard edition, or plain text, requesting their feedback. Where possible, the Local Account will be distributed electronically, but consideration will be taken where individuals or groups of people are likely to have accessibility needs or limited online access.
- 5.3 A limited run of hard copies will be mailed to and displayed at publicly accessible locations such as libraries, gateways and Kent County Council social care offices. Copies will also be distributed face to face by the Stakeholder Engagement Team and other colleagues when undertaking any in-person events and engagement activities.
- 5.4 There will continue to be a renewed focus on innovatively addressing the challenges of reaching more people digitally as well connecting with more diverse groups. Other routes will be used to promote and raise awareness of the Local Account which will incorporate an update to the interactive web content already available on the Kent County Council and Kent Connect to Support websites, including videos, use of social media (Twitter, Facebook) and promotion across linked engagement networks.
- 5.5 An easy read version of the Local Account will be developed and posted on the Kent Learning Disability Partnership website together with an easy read cover letter and tailored commentary to encourage feedback. Other accessible versions including a British Sign Language version and a text-only version will be created.
- 5.6 There are existing feedback mechanisms in place, including through the Kent County Council website (kent.gov.uk), Kent Connect to Support website, Twitter, email, post and phone. Feedback from these as well as virtual engagement at forums and other events will continue to be used in the development of the next document. We will also be encouraging people to register for the 'Your Voice Network' through the digital form on the council website.
- 5.7 People who are accessing adult social care services, carers, the voluntary sector, providers, Members, Healthwatch Kent and staff will continue to be

encouraged to play a part in the evaluation and ongoing development of the Local Account.

## 6. Recommendations

The Adult Social Care Cabinet Committee is asked to **NOTE** the Local Account document– ‘Here for you, how did we do?’ (January 2022 - December 2022).

## 7. Background Documents

None

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# Here for you, how did we do?

Local Account for Kent Adult Social Care



Making a difference every day

January 2022 to December 2022, highlighting the achievements, improvements and challenges of KCC adult social care in Kent



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# Introduction

Welcome to the local account for Kent Adult Social Care and Health, 'Here for you, how did we do?' It describes the achievements, improvements and challenges in adult social care in Kent from January 2022 to December 2022.

In our eleventh edition, we're taking a look back at how we've been making a difference every day within local communities across Kent and delivering the key areas you told us mattered most during the development of our Adult Social Care Strategy and Adult Carer's Strategy.

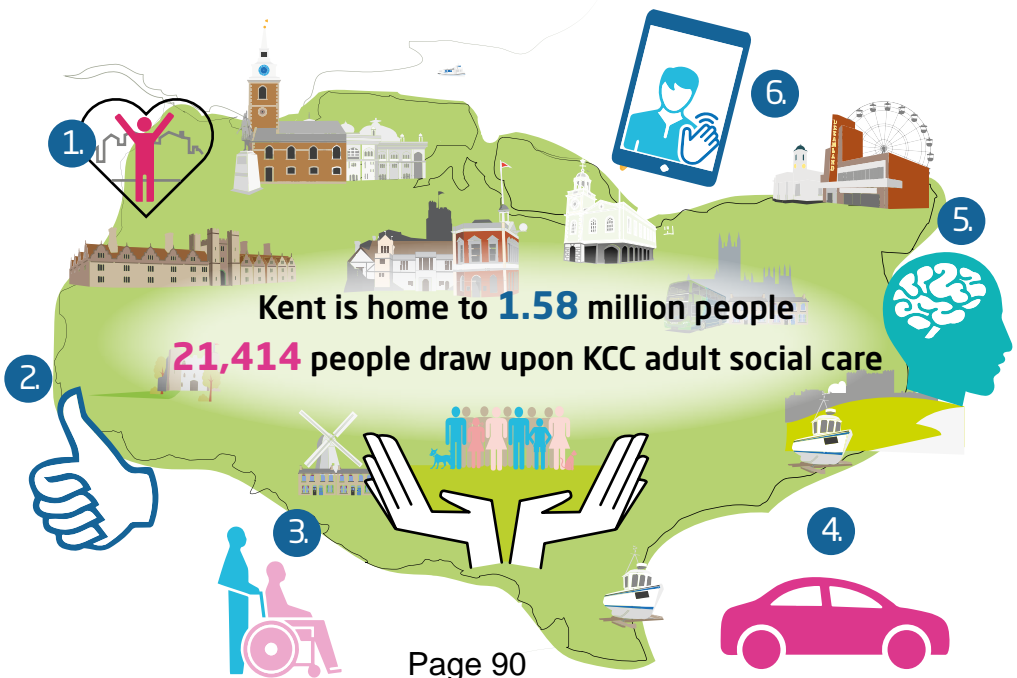
2022 was a year of refocusing and working more closely with people accessing support, carers, families and colleagues through co-production of our plans. It has been an exciting year, with challenges that have encouraged us to innovate - for example, through our new community-based social care teams who are forging stronger links in the areas they cover. We have continued to drive our vision forwards, supporting people to live as full and safe a life as possible and make informed choices

Social care and health are more prominent than ever in our daily lives. Our staff have worked hard to respond to rising demand whilst implementing key changes and putting the person at the heart of what they do. We have a renewed commitment to celebrating diversity and equality in social care and there is lots to reflect on and be proud of. We must remember that caring is not only about organisations like ours, we can each make an individual difference where we live to look out for others in our community and signpost to support. In this local account, you will find details of the new Kent Connect to Support website that offers information, advice and guidance about staying well and remaining independent, so please do spread the word. You can also hear how people's voices have helped to shape what we do - and you are encouraged to join the Your Voice Network to do the same.

# Kent and its people

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

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



Between January 2021 and December 2022, the Directorate had 172,423 contacts relating to 55,423 individuals; of those 49,475 were initial contacts. Our staff supported 36,907 people in the following ways:

- **19,515** Care Needs Assessments for **16,212** people; **15,903** Occupational Therapy Assessments and **8,296** Deprivation of Liberty Assessments
- **19,668** Reviews of a Care and Support Plan for **14,195** people
- Receiving **14,538** Safeguarding concerns and completing **6,538** enquiries, with **93%** of completed enquiries having the risk removed or reduced.

1.



**8,198** people received **enablement services** and **62%** no longer needed support after the service.

2.



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

3.



**10%** increase in people who identified themselves as carers drawing support from adult social care.

4.



**32,421** Blue Badge parking permits were issued, keeping people mobile and independent.

5.



**7.36%** increase in people supported by KCC adult social care with mental health needs.

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6.



Over **6,000** people drawing on **Technology Enabled Care Services** each month.





# What we do

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

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

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

## Making contact

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

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

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



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

# How we do it

Our aim is to keep working with communities to help people earlier, so they feel more empowered to find trusted help and support locally from a range of sources. When we do things right, this is how people should think and feel about their support

**Amanda** is a carer for her husband who has multiple sclerosis and feels isolated. Amanda found information about local community support on the Kent Connect to Support website. Amanda now attends a local carers' group with her husband and is aware of carer support and entitlements.

"I feel stronger as I have access to a range of local support that is helping me to live the life I want"



## Initial contact

People experience personal and person-centred conversations which build on what they can do and develop support with them.

**Derek** lives alone. He recently experienced a fall which has affected his confidence.

After making a full physical recovery he spoke about his goals and what he felt he needed to be supported. Derek accessed an enablement service to rebuild his confidence, and a community volunteer connected him with a local choir as he is a keen singer.

"I feel reassured I can speak to someone, but also have access to online information about the options available to me"



## Our support

People experience more joined-up support because of effective communication and coordination between providers and partner organisations.

**Cameron** struggles with mental health issues which he manages alongside his GP. His GP referred him when he began to struggle with everyday tasks. Cameron now receives a better coordinated therapy service from both health and social care. Joined up working has meant Cameron is connected to the right support for his personal circumstances.

### Positive support

People experience positive person-centred support which is simple for them, allowing time to build relationships and offer innovative solutions.

**David** has moved from children's to adult social care. He was referred by a medical specialist after he developed a health condition which will affect his ability to be fully independent.

### Commissioning

People experience flexible and creative ways of arranging support which enable a balance between choice for the person we support, quality and value.

**Lynn** has multiple conditions that affect her vision and movement, and this can change from day to day. She enjoys music and has a passion for social history.

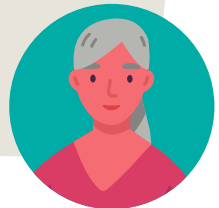
"I feel safer, my strengths are recognised to help me make my own choices and I have greater control to achieve my goals."

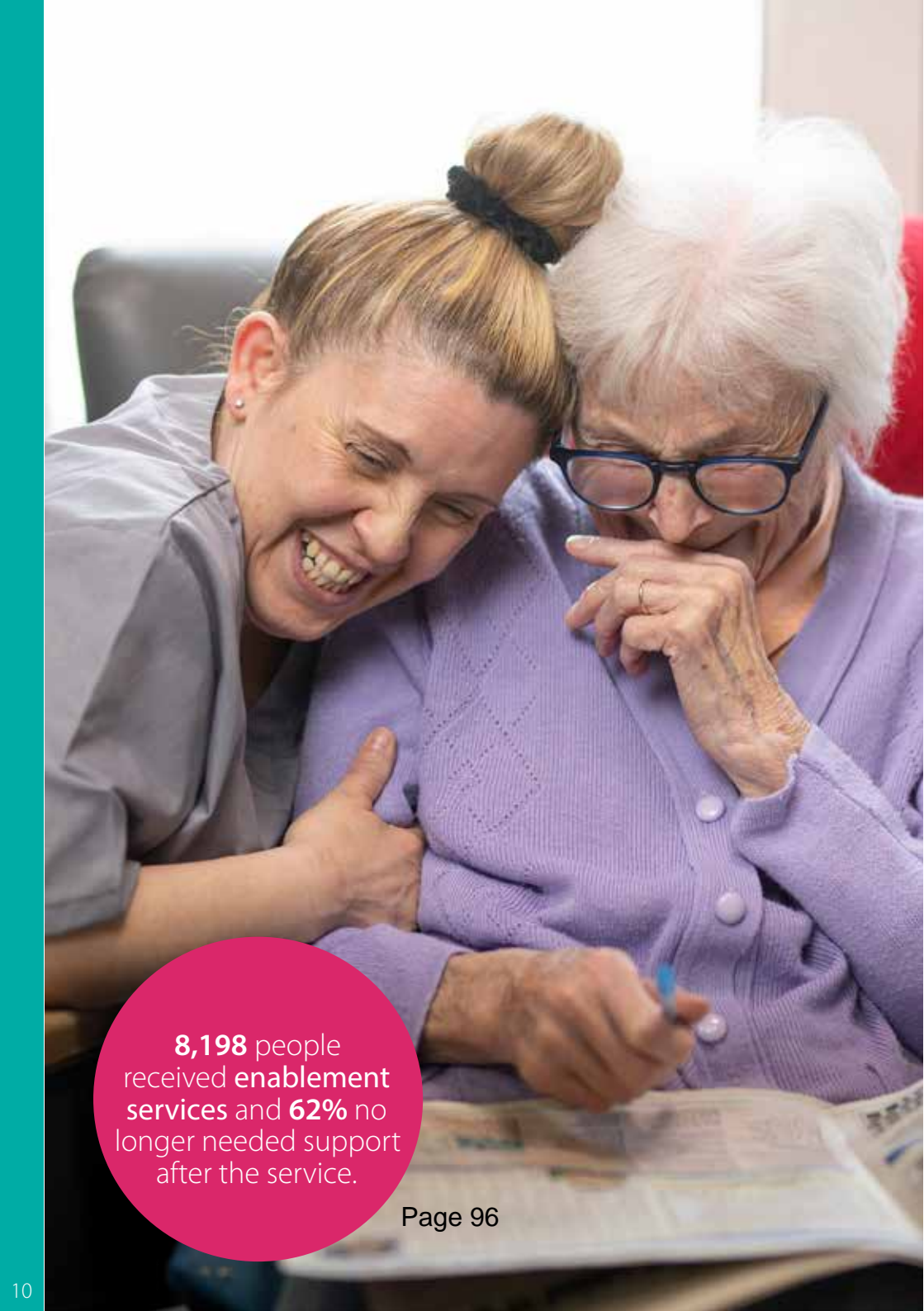


"I feel confident in social care and trust them because they know all about me. I only had to tell my story once. My support is coordinated, the staff work well together and I'm involved in decisions."



"I feel in control because I can decide what kind of help I need and when, where and how to receive it. I know how this is funded and that my views and feedback shape how support is provided."





**8,198** people received **enablement services** and **62%** no longer needed support after the service.

# How did we do?

Our vision for adult social care in Kent, Making a Difference Every Day

Throughout 2022, we have worked closely with people that draw on care and support, their friends, family, carers and our partners to co-produce our adult social care strategy and vision - as well as our Kent Carers' Strategy. We have been engaging with communities across Kent, sharing the key findings and most importantly, hearing from those who matter most on what's working well and understanding the areas we can improve together.

Our vision is:

“Making a positive difference every day, supporting you to live as full and safe a life as possible and make informed choices.”



## What people in Kent told us was important to them

Trust, listening,  
understanding and  
clear information

Language, consistency  
and promoting choice

Flexibility, accessibility  
and good conversations

Every day innovations  
(small and big)

Share data and nurture  
change in technology and  
innovation

Ask people 'are you living  
your life better the same or  
worse than before?' and  
'do you feel listened to?'



# Putting the person first

By putting the person at the centre of what we do. Here is just some of the feedback we've had from people who draw on care and support that shows how we are working to embed our core principles of Practice - putting the person first, Innovation - improving all the time and Meaningful Measures - measuring what matters.

"Thank you for your kind care and the attention you paid to my father... You made this difficult transition for him and us, the family, liveable."

You said

"Amazing, empathetic, compassionate, and person-centred care. I had a long conversation yesterday on the phone and was blown away by the kind and caring way in which she spoke to me, whilst always treating me with dignity and respect. I wanted to take time to pass on how positive my experience was and what a huge difference has been made to our entire family."

"Thank you for the meeting with my father yesterday ... As I'm sure you're aware, these moments in life are not easy to digest and I was very impressed with your courteous and kind professionalism when interviewing my father."

You said

"The time, care and dedication provided was exceptional, showing a clear understanding of the needs that we as a family were looking for and has proved to be the perfect place as it is clear to see that they are enjoying life at and are extremely well looked after.

This was only possible thanks to the way in which you carried out your work with such consideration."



## Community micro-enterprises

In 2022, we awarded a contract to Community Catalysts to support the development of micro-enterprises in Kent. Micro-enterprises are small providers that include local people helping other local people who need some help and support to live and stay at home or to have a good life in the community.

### **Community micro-enterprises are aimed at supporting:**

- Older people
- People with a physical or learning disability and autistic people
- People that want to improve their mental health and well-being.

### **A community micro-enterprise gives people more choice about their care and support and they offer a wide variety of support including:**

- Support at home - personal care, meals, cleaning, shopping, running errands, companionship
- Support to get out and about - activities, hobbies, therapies, learning new skills, alternatives to day services, peer support.



We have a dedicated team of community catalysts working in Kent, aligned to each locality area, they are working with both new and existing enterprises to take them through a development programme and ensure they meet the

“Doing it Right Standards” before adding them to an online directory services Our social care staff have worked with community catalysts to understand what micro-enterprises are on offer to people in the area they work in.



Find out more at: [www.smallgoodstuff.co.uk](http://www.smallgoodstuff.co.uk)

## Kent Connect to Support

With input from experts by experience we launched Kent Connect to Support, a website to enable people to look after themselves and remain independent.

It provides information on health and wellbeing, support for carers, housing, money and legal plus lots more. We have also launched our Community Directory which offers access to information about local organisations, voluntary and community groups.



Find out more: <https://kent.connecttosupport.org>

**new**



**Kent Connect to support**  
Fast | Clear | Connected

## Improving all the time

Our Technology Enhanced Lives service has been developed to ensure the people who draw on social care have access to a wide range of technology to support them to live a safe life in a place they call home. It empowers people to live independently and to provide person-centred support that recommends technology according to the needs and wants of the individual.

In 2022, we ran a Technology Enhanced Lives project with people in East Kent in Thanet, Dover, Folkestone and Hythe to deliver a catalogue of technology items to give people greater choice and control.

At the end of the project:

- 133 people received a technology intervention
- 97% of these 133 people have reported an improvement in their situation
- On average, all people supported by the project have seen their personal outcomes improve by **32%** following eight weeks.

### Bryan's story

Bryan has diabetes and regularly experiences episodes which cause him to collapse without warning, so Bryan often falls and knocks himself unconscious. When regaining consciousness, he would often be unable to get himself up from the floor for hours, until he had the strength to get to a phone and phone for help. The worry that he might fall prevented Bryan from leaving the house and doing simple tasks.

- Now Bryan has a lifeline system which means that when he falls, he can simply press the button to call for help
- 'It's helped me a lot. All I need to do is press the button and I know someone will help me. The peace of mind has made a huge difference to my life.'



## Meaningful measures

A key part of how we aim to measure the achievement of our vision in Kent, is to increase access to self directed support - that includes making more people aware of **direct payments**. To do this, we need to understand what people want, so we can shape our self directed support offer and give people more choice, control and flexibility to get better outcomes for themselves.

We hosted a series of 'game changer events' with staff and people we support to empower them to choose direct payments, and give them opportunities for feedback and input. We also developed self-directed support training for staff to build on their knowledge and encourage its promotion to people they are working with.

"Direct payments changed my life because I don't need to call on social care, as I employ my own personal assistants and can manage staff myself and be in control of my own life"

You  
said

We developed Kent PA web, an online personal assistant portal where people can advertise their vacancy when looking to employ a personal assistant. Alongside this, our Personal Assistant Development Officer was employed and attended numerous events and engagement opportunities across the county to promote the job of personal assistants and get a good understanding for the personal assistant market across Kent.



## Kent Adult Carers' Strategy

### Our vision for carers



Carers come from all walks of life, ages, ethnicities and backgrounds - anyone can find themselves in a caring role at some point in their life. In 2022, our Kent Adult Carers' Strategy, which we co-produced with carers in 2021, was launched and we began promoting it across the county.

This plan has been developed with carers, people that rely on care and support and other key stakeholders and we have committed to work towards our vision of:

**"Making a difference every day by supporting and empowering you to live a fulfilling life whilst being a carer, as long as you are willing and able."**

We aim to work in partnership to achieve this ambition, by focusing on the following areas that need to 'wrap around' the carer:

- **Supporting you to be you** - to live a full life, carers have told us they need the right support so they can make time to get everyday tasks done. Support also needs to allow time for doing what contributes to someone's own identity - including help to participate in employment, education and social activities
- **Providing the best support possible** - carers have been clear that they, and the people they look after, need to be treated with respect and supported through every stage of their journey - not just during a crisis. We are committed to listening and learning from people's experiences, so this can inform the way we provide and commission support in the future
- **Positive outcomes** - the 10 areas that make up this principle have been influenced by carers' stories. Everything we do alongside providers and partner organisations should focus on what makes a real difference and leads to positive change in carers' experiences. By monitoring these outcomes, we will know when our shared vision is being delivered
- **Seven key moments** - as well as the need for ongoing advice and contact, carers have identified specific times when support is particularly important for them, starting with the first conversation they have about their new caring role. These have been emphasised, so that in partnership, we can shape how and when support should be offered.

10% increase  
in people  
identifying as  
a carer





## Future ways of working

In July 2022, we began an internal consultation of proposed changes to the current structure, staffing and management arrangements of teams that are part of Directorate. The purpose of this was to review and reshape how we work from the first conversation to accessing and paying for care and support, to make sure we can put the person first throughout their journey and monitor the quality of our support.

A great deal of detailed feedback was received and each one of the ideas and comments submitted by staff was reviewed and where applicable, included in the final proposal for future changes.

### Community social care teams

In Kent, we now have 24 community teams. This means that staff who used to be arranged in teams that focused separately on learning disability, autism, physical disability, older people and mental health, will be more joined up. The staff in these teams will still keep their expert focus but will work much more closely together with colleagues around a person's often multiple needs and have more opportunity to share their skills and gain broader experience.

This multi-disciplinary way of working aligns to our Making a Difference Every Day strategy and will mean that our new teams will be more empowered to make links with their local communities and partner organisations in their area.

## How do I get in touch with the teams and refer to them?

There are currently no changes to how you get in touch with our teams.

Safeguarding referrals will remain the same as before and can be made as per the current process. Please check the last page of the Local Account for general contact details or [www.kent.gov.uk/careandsupport](http://www.kent.gov.uk/careandsupport) on how to make a referral.

## Our community teams



1: Dartford

2: Swanley

3: Gravesend

4: Sevenoaks

5: Tonbridge

6: West Malling

7: Maidstone East

8: Maidstone West

9: Tunbridge Wells

10: Sheppey

11: Sittingbourne

12: Faversham

13: Ashford North

14: Ashford South

15: Whitstable

16: Canterbury

17: Folkestone Rural

18: Folkestone Town

19: The Marshes

20: Dover

21: Sandwich

22: Birchington

23: Ramsgate

24: Margate

# Your voice



As part of the co-production work on our strategies, people also told us loud and clear that they wanted to be listened to and worked with when it comes to arranging and accessing support, and that they want to be treated with respect and involved in decisions about their lives or the lives of people they care for.

The council has committed to working closely with Kent residents to implement a more person-centred model of adult social care. This requires a joined-up approach, building the right conditions for true co-production in Kent, so that people's ideas and experiences are at the heart of social care.

“Co-production is part of the voice and experience that we in Kent seek, to enable us to get that continuous feedback to achieve our goals and ambition. This also builds on the power of our lived experience and stories to help change hearts and minds, but also helps build people power so that those of us who draw on help and support have a stronger voice in dialogue about the future. Also it builds power to bring different people and organisations together to think and do things in new and better ways” – **Clenton Farquharson, CBE and national co-production expert**

In 2022, there was a lot of change in adult social care and it was the right time to refresh how we do things. Across the county, brand new multi-skilled community-based teams were established. They will want to work more closely with people that draw on support, empowering them to live a good life and will link with local community partners like district councils, voluntary groups, health organisations, care providers and charities.

The launch of the Future Ways of Working support programme, which was shaped with colleagues, includes the recent launch of Kent's Practice Framework and is an opportunity for social care practitioners and other



key staff to embed true co-production, focus on people's strengths and involve them as early as possible in any decisions about their lives, giving them more power to focus on what is important for them so that they can flourish.

Co-production is not just producing services, it is about sharing power more equally at many levels. That can mean helping someone identify and achieve their personal goals and decide what support they need, or involving people from start to finish as equals in creating new ways of supporting a whole population. Co-production is not the only way to involve people with lived experience. As an organisation, we can still engage, involve and consult people to understand their views. We can choose a mix of different methods to enable people to have their views considered. But committing to work towards true co-production means changing our culture.

Person-centred care is essential to the duties of the Care Act. As a growing movement, Social Care Future is just one example of how people with lived experience have influenced the national landscape of social care. Its members have called for five key changes prompted by the collective voices of people that draw on care and support in England.

**Join the Your  
Voice Network**  
see page 32

**Get  
Involved**

# How we involved people with lived experience throughout 2022

Here is a recap on some of the key areas that we have worked on with people who have lived experience of social care.

**Making a difference every day, Adult Social Care Strategy 2022-2027** - listening, co-production of vision, strategy, model of care, and public consultation.

**Kent Adult Carers' Strategy 2022-2027** - Carers' Behavioural Study research project, early engagement, co-production and public consultation.



**Kent and Medway Learning Disability and Autism Strategy** Co-production of vision and strategic principles with people with lived experience and advocates/carers.



**Quality Assurance** Quality Assurance focus group (practice development officers) and involvement of people with lived experience.

**Technology Enabled Lives Build and Test** - Start-to-finish plan of involvement/co-production with people with lived experience, providers and staff.

**Community Micro-Enterprises** - Stakeholder workshops (varied representation - people with lived experience / partners / staff

**Ongoing co-production activity** - Prompted by strategy insights from people with lived experience.

**Future Ways of Working** - Public feedback from strategy co-production built into proposed model and job descriptions.

**How do I want to be interacted with by staff in social care?**  
People influenced the development of community teams and were Involved in recruitment.

**Kent Connect to Support-** Initial insights from strategy development, insights from focus groups and public engagement.

**Self-Directed Support**  
- Public events to engage and inspire. Direct payment involvement group set up to take things forward.



**Technology Enhanced Lives** - community promotion and involvement of people of lived experience of adult social care

**Innovation Framework** - People's panel involvement in development, Your Voice network feedback.

**Organisational Development** - Workforce strategy influenced by key themes from Adult Social Care and Carers Strategies.



**Meaningful Measures framework** - Learning Disability Partnership Board and People's Panel involvement discussions.

**Care Quality Commission assurance** - People's Panel and Kent Learning Disability Partnership Board engagement discussions.



## Shared experiences, shared homes – Kent Shared Lives

In 2022, we continued to promote shared lives which focusses on working with carers to help them to get paid to open their homes to support eligible people over the age of 16 including those with learning and physical disabilities, mental health issues, autism or Asperger's, sensory impairment, older people or those living with dementia.

There are three types of service a carer that's offered:

- Long term - where someone would move in with a carer and their family
- Short breaks - where someone would stay for a night or two, weekend or week(s) with the carer based on what is needed.
- Day support - one session lasting up to five hours based at the carer's home and/or out and about in the community.

**"It's about living together and being content and feeling secure, but know that we're also working towards gaining more skills, promoting independence."**

# Sharing experiences and developing the future Kent Care Summit 2022



Over 200 people both in person and online joined the first Kent Care Summit on 2 March 2022. The event brought together people supported by Adult Social Care, carers, the care market, voluntary sector, Health and national organisations to share care sector insights, people's experiences and their visions for the future. By inviting representatives from all areas of the sector to tackle challenges and create solutions the aim was to agree future priorities and actions to develop the future Kent care market.

A panel of local and national care sector representatives discussed the current status and future of social care and shared ideas and agreed action plans.

Some of the key themes from the day were:

Living in a place we call home	Sharing power as equals	Communities where everyone belongs	More resources, better used	Leading the lives we want to live
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Here are some of the outputs from the discussions on the day:

Promote direct payments to staff to increase choice improve outcomes for people	Education about what's available in communities	Smoother interaction between services – helping people at home and in the wider community
Holistic and collaborative approach	Employ people with lived experiences in health and social care, where they can influence and impact	More regular community forums for people with lived experiences

These key themes were used to inform the Adult Social Care Commissioning Intentions 2022-2027. They set out how we plan to create person-centred and flexible care and support in Kent to address the challenges and opportunities in adult social care.

We have developed the following nine intentions in partnership with people we support, carers, Kent residents, our care market providers, partners, and our workforce.

### **Co-production**

Working with people with lived experience of social care to design better support

### **Self-directed support**

Enabling people to arrange their own choice of support and be more in control

### **Wellbeing**

Empowering people to be as healthy as they can be in body and mind

### **Partnership and integration**

More joined-up working between organisations

### **Technology and data**

Exploring how technology can help to achieve positive outcomes for people

### **Workforce**

Making sure that staff are supported and have the right values and skills for their roles

### **Accommodation based support**

Helping people to live in a place they can call home

### **Communities**

Building on the best of local resources and services

### **Awareness and information**

Providing the right information that is clear to understand



Find out more: <https://letstalk.kent.gov.uk/kent-care-summit>

# BUILDING A BETTER FUTURE TOGETHER



## Building a better future together

We continued to promote diversity and inclusion within our workforce in 2022. We held a number of Equality Forum meetings where we gave staff the space to come together and have meaningful conversations about equality, diversity and inclusion and to promote a movement for change that improves the experience of our workforce and the people that we support. Here are some of the key themes from one of our Equality Forum meetings.

### Workforce Race Equality Standard - actions and reporting

In 2021, the social care Workforce Race Equality Standard (WRES) was tested across eighteen Local Authority in England, which was commissioned by The Office of the Chief Social Worker for Adults. The purpose of the Social Care WRES is to ensure that employees from Black, Asian, and Minority Ethnic backgrounds gain equal access to career opportunities and receive fair treatment in the workplace. A similar WRES was introduced into the NHS in July 2015.

Eighteen local authority social care departments were selected to be part of test programme, which launched April 2021 and was carried out through 2022. The WRES seeks to agree and establish a Standard (or measuring tool)

to support and strengthen the efforts of Local Authorities to maintain and create processes around fairness and equality at work, with a focus on improving data collection and analysis.

A key part of the programme was to produce, publish, and implement action plans to demonstrate commitment to supporting all staff and developing a culture of inclusion and equality. In 2022, we launched our WRES plan on our website and worked together across adult social care to implement and measure the impact. The test phase ends April 2023, with a national report and recommendations. The WRES action plan is not to be seen in isolation and is part of the Adult Social Care Organisational Development Plan and actions within the wider Council.

Throughout the year the WRES Steering Group got together to report on the actions, and to challenge areas for improvement.

## Improving accessibility

In 2019, the number of social care requests for deaf people to do daily tasks such as going to the bank, accessing public transport and accessing important information were at an all time high. Since then, our Deaf Community Team have worked with local communities to make Kent more accessible.

Some of the key achievements around communities within Kent are:

- **80 Deaf Champions** attended training and are working with Kent Police to increase accessibility
- **270 local Citizen Advice Bureau** branches will introduce a British Sign Language video relay service
- **British Sign Language interpretation on Healthwatch and other websites** related to accessing mental health and wellbeing support
- We worked with Involve to **improve access to GPs** through support from national deaf organisations
- We worked with **domestic abuse survivors** to support them in getting British Sign Language communication and sensory equipment



Not only do the team support people that access social care, they're passionate advocates for change in Kent County Council and with our local partners including the police and local businesses.

## Awards and recognition

### Healthwatch Awards 2022

The Adult Social Care and Health Stakeholder Engagement team were given an award for 'Recognition for excellence in listening to people's views and thoughts about services via the people's panel'.

The awards were attended by around 100 people from social care and health across Kent and Medway.

### iESE Awards for Innovation in the Public Sector 2022

The Stakeholder Engagement team, were also awarded Silver in the Communications Category for innovation. The award submission included work on our 'Your voice network' social media campaign, our refreshed adult social care bulletin and intranet content, new 'Our voice' style guides and co-production of our Making a Difference Every Day strategy.





Our People's Panel, Learning Disability Partnership Board and Your Voice Network are here to make your voice heard in adult social care.

Get Involved

## With you

### Your voice does make a difference

We're always looking for innovative ways to improve our services, respond to change and work with and listen to the people of Kent and work in partnership with other organisations to deliver the best possible results.

You may have experiences you can share with us because you have had support from adult social care services, you might be caring for someone who needs some extra help or you might just want to tell us your ideas for how we can do things differently.

Whatever your reason, get in touch to help us to shape the future of social care - we're listening.

We launched the Your Voice Network campaign to recruit people to a special interest group for adult social care and work together to shape the future of adult social care.

We currently have 160 people signed up to our network and we hope you will be part of it.



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Join us! Email: [makingadifference@kent.gov.uk](mailto:makingadifference@kent.gov.uk)

# Glossary

**Adult Social Care Strategy:** Our plan for the next five years 2022 to 2027 on how we will deliver adult social care in Kent.  
Available at [www.kent.gov.uk/careandsupport](http://www.kent.gov.uk/careandsupport)

**Adult Carers' Strategy, Making a Difference Every Day:** Our plan for the next five years 2022 to 2027 on how we will support adult carers in Kent.  
Available at [www.kent.gov.uk/careandsupport](http://www.kent.gov.uk/careandsupport)

**Approved Mental Health Professional (AMHPs).** Specially trained social care practitioners specialising in mental health crisis services.

**Blue Badge:** A national scheme of parking permits enabling people with disabilities to park in designated bays closer to shops and destinations.

**Breathing Space:** A debt management scheme developed to support people experiencing a mental health condition.

**KARA:** Video carephones enabling people to keep in touch with carers and much more.

**Kent Enablement at Home:** A short term service to support people regain independence after illness or a hospital stay.

**Kent Enablement and Recovery Service:** A short term service to support people who have a mental health condition to gain or regain independence.

**Kent Together:** A service set up to support people through the COVID-19 pandemic.

**Technology Enabled Care:** A number of technologies to support and maintain independence including telecare, telehealth, apps and much more.

**Supported Independence Services:** A broad range of services to maintain and support people's independence in a place they call home.

**Social Care Future:** A growing movement of people with a shared commitment to bring about major positive change in social care services. [www.socialcarefuture.org.uk](http://www.socialcarefuture.org.uk)



## Further information

Find information and advice on adult social care, health and community services on our **Kent Connect to Support** website  
<https://kent.connecttosupport.org>

### Get in touch

You can email us with queries or questions about any of our services or information.

**Email:** [social.services@kent.gov.uk](mailto:social.services@kent.gov.uk) or see our website at:

**Website:** [www.kent.gov.uk/careandsupport](http://www.kent.gov.uk/careandsupport)

### Telephone our contact centre

Telephone: 03000 41 61 61

Text Relay: 18001 03000 41 61 61

### For more information on the Local Account

email: [kentlocalaccount@kent.gov.uk](mailto:kentlocalaccount@kent.gov.uk)

Find our more on [www.kent.gov.uk/yourvoice](http://www.kent.gov.uk/yourvoice)

# Housing and Community Support Review of the Positive Behavioural Support Framework

Adult Social Care Cabinet Committee  
13 September 2023

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Marie Hackshall, System Programme Lead, Partnership for Neurodiversity (Learning Disability, Autism and ADHD)  
Xan Brooker Senior Commissioner Partnership for Neurodiversity  
Written with Helen Devlin, Commissioner Neurodivergent Services

Agenda Item 11



Housing and Community Support is one of the eight workstreams within the Partnership for Neurodiversity.

The Positive Behavioural Support Service (PBS) was commissioned as a closed framework in 2018 to deliver the objective of discharging 94 autistic, learning-disabled, (or both) Kent and Medway residents from hospital.

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In May 2022 the Adult Social Care Cabinet Committee endorsed the procurement of a replacement open framework service, recognising the need for more bespoke packages of care and support.

Also, in May 2022 the British Institute of Learning Disabilities (BILD) clarified that the evidence base does not support, and nor is PBS intended to be delivered, to people without a learning disability.

This change prompted a pause to assess the impact on the specification.



In November 2022 the adult social care operational Senior Management Team agreed an extended interim period without a framework to further understand the need in the context of the wider changes.

This pause supported further reflection and understanding about the complexity of the situation including the relationships between the system for housing and system for social care.

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The learning suggests that a replacement PBS based, or 'Bespoke' framework will not adequately address complexity at either individual, or organisational levels.

A more blended approach including existing frameworks, services and organisations to address and manage complexity around individuals is indicated.

Procurement regulations and BILD updates, in the context of neurodiversity indicate the need for people in receipt of PBS services to be reviewed.

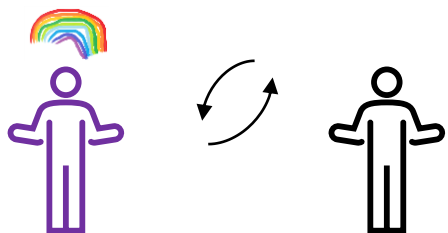
# Background (wider context)

Making a difference every day

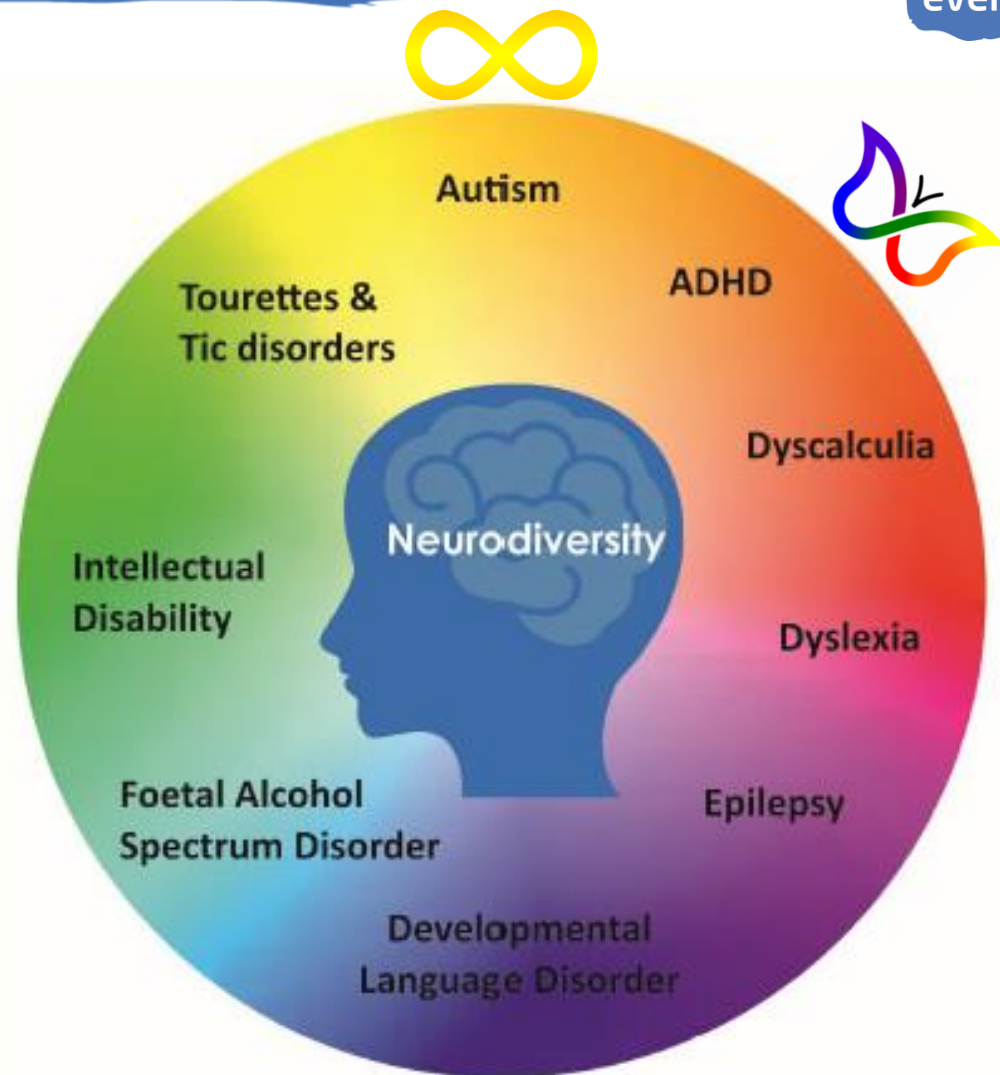


The continuing development of the social movement for **neurodiversity** including language continues with Kent based Autistic academics (Tizard) leading the way in development of theory and approaches

These include; the Double Empathy Problem and Autistic Language Hypothesis which proposes and works on the principle that communication is reciprocal and mutual



These developments create the potential for more meaningful coproduction and an opportunity for Kent and Medway to lead the way in partnership across the NHS and Social Care



[Neurodiversity | Local Government Association](#)

Image shows different types of neurodivergence or neurominorities – Neurodiversity includes people who are not neurodivergent (who are neurotypical)

There were 14 Providers on the PBS Framework commissioned to deliver services to Kent and Medway residents who are autistic, learning-disabled, or both.

A table outlining the service numbers is here:

Kent Adults (26+)	Kent Young people (<26)	Young people now adults
17 PBS call offs	27 PBS call offs	3 PBS call offs

- 27 people have been discharged from hospital through other commissioned frameworks and 30 young people have had services commissioned through the PBS Framework to avoid admission
- Within the Partnership’s Housing and Community workstream the target number for inpatients across Kent and Medway is 43 by March 2024
  - There are currently 66 residents detained in hospital with the Partnership projected to reach 56 by March 2024
  - There are 51 Kent residents shown in this table:

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	Kent Adults (26+)	Kent Young people (<26)
Autistic	13	9
Learning Disabled	12	2
Both	10	5
Total people	35	16

## Legal and financial implications

Long call offs require justification under Regulation 33(6) which also states that call-off contracts may not depart from the terms of the framework agreement in any substantial respect.

The BILD clarification presents a significant change and challenge given the number of autistic Kent and Medway residents either in hospital, or in receipt of PBS services through a call off on the framework.

PBS framework rates were set in the tender on a cap and collar of £20.56 and £33.93 compared with that of Supported Living which is dependent on cluster and whether standard or complex at between £18.52 and £22.18. This means that there may be a cost saving of between £2.04 - £11.75 per hour of care.

Property availability: There are opportunities to improve this through better coordination between the system for social care, and the system for housing in partnership with district, borough and city councils.

The process for commissioning Positive Behavioural Support Services supports improved understanding of needs and ability to manage complexity:

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- For young people this is particularly evidenced through the admissions avoided
- In adults, improved understanding is delivering reduced costs where blended support is provided between contracted providers, other services, and where needed additional bespoke elements

Prioritise joint health and social care review of the 11 autistic people on PBS Framework Call Offs

Joint review of all other people on the PBS Framework, including a new Camberwell Assessment of Need (CAN) as required, (CAN is the tool used to identify the split in contributions between health and the local authority towards care and support where a person is eligible for their care to be paid for under S117 of the Mental Health Act) to ensure the least restrictive and most appropriate service, including justifying long call offs from the PBS Framework.

Housing and community support workstream to continue developing blended approach through identification of needs, relating this to existing contractual ability, and improve coordination with district, borough and city councils in relation to housing eligibility and priority.

# Any Questions?

The Adult Social Care Cabinet Committee is asked to **NOTE** the  
Housing and Community Support – Review of the Positive  
Behavioural Support Framework



**From:** Ben Watts, General Counsel

**To:** Adult Social Care Cabinet Committee – 13 September 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’*. Public Health now sits within the Health Reform and Public Health Cabinet Committee which was founded 25 May 2017.

## 3. Work Programme 2023/24

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
<b>Key Decision Items</b>	
Performance Dashboard	Sep 23, Nov 23, Mar 24, May 24
Draft Revenue and Capital Budget and MTFP	Annually (November)
Risk Management: Adult Social Care	Annually (March)
Annual Complaints Report	Annually (November)

**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	Accommodation Strategy Refresh	
9	Social Prescribing Update	
10	Draft Revenue and Capital Budget and MTFP	Annual Item
11	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
7	Work Programme	Standing Item

**13 MARCH 2024 at 2pm**

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item

3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Risk Management: Adult Social Care	
7	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)
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
Carers' Short Breaks Future Options Update	Suggested by Mr Ridgers 06/07/23