

**ADULT SOCIAL CARE CABINET COMMITTEE**

**Wednesday, 13th November, 2024**

**2.00 pm**

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



## AGENDA

### ADULT SOCIAL CARE CABINET COMMITTEE

**Wednesday, 13 November 2024 at 2.00 pm**  
**Council Chamber, Sessions House, County Hall,**  
**Maidstone**

Ask for: **Ruth Emberley**  
Telephone: **03000410690**  
**ruth.emberley2@kent.gov.uk**

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

Conservative (12): Ms L Parfitt (Chair), Ms L Wright (Vice-Chairman), Mrs P T Cole, Mr N J Collor, Mrs L Game, Ms S Hamilton, Mr A Kennedy, Mr J Meade and Mr A M Ridgers

Labour (2): Mr B H Lewis and Ms J Meade

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

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

#### **UNRESTRICTED ITEMS**

*(During these items the meeting is likely to be open to the public)*

- 1 Introduction/Webcasting Announcement
- 2 Apologies and Substitutes
- 3 Declarations of Interest by Members in items on the agenda
- 4 Minutes of the meeting held on 19 September 2024 (Pages 1 - 6)
- 5 Verbal Updates by Cabinet Member and Corporate Director
- 6 Draft Revenue and Capital Budget and MTFP (Pages 7 - 48)
- 7 Performance Dashboard (Pages 49 - 74)
- 8 Adult Social Care Pressures Plan (Pages 75 - 146)
- 9 Annual Complaints Report (Pages 147 - 180)
- 10 Work Programme (Pages 181 - 182)

#### **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 November 2024**

*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**

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**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, 19th September, 2024.

PRESENT: Ms L Parfitt (Chair), Ms L Wright (Vice-Chairman), Mr N J Collor, Ms S Hamilton, Mr J Meade, Mr A Kennedy, Ms J Hawkins, Ms J Meade, Mr H Rayner and Mr R G Streatfeild, MBE

ALSO PRESENT: Mr Dan Watkins and Mr Mike Whiting

IN ATTENDANCE: Richard Smith (Corporate Director Adult Social Care and Health), Simon Mitchell (Senior Commissioner), Richard Ellis (Director of Integrated Commissioning), Sydney Hill (Director Adult Social Care), Helen Groombridge (ASCH Performance Manager) and Hayley Savage (Democratic Services Officer)

**UNRESTRICTED ITEMS**

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

Apologies were received from Mrs Game, Mr Lewis and Mr Ridgers. Mr Rayner was present as substitute for Mr Ridgers.

The Democratic Services Officer confirmed that Mr Lewis had replaced Mr Brady on the committee.

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

Ms Meade declared that she was an unpaid carer.

**207. Minutes of the meetings held on 15 May 2024 and 18 July 2024**  
*(Item. 4)*

RESOLVED that the minutes of the meetings held on 15th of May 2024 and 18 July 2024 were correctly recorded and that paper copies be signed by the Chair.

**208. Verbal Updates by Cabinet Member and Corporate Director**  
*(Item. 5)*

1. The Cabinet Member for Adult Social Care and Public Health, Mr Dan Watkins provided a verbal update on the following:
  - a. The progression of the social care reforms had been discussed during the general election campaign, however, the Chancellor subsequently announced these plans had been cancelled. The Council was supportive in principle of the reforms and remained ready to support the government in due course.

- b. The Care Quality Commission (CQC) assurance visit was scheduled for the week beginning 30 September. This would provide an independent assessment for the public of the quality of care in the local area and how the Council had met its duties under the Care Act 2014.
  - c. Kent and Medway Integrated Care Strategy service delivery plan had been signed off by the Integrated Care Partnership and had now moved into the delivery phase.
  - d. Mr Watkins presented an award at the Kent Integrated Care Alliance Awards.
2. In response to a question regarding the number of complaints received about the charging policy and the amount of Disability Related Expenditure Assessment claims (DREAs) requested since it began, Mr Watkins stated that some of the complaints went straight to the customer support team, but he had received very few. He did not have information on the DREAs but proposed to find out and update the Member.
3. Mr Richard Smith, Corporate Director of Adult Social Care and Health, provided a verbal update on the following:
- a. Inspections had started with the CQC and the context setting meeting and interview with the Principal Social Worker had taken place. The formal report would be issued at the start of December.
  - b. The importance of the CQC inspection was reiterated by Mr Smith, along with the subsequent action and improvement plans it would generate.
  - c. Mr Smith attended the Staff Ethnic Diversity Forum in response to the far-right attacks which occurred locally. In addition, a visit to the Gravesend Education Centre to meet with the North Kent Caribbean Society provided insight into the types of hypertension. He shared this as an example of the good work carried out in the communities.
4. In response to a question from the Chair concerning an update on the recent self-assessment, Mr Smith said the results would be available on 25 September.
5. RESOLVED to note the verbal updates.

**209. Petition Scheme Debate - Blackburn Lodge**  
(Item. 6)

*Cllr Dolley Wooster (lead Petitioner) was in attendance for this item.*

1. The lead petitioner, Cllr Dolley Wooster, provided a verbal statement which included the following:
- a. After two public consultations, the people of Sheppey had demonstrated their opposition to the closure of Blackburn Lodge.
  - b. Regarding the building itself, taxpayers felt that it had been neglected and that areas that had been used by organisations were no longer used. Families identified that KCC would have saved money if the water issue had been fixed and were disappointed that the building was left to fall into disrepair.

- c. Concerns were raised over the eviction of long-standing residents of the Lodge.
  - d. Reassurance was sought that all avenues were considered regarding the possible alternative uses of the building before the closure was decided.
  - e. The welfare of vulnerable residents was questioned in relation to the move to new accommodation, as well as the hardship experienced by families.
2. Mr Mike Whiting, Local Member, noted the following:
- a. There was a lack of communication with residents, their families and the day centre users after the emergency closure of the building, as well as with the wider public.
  - b. A restriction on a previous closure order from some years ago had stated that Blackburn Lodge would not be closed until a suitable alternative had been found, however this restriction was not included on the new closure order.
3. Further to questions and comments from Members, it was noted that:
- Members referred to the Accommodation Strategy and questioned why Blackburn Lodge should be closed. Concerns were raised regarding the potential problems arising from the option of sale of Blackburn Lodge to a company who would profit from it.
  - Mr Watkins explained the challenges regarding the communication within the tight timeframe of the emergency closure. Priority was with the most vulnerable, however subsequent communications were delivered through digital means as well as through hardcopy documents. The decision to proceed with the emergency closure of Blackburn Lodge was based on professional opinions regarding the safety of the water.
  - Members questioned whether a plan had been in place to maintain the building and the high cost of the quotes received to bring the building up to standard.
  - Daycare services would be provided through the Crawford Centre.
  - The thirteen residents of Blackburn Lodge were rehomed in new locations, and none had subsequently moved on. Formal reviews were carried out after six weeks of the new placement to ensure welfare. There was a potential care home scheme in development in Minster-on-Sea and potential developments in the pipeline in Sheerness which would provide complex specialised care.
  - The public consultation contained details of the money spent on Blackburn Lodge prior to the closure.
  - To get the lodge up to CQC standard would cost a substantial amount.
4. The Chair thanked Cllr Wooster for submitting the petition and attending the meeting.
5. RESOLVED to note the Petition.

**210. 24/00053 - The future of Blackburn Lodge Care Home, Isle of Sheppey**  
(Item. 7)

1. Ms Sydney Hill (Director of Adult Social Care), introduced the report on the proposed decision to permanently close Blackburn Lodge Care Home, Isle of Sheppey.
2. Further to questions and comments from Members, it was noted that:
  - A new booster water pump was installed in August 2023 which rectified the water pressure issues but appeared to have accelerated the deterioration of the steel pipework.
  - No illness had occurred as a result of water contamination, and it was the discolouration that first suggested a problem. Subsequent testing and water sampling took place after which it was deemed unsafe.
  - Advice from cost consultants was sought in relation to the repair costs. This covered a whole range of issues, including subsidence, and the cost of upgrading the building to accommodate, for example, en-suites and lifting equipment and to meet fire safety standards.
  - Blackburn Lodge provided low to mid-level residential care as opposed to complex nursing care. It was important to get the right mix of provision to meet the current and future needs of residents.
  - The Council runs day services at the Crawford Centre in Sheerness for adults with learning disabilities. Adult Social Care have been able to expand the use of the building and open a Day Service for older people at the Crawford Centre, including for people who previously attended Blackburn Lodge.
  - A care home in Minster-on-Sea could provide up to 50 residential care beds on the Isle of Sheppey, which was more than previously available before Blackburn Lodge closed.
  - Clarification between the type of bed was important and there was a need for a range of residential nursing care needs. The number of beds was not the only consideration.
3. Mr Streatfeild proposed and Ms Meade seconded that the Adult Social Care Cabinet Committee recommend to the Cabinet Member for Adult Social Care and Public Health that reassurance be provided to the committee that there were sufficient residential care home beds, of all types, on the Isle of Sheppey before Blackburn Lodge was permanently closed. The motion failed.
4. RESOLVED to endorse the proposed decision to:
  - a) PERMANENTLY close Blackburn Lodge Care Home, Isle of Sheppey; and
  - b) DELEGATE authority to the Corporate Director Adult Social Care and Health to take relevant actions to implement the decision.
5. In accordance with paragraph 16.31 of the Constitution Mr Streatfeild, Ms Meade and Ms Hawkins wished for it to be recorded in the minutes that they voted against the motion.

**211. Adult Social Care and Health Performance Q1 2024/2025**  
(Item. 8)



1. Ms Helen Groombridge (Adult Social Care and Health Performance Manager) introduced the report and provided an overview of Adult Social Care performance and activity for quarter one, April to June 2024.
2. Further to questions and comments from Members, it was noted that:
  - Regarding the care needs assessments, and priority listing for people with motor neuron disease, Mr Watkins said that assessments were being prioritised and made a note to include a list of diseases being treated as a priority.
  - There was an end-of-life pathway and care needs were managed by a risk management tool.
3. RESOLVED to note the performance of adult social care services in Quarter 1 2024/25.

**212. Adult Social Care Accommodation Strategy (Presentation)**  
(Item. 9)

1. Mr Richard Ellis (Director of Adult and Integrated Commissioning) presented the Accommodation Strategy to Members by way of a series of slides. The presentation was published in the agenda pack.
2. Further to questions and comments from Members, it was noted that:
  - There would be an overarching plan by April 2025 to improve housing for people with disabilities. However, there were staffing resources to resolve as well as understanding the district's plans.
  - The shape of local plans included a mix of housing, and the Disabilities Facilities Grant covered retrofitting homes so that people could continue living in their own home for as long as possible.
3. RESOLVED to note the presentation.

**213. Work Programme**  
(Item. 10)

RESOLVED to note the work programme.

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**From:** Roger Gough, Leader of the Council  
Peter Oakford, Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services  
Dan Watkins, Cabinet Member for Adult Social Care and Public Health

**To:** Adult Social Care Cabinet Committee -13 November 2024

**Subject:** **Draft Revenue Budget 2025-2026 and Medium Term Financial Plan (MTFP) 2025-2028**

**Classification:** Unrestricted

**Summary:** This report sets out key policy considerations within the administration's draft revenue budget proposals for 2025-2026 (together with any full year consequences in subsequent years) for the Cabinet portfolios and directorates relevant to this committee for scrutiny. Unlike recent years this is a tailored report for each committee with the overall draft budget proposals contained within appendices and in particular choices about spending growth and savings/income. The draft proposals have been prepared before the Chancellor's Autumn Budget based on assumptions about future spending requirements, government grant settlement, and council tax referendum levels. These assumptions are likely to change but overall it is still likely that a balanced budget can only be achieved with significant savings and income generation as spending growth is likely to continue to exceed the funding available from the government settlement and local taxation.

**Recommendations:** The Adult Social Care Cabinet Committee is asked to:

- a) **NOTE** the administration's draft revenue budgets including responses to consultation; and
- b) **SUGGEST** any changes which should be made to the administration's draft budget proposals related to the Cabinet Committee's portfolio area before the draft is considered by Cabinet on 30 January 2025 and presented to Full County Council on 13 February 2025.

## 1. Background and Context

- 1.1 The setting of the budget is a decision reserved for Full Council. The Council's Budget and Policy Framework requires that a draft budget is issued for consultation with the Cabinet and Scrutiny Committees to allow for their comments to be considered before the final budget proposals are made to Full Council.
- 1.2 The Council is under a legal duty to set a balanced and sustainable budget within the resources available from local taxation and central government grants

and to maintain adequate reserves. This duty applies to the final draft budget presented for Full Council approval at the annual budget meeting. The overall strategy for the budget is to ensure that the Council continues to plan for revenue and capital budgets which are affordable, reflect the Council's strategic priorities, allow the Council to fulfil its statutory responsibilities and continue to maintain and improve the Council's financial resilience.

- 1.3 A Medium Term Financial Plan (MTFP) covering the entirety of the resources available to the Council is the best way in which resource prioritisation and allocation decisions can be considered and agreed in a way which provides a stable and considered approach to service delivery and takes into account relevant risks and uncertainty.
- 1.4 The Administration's initial draft budget proposals have been prepared in advance of the government's Autumn Budget and Spending Review 2024 (announced 30 October 2024) and in the absence of a provisional local government finance settlement or detailed spending plans inherited from the previous government. This draft budget is based on an assumed grant settlement and council tax referendum limits.
- 1.5 The Administration's draft budget 2025-2026 and MTFP over the three years is not yet completely balanced. The factors causing the plans to be unbalanced are principally due to undelivered savings within adult social care and the timing of the £19.8m policy savings previously agreed to replace the use of one-offs to balance the 2024-2025 budget. These two factors are covered in more depth in Appendix A. Other than these issues, the 2025-2026 budget is broadly balanced within acceptable tolerances, given the number and range of forecasts within the plan at this stage. Other than adult social care, the MTFP is broadly balanced over the three years, but as yet not necessarily in each individual year. The adult social care challenge will be covered in more depth in the report for the relevant Cabinet Committee. These factors do not preclude scrutiny of the remainder of the Administration's draft budget plans. There is a balance to be struck between planning for what is currently known (which are the factors cited above) and the likelihood of an improvement in the financial position via any additional Government support or improved tax take, with the risk being managed through reserves.
- 1.6 This report focuses on the key policy considerations within the Administration's draft budget proposals for each Cabinet portfolio in a timely manner in November. This is a more focused report to address previous concerns that presenting the entire budget proposals for the whole Council does not allow for sufficient scrutiny on key service issues by individual Cabinet and Scrutiny Committees. To assist this, a summary of the 2025-2026 proposals for the relevant Cabinet portfolio is included in this report, together with a more detailed table setting out the key policy considerations and accompanying narrative (in the next section of this report). An interactive dashboard is also provided to Members, enabling the details of all proposals to be examined and scrutinised.

- 1.7 Separate appendices are included which set out:
- the key assumptions within the administration’s overall initial draft budget (appendix A)
  - how the proposals are consistent with the Council’s strategic priorities and legal requirements (appendix B)
  - a summary of the responses from the recent budget consultation (appendix C)
  - a summary of the Administration’s Draft Budget proposals (appendix D)
  - a high-level summary of the overall MTFP covering 2025-28 (appendix E)
  - a summary of the proposals for the Adult Social Care and Health Directorate for 2025-26 (appendix F)
  - a detailed list of the key policy considerations for the Adult Social Care and Health Directorate (spending and savings proposals) (appendix G)
  - an assessment of financial resilience (appendix H)
- 1.8 This provides the same level of background information as presented to Cabinet and Scrutiny committees in previous years. A more detailed report on the budget consultation, which closed on 7 August 2024, is provided as a background document.
- 1.9 Following the November scrutiny process, a revised draft of the Administration’s final budget proposals will be published in January 2025 for further consideration prior to final approval at County Council in February 2025. This will include:
- resolution of the outstanding issues in this draft
  - the outcome of the Chancellor’s Autumn 2024 Budget and Local Government Finance Settlement for 2025-26
  - the provisional council tax base information for council tax precepts
  - any other updates since this initial draft
- 1.10 Wherever possible, draft key decisions will be presented for consideration by Cabinet Committees in principle (pending final budget approval) in January 2025, together with the opportunity for scrutiny of the key changes arising from the above points, with those draft key decisions which cannot be considered in January 2025 reported to the March 2025 round of Cabinet Committee meetings.

## 2. Key Policy Considerations

- 2.1 The Adult Social Care 2025-2026 budget proposals (as set out in appendix F) can be summarised, in Table 1, as follows:

Table 1

<b>Proposed Budget Changes Summary</b>	<b>£000</b>
<b>Growth Pressures</b>	<b>66,141.4</b>
<b>Savings and Income</b>	<b>-38,958.7</b>
<b>Removal and Realignment of Previous Year Savings</b>	14,942.2
<b>Net Savings</b>	<b>-24,016.5</b>
<b>Removal of Prior year Drawdown of Reserves</b>	<b>567.2</b>
<b>Net Change to Budget</b>	<b>27,749.9</b>

- 2.2 The growth pressures of £66.1m and those where there is an element of 'choice' are shown in Table 2 and comprise of provisions for the following areas: annual contractual price uplift and price increase negotiations; increased costs arising from increased demand in people and complexities and new care placements; estimated cost pressures relating above the minimum contractual annual price uplift price uplift. It should be noted that the element of choice is not a simple binary choice as to whether costs are included or not, because for adult social care it is a lot more nuanced and the choices that exist are the extent to which spending needs to increase to ensure the Council can comply with its statutory responsibilities under the Care Act.
- 2.3 Costs in recent years have been increasing significantly in excess of the specific funding available through social care grants in the local government finance settlement and the adult social care council tax precept, as well as a pro rata share of general grants in the settlement and general council tax precept. In recent years the pace of growth and under delivery of savings has meant adult social care has accounted for an increasing share of the Council's overall budget.
- 2.4 The challenge is whether, over the medium term, spending on adult social care can be contained within the available specific, and share of general, funding available. Targets have been set for each year of the MTFP based on this principle. This is shown as a savings target in the 2025-2026 budget plan.
- 2.5 Within the overall 2025-2026 savings proposals of £38.9m, detailed in Table 1 above, a specific target has been set to address the excess growth against funding of £25.7m. The targets at this point for future years are shown in Appendix E at £17.2m in 2026-2027 and £15.3m in 2027-2028.

- 2.6 It is proposed that £14.5m of the £25.7m can be achieved from the continuation of the 2024-2025 transformation savings plans which are in place and also the full year effect of the amounts achieved in this year. The remaining £14m is shown separately and planned to be achieved through rigorous monitoring of the initial assessment and subsequent review of care assessments and the development of a therapy led multi-disciplinary single point of contact. Table 2 shows a total saving of £14.5m for those savings with delivery plans but within the overall budget these are offset by £2.8m of commissioning efficiency savings which are slipping into 2026-2027. The £11.7m is therefore net delivery of this towards the target.
- 2.7 In addition to the net £11.7m anticipated to be achieved from the continuation of the 2024-2025 savings, there is expected to be £12.9m rolled forward savings from this year. In total therefore the additional savings anticipated from continuing the current savings plan is £24.6m, with the remaining £2.8m slipped commissioning savings in 2026-2027.
- 2.8 There is only one proposed saving which impacts on policy and will require a key decision, this relates to a review of prevention services. There are no other policy savings which can be delivered, so therefore it is essential that adult social care manages and reduces the growth to within affordable levels as described above.
- 2.9 The current budget proposals include £12.m of savings which were included in previous budgets (and thus in the base budget carried forward into 2025-2026) but are deemed to be irretrievable over the MTFP period. The proposed budget includes £3.4m of alternative savings following a review taking place on community preventative services. It is currently unresolved as to how the remaining £8.6m of these will be achieved, and this is reflected in Appendix E as an 'Adult Social Care Unresolved Balance'. The policy and transformation elements (£11.4m) of the £11.9m are detailed in Table 2, the remaining £0.5m are shown in efficiency savings.
- 2.10 Since the draft budget proposals have been published, the Chancellor's Autumn Budget on 30 October included £0.6bn additional grant funding for councils in 2025-2026 for social care. This is the figure for England but the announcements also stated "the government's commitment to pursue a comprehensive set of reforms to return the sector to a sustainable position. This will include reform of the approach to allocating funding through Finance Settlement with a targeted approach to allocating additional funding in 2025-2026, ahead of broader redistribution of funding through a multi-year settlement from 2026-2027. This means that at this stage we cannot predict the amount we will receive but once this is known it will need to follow the principle set in paragraph 1.7 of Appendix A, increasing the available funding for social care and assuming there are no changes to spending requirements would reduce the savings that need to be found.
- 2.11 The table below is an extract from the budget proposals which outlines those spending growth pressures where there is a degree of operational or policy choice, and the savings which are flagged transformation and policy related,

including any savings where there is a full year impact of previous decisions and reversal which have either been removed or reprofiled under these areas from previous years. As this is an extract focusing on the areas where there is a degree of choice for spend and those transformational and policy related savings, it will not align with the directorates totals set out in Table 1 or Appendix G.



Table 2 – Spending Growth Pressures where there is a degree of choice and savings proposals which are transformative or policy *related*

Headline description	Brief description	2025-26	2026-27	2027-28	Base budget for context (£k) *		
		£k	£k	£k	Gross	Income	Net
<b>2025-2026 SPENDING AND GROWTH PROPOSALS WITH BINARY CHOICE</b>							
Adult Social Care	Additional funding above contractual obligations, to sustain the social care market	600.0	0.0	0.0	679,015.9	0.0	679,015.9
		<b>600.0</b>	<b>0.0</b>	<b>0.0</b>			
<b>2025-2026 SPENDING AND GROWTH PROPOSALS WHERE THERE IS SOME DEGREE OF CHOICE</b>							
Adult Social Care	Estimated cost pressures. Relates mainly to new people starting to receive services, being at higher cost than those who are continuing or leaving services.	30,900.0	30,900.0	30,900.0	756,711.6	-192,199.4	564,512.2
Adult Social Care	Provision for the impact in Adult Social Care of the full year effect of all current costs of care during 2024-25 in addition to new financial demands that will be placed on adult social care (a) New people requiring a funded package of support (b) Young people transitioning into adulthood from 1 April 2025 to 31 March 2026 (c) Individuals in receipt of a funded package of support on 31 March 2025, and require an increase in funded support following a review or reassessment (d) People no longer eligible for CHC and now require funded support from ASCH from (e) People who have previously funded their own care and support and now require funded support from ASCH	11,300.0	11,300.0	11,300.0	756,711.6	-192,199.4	564,512.2
Adult Social Care	Provision for contractual and negotiated price increases across all adult social care packages including nursing, residential, domiciliary, supporting independence and direct payments	18,100.0	15,400.0	10,500.0	679,015.9	0.0	679,015.9
		<b>60,300</b>	<b>57,600.0</b>	<b>52,700.0</b>			

Headline description	Brief description	2025-26	2026-27	2027-28	Base budget for context (£k) *		
		£k	£k	£k	Gross	Income	Net
<b>2025-26 POLICY AND TRANSFORMATION SAVINGS PROPOSALS INCLUDING REMOVAL&amp; REPLACEMENT OF PREVIOUS YEAR NON DELIVERABLE SAVINGS</b>							
Adult Social Care Contracts with Voluntary Sector	Removal of undelivered prior year saving from review of contracts and grants for discretionary services, to negotiate support from the NHS, and explore possible reductions to some services.	3,216.8	0.0	0.0	10,973.5	0.0	10,973.5
Community Based Preventative Services	Review of preventive services to prevent, reduce and delay care and support. Working with the NHS and wider partners to commission collaboratively to deliver efficiencies	-2,588.6	-862.9	0.0	8,590.0	0.0	8,590.0
Community Based Preventative Services	Explore alternative sources of funding for the Kent Support & Assistance Service	-567.2	0.0	0.0	567.2	0.0	567.2
Adult Social Care Charging	The full year effect of the Adults Charging Policy changes made in line with Care Act Legislation and statutory guidance in September 2024.	-1,370.9	0.0	0.0	1,060.0	-38,517.6	-37,457.6
Mental Health	Temporary contribution from Public Health for Mental Health Live Well Kent contract (£1m in 2024-25 reducing to £0.75m in 2025-26, £0.5m in 26-27 and zero in 2027-28)	250.0	250.0	500.0	4,850.9	-4,764.4	86.5
Adult Social Care	This saving will be achieved through more rigorous monitoring of care assessments at the outset, initial reviews and annual reviews, and the development of a therapy led multi-disciplinary single point of contact, which will provide consistent timely interventions to avoid people accessing on going support. The savings at this stage is a target based on limiting increased net spending on adult social care within the share of resources available from specific sources from ASC council tax levy and government grants and pro rata share of other resources (general council tax precept, retained business rates, general grants). ASC has a legal duty to provide ongoing funded care and support where an individual, or their unpaid carer is assessed as having eligible needs under the Care Act 2014. This legal duty does not set out how the Council must meet those needs, and the duty must also be balanced with the Councils duty to deliver a balanced budget and demonstrate best value principles when utilising public money. We cannot compromise our obligations under the Care Act to undertake a needs based assessment which cannot be influenced by availability of resources.	-13,998.3	0.0	0.0	756,711.6	-192,199.4	564,512.2
Adult social care service redesign	Re-phasing and full year effect of 2024-25 future cost increase avoidance savings to review and reshape ASCH to deliver new models of social care.	-14,526.6	-488.7	0.0	756,711.6	-192,199.4	564,512.2
<b>UNDELIVERED SAVINGS INCLUDED WITHIN THE £8,650.5K UNRESOLVED ADULT SOCIAL CARE FUNDING BALANCE</b>							

Strategic Review of In House Adult Social Care Services	Removal of undelivered prior year savings from review of in-house adult social care services	1,421.5	0.0	0.0	50,963.7	-19,767.0	31,196.7
Adult Social Care service redesign	Removal of £6,749k of undelivered savings from the £30,154.8k savings target in 2024-25 from the review and reshape of ASCH as set out in the sustainability plan to deliver new models of social care	6,749.0	0.0	0.0	756,711.6	-192,199.4	564,512.2
	<i># Sub-total of undelivered savings forming part of the unresolved Adult Social Care funding balance of £8,650.5k</i>	8,170.5	0.0	0.0			
		<b>-21,414.3</b>	<b>-1,101.6</b>	<b>500.0</b>			

\* The contextual gross & income budget information includes both core and externally funded but the budget proposal figures focus just on core funded

# The total removal of undeliverable savings from previous years which are currently shown as an unresolved balance is £8.65m. In the above table two of these totalling £8.17m are described, with the remaining balance included within efficiency savings (which are not detailed in this table).

The total re-phasing of previous year savings is £11.7m net. The table above shows £14.5m being achievable against transformation and service redesign, there are however two efficiency savings totalling £2.8m which have slipped to a future year, which net this down to the £11.7m, but efficiency savings are not detailed in this table.

### 3. Background documents

Below are click-throughs to reports, more information, etc.  
Click on the item title to be taken to the relevant webpage.

- 1 [KCC's Budget webpage](#)
- 2 [KCC's Corporate Risk Register](#) (Governance and Audit Committee 16<sup>th</sup> May 2024)
- 3 [KCC's Risk Management Strategy, Policy and Programme](#) (Governance and Audit Committee 19<sup>th</sup> March 2024)
- 4 [KCC's approved 2024-25 Budget](#)
- 5 [2025-26 Budget Consultation \(Let's Talk Kent\)](#), which includes a report summarising the responses to the recent Budget Consultation
- 6 [Summary of budget engagement exercise with KCC management cohort \(known as T200\)](#)
- 7 [2024-25 Budget Monitoring Report](#) (Cabinet 26<sup>th</sup> September 2024 – item 5)
- 8 [Securing Kent's Future – Budget Recovery Strategy](#)
- 9 [Securing Kent's Future – Budget Recovery Report](#)
- 10 [Member Budget Dashboards](#) (access restricted and available from 2pm on 30 October)

### 4. Report Authors

Dave Shipton  
Head of Finance Policy, Planning and Strategy  
03000 419418  
[dave.shipton@kent.gov.uk](mailto:dave.shipton@kent.gov.uk)

Michelle Goldsmith  
Finance Business Partner for Adult Social Care  
03000 416159  
[michelle.goldsmith@kent.gov.uk](mailto:michelle.goldsmith@kent.gov.uk)

#### Relevant Corporate Directors:

John Betts  
Interim Corporate Director Finance  
03000 410066  
[john.betts@kent.gov.uk](mailto:john.betts@kent.gov.uk)

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

## Key Budget Assumptions

1.1	Current plan includes high-level assumptions for 2025-26 and 2026-27	The 2024-27 medium term financial plan (MTFP), presented to County Council in February 2024, was based on assumptions regarding the funding settlement, spending growth, savings and income, and contributions/drawdowns from reserves. These included a combination of corporate and directorate assumptions. At the time the plan was prepared the later years (2025-26 and 2026-27) it represented a high-level balanced position, and it was acknowledged that the full detail of some elements e.g. £19.8m of policy savings necessary to replace the use of one-offs to balance 2024-25 budget, would be developed for subsequent updates.
1.2	Initial update as at 30th September 2024 in advance of Chancellor's Autumn Budget 2024	The plans have been updated based on the latest available information as at end of September 2024. The timetable for updating the plan and publishing draft 2025-26 budget proposals for scrutiny was agreed before the announcement that Chancellor of the Exchequer's Autumn Budget would be on 30 <sup>th</sup> October 2024. This date is too late to include the impact in the draft budget for scrutiny and any consequences will have to be included in the final draft budget in January. The Chancellor's Autumn statement is unlikely to have a significant impact on KCC spending or savings/income plans for 2025-26. It is more likely to impact on the funding settlement and the need to balance the budget from reserves and one-off measures.
1.3	Corporate assumptions for Business Rates, Council Tax and funding settlement	<p>On Council Tax income, the plans for each of the three MTFP years assume an increase of 5% (3% general referendum limit and 2% adult social care levy), alongside a taxbase increase of 1.5% plus an additional assumption from the introduction, from 1 April 2025, of 100% premiums on 2<sup>nd</sup> Homes. There are no assumed impacts from changes to discounts or premiums.</p> <p>On Business Rates, the plan assumes no growth in the taxbase.</p> <p>We have assumed that Government Grants which attracted an inflationary uplift in 2024-25 will continue to receive an inflationary uplift in each year, and we have based these increases on the Bank of England's forecasts.</p>
1.4	Corporate assumptions for spending growth	<p>Inflation is based on May 2024 Bank of England CPI forecasts</p> <p>Demand and cost drivers based on same methodology as 2024-25 assuming current trends continue.</p> <p>Pay costs are based on transition to the new pay strategy approved for April 2025 plus assumed pay award (which is subject to bargaining with the recognised trade unions) and maintaining the link to the Foundation Living wage for the lowest pay rate.</p>

1.5	Corporate assumptions for reserves	<p>Assumes general reserve is restored to 5% of net revenue.</p> <p>No assumed replenishment of reserves drawn down to balance 2023-24 outturn.</p> <p>Treatment of safety valve contributions is consistent with the latest external audit advice, which was received in April 2024, after the final 2024-25 budgeted position was reported to Cabinet on 21<sup>st</sup> March 2024. The advice in March was to show these contributions as spending growth within the government and legislative category. The latest advice from our external auditors is to show these as contributions to reserves rather than spending increases. The impact of this latest advice means that our core funded spending growth in 2025-26 of £117.2m has been reduced by £15.1m to remove the 2024-25 contribution, and our contributions to reserves for 2025-26 includes the safety valve planned contribution £14.6m. Had this advice been received in time for the final 2024-27 plan, the core funded spending growth for 2025-26 forecast would have been £132.2m (as opposed to the £147.3 in the published plan) and contributions to reserves would have been £33.1m (as opposed to £18.5m in the published plan). To compare like with like, the movement between the original published plan for 2025-26 and this latest draft needs to be based on these revised calculations taking account of the latest guidance e.g. core funded spending growth has reduced from £132.2m to £117.2m.</p> <p>Priority over medium term needs to be given to restoring reserves closer to average for similar authorities as % of net revenue and to better reflect enhanced risks.</p>
1.6	£19.8m policy savings	<p>The 2024-25 budget was balanced by three one-offs (£9.1m from reserves, £7.7m from capital receipts and £2.0m from New Homes Bonus grant) which was acknowledged at the time must be replaced by sustainable and ongoing savings/income in subsequent years.</p> <p>The administration's draft budget includes £5.7m of additional policy proposals as part of this replacement impacting in 2025-26. These proposals are set out in detail in the papers for the Children's Young People &amp; Education Cabinet Committee, Growth, Economic Development &amp; Communities Cabinet Committee, and Policy &amp; Resources Cabinet Committee. Some of the policy options which were originally flagged for 2025-26 are now recommended not to be pursued until 2026-27 for contractual and legal reasons.</p> <p>The savings proposed for 2025-26 relate to removing subsidies from partner organisations where there is no statutory requirement or to secure full cost recovery through charges on discretionary services.</p>

		<p>This leaves a balance of £14.1m which is still to be agreed. At this stage this has been shown in the draft plan as a temporary loan from reserves in 2025-26 which must be replaced with sustainable and ongoing savings/income in 2026-27 to replace the use of reserves. The loan must be repaid, which will require further savings or alternative solutions, which at this stage is shown as an unresolved balance in the plan for 2026-27. Potential further savings are still being assessed and we will still be exploring all avenues to reduce the amount needed to be loaned from reserves in 2025-26.</p>
1.7	Adult Social Care	<p>The Adult Social care budget in recent years has included significant transformation, efficiency and policy savings, as well as income generation from client charges and health. The 2023-24 ASC directorate budget included £22.3m of new savings and income, and the 2024-25 ASC directorate budget included a further £53.2m of savings and income.</p> <p>Delivery of savings plans of this magnitude has proved to be challenging and some savings need to be rephased into subsequent years, whilst others have been deemed irrecoverable. This has contributed to an in-year overspend and, in the case of irrecoverable savings, require the base budget to be increased in subsequent years. Rollovers increase the in-year savings that need to be achieved in subsequent years.</p> <p>Savings of this magnitude are necessary to balance the significant year on increases in costs for and demands on adult social care services. These costs largely arise from annual increases in the fees paid to providers for care services for all clients, increased costs for the fees for new clients compared to average fees for existing clients (partly due to complexity and partly due to availability of placements), increasing numbers of clients or increases in hours per week to meet client needs.</p> <p>These costs have been increasing significantly in excess of the specific funding available through social care grants in the local government finance settlement and the adult social care council tax precept, as well as a pro rata share of general grants in the settlement and general council tax precept. In recent years the pace of growth and under delivery of savings has meant adult social care has accounted for an increasing share of the council's overall budget.</p> <p>The challenge is whether, over the medium term, spending on adult social care can be contained within the available specific, and share of general, funding available. Targets have been set for each year of the MTFP based on this principle. This is shown as a savings target in the 2025-26 budget plan. The targets for subsequent years are reflected as an adult social care "challenge" (reflecting the unpredictability of forecasts into later years of the</p>

		<p>plan).</p> <p>The 2025-26 ASCH draft budget shows a net total of savings and income proposals of £24.0m. This comprises of £38.7m new savings and income proposals, netted off by realignments to reflect delays or reductions to previous years' savings. A further £12.9m of savings from 2024-25 are forecast to be rolled forward for delivery in 2025-26. This forecast roll forward together with the £38.7m of new savings and income for 2025-26 described above would mean that the adult social care directorate would need to find over £50m of savings and income in a single year.</p> <p>At this stage the forecast irrecoverable savings from 2024-25 of £8.65m are shown as the adult social care challenge for 2025-26, whilst further options to recover the original savings plans and / or identify other alternatives are explored.</p>
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## Strategic Context

The setting of the budget is a decision reserved for Full Council. The Council's Budget and Policy Framework requires that a draft budget is issued for consultation with the Cabinet and Scrutiny Committees to allow for their comments to be considered before the final budget proposals are made to Full Council.

The overall strategy for the budget is to ensure that the Council continues to plan for revenue and capital budgets which are affordable, reflect the Council's strategic priorities, allow the Council to fulfil its statutory responsibilities and continue to maintain and improve the Council's financial resilience. This is consistent with the objectives set out in Securing Kent's Future – Budget Recovery Strategy. However, these aims are not always an easy combination and involves some difficult decisions about service levels and provision both for the forthcoming year and over the medium term. In reaching this balance it is essential that the Council has regard to bearing down on future spending growth (price uplifts, other non-inflation related cost increases, and demand increases), delivering efficiency & transformation savings, generating income to offset cost of services, and agreeing changes in policies to reduce current recurring spending and/or avoid future spending while making the necessary investments to support service improvement. In this context it is worth clarifying that savings relate to reducing current recurring spend whereas bearing down on future growth is cost avoidance, both amount to the same end outcome of reducing future spending from what it would otherwise have needed to be without action and intervention. The draft budget should be assessed against these aims recognising that the draft is based on assumptions which could subsequently change.

The Council is under a legal duty to set a balanced and sustainable budget within the resources available from local taxation and central government grants and to maintain adequate reserves. An MTFP covering the entirety of the resources available to the Council is the best way that resource prioritisation and allocation decisions can be considered and agreed in a way that provides a stable and considered approach to service delivery and takes into account relevant risks and uncertainty. At this stage the later years of MTFP is set out as a high-level plan showing the forecast strategic trajectory for changes in funding, spending, savings and income, and reserves with a focus for scrutiny on the detail for 2025-26 together with any full year impacts in subsequent years.

This first draft budget has been prepared in advance of the government's Autumn Budget and Spending Review 2024 (announced 30th October 2024) and in the absence of provisional local government finance settlement or detailed spending plans inherited from the previous government. This draft budget is based on an assumed grant settlement and council tax referendum limits. This means that funding forecasts for the forthcoming year are speculative, consequently planning has to be sufficiently flexible to respond accordingly. Even so, it is likely that 2025-26 and medium term to 2027-28 are likely to continue to be exceptionally challenging and will require real terms reductions if forecast spending continues to grow at a faster rate than available resources. The lack of a settlement does not prevent scrutiny of spending and savings plans at this stage and it likely that any changes in the settlement following the Autumn Budget 2024 will impact on one-off measures and reserves in the final draft budget rather than materially changing spending and savings plans.

As the Council develops its detailed proposals it must continue to keep under review those key financial assumptions which underpin the Council's MTFP particularly in the context of

wider public spending and geo-economic factors. Over the previous decade the Council had to become ever more dependent on locally raised sources of income through Council Tax and retained business rates, and it is only in recent years that additional central government funding has been made available to local authorities, primarily to address spending pressures in social care (albeit at a time when the national public sector deficit has been increasing). However, there is no certainty that this additional central government funding will be baselined for future years until the local government finance settlement is announced and multi-year settlements are reintroduced.

The administration's draft budget for 2025-26 (core funded) includes £117.2m (8.2% of 2024-25 approved budget) of forecast spending growth, funding is assumed to increase by £67.5m (4.7%). The £49.8m difference needs to be closed from savings, income and changes in reserves. At this stage the difference is not fully closed largely due to outstanding issues in adult social care which are still being resolved. Spending growth and savings/income are net and include new amounts for 2025-26 as well as some partially offsetting reversals of one-offs and realignment of current/previous plans. The vast majority of the spending growth (gross) is on adult social care (£67.3m, 10.8% increase), children's social care (£16.2m, 7.2% increase) and home to school transport (£16.9m, 17.7% increase). Spending pressures on these services are common across all upper tier councils. These services currently account for 71.0% of the 2024-25 budget (excluding non-attributable costs), the net increase in the 2025-26 draft budget for these services after savings and income (including assumed share of centrally held amounts, excluding unresolved issues) accounts for 83.3% of the overall net increase, as these three services continue to account for an ever increasing share of the Council's budget.

In the Council's submission to HM Treasury in advance of the Autumn 2024 budget we highlighted that this trend of spending growth exceeding the available funding from local taxation and central government cannot continue. We urged that either funding needs to increase to better reflect spending demands or the statutory requirements on councils need to be reduced as otherwise councils' role would be reduced to solely providing care services with no scope to provide community services which help make local places vibrant for residents and businesses. Council tax increases on their own cannot be expected to solve the shortfalls in funding.

In accordance with Financial Regulations, a medium-term capital programme and financing plan is prepared on an annual basis. Where capital estimates are included, funding must be secured and approved prior to any expenditure being incurred.

Setting the annual budget is one of the most significant decisions the County Council takes each year. It sets the County Council's share of council tax and the overall resource framework in which the Council operates. The administration's budget is the financial expression of the Council's strategic priorities. The budget gives delegated authority to manage the budget to Corporate Directors and Directors within the parameters set out in the Council's Constitution and Financial Regulations. Corporate Directors and Directors are accountable for spending decisions within delegated powers reporting to the Chief Executive, and these are monitored through the Council's budget monitoring arrangements regularly reported to Cabinet. The draft budget is developed, scrutinised and ultimately approved in compliance with the following six key considerations:

## *A) Strategic Priorities – Strategic Statement*

In 2022, KCC published [Framing Kent's Future](#) (FKF) the council's high-level strategic statement. It sets out the challenges and opportunities Kent is faced with and the actions the Council will prioritise to address them over the next four years, focussing on four key priorities. Since this strategy was approved there has been a significant shift in the financial and operating landscape.

KCC's Budget Recovery Strategy, [Securing Kent's Future](#), was agreed at a Cabinet meeting on 5<sup>th</sup> October 2023. This updated the Council's ambitions in light of the changed landscape and given the significance of adults and children's social care within the Council's budget, and that spending growth pressures on the Council's budget overwhelming (but not exclusively) come from social care, that the priority of delivering New Models of Care and Support within FKF must take precedence over the other priorities.

The 2024-25 budget was based on the revised strategic ambitions set out in Securing Kent's Future (SKF) approved by Cabinet in October 2023 which recognised the necessity of the ambition to deliver New Models of Care and Support which must take precedence over the other priorities. This creates an expectation that council services across all directorates must collectively prioritise delivering the new models of care and support objective as a collective enterprise. All of the net growth in the 2024-25 budget went into adult social care, children's care and home to school transport consistent with the revised prioritisation of the Council's strategic objectives.

This does not mean that the other objectives of Levelling Up Kent, Infrastructure for Communities, and Environmental Step Change are not still important and all work on these must stop. However, the scope of these other three objectives will have to be scaled back in terms of additional investment and funding, and management time and capacity that can reasonably be given to them. It also does not mean that we can ignore unavoidable spending in other areas of council activity but policy ambitions in these areas may have to be limited.

The administration's draft budget for 2025-26 continues to prioritise the objectives set out in SKF. All of the adult social care council tax precept is passed into social care spending (along with an appropriate share of the general precept and other general sources of funding). Other spending increases focus on unavoidable costs and all local choices are clearly linked to the Council's strategic objectives. All areas of discretionary spending have been explored for savings again linked to the Council's strategic objectives.

## *B) Best Value*

The Council has statutory Best Value duty to secure continuous improvement having regard to economy, efficiency and effectiveness. The latest guidance explicitly states that this covers delivering a balanced budget, providing statutory services, including adult social care and children's services, and securing value for money in all spending decisions. Those councils that cannot balance competing statutory duties, set a balanced budget, deliver statutory services, and secure value for money are not meeting their legal obligations under the Local Government Act 1999. The statutory Best Value duty must frame all financial, service and policy decisions and the council must pro-actively evidence the best value considerations, including budget preparation and approval.

### *C) Requirement to set a balanced budget*

The Local Government Finance Act 1992 requires the Council to consult on and ultimately set a legal budget and Council Tax precept for the forthcoming financial year, 2025-26. This requirement applies to the final draft budget presented for County Council approval. It does not apply to interim drafts. Whilst there is no legal requirement to set a balanced MTFP, this is considered good practice with an expectation that the financial strategy is based on a balanced plan in the medium term (albeit based in planning assumptions)

Setting the Council's revenue and capital budgets for the forthcoming year will be incredibly challenging due to the fiscal environment with the government's stated objective to adhere to limit the annual budget deficit (borrowing) and for overall debt both to be falling as percentage of GDP. These fiscal targets are likely to restrict the scope for increased central government funding for local government. The current year's budget was balanced through a significant level of planned savings, income and one-off use of reserves/capital receipts. Delivery of these savings is crucial to delivering a balanced outturn without further draw down from reserves. A similar scenario is predicted for 2025-26 and subsequent years with forecast spending growth exceeding the likely funding requiring further significant annual recurring savings and income to balance the budget. The scope for savings of the required magnitude is increasingly limited unless the statutory obligations are changed...

What is meant by 'balanced' is not defined in law and relies on the professional judgement of the Chief Financial Officer to ensure that the budget is robust and sustainable. A prudent definition of a balanced budget would be a financial plan based on sound assumptions which shows how planned spending and income equals the available funding for the forthcoming year. Plans can take into account deliverable cost savings and/or local income growth strategies as well as useable reserves.

The previous government had confirmed that the Statutory Override for the Dedicated Schools Grant deficits was extended for a further 3 years from 2023-24 to 2025-26. It is unclear at this stage whether the new government will provide a further extension. Under the Safety Valve agreement the Council has made budget provision for its contribution for 2024-25 and subsequent years in the MTFP for the duration of the agreement which together with planned actions to reduce the annual deficit and DfE contributions would see the accumulated DSG deficit cleared by 2027-28.

While there is no legal definition of a balanced budget, legislation does provide a description to illustrate when a budget is considered not to balance:

- where the increased uncertainty leads to budget overspends of a level which reduce reserves to unacceptably low levels, or
- where an authority demonstrates the characteristics of an insolvent organisation, such as an inability to pay creditors.

To avoid the risk of an unbalanced budget the Council has to be financially resilient. Good financial management is fundamental in establishing confidence in the budget and ensuring that savings plans are achievable, and the finances can withstand unexpected shocks.

The draft budget continues to include an assessment of financial risks. The 2025-26 budget also includes a new assessment of the financial resilience of the Council based on

latest CIPFA guidance on building financial resilience. Both of these measures show that the Council has some way to go to improve its financial resilience.

#### *D) Equalities Considerations*

The Equality Act 2010 requires the Council, in the exercise of its functions to have due regard to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

To help meet its duty under the Equality Act the council undertakes equality impact assessments to analyse a proposed change to assess whether it has a disproportionate impact on persons who share a protected characteristic. As part of our budget setting process an equality impact assessment screening will be completed for each savings proposal to determine which proposals will require a full equality impact analysis (with mitigating actions set out against any equality risks) prior to a decision to implement being made.

The amounts for some savings can only be confirmed following consultation and completion of an equalities impact assessment. Consequently, amounts are only planned at the time the budget is approved and can change. Any changes will be reported through the in-year budget monitoring reports which will include separate and specific consideration of delivery of savings plans.

#### *E) Treasury Management Strategy*

The Treasury Management Strategy Statement will be included as an appendix to the report for approval by full Council in accordance with the CIPFA Treasury Management Code of Practice. The Statement sets out the proposed strategy with regard to borrowing, the investment of cash balances and the associated monitoring arrangements.

The prudential indicators set out in the Treasury Management Strategy and Capital Strategy will be based on the first three years of the 10 year Capital Programme.

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## Summary of Budget Consultation

The Council's 2025-26 budget public consultation ran from 13<sup>th</sup> June to 7<sup>th</sup> August 2024. It was hosted on the Council's Let's talk Kent website and can still be viewed via this link <https://letstalk.kent.gov.uk/budget-consultation-2025-26>.

In total, 2,389 people responded to the questionnaire, which is 8.8% lower than the response rate to last year's budget consultation. Responses were received from Kent residents, KCC staff, and a range of local businesses and organisations. 30% of respondents found out about the consultation via Facebook, and 25% via an email from Let's talk Kent or the Council's engagement and consultation team.

A supporting document was provided, which set out the background to the consultation including: key facts about Kent; KCC's strategic priorities; the financial challenges the council has had to address in recent years including areas of significant spending growth in particular in providing services for the most vulnerable residents; an overview of how the Council plans to spend the 2024-25 budget and how we are funded; and the 2025-26 financial challenge. The document included information on the council tax referendum principles, the assumed increases for 2025-26, and the impact on council tax bills. The document sets out the financial outlook for the forthcoming year and that difficult decisions will be needed to balance significant forecast spending increases with the forecast resources from council tax and central government settlement.

The consultation sought views on council tax proposals for both general council tax and the adult social care levy, and asked respondents to indicate their level of support for increases in line with, above (for general council tax only), or below the referendum level, or whether they are opposed to an increase. The consultation sought views on how services should be prioritised and savings should be made, by asking for levels of comfortableness with making spending reductions across the Council's different service areas, as well as which of these service areas to prioritise if there was only £1 of investment left to make. The consultation also sought views on some specific approaches to saving the Council money or generating more income and asked for any other suggestions on ways to make savings or increase income.

A detailed report setting out the responses received from the public consultation is included as a background document to this report along with feedback from engagement with VCSE sector. An exercise with KCC management cohort is reported separately from the public consultation.

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## Summary of Administration's Draft Budget Proposals

The administration's initial draft budget proposals are subject to Cabinet Committee scrutiny process in November. The estimates in the draft budget at this stage are early forecasts which can, and in all likelihood will, change in the final draft budget. This includes the estimates for local government finance settlement and local taxation the details of which had not been announced in time for the initial publication.

Following the scrutiny process the administration's final draft budget for approval will be considered by Cabinet on 30<sup>th</sup> January 2025 and by full County Council on 13<sup>th</sup> February 2025. As required by the Council's Constitution and Financial Regulations, the final draft budget for County Council approval will be proposed by the Leader and published in a format recommended by the Corporate Director, Finance and agreed by the Leader.

The draft proposed ten-year capital spending plans for 2025-35 are being updated to reflect the recent monitoring position and are currently work in progress. The updated plans will also include the changes as detailed below, with the comprehensive refresh scheduled to be published in January:

- Roll overs from the 2023-24 outturn position,
- Addition of two fully funded bids: Ebbsfleet Development Corporation Landscaping and Manston to Haine Link Road,
- Addition of the invest to save proposal - Project Athena,
- To include pressures identified on Essella Road Rail Bridge and Tunnels

The presentation of the administration's draft revenue budget focuses on the key policy and strategic implications of the proposals, with much greater emphasis on the choices within each portfolio presented to the relevant Cabinet Committee for scrutiny. These choices are set out in the body of the report for each cabinet committee. In response to comments expressed by members the additional spending/savings/income have been put into context of the current budget. The full details of individual proposals can be examined through the member dashboard which is published alongside the reports. The dashboard provides a much more flexible tool to scrutinise proposals and includes a number of enhancements from last year (again including contextual budgets where there are choices) although until this process becomes fully embedded there will still be some variations in quality of information within the individual entries some fields.

The same high level overall council three-year plan is presented as an appendix for each committee. A separate appendix shows the individual elements for 2025-26 for the relevant directorate and Cabinet portfolios using the same spending and saving categories as the high level plan. The definitions for these categories are set out later in this appendix. The high level three-year plan shows KCC core funded and externally funded spending saving/income separately and individual directorate/portfolio appendix for 2025-26 shows just core funded.

It is not feasible or appropriate to produce a key service presentation in the initial draft budget for scrutiny as the scrutiny process needs to focus on the proposed changes from the approved budgets for 2024-25 before more detailed delivery plans are completed and these plans will inform the key service budgets for 2025-26.

Additional proposed spending growth includes the impact of decisions and activities already being delivered in the current year not included in the current base budget and

known future contractual obligations. It also includes forecasts for future cost or activity changes for the forthcoming year, or changes in Council policy. These are set out in fuller detail in dashboards including an explanation of the reasons for the change, key impacts and risks, dependencies and sensitivities.

The savings and income options in the tables in the reports and dashboards follow a similar pattern with amounts for the full year effect of 2024-25 plans; new savings and income for 2025-26 from the original 2024-27 MTFP (albeit updated); savings/income from the application of existing policies; new savings/income that do not require any changes in policy; and those that require policy changes presented as policy savings, efficiency/transformation savings, income or financing savings. Given the scale of the savings, enhanced detailed delivery plans will be required and monitored.

The table below sets out the high-level equation for changes in forecast spending for 2025-26 (growth, savings, income and net contributions to reserves) compared to forecast changes in funding. This shows the net balance still to be resolved of £11.4m, which includes the £8.65m ASC challenge from irrecoverable savings and small £2.8m remaining balance which is considered acceptable within tolerances at this stage.

Table – Net Change in Spending and Funding

Change in Net Spending	Core Funded	External Funded	Change in Net Funding	Core Funded
Change in forecast spending	+£117.2m	+12.6m	Estimated change in Social Care grants	-£5.3m
Proposed savings from spending reductions and future cost avoidance	-£34.5m	-£0.1m	Estimated change in other government grants	+£4.7m
Proposed changes in income	-£7.1m	-	Estimated change in council tax base	+£16.0m
Assumed changes in specific government grants	-	+£7.4m	Assumed increase in general council tax charge	+£28.5m
Base transfer between core and external	-£0.8m	+£0.8m	Assumed increase in ASC council tax charge	+£19.0m
Proposed net change in reserves	+£4.1m	-£20.8m	Estimated change in retained business rates	+£2.7m
			Estimated change in CT & BR collection fund balances	+£1.8m
<b>Sub Total - Total Change in Net Spending</b>	<b>+£78.9m</b>	<b>£0m</b>	<b>Sub Total – Total Change in Net Funding</b>	<b>+£67.5m</b>
Balance to be resolved including ASC challenge	-£11.4m	-		
<b>Total Change in Net Spending</b>	<b>+£67.5m</b>	<b>£0m</b>	<b>Total Change in Net Funding</b>	<b>+£67.5m</b>

Pressures arising from Special Education Needs & Disabilities (SEND) impact upon both the Dedicated Schools Grant (DSG) and the General Fund. Pressures on DSG are addressed primarily by the Safety Valve mechanism, whereby Department for Education (up to £140m) and local authority (up to £82.3m) both provide a substantial contribution to resolve the accumulated deficit in return for improvements to the SEND system to bring annual recurring spending back to within the level of DSG high needs grant. Pressures on the General Fund are reflected primarily on the number of requests to assess, produce

and then annually review Education & Health Care Plans (EHCP) and the associated increased SEND home to school transport costs. There is already substantial work being undertaken to manage down this financial pressure and additional work will focus on identifying and reviewing changes to existing policy and practice so that we are meeting statutory minimum requirements, but ceasing discretionary services where they are not cost effective and only issuing EHCPs where they are necessary, and needs cannot be met by other means.

The additional assumed core funded spending growth (i.e. excluding the changes arising from external funding) of £117.2m for 2025-26 is set out in detail in the member dashboard and where there are local choices or a mixture of choice and unavoidable detailed in the tables in individual reports. It has been subdivided into the following categories:

Net base budget changes £11.2m	Changes to reflect full year effect of cost and activity spending variations in the current year's monitoring forecast compared to approved budget. These adjustments are necessary to ensure the draft budget is based on a robust and sustainable basis. The net base changes include both increases and reductions. The net base changes do not include variations on savings delivery as these are included as positive amounts within the savings section.
Demand and Cost drivers £71.2m	Forecast estimates for future non-inflationary cost and demand increases such as increased population & eligible clients, additional care hours, increased costs for new placements (complexity and availability of placements), increased journey lengths and vehicle occupancy, etc. across a range of services most significantly in adult social care, integrated children's services, home to school transport and waste tonnage.
Price uplifts £34.0m	Obligatory and negotiated price increases on contracted services, including full year effect of planned mid-year uplifts in current year, forecast future price uplifts. Also includes provision for price uplifts on contracts due for retender.
Pay £12.1m	Additional net cost of assumed Kent Scheme pay award that is subject to local bargaining with the recognised trade unions, transition to new Kent pay structure and increase to lower pay scales in line with Foundation Living Wage after savings from appointing new staff lower in pay ranges.
Service Strategies & Improvements £4.2m	Other assumed spending increases to deliver strategic priorities and/or service improvements and outcomes including most significantly replacing grant funding that has temporarily supported maintaining bus services, investment leading to increased divided from trading companies, mobilisation costs for new contracts
Government & Legislative -£15.5m	Additional spending to meet compliance with legislative and regulatory changes and, most significantly, a change in accounting treatment for the local authority contribution to High Needs Safety Valve which needs to be treated as contribution to reserve rather than revenue spending pressure.

The proposed savings, income and future cost increase avoidance of £41.6m for 2025-26 is set out in detail in the member dashboard and where there are local policy choices or transformation detailed in the tables in individual reports. It has been subdivided into the following categories:

Policy Savings -£8.1m	Comprises of £16.0m of new savings including £5.7m policy choices towards the £19.8m requirement to replace one off savings and £10.3m from full year effect of previous policy choices or policy choices which were already identified for 2025-26 in the original 2024-27 plan. New savings are partially offset by £7.9m realignment to reflect of previous savings now deemed unachievable.
Transformation Savings -£36.9m	Savings aimed at achieving improved or the same outcomes at less cost comprising £43.6m of new, or continuing, proposals and £6.7m partially offset from removing unachieved savings from previous years (part of the £8.65m irrecoverable ASCH savings from 2024-25, with the remainder being shown as reversals in policy and efficiency savings). The new proposals include the 2025-26 target for ASCH to contain spending growth within the available share of specific and general funding available. New proposals also include £10.3m transformation from cost avoidance on home to school transport, and £2.1m staffing through the Securing Kent's Future (SKF) objectives.
Efficiency Savings +£1.4m	Comprises £2.8m of proposals which are more than offset by £4.2m realignment for unachieved savings from previous years. This includes rephasing of savings previously identified for 2025-26 in the original 2024-25 budget plan, full year effect of 2024-25 savings and new proposals for 2025-26.
Financing +£9.0m	Comprises £1.5m of savings from the review of amounts set aside for debt repayment (MRP) and reduced base budget. These are more than offset by £7.7m removal of one-off use of capital receipts to support the costs of transformation activity in 2024-25 and £2.8m reduction in investment returns
Income Generation -£7.1m	Comprises £10m increased income from fees and charges for council services from applying existing policies on fee uplifts (including contributions from other bodies), application of full cost recovery policy and new income generation proposals. Partially offset by £2.9m reversal of one-off additional divided income in 2024-25 and removal of project grant income.

## APPENDIX E - High Level 2025-28 Revenue Plan and Financing

2024-25				2025-26			INDICATIVE FOR PLANNING PURPOSES					
Core £000s	External £000s	Total £000s		Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s
			Original base budget	1,429,506.8	0.0	1,429,506.8	1,496,958.2	0.0	1,496,958.2	1,566,679.1	0.0	1,566,679.1
			internal base adjustments	-836.6	836.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1,315,610.6		1,315,610.6	Revised Base	1,428,670.2	836.6	1,429,506.8	1,496,958.2	0.0	1,496,958.2	1,566,679.1	0.0	1,566,679.1
			<b>SPENDING</b>									
31,721.5		31,721.5	Base Budget Changes	11,242.8	-744.1	10,498.7	-100.0	0.0	-100.0	0.0	0.0	0.0
35.0		35.0	Reduction in Grant Funding	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10,798.4	505.1	11,303.5	Pay	12,112.5	626.9	12,739.4	12,340.2	0.0	12,340.2	11,901.7	0.0	11,901.7
49,568.4	1,695.6	51,264.0	Prices	33,987.2	1,944.4	35,931.6	28,618.5	0.0	28,618.5	21,216.2	0.0	21,216.2
85,349.7	284.7	85,634.4	Demand & Cost Drivers - Cost	48,209.4	0.0	48,209.4	46,631.1	0.0	46,631.1	46,631.1	0.0	46,631.1
		0.0	Demand & Cost Drivers - Demand	22,983.5	24,150.3	47,133.8	23,014.5	-15,600.0	7,414.5	22,968.7	-14,200.0	8,768.7
16,393.1	-10,327.3	6,065.8	Government & Legislative	-15,548.0	-13,687.9	-29,235.9	192.0	0.0	192.0	3,212.0	-1,898.1	1,313.9
15,712.2	-1,538.8	14,173.4	Service Strategies & Improvements	4,217.4	269.2	4,486.6	7,187.4	-836.5	6,350.9	173.9	-4,142.2	-3,968.3
209,578.3	-9,380.7	200,197.6	<b>TOTAL SPENDING</b>	<b>117,204.8</b>	<b>12,558.8</b>	<b>129,763.6</b>	<b>117,883.7</b>	<b>-16,436.5</b>	<b>101,447.2</b>	<b>106,103.6</b>	<b>-20,240.3</b>	<b>85,863.3</b>
			<b>MEMORANDUM:</b>									
			Unavoidable	20,004.6	887.6	20,892.2						
			Local Choice	2,612.9	423.8	3,036.7						
			Mixture of both	95,311.1	26,273.4	121,584.5						
			Removal of temporary changes	-723.8	-15,026.0	-15,749.8						
				<b>117,204.8</b>	<b>12,558.8</b>	<b>129,763.6</b>						
			<b>SAVINGS, INCOME &amp; GRANT</b>									
-36,454.8		-36,454.8	Transformation - Future Cost Increase Avoidance	-32,375.9	0.0	-32,375.9	-10,788.7	0.0	-10,788.7	-10,300.0	0.0	-10,300.0
2,068.7		2,068.7	Transformation - Service Transformation	-4,500.0	0.0	-4,500.0	-1,900.0	0.0	-1,900.0	-400.0	0.0	-400.0
-16,195.0		-16,195.0	Efficiency	1,412.0	-65.0	1,347.0	-3,963.5	0.0	-3,963.5	-151.0	0.0	-151.0
-15,406.6	-281.3	-15,687.9	Income	-7,097.1	0.0	-7,097.1	-5,870.6	0.0	-5,870.6	-6,052.8	0.0	-6,052.8
-10,967.6		-10,967.6	Financing	9,022.0	0.0	9,022.0	-767.7	0.0	-767.7	-2,166.3	0.0	-2,166.3
-11,910.2	-9.2	-11,919.4	Policy	-8,094.1	0.0	-8,094.1	-17,078.1	0.0	-17,078.1	-9,586.0	0.0	-9,586.0
-88,865.5	-290.5	-89,156.0	<b>TOTAL SAVINGS &amp; INCOME</b>	<b>-41,633.1</b>	<b>-65.0</b>	<b>-41,698.1</b>	<b>-40,368.6</b>	<b>0.0</b>	<b>-40,368.6</b>	<b>-28,656.1</b>	<b>0.0</b>	<b>-28,656.1</b>
	7,210.7	7,210.7	Increases in Grants and Contributions	0.0	7,435.8	7,435.8	0.0	0.0	0.0	0.0	-8,729.7	-8,729.7
-88,865.5	6,920.2	-81,945.3	<b>TOTAL SAVINGS, INCOME &amp; GRANT</b>	<b>-41,633.1</b>	<b>7,370.8</b>	<b>-34,262.3</b>	<b>-40,368.6</b>	<b>0.0</b>	<b>-40,368.6</b>	<b>-28,656.1</b>	<b>-8,729.7</b>	<b>-37,385.8</b>

2024-25				2025-26			INDICATIVE FOR PLANNING PURPOSES					
Core £000s	External £000s	Total £000s		Core £000s	External £000s	Total £000s	2026-27			2027-28		
						Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s	
<b>RESERVES</b>												
27,481.5		27,481.5	Contributions to Reserves	30,040.9	14,200.0	44,240.9	38,695.2	14,200.0	52,895.2	33,900.0	34,300.0	68,200.0
-24,739.6		-24,739.6	Removal of prior year Contributions	-26,524.8	-10,640.0	-37,164.8	-30,040.9	-14,200.0	-44,240.9	-38,695.2	-14,200.0	-52,895.2
-14,877.4	-1,350.5	-16,227.9	Drawdowns from Reserves	-14,255.2	-25,598.1	-39,853.3	0.0	-9,161.6	-9,161.6	0.0	-291.6	-291.6
5,318.9	3,811.0	9,129.9	Removal of prior year Drawdowns	14,877.4	1,271.9	16,149.3	14,255.2	25,598.1	39,853.3	0.0	9,161.6	9,161.6
-6,816.6	2,460.5	-4,356.1	<b>TOTAL RESERVES</b>	<b>4,138.3</b>	<b>-20,766.2</b>	<b>-16,627.9</b>	<b>22,909.5</b>	<b>16,436.5</b>	<b>39,346.0</b>	<b>-4,795.2</b>	<b>28,970.0</b>	<b>24,174.8</b>
113,896.2	0.0	113,896.2	<b>NET CHANGE</b>	<b>79,710.0</b>	<b>-836.6</b>	<b>78,873.4</b>	<b>100,424.6</b>	<b>0.0</b>	<b>100,424.6</b>	<b>72,652.3</b>	<b>0.0</b>	<b>72,652.3</b>
			UNRESOLVED BALANCE	-2,771.5	0.0	-2,771.5	-13,503.7	0.0	-13,503.7	16,566.3	0.0	16,566.3
			ADULT SOCIAL CARE FUNDING UNRESOLVED BALANCE	-8,650.5		-8,650.5	-17,200.0		-17,200.0	-15,300.0		-15,300.0
<b>1,429,506.8</b>	<b>0.0</b>	<b>1,429,506.8</b>	<b>NET BUDGET</b>	<b>1,496,958.2</b>	<b>0.0</b>	<b>1,496,958.2</b>	<b>1,566,679.1</b>	<b>0.0</b>	<b>1,566,679.1</b>	<b>1,640,597.7</b>	<b>0.0</b>	<b>1,640,597.7</b>
<b>MEMORANDUM:</b>												
<b>The net impact on our reserves balances is:</b>												
27,481.5	0.0	<b>27,481.5</b>	Contributions to Reserves	30,040.9	14,200.0	<b>44,240.9</b>	38,695.2	14,200.0	<b>52,895.2</b>	33,900.0	34,300.0	<b>68,200.0</b>
-14,877.4	-1,350.5	<b>-16,227.9</b>	Drawdowns from Reserves	-14,255.2	-25,598.1	<b>-39,853.3</b>	0.0	-9,161.6	<b>-9,161.6</b>	0.0	-291.6	<b>-291.6</b>
<b>12,604.1</b>	<b>-1,350.5</b>	<b>11,253.6</b>	<b>Net movement in Reserves</b>	<b>15,785.7</b>	<b>-11,398.1</b>	<b>4,387.6</b>	<b>38,695.2</b>	<b>5,038.4</b>	<b>43,733.6</b>	<b>33,900.0</b>	<b>34,008.4</b>	<b>67,908.4</b>

2024-25			2025-26			INDICATIVE FOR PLANNING PURPOSES					
Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s
<b>Funding per the Local Government Finance Settlement &amp; Local Taxation</b>											
	11,806.0	Revenue Support Grant			12,195.6			12,390.8			12,564.2
	117,046.1	Social Care Grant			117,046.1			117,046.1			117,046.1
	26,969.4	Adult Social Care Market Sustainability and Improvement Fund			21,703.9			21,703.9			21,703.9
	11,686.6	Adult Social Care Discharge Fund			11,686.6			11,686.6			11,686.6
	1,311.9	Services Grant			1,311.9			1,311.9			1,311.9
	147,382.5	Business Rate Top-up Grant			152,092.1			154,308.4			156,468.7
	50,014.7	Improved Better Care Fund (iBCF)			50,014.7			50,014.7			50,014.7
	51,080.2	Business Rates Compensation Grant			52,712.5			53,480.6			54,229.4
	2,058.5	New Homes Bonus			0.0			0.0			0.0
	3,544.6	Other Un-ringfenced grants			3,544.6			3,544.6			3,544.6
	65,740.7	Local Share of Retained Business Rates			68,463.6			69,392.1			70,297.0
	2,682.8	Business Rate Collection Fund			0.0			0.0			0.0
	800,320.3	Council Tax Income (including increase up to referendum limit but excluding social care levy)			842,537.0			885,560.8			931,219.7
	135,347.0	Council Tax Adult Social Care Levy			156,649.6			179,238.6			203,510.9
	2,515.5	Council Tax Collection Fund			7,000.0			7,000.0			7,000.0
	<b>1,429,506.8</b>	<b>Total Funding</b>			<b>1,496,958.2</b>			<b>1,566,679.1</b>			<b>1,640,597.7</b>

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# APPENDIX F - ASCH DIRECTORATE (CORE ONLY)

## PROPOSED 2025-26 BUDGET CHANGES

	ASCH
	Dan Watkins
	Core £000s
Original base budget	585,946.2
internal base adjustments	54.4
<b>Revised Base</b>	<b>586,000.6</b>
<b>SPENDING</b>	
Base Budget Changes	5,000.0
Pay	-233.6
Prices	18,100.0
Demand & Cost Drivers - Cost	30,900.0
Demand & Cost Drivers - Demand	11,300.0
Government & Legislative	0.0
Service Strategies & Improvements	1,075.0
<b>TOTAL SPENDING</b>	<b>66,141.4</b>
<i>MEMORANDUM:</i>	
<i>Unavoidable</i>	5,475.0
<i>Local Choice</i>	600.0
<i>Mixture of both</i>	60,300.0
<i>Removal of temporary changes</i>	-233.6
	<b>66,141.4</b>
<b>SAVINGS, INCOME &amp; GRANT</b>	
Transformation - Future Cost Increase Avoidance	-21,775.9
Transformation - Service Transformation	0.0
Efficiency	3,304.9
Income	-5,907.1
Financing	0.0
Policy	361.6
<b>TOTAL SAVINGS &amp; INCOME</b>	<b>-24,016.5</b>
Increases in Grants and Contributions	0.0
<b>TOTAL SAVINGS, INCOME &amp; GRANT</b>	<b>-24,016.5</b>
<b>RESERVES</b>	
Contributions to Reserves	0.0
Removal of prior year Contributions	0.0
Drawdowns from Reserves	0.0
Removal of prior year Drawdowns	567.2
<b>TOTAL RESERVES</b>	<b>567.2</b>
<b>NET CHANGE</b>	<b>42,692.1</b>
ADULT SOCIAL CARE FUNDING UNRESOLVED BALANCE	-8,650.5
<b>PROPOSED NET BUDGET</b>	<b>620,042.2</b>

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# APPENDIX G - SPENDING PROPOSALS WITH A DEGREE OF CHOICE AND POLICY & TRANSFORMATION RELATED SAVINGS

## PROPOSALS - ASCH DIRECTORATE (CORE ONLY)

Directorate Reference	Cabinet Member	Headline description	Brief description	2025-26	2026-27	2027-28	MTFP Category	Base budget for context (£k) *			what is budget figure based on
				£k	£k	£k		Gross	Income	Net	
<b>2025-26 SPENDING PROPOSALS WITH BINARY CHOICE</b>											
Sustain social care market funding	Dan Watkins	Adult Social Care	Additional funding above contractual obligations, to sustain the social care market	600.0	0.0	0.0	Service Strategies & Improvements	679,015.9		679,015.9	A&OP core service summary for ASCH, non staffing only
<b>TOTAL SPENDING PROPOSALS WITH BINARY CHOICE - ASCH DIRECTORATE</b>				<b>600.0</b>	<b>0.0</b>	<b>0.0</b>					
<b>2025-26 SPENDING PROPOSALS WHERE THERE IS SOME DEGREE OF CHOICE</b>											
ASC non-inflationary unit cost changes	Dan Watkins	Adult Social Care	Estimated cost pressures. Relates mainly to new people starting to receive services, being at higher cost than those who are continuing or leaving services.	30,900.0	30,900.0	30,900.0	Demand & Cost Drivers - Cost	756,711.6	-192,199.4	564,512.2	A&OP core service summary for ASCH
ASC Change in Demand/Activity	Dan Watkins	Adult Social Care	Provision for the impact in Adult Social Care of the full year effect of all current costs of care during 2024-25 in addition to new financial demands that will be placed on adult social care (a) New people requiring a funded package of support (b) Young people transitioning into adulthood from 1st April 2025 to 31st March 2026 (c) Individuals in receipt of a funded package of support on 31st March 2025, and require an increase in funded support following a review or reassessment (d) People no longer eligible for CHC and now require funded support from ASCH from (e) People who have previously funded their own care and support and now require funded support from ASCH	11,300.0	11,300.0	11,300.0	Demand & Cost Drivers - Demand	756,711.6	-192,199.4	564,512.2	A&OP core service summary for ASCH
ASC Contractual & Negotiated Price increases	Dan Watkins	Adult Social Care	Provision for contractual and negotiated price increases across all adult social care packages including nursing, residential, domiciliary, supporting independence and direct payments	18,100.0	15,400.0	10,500.0	Prices	679,015.9		679,015.9	A&OP core service summary for ASCH, non staffing only
<b>TOTAL SPENDING PROPOSALS WITH A DEGREE OF CHOICE - ASCH DIRECTORATE</b>				<b>60,300.0</b>	<b>57,600.0</b>	<b>52,700.0</b>					
<b>TOTAL SPENDING PROPOSALS WITH BINARY CHOICE OR DEGREE OF CHOICE - ASCH DIRECTORATE</b>				<b>60,900.0</b>	<b>57,600.0</b>	<b>52,700.0</b>					
<b>2025-26 POLICY &amp; TRANSFORMATION SAVINGS PROPOSALS INCLUDING REMOVAL &amp; REPLACEMENT OF PREVIOUS YEAR NON DELIVERABLE SAVINGS</b>											
VCSE contracts prior year savings realignment	Dan Watkins	Adult Social Care Contracts with Voluntary Sector	Removal of undelivered prior year saving from review of contracts and grants for discretionary services, to negotiate support from the NHS, and explore possible reductions to some services.	3,216.8	0.0	0.0	Policy	10,973.5		10,973.5	MH Community & Wellbeing Service (5WP3H202) & OPPD Wellbeing contracts (5WP3H209)

Directorate Reference	Cabinet Member	Headline description	Brief description	2025-26	2026-27	2027-28	MTFP Category	Base budget for context (£k) *			what is budget figure based on
				£k	£k	£k		Gross	Income	Net	
Discretionary services Contract and Grant Review	Dan Watkins	Community Based Preventative Services	Review of preventive services to prevent, reduce and delay care and support. Working with the NHS and wider partners to commission collaboratively to deliver efficiencies	-2,588.6	-862.9	0.0	Policy	8,590.0		8,590.0	OPPD Vol Orgs carers contract (5WC3H205) & Carers Short Breaks (5WC3H209)
KSAS Alternative funding source - Adults	Dan Watkins	Community Based Preventative Services	Explore alternative sources of funding for the Kent Support & Assistance Service	-567.2	0.0	0.0	Policy	567.2		567.2	Social Fund Cost Centre (46005)
Review of Adult Charging Policy (non resi)	Dan Watkins	Adult Social Care Charging	The full year effect of the Adults Charging Policy changes made in line with Care Act Legislation and statutory guidance in September 2024.	-1,370.9	0.0	0.0	Policy	1,060.0	-38,517.6	-37,457.6	Non Residential Charging Income core services
Mental Health Live Well Kent contract	Dan Watkins	Mental Health	Temporary contribution from Public Health for Mental Health Live Well Kent contract (£1m in 2024-25 reducing to £0.75m in 2025-26, £0.5m in 26-27 and zero in 2027-28)	250.0	250.0	500.0	Policy	4,850.9	-4,764.4	86.5	MH Community & Wellbeing Service cost centre S5WP3H202
ASCH Savings Target 1 of 4	Dan Watkins	Adult Social Care	<p>This saving will be achieved through more rigorous monitoring of care assessments at the outset, initial reviews and annual reviews, and the development of a therapy led multi-disciplinary single point of contact, which will provide consistent timely interventions to avoid people accessing on going support.</p> <p>The savings at this stage is a target based on limiting increased net spending on adult social care within the share of resources available from specific sources from ASC council tax levy and government grants and pro rata share of other resources (general council tax precept, retained business rates, general grants).</p> <p>ASC has a legal duty to provide ongoing funded care and support where an individual, or their unpaid carer is assessed as having eligible needs under the Care Act 2014. This legal duty does not set out how the Council must meet those needs, and the duty must also be balanced with the Councils duty to deliver a balanced budget and demonstrate best value principles when utilising public money. We cannot compromise our obligations under the Care Act to undertake a needs based assessment which cannot be influenced by availability of resources.</p>	-13,998.3	0.0	0.0	Transformation - Future Cost Increase Avoidance	756,711.6	-192,199.4	564,512.2	A&OP core service summary for ASCH
Target: FYE of 2024-25 savings	Dan Watkins	Adult social care service redesign	Re-phasing and full year effect of 2024-25 future cost increase avoidance savings to review and reshape ASCH to deliver new models of social care.	-14,526.6	-488.7	0.0	Transformation - Future Cost Increase Avoidance	756,711.6	-192,199.4	564,512.2	A&OP core service summary for ASCH

Directorate Reference	Cabinet Member	Headline description	Brief description	2025-26	2026-27	2027-28	MTFP Category	Base budget for context (£k) *			what is budget figure based on
				£k	£k	£k		Gross	Income	Net	
<b>Undelivered Savings included within the £8,650.5k unresolved Adult Social Care funding balance</b>											
Realignment of savings- in-house service provision	Dan Watkins	Strategic Review of In House Adult Social Care Services	Removal of undelivered prior year savings from review of in-house adult social care services	1,421.5	0.0	0.0	Policy	50,963.7	-19,767.0	31,196.7	ASC In house services
Adult Social Care service redesign realignment	Dan Watkins	Adult Social Care service redesign	Removal of £6,749k of undelivered savings from the £30,154.8k savings target in 2024-25 from the review and reshape of ASCH as set out in the sustainability plan to deliver new models of social care.	6,749.0	0.0	0.0	Transformation - Future Cost Increase Avoidance	756,711.6	-192,199.4	564,512.2	A&OP core service summary for ASCH
# Sub-total of undelivered savings forming part of the unresolved Adult Social Care funding balance of £8,650.5k				8,170.5	0.0	0.0					
<b>TOTAL POLICY &amp; TRANSFORMATION SAVINGS PROPOSALS - ASCH DIRECTORATE</b>				<b>-21,414.3</b>	<b>-1,101.6</b>	<b>500.0</b>					

\* The contextual gross & income budget information includes both core and externally funded but the budget proposal figures focus just on core funded

# The total removal of undeliverable savings from previous years which are currently shown as an unresolved balance is £8.65m. In the above table two of these totalling £8.17m are described, with the remaining balance included within efficiency savings (which are not detailed in this table).

The total re-phasing of previous year savings is £11.7m net. The table above shows £14.5m being achievable against transformation and service redesign, there are however two efficiency savings totalling £2.8m which have slipped to a future year, which net this down to the £11.7m, but efficiency savings are not detailed in this table.

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## Building Financial Resilience

Financial resilience describes the ability of the authority to remain viable, stable and effective in the medium to long term in the face of pressures from growing demand, tightening funding and an increasingly complex and unpredictable financial environment.

The following table sets out the key 'symptoms' of financial stress identified by CIPFA and assesses the current position of the County Council against each indicator. Overall, the prognosis is that there has been a recent deterioration in resilience which needs to be reversed in particular on the delivery of savings and managing spending within approved budgets.

Symptom	KCC Assessment
Running down reserves/a rapid decline in reserves	<p><u>Evidence</u></p> <p>The council maintained a relatively stable level of usable revenue reserves between April 2016 to March 2018 of approx. £0.2bn (excluding schools and capital reserves) with small net movements between years. This comprised general reserve of around £0.037bn (3% of net revenue) and earmarked reserves of between £0.159bn to £0.166bn</p>
Score 6/10	
Scope for Improvement - Moderate	<p>Over the period April 2018 to March 2020 usable revenue reserves increased to £0.224bn at end of 2018-19 and £0.271bn end of 2019-20, although £0.037bn of the earmarked reserves in 2019-20 was the unspent balance of first tranche of Covid-19 emergency grant (general reserves remained around £0.037bn and all the increases were in earmarked reserves).</p> <p>There was a more rapid increase in usable revenue reserves in 2020-21 (largely due to underspends during lockdown and timing differences between the receipt of Covid-19 grants and spending, and impact of business rates reliefs/compensation for local taxation losses coming through from collection authorities) Usable revenue reserves at the end of 2020-21 were £0.398bn (of which general remained £0.037bn, earmarked reserves increased to £0.272bn, and Covid-19 reserves were £0.088bn).</p> <p>There was a further increase in total usable revenue reserves at end of 2021-22 up to £0.408bn. Most of the increase was in general reserve which was increased to £0.056bn (5% of net revenue) in line with agreed strategy to strengthen reserves due to heightened risks, with smaller increase in earmarked to £0.277bn, and small reduction in Covid-19 reserves to £0.075bn.</p> <p>This pattern of stable then increasing reserves over the period 2016-22 was despite between £0.009bn and £0.022bn drawn down each year to smooth delivery of revenue budget savings (£0.074bn over 6 years).</p> <p>In 2022-23 there was an overall reduction in usable revenue reserves to £0.391bn (£0.037bn general, £0.271bn earmarked, £0.047bn Covid-19 and £0.036bn in new partnership reserve from the excess safety valve contributions). The reductions included £0.047bn draw down from general reserves and earmarked reserves to balance 2022-23 outturn.</p> <p>In 2023-24 there was a further reduction in total usable reserves to</p>

	<p>£0.358bn (£0.043bn general, £0.268bn earmarked, £0.0.10bn Covid-19 and £0.036bn Safety Valve partnership reserve). The small increase in the general reserve reflected the overall increase in 2023-24 budget to maintain the reserve as % of net revenue but did not include any movement to restore the reserve to 5% of net revenue following the draw down in 2022-23. 2023-24 included a review of reserves to ensure balances in individual categories remained appropriate. This included transfer of £0.048bn from other earmarked reserves into the smoothing category which was partially drawn on by £0.012bn to balance the 2023-24 outturn.</p> <p>Quarter 1 monitoring for 2024-25 shows further forecast overspends which if not reduced or mitigated would require a third year of draw down. This would further reduce resilience from reserves.</p> <p><b><u>Conclusions</u></b>  <b>Two successive years of drawdowns from reserves to balance overspends represents a reduction in financial resilience (with only a partial restoration of reserves included in future medium term financial plans).</b></p> <p><b>The Council’s reserves have been deemed as adequate in the short-term by S151 officer pending those restoration plans being delivered in future budgets. In particular, the general reserve needs to be restored to 5% of net revenue within the 2025-28 MTFP.</b></p> <p><b>A small amount of smoothing within the annual revenue budget to reflect timing differences between spending and savings plans is considered acceptable provided these are replaced and replenished in future years through a balanced medium term financial plan.</b></p>
<p>A failure to plan and deliver savings in service provision to ensure the council lives within its resources</p> <p>Score 4/10</p> <p>Scope for Improvement - High</p>	<p><b><u>Evidence</u></b>  The council has planned (and largely delivered) £0.883bn of savings and income since 2011-12 (up to 2023-24). The council has delivered a balanced outturn with a small surplus each year since 2000-01 up to 2021-22 (22 years) including throughout the years when government funding was reducing and spending demands were still increasing. This demonstrated that in the past savings were sustainable.</p> <p>The approved budget for 2022-23 included £33.9m of savings and income (3% of net budget) in order to balance spending growth (£93.0m) with increase in funding from core grants and local taxation (£59.1m). Separate savings monitoring was re-introduced in 2022-23 following suspension of previous monitoring arrangements during Covid-19.</p> <p>The 2022-23 outturn was the first year in 23 years that the authority ended the year with a significant overspend (£44.4m before rollover). This overspend was partly due to under delivery of savings but more materially was due to un-forecast increases in costs compared to when the budget was set particularly in adult social care, children in care and home to school transport. These unbudgeted costs increases have been a more material factor than under delivery of savings (although if they had been forecast would have increased the savings requirement which itself may not have been deliverable).</p>



The approved budget for 2023-24 included £54.8m of savings and income (4.6% of net budget) to balance spending growth (£178.9m) and increase in funding (£124.1m). The higher spending growth included the full year effect of forecast overspend in 2022-23 and the impact of the rapid increase in inflation during 2022-23.

The 2023-24 outturn showed an overspend of £9.6m before rollover. This was significantly lower than had been forecast earlier in the year following agreement of revised strategic ambitions in Securing Kent's Future – Budget Recovery Strategy. These ambitions included reducing the 2023-24 overspend, focuses on ambitions for new models of care (addressing the unsustainable increases in sending in adults, children's and home to school transport), scope of the council's strategic ambitions and transforming the operating model of the council through Chief Executive model. Stringent spending controls were introduced in 2023-24 with the objective of reducing the overspend. As in 2023-24 the overspend arose from a combination of unbudgeted costs and under delivery/rephasing of savings.

The approved budget for 2024-25 includes £89.2m of savings and income (6.8% of net budget) to balance spending growth (£203.1m) and increased funding (£113.9m). The increased spending growth included revised approach to demand and cost drivers as well price uplifts (linked to inflation) and full year effect of 2023-24. Initial monitoring for 2024-25 shows further forecast underspends again from combination of unbudgeted spend and savings delivery. Under delivery of savings is now largest contributor to forecast overspends.

Savings planning and monitoring has been enhanced with greater emphasis on more detailed monitoring of progress on the most significant savings. Enhanced monitoring will not in itself ensure improved delivery performance, especially in the short-term.

### **Conclusions**

**The significant increase in the savings requirement over the last 3 years is cause for serious concern and is unsustainable. This savings requirement is driven by ever increasing gap between forecast spending growth and increase in available resources from core government grants and local taxation. This gap needs to be resolved either from reducing spending expectations and / or increased funding if resilience is to be improved.**

**The increased under delivery of savings indicates a lack of capacity within the organisation and that savings are put forward with over optimistic timescales (or inadequate resources to ensure delivery) and in some instances were not sustainable. This combination is weakening financial resilience.**

**As identified in Securing Kent's Future – Budget Recovery Strategy addressing these unsustainable growth increases that are leading to structural deficit are key to restoring financial resilience.**

<p>Shortening medium term financial planning horizons perhaps from three or four years to two or even one</p> <p>Score 7/10</p> <p>Scope for Improvement - Moderate</p>	<p><u>Evidence</u></p> <p>The council has traditionally produced a three year medium term financial plan (MTFP). This plan sets out forecast resources from central government and local taxation with spending forecasts balanced by savings, income generation and use of smoothing reserves.</p> <p>Generally funding forecasts have been robust (other than in 2016-17 when changes in the distribution of core grants were made with no prior consultation or notification) and tax yields have remained buoyant (other than a dip in 2021-22 due to delays in housebuilding, earnings losses leading to higher council tax reduction discounts and collection losses during Covid-19 lockdowns).</p> <p>Spending forecasts for later years of the plan have tended to be underestimated (albeit compensated through the inclusion of “emerging issues” contingency based on experience and risk assessment).</p> <p>Up until 2017 the three-year MTFP was a separate publication from the annual budget (albeit produced alongside the annual budget). Since 2018 the plan has been produced as a single slimmed down document within a single publication with the annual budget.</p> <p>A one-year plan was published in 2020-21 recognising the one-year settlement and the absence of spending plans following the December 2019 general election. The further one-year settlement for 2021-22 also impacted on the ability to produce a full three-year plan although a number of medium-term scenarios were set out based on the trajectory of the pandemic (similar to the trajectories used by Office for Budget Responsibility).</p> <p>High-level three year plans were produced in 2022-23, 2023-24 and 2024-25 although experience has proved that these have been less robust and susceptible to the un-forecast spending trends experienced in these years. Funding forecasts have continued to be speculative in the absence of multi-year settlements. Council tax base estimates have proved to be extremely reliable although business rates have been more volatile.</p> <p><u>Conclusions</u></p> <p><b>Medium term plans are still considered to be reasonable even if for forecasts for the later years are less reliable, as a broad indicator of direction of travel rather than a detailed plan. Plans should be less speculative if multi-year settlements are re-introduced.</b></p> <p><b>Draft budget proposals need to be made available for scrutiny and savings planning earlier (even if these have to be based on less up to date forecasts). The preplanning of savings needs to recognise lead-in times of 6 to 9 months from initial concept to final approval.</b></p> <p><b>Medium term plans will need to consider alternative potential scenarios for future plans reflecting the volatile and uncertain circumstances.</b></p>
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<p>A lack of firm objectives for savings – greater “still to be found” gaps in savings plans</p> <p>Score 5/10</p> <p>Scope for Improvement – Good</p>	<p>It has been common that in later years of the plan there have been balancing “savings still to be found” and those savings that were identified have often lacked detailed plans, especially in later years and plans were held and maintained locally within directorates and services.</p> <p>Even where plans are detailed there have been evidence that some savings have subsequently not been implemented following further scrutiny. Greater emphasis needs to be placed on identifying consequences, risks, sensitivities, opportunities and actions in the early planning stages before plans are presented for scrutiny.</p> <p><b><u>Conclusions</u></b>  <b>Changes have been introduced to maintain a comprehensive central database of all savings plans over the three years which contain information about impacts, risks, dependencies, sensitivities as well as forecast financials, timescales and staffing. This database is backed up with detailed delivery plans.</b></p>
<p>A growing tendency for directorates to have unplanned overspends and/or carry forward undelivered savings into the following year</p> <p>Score 4/10</p> <p>Scope for Improvement - High</p>	<p><u>Evidence</u></p> <p>The Covid-19 pandemic had a significant impact on budgets in 2020-21 with savings undeliverable in the immediate aftermath albeit offset by significant underspends due to impact of lockdowns.</p> <p>2021-22 budget was delivered although there were early signs of underlying unbudgeted growth trends which were largely disguised by ongoing Covid-19 impacts and availability of additional Covid 19 grants.</p> <p>Significant and material overspends were reported in 2022-23. These had been partly anticipated and mitigated through the creation of a budget risk reserve and strengthening of general reserves in 2021-22, and the transfer of insecure funding into reserves in 2022-23 budget. The enhanced risks following the Russian invasion of Ukraine after 2022-23 budget had been set were reported to Cabinet on 31<sup>st</sup> March together with further strengthening of reserves from final local government finance settlement and final notification of retained share of business rates.</p> <p>The full consequences of global and national circumstances in 2022-23 could never have been fully foreseen when the budget was set, and it was acknowledged that reserves were only adequate and not as generous as other comparable councils. Initially work in 2022-23 focussed on verifying the forecasts rather than immediate remedial action on the basis that these were expected to be short-term temporary consequences.</p> <p>The 2023-24 budget included unprecedented levels of growth including the full year impact of 2022-23 overspends, historically high levels of inflation and other cost driver growth as best could be forecast at the time. This still proved insufficient and further unplanned overspends were reported in 2023-24 due to a combination of unbudgeted growth and under delivery of savings.</p> <p>“Securing Kent’s Future – Budget Recovery Strategy” was agreed in October 2023. This strategy includes immediate actions with the objective of bringing spending into balance in 2023-24 through spending reductions across the whole council for the remainder of the year and actions</p>

expected to have impacts in 2024-25 and over the medium term to reduce the structural deficits in the areas of overspend. The plan recognises it may take time to reduce spending in key areas in adults and children's and thus further savings from contracts coming up for renewal and other areas of activity outside adults and children's in the interim.

SKF and the imposition of spending controls on uncommitted spending resulted in a reduction in the overspend by year end 2023-24 although within this there were still significant overspends in Adult Social Care and Children and Young People due to combination of unbudgeted growth and under delivery of savings.

Early forecasts for 2024-25 identify overspends in Adult Social Care and Growth Environment and Transport Directorates. Again these arise from a combination of unbudgeted growth and increasingly under delivery or rephasing of savings. Some savings included in the budget have subsequently been challenged and not agreed following publication of detailed options (including withdrawing consultation. Budget plans did not include alternative mitigations or any contingency to allow for variations from the original plan.

### **Conclusions**

**Failure to deliver to budgets is becoming a significant concern. Failure to deliver budget has multiple impacts in that it either requires "right-sizing" in future budgets (increasing spending growth), roll forward of savings (increasing the in-year savings requirement in future years to an extent that there may be inadequate capacity) and is a drain on reserves.**

**Table: Usable Revenue Reserves Balances**

	<b>ACTUALS</b>								
	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
General	-36,404	-36,671	-36,903	-37,054	-37,183	-37,075	-56,188	-36,918	-43,030
Earmarked*	-163,914	-159,357	-155,319	-180,424	-190,656	-261,165	-259,933	-254,219	-251,339
Covid	0	0	0	0	-37,307	-88,209	-75,122	-47,100	-10,000
Public Health	-1,988	-3,825	-3,634	-6,036	-5,877	-11,126	-16,817	-16,899	-16,984
Safety Valve	0	0	0	0	0	0	0	-36,263	-36,263
<b>Totals</b>	<b>-202,306</b>	<b>-199,852</b>	<b>-195,856</b>	<b>-223,514</b>	<b>-271,023</b>	<b>-397,575</b>	<b>-408,060</b>	<b>-391,398</b>	<b>-357,616</b>

**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  
November 2024

**Subject:** **ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q2 2024/2025**

**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 2 for 2024/2025.

Quarter 2 demonstrated the growing demand across adult social care. Nearly 21,000 people made contact, the number of people with an active Care and Support Plan increased, those supported with mental health needs continued to grow and the number of people for whom safeguarding concerns were raised rose to its highest quarterly level.

Adult social care continued to deliver for the people supported in Kent. The proportion of Care Needs Assessments delivered in 28 days (ASCH 2), the number of people requiring a review on the last day of the quarter and the number of safeguarding enquiries open on the last day of the quarter (ASCH19) all showed further improvements despite the incoming demand. The proportion of people who made a repeat contact (ASCH 1) and the number of people in a Short-Term Bed (ASCH 15) both moved in a negative direction and are both areas of business with targeted action taken to address this movement.

**Recommendation:** The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 2 2024/2025

## 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 In Quarter 2, 20,991 people made contact with adult social care. When someone makes contact, adult social care will endeavour to resolve that contact. The percentage of people who had their contact resolved and made contact again within three months (ASCH 1) rose 2% to 6% in Quarter 2. This has led to the measure moving from Green to RAG Rated Amber, above a target of 5% but below an upper threshold of 9%.
- 2.2 Adult social care continue to design and shape its decision making processes for those making contact, especially the first contact, and is working to implement an understanding of the journey travelled for people who have a recurring contact, this will enable us to pick up on emergent themes and address any gaps in delivery. Training and skills are being developed around professional curiosity and at conversations at the first stage to ensure people's needs are met. Adult social care is also working closely with our communities and partners to embed a prevention first approach.
- 2.3 In Quarter 2, 4,688 Care Needs Assessments were completed by adult social care, which was higher than the volume of incoming assessments within the quarter, at 4,569, meaning the number of assessments needing to be completed at the end of Quarter 2 had reduced.
- 2.4 75% of Care Needs Assessments were completed within 28 days in Quarter 2 (ASCH 2), this is a 4% increase when compared to the same period in 2023/2024. This measure meets the floor threshold of 75% and remains RAG rated Amber.
- 2.5 Adult social care remains committed to, and prioritises, carrying out Care Needs Assessments promptly and actions are in place to meet incoming Care Needs Assessments, as well as re-assessments. Targeted activity has been data driven by the use of Power BI reports. Individual staff members have targets, balanced with other work which needs to be delivered.
- 2.6 Carer's assessments are carried out by adult social care and commissioned Carers Organisations. In Quarter 2, 910 assessments were requested to be undertaken and 879 were delivered. Quarter 2 saw the highest amount of assessment requests since the beginning of the last financial year.
- 2.7 Work has commenced to re-commission the service and as part of this the assessment pathway will be revised. The carer strategy group provides oversight of this activity and has a robust action plan. The introduction of practice assurance panels has also improved the visibility of carer needs.
- 2.8 After completing a Care Needs Assessment, people assessed with eligible care and support needs receive a Care and Support Plan. This plan outlines the support they will receive and the types of services available to them. At the end

of Quarter 2, 16,922 people had an active Care and Support Plan. Among them, 919 people aged 18-25 were supported by the Strengthening Independence Service in the Children, Young People and Education Directorate. When services are required to meet a person's needs, a support package is arranged. In Quarter 2, 2,172 new support packages were arranged, compared to 2,157 in Quarter 1. However, these figures may change as the client recording system is updated in the coming weeks. The average weekly cost of a new support package decreased to £719.

- 2.9 In Quarter 2 2,186 6-8 week reviews of the Care and Support Plan were completed, with the number requiring completion on the last day of the quarter falling by 16%. 2,399 annual reviews of a Care and Support Plan were completed, a slight increase on the previous quarter. The number of people requiring an annual review to be completed on the last day of the quarter fell for the third consecutive quarter. There continues to be targeted work by all the operational teams to complete reviews when they become overdue, with a particular focus on 6-8 week reviews.
- 2.10 The number of people starting Kent Enablement at Home (KEaH) continues to rise quarter on quarter. 14% more people started using the service in Quarter 2 and 1,963 people received the service in total in the quarter.
- 2.11 Sometimes whilst a person's long-term needs are assessed they will be placed in a short term service in a residential or nursing setting. In Quarter 2, 1,369 people were in a short term bed, an increase from the previous quarter. There was an 8% increase in the number of people starting a short term residential or nursing service in the quarter. Ensuring people only stay in a short term residential or nursing bed for as long as they have the need to is a priority for adult social care and the focus is on ensuring people return to their home as soon as possible.
- 2.12 If a person has eligible needs, a Direct Payment can be offered to them. This can help them to maintain their independence and give them clear control over their support. In Quarter 2, 26% of people were in receipt of a Direct Payment with adult social care (ASCH 3). This proportion has remained the same as the last quarter. This measure remains RAG Rated Amber with a target of 30%.
- 2.13 There are occasions where a person who is aged 65 or older will have their needs met by long term admission to a residential or nursing care home (ASCH5). In Quarter 2, 562 per 100,000 population met this criteria, moving this from Amber to RAG Rated Green. Please note that this is likely to move as changes and updates are made to the client recording system and new information is received by adult social care.
- 2.14 The Making a Difference Everyday principles aim to support people to remain in their own homes. Practitioners are exploring alternative options to long term residential or nursing care, for example the use of new technology. Adult social care continue to see hospital discharges convert to longer term placements, often these people have a significant level of need associated with a health condition. Health funding is explored where appropriate.

- 2.15 The Care Quality Commission (CQC) inspect residential and nursing homes in Kent and offer ratings on their findings. In Quarter 2, 76% of people supported by KCC in residential or nursing care were in a setting that was rated either 'Good' or 'Outstanding' (ASCH 6). This measure continues to be RAG Rated Amber, with a 1% decrease since last quarter.
- 2.16 There are currently five Learning Disability, Physical Disability and Mental Health (LDPDMH) residential homes with a Level 3 contract sanction preventing further placements. There are currently three Older Persons residential care homes with a Level 3 contract suspension preventing further placements.
- 2.17 Ongoing monitoring of care homes with identified concerns is in place to support providers to deliver on action plans to improve the quality of the home and the CQC rating. It is important to note when a care home has completed their action plan and made necessary improvements, there can be a delay in CQC reinspecting the home and reviewing the rating.
- 2.18 Quarter 2 continued an increasing trend of people accessing adult social care and health services who have a mental health need. The increase in activity in the most recent quarter is less than that seen in previous quarters, however we still have the highest number seen in Quarter 2. The needs presented vary and include those with co-existing conditions and younger adults who require the support of the multi-disciplinary team to coordinate support.
- 2.19 The number of Deprivation of Liberty Safeguards (DoLS) received increased to 2,672, this is the second highest number of applications received in a quarter. 2,303 applications were completed in the quarter, a 15% increase on the same quarter last year.
- 2.20 In July 2024 over 1,000 DoLS applications were received, 46% higher than in July 2023. The upward trend has continued and, to manage the demand, adult social care has introduced a further model of sustainability for those people who are in receipt of their 4th or 5th DoLS. In addition, a plan for Quarter 3, regarding resources for Authorising DoLS applications has been developed together with a targeted piece of work, focusing on the front door and applications presented. Those findings from this will be reviewed, and actions identified for the senior leadership to consider. Furthermore, in Quarter 3, people who are waiting for an assessment are being monitored, checked upon and adult social care are working closely with care homes for a 3 week period.
- 2.21 When someone is concerned about an adult being at risk of abuse or neglect they may raise a safeguarding concern. In Quarter 1, 5,471 safeguarding concerns were received, the largest volume in a single quarter. If a concern meets the requirements for a Section 42 Enquiry, an enquiry is commenced. Despite the rise of incoming demand, the number of safeguarding enquiries open at the end of Quarter 2 was 21% lower than the previous quarter. Adult social care has been working to ensure active safeguarding work is prioritised and has demonstrated that they are balancing delivering safeguarding whilst experiencing increased demand.



2.22 The level of risk to a person is assessed once a safeguarding enquiry is concluded. Quarter 2 saw the proportion of enquiries where risk was 'removed' increase by 2%. The proportion of enquiries where risk 'remained' also rose by 2%, with risk 'reduced' falling by 4%. When the risk remains, a plan is established to ensure all safety measures are implemented, helping the person at risk stay as safe as possible.

### 3. Conclusion

3.1 Quarter 2 continued to show increasing demand across adult social care. Key areas to note are that in July 2024 we saw over 1,000 DoLS applications received and over 2,000 Safeguarding concerns received, alongside incoming Care Needs Assessments, Care and Support Plan reviews and new contacts to adult social care. Despite this, the timeliness in which a Care Needs Assessment is carried out was maintained, a greater number of people were enabled through KEaH and the number of people awaiting their Care and Support Plan review reduced. However, there were increases in the number of those accessing Short-Term Beds and returning contacts were more frequent. Adult social care teams across Kent continue to manage and prioritise incoming demand, ensuring the best possible outcomes for the people they support.

3.2 Due to the delayed publication of the Adult Social Care Outcomes Framework for 2023/2024, the next report in March 2025 will show benchmarking of Kent for our national published measures.

### 4. Recommendation

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to <b>NOTE</b> the performance of services in Quarter 2 2024/2025
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### 5. Background Documents

None

### 6. Report Author

Helen Groombridge  
Adult Social Care and Health Performance Manager  
03000 416180  
[helen.groombridge@kent.gov.uk](mailto:helen.groombridge@kent.gov.uk)

#### Relevant Director

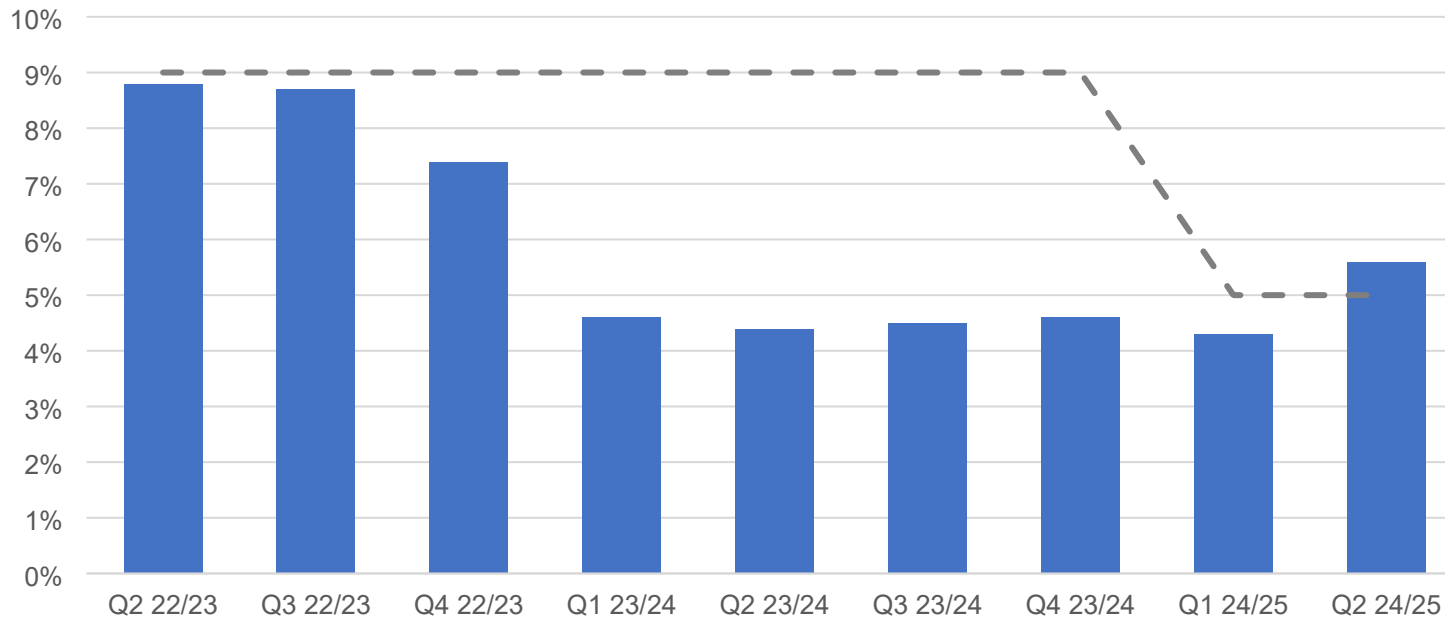
Paula Parker  
Assistant Director of Transformation and Delivery  
03000 415443  
[paula.parker@kent.gov.uk](mailto:paula.parker@kent.gov.uk)

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Appendix 1: Adult Social Care and Health Key Performance Indicators and Activity Performance 2024/25

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

**AMBER**



**Technical Notes:**

Target set at 5% (dotted line) with an upper threshold of 9%

The overall Direction of Travel is not significant.

Please note axis does not end at 100%

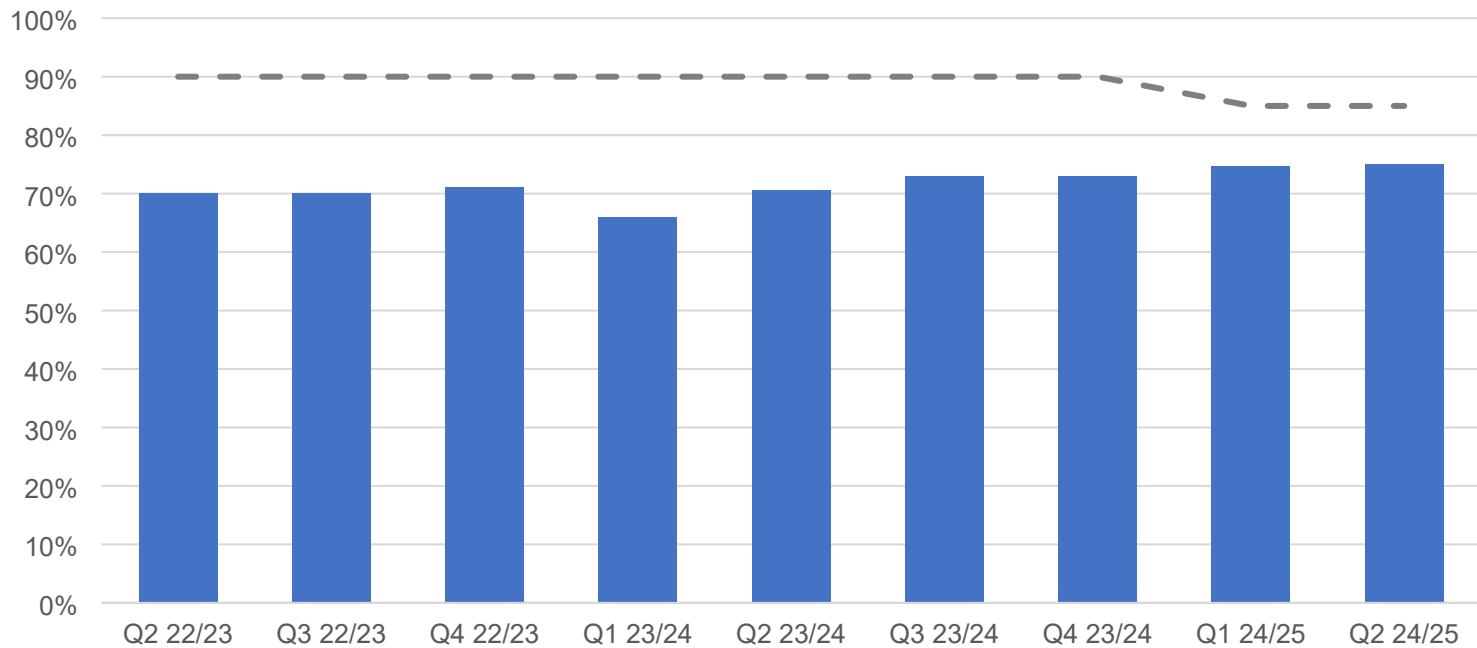
Page 55

**Commentary:**

This measure has now moved above target and is RAG rated Amber from Green, with 6% of people making contact again within 3 months of initial contact in Quarter 2. Adult social care continue to promote the use of digital technology, and a prevention and therapy first approach. The aim of the Adult Social Care Connect service is to ensure people are directed to the right support in their own communities. Adult social care encourage the use of equipment, technology and access to short term services including community micro enterprises.

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

**AMBER**  
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**Technical Notes:**

Target set at 85% (dotted line) Floor Threshold of 75%.

The overall Direction of Travel is significant.

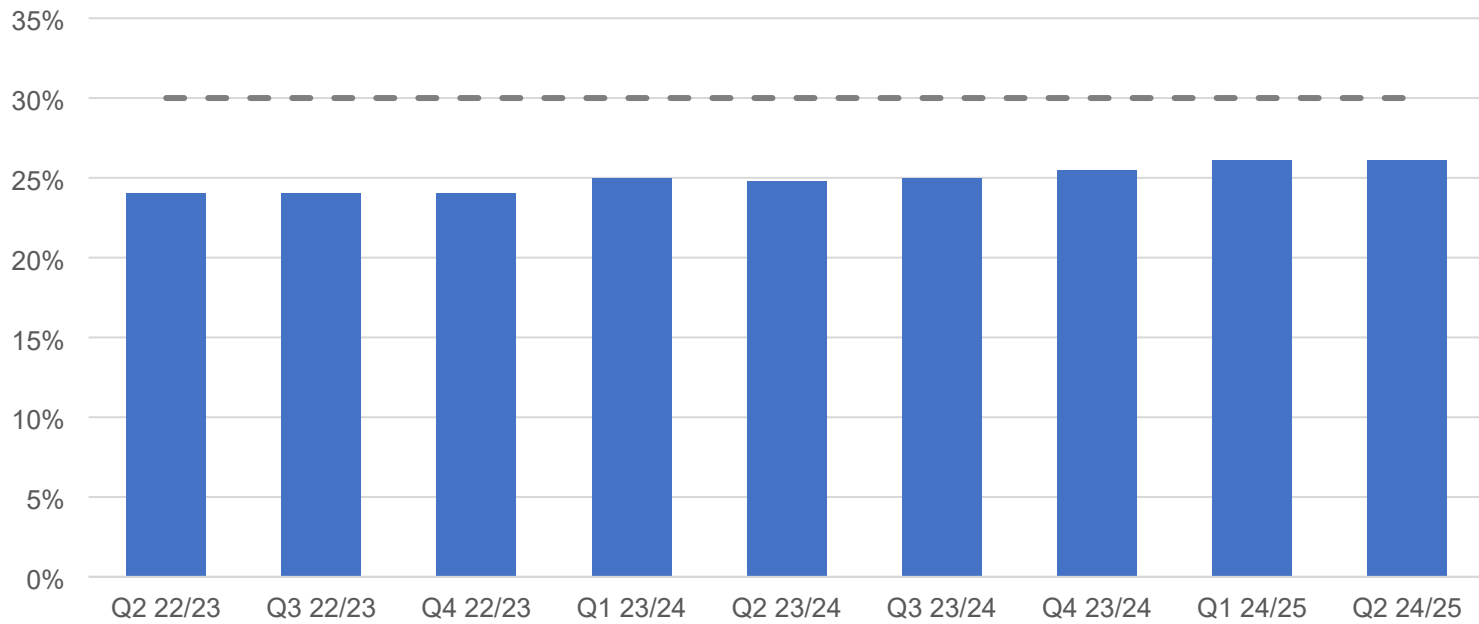
2024/25 includes people with Learning Disabilities aged 18-25 with Children Young People and Education (CYPE).

**Commentary:**

In Quarter 2, adult social care maintained their timeliness in the completion of new care needs assessments, matching the 75% achieved in Quarter 1. This keeps the measure RAG Rated Amber; meeting the floor threshold of 75%. Compared to the same period of the previous financial year, adult social care in Kent are delivering 4% more assessments with 28 days despite a greater number of incoming assessments for Quarter 2. Ensuring Care Needs Assessments are delivered and in a timely manner for the person remains a priority for adult social care, and forms part of the Performance Assurance Framework.

**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%

2024/25 includes people with Learning Disabilities aged 18-25 with Children Young People and Education (CYPE).

The overall Direction of Travel is significant.

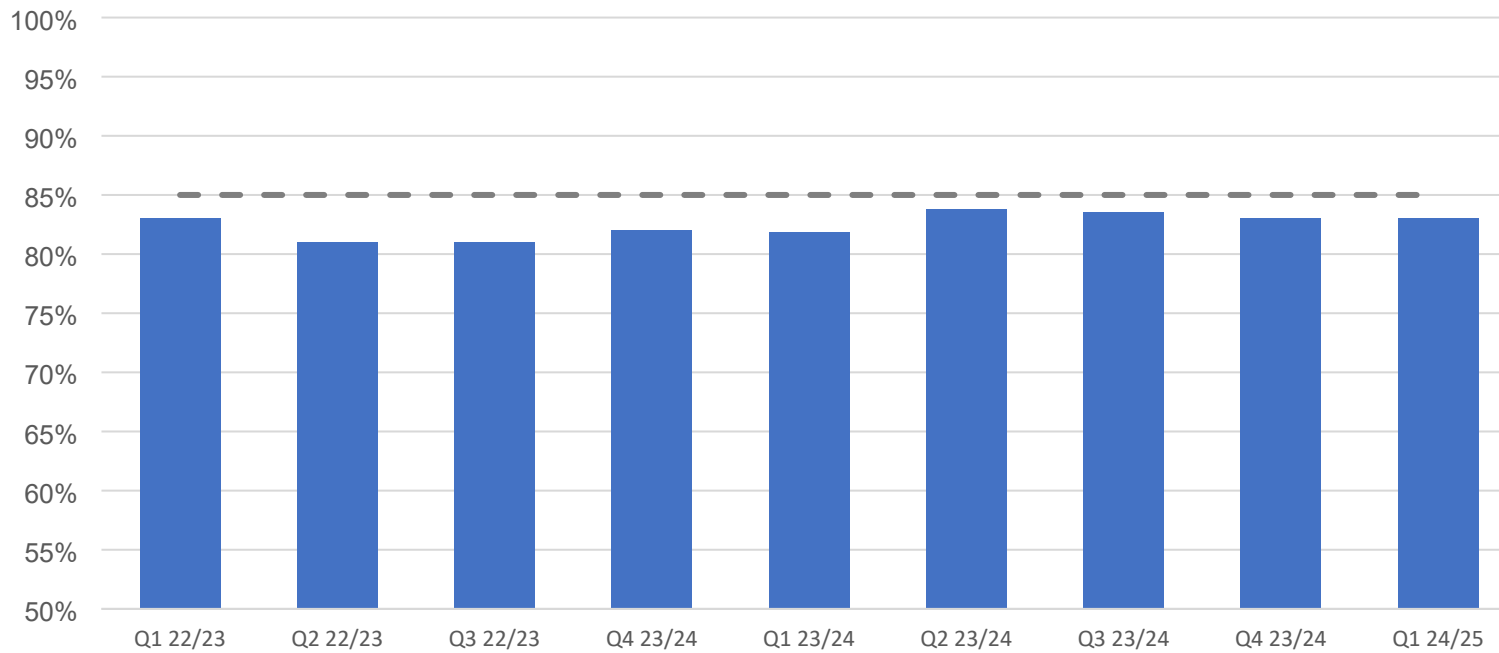
Please note axis does not end at 100.

**Commentary:**

The percentage of people in receipt of a Direct Payments continues at 26% for the third quarter in a row. With a floor threshold of 24%, the measure remains RAG Rated Amber. With the inclusion of Carers Direct Payments, adult social care are now supporting more people than ever before with a Direct Payment, with activity increasing each month.

**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 24/25

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

The overall Direction of Travel is not significant.

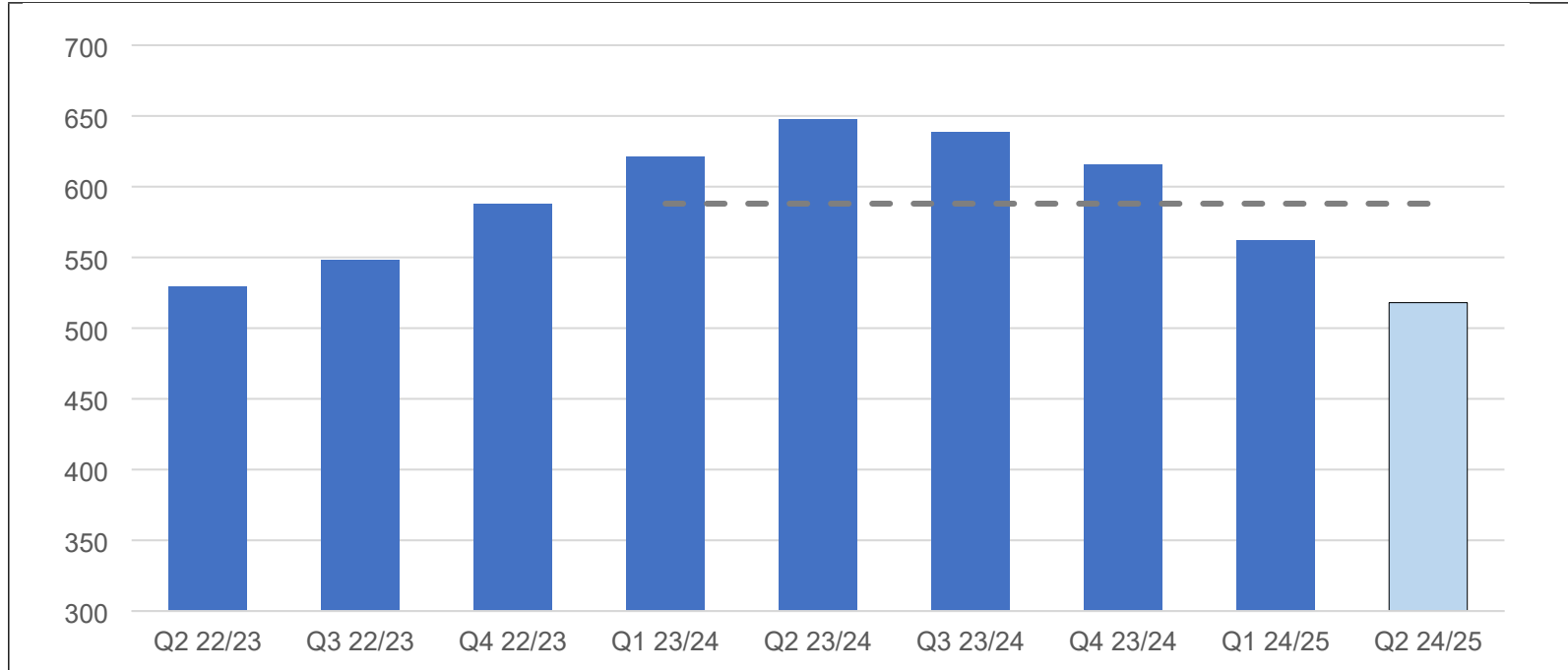
Please note axis does not start at 0.

**Commentary:**

The proportion of older people still at home after discharge from hospital remains at 83% after a 1% reduction into Quarter 4. In Quarter 1 the proportion is higher for this year when compared to the same time last year and demonstrates the effectiveness of the work carried out supporting people with provisions that meet their needs in their own home.

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

**GREEN**  
↑



**Technical Notes:**

Target set at 588 (dot) with an upper threshold of 617.

Rate per 100,000 of the population

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

The overall Direction of Travel is not significant.

Last 4 quarter figures updated.

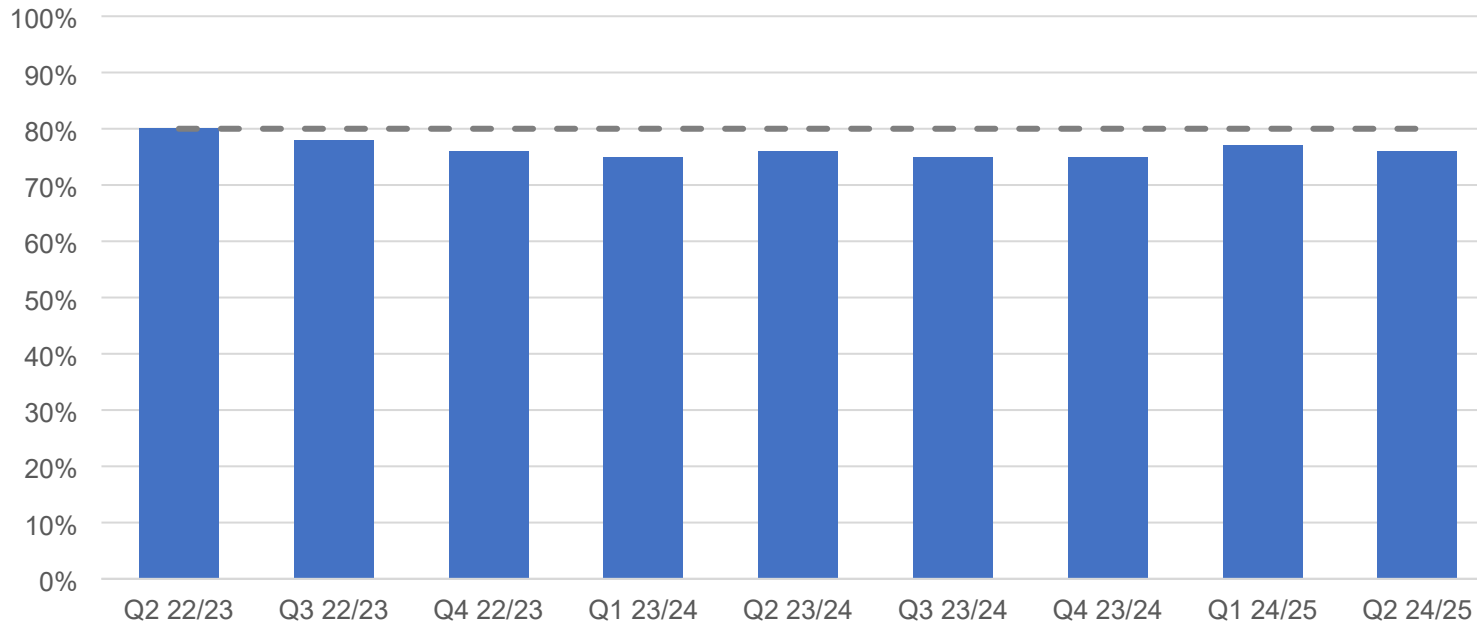
**BCF Measure**

**Commentary:** *At the request of Cabinet Committee members we have included figures for Q2, however the full time needed for this measure to have complete data and is subject to change.*

The Making a Difference Everyday principals aim to support people to remain in their own homes. Practitioners are exploring alternative options, the use of new technology assists with tailoring support to need. Adult Social Care continue to see hospital discharge via Pathway 2 and Pathway 3 convert to longer term placements, often the people in this group have a significant level of need associated with the health condition. Health funding is explored where appropriate. Adult Social Care is also seeing people move from a short term bed to a long term stay.

**ASCH6: The % of Kent Count Council (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 overall Direction of Travel is not significant.

Please note axis does not start at 0.

Corporate Risk Register: CRR0015

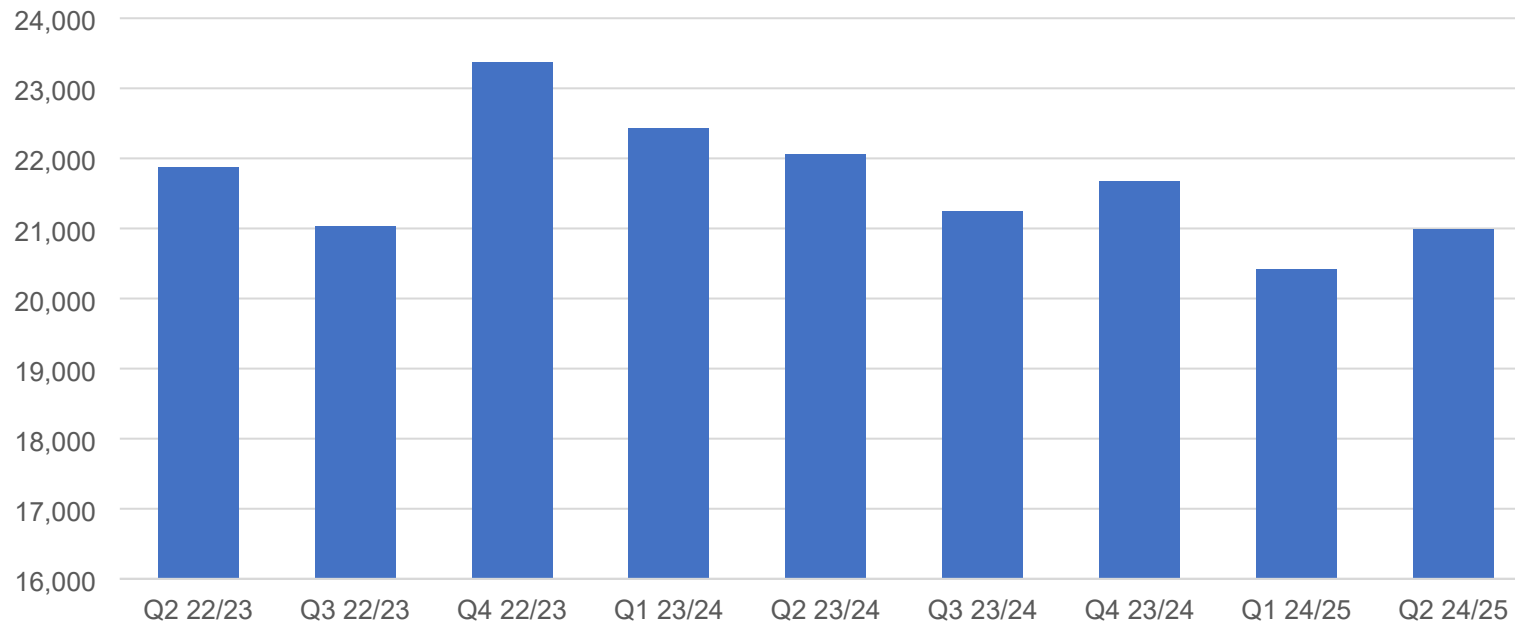
**Commentary:**

Quarter 2 has seen the proportion of people supported by adult social care in a residential or nursing placement that is rated as Good or Outstanding by CQC reduce by 1%. There has not been an increase in the proportion of those in Inadequate rated homes though.

Ongoing monitoring of care homes with identified concerns is in place to support providers to deliver on action plans to improve the quality of the home and the CQC rating. It is important to note when a care home has completed their action plan and made necessary improvements, there can be a delay in CQC reinspecting the home and reviewing the rating.



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



#### Technical Notes:

Activity measure, no specified target

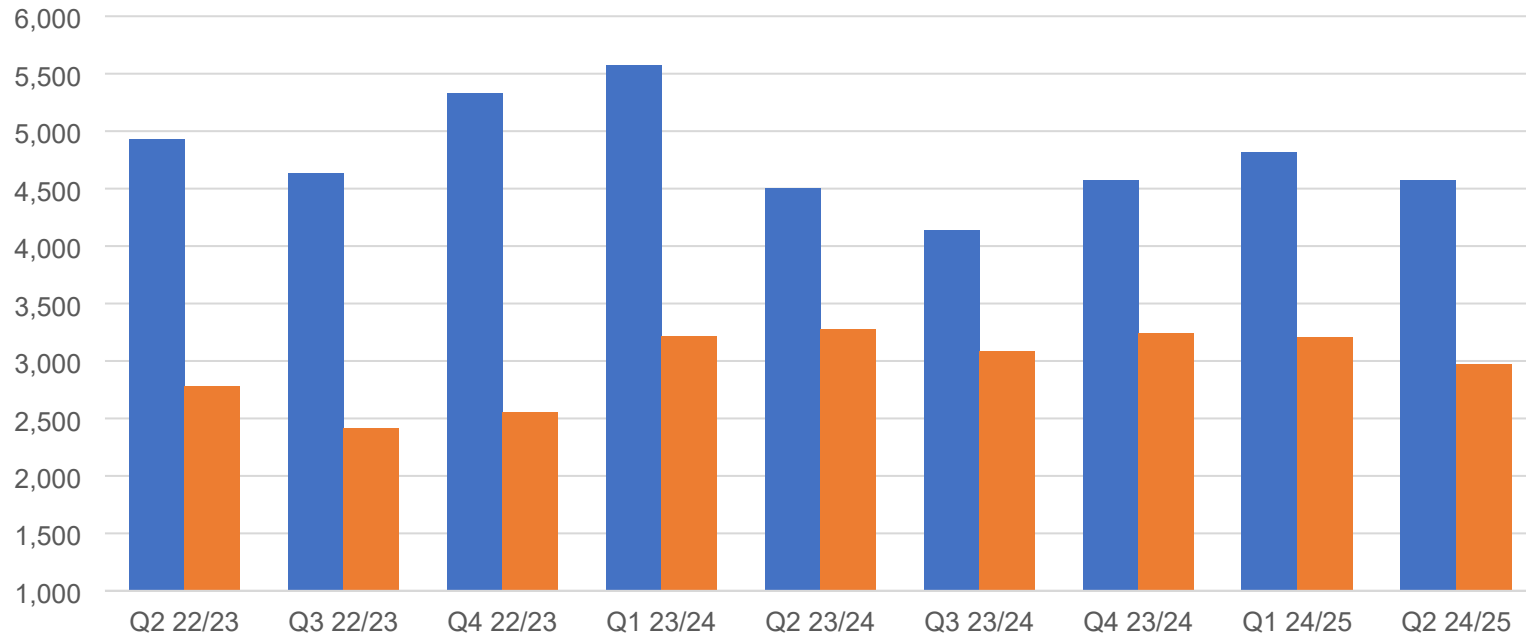
Includes all forms of contact.

Please note axis does not start at 0

#### Commentary:

Whilst adult social care are seeing an overall decrease in the number of contacts since Quarter 4 2022/23, we are still receiving over 20,000 contacts each quarter, closer to 21,000 in Quarter 2. The teams being contacted the most are the Community Teams, followed by the Adult Social Care Connect service.

## 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.

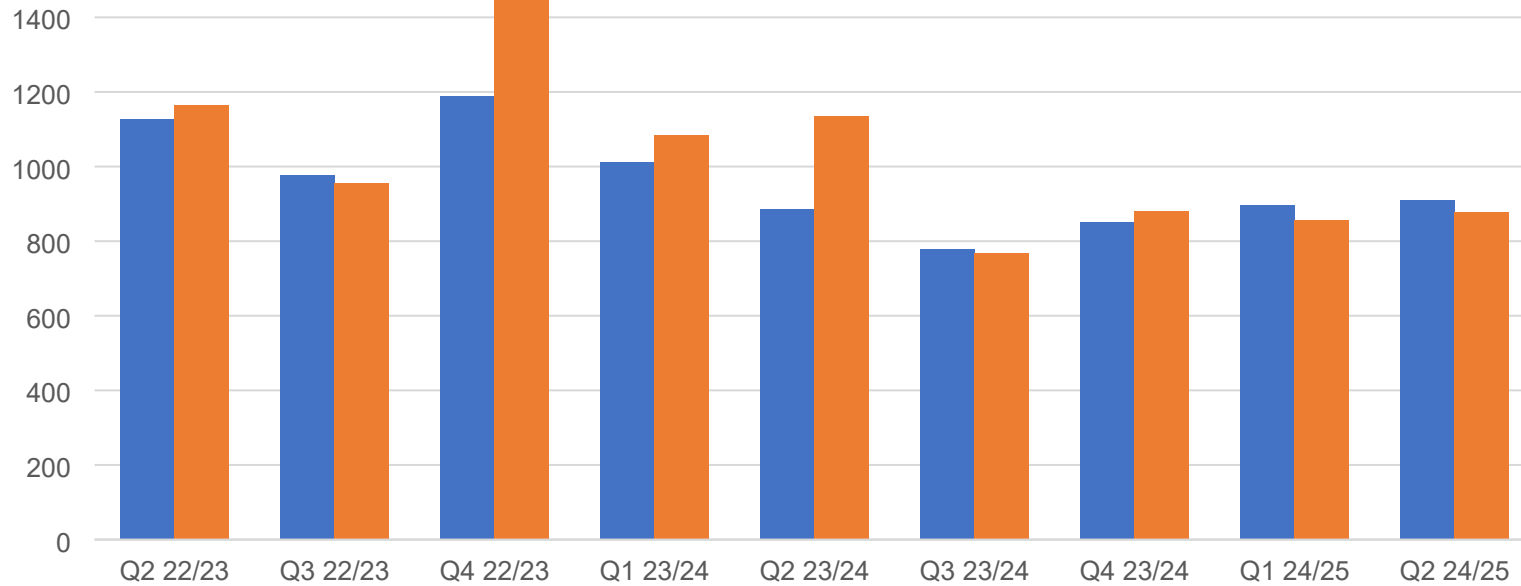
2024/25 includes people with Learning Disabilities aged 18-25 with Children Young People and Education (CYPE).

### Commentary:

Quarter 2 saw the number of Care Needs Assessments needing to be completed fall, by 7%, and the number of new assessments to be undertaken reduced by 5%, a decrease of nearly 250 when compared to the previous quarter. 4,688 assessments were completed in Quarter 2, which was higher than the total of Care Needs Assessments that were proposed.

Ensuring Care Needs Assessments are delivered and in a timely manner for the person remains a priority for adult social care, and forms part of the Performance assurance Framework.

### ASCH9: The number of new Carers' Assessments to be undertaken and the number delivered



#### Technical Notes:

Activity measure, no specified target

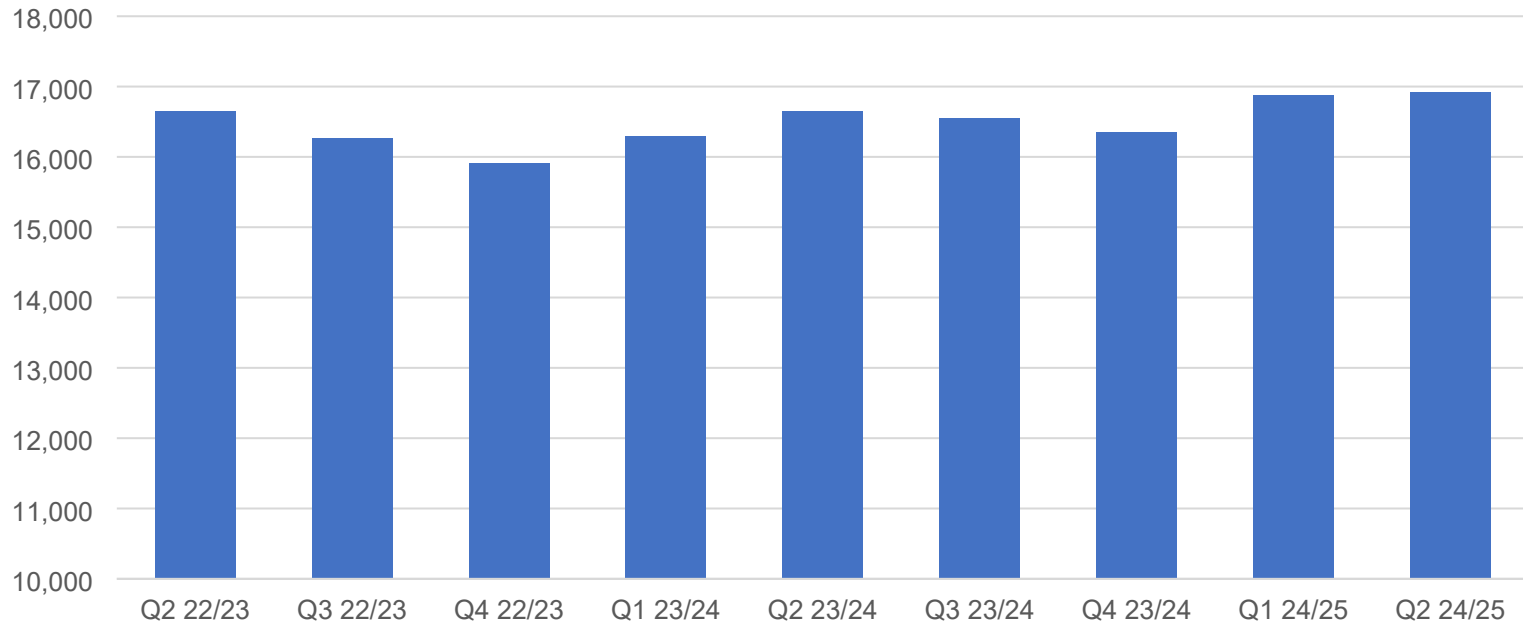
Blue – carer assessments to be undertaken

Orange – carer assessments delivered

#### Commentary:

Quarter 2 saw the highest number of carer assessment requests in over 12 months. Despite this, adult social care teams and carer organisations completed a greater number of assessments than in the previous quarter. Most assessments are delivered through the delegated responsibility within the carer contract. Work has commenced to re-commission the service and as part of this the assessment pathway will be revised. The carer strategy group provides oversight of this activity and has a robust action plan. The introduction of practice assurance panels has also improved the visibility of carer needs.

**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

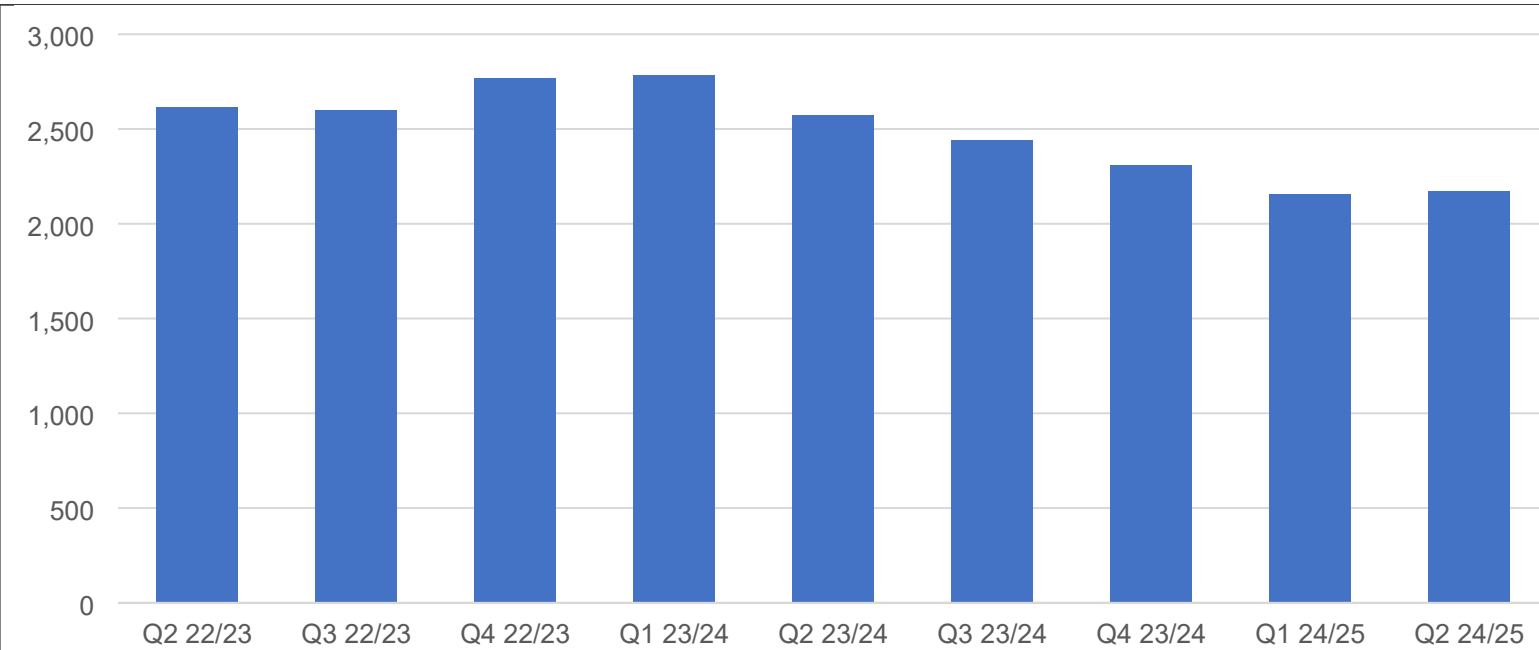
Please note axis does not start at 0.

2024/25 includes people with Learning Disabilities aged 18-25 with Children Young People and Education (CYPE).

**Commentary:**

At the end of Quarter 2, adult social care continued to support almost 17,000 people with an active Care and Support Plan. Furthermore, in Quarter 2, 919 young people aged 18-24 years old were supported by the Strengthening Independence Service in Children Young People and Education supported 919 people.

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



**Technical Notes:**

Activity measure, no specified target

The most recent quarters are subject to change

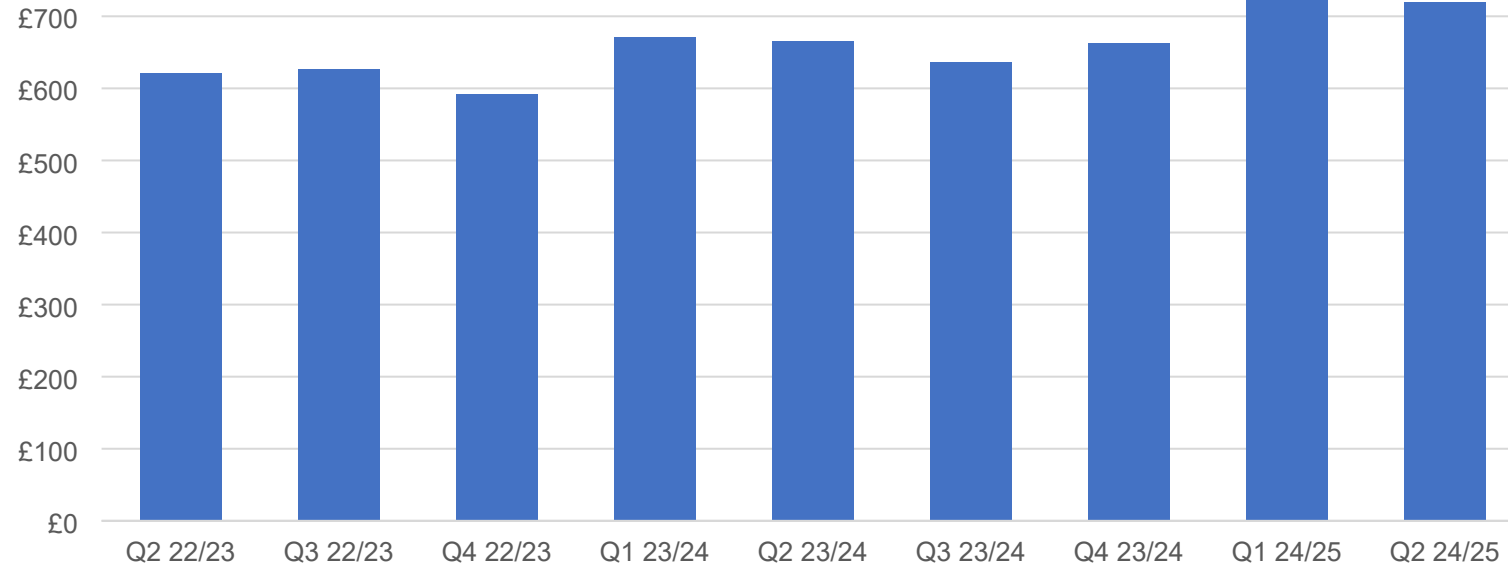
Last 4 quarter figures updated.

Corporate Risk Register  
CRR0015

**Commentary:**

In Quarter 2, 2,172 new support packages were arranged, compared to 2,157 in Quarter 1. However, these figures may change as the client recording system is updated in the coming weeks. This is the first increase to be seen since Quarter 1 23/24.

### 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

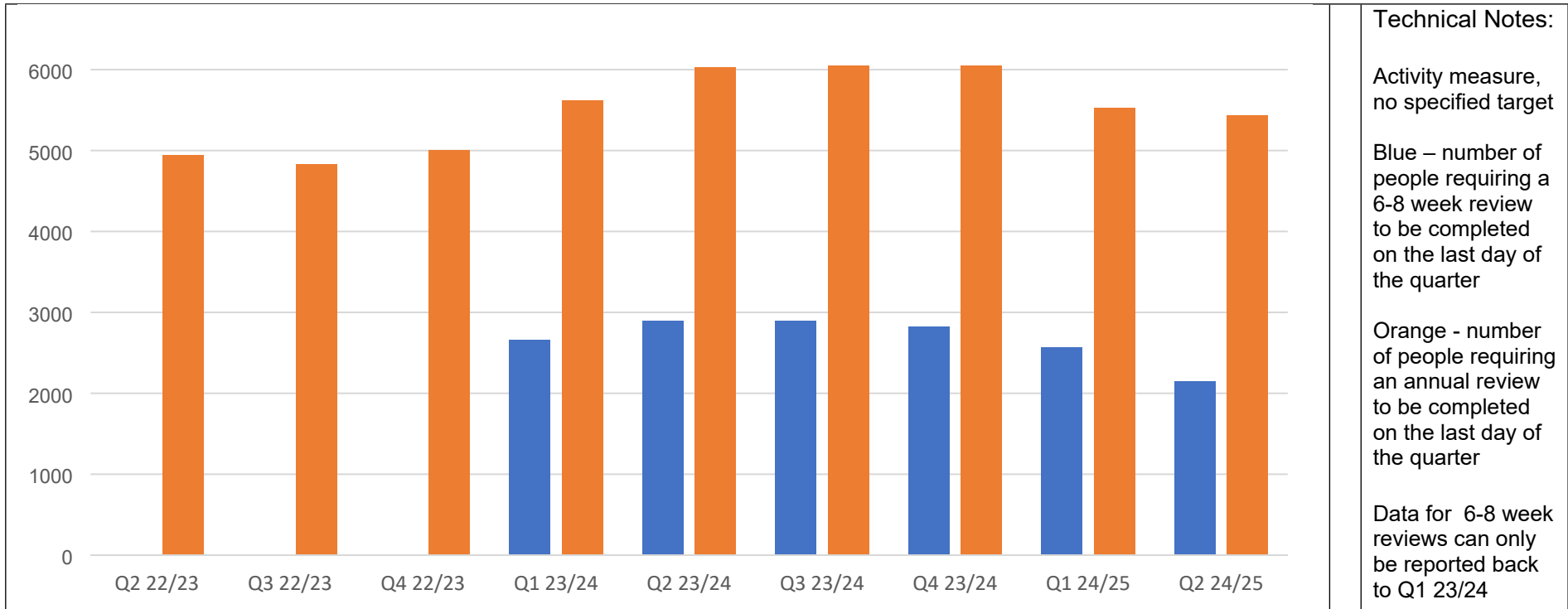
Last 4 quarter figures updated.

**The most recent quarters are subject to change**

#### Commentary:

Quarter 2 has seen a decrease in the average cost of new support packages arranged in the quarter down to £719 from £761. However, this figure remains higher than quarters from the previous two financial years. These figures will change as the client recording system is updated in the coming weeks.

**ASCH13: The number of people requiring a first Review (6-8 weeks) or an annual review to be completed on the last day of the quarter**

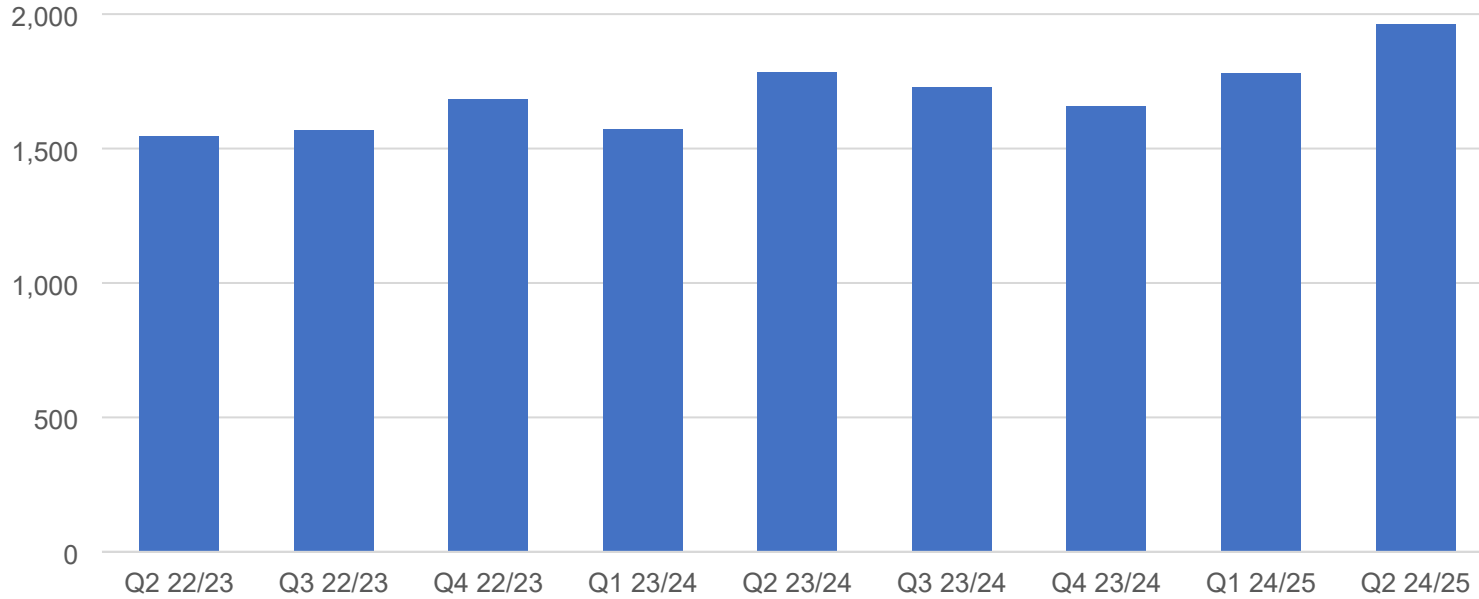


**Commentary:**

The number of people requiring a 6-8 week review continues to fall quarter on quarter; Quarter 2 saw a 16% decrease. Further reductions can also be seen in the number of people requiring an annual review to be completed on the last day of the quarter – falling for a third quarter in a row, by 2% in Quarter 2.

In Quarter 2, adult social care completed the highest quarterly total of reviews of care and support plans recorded on Mosaic. Completing reviews is a priority for adult social care and the decreases in those requiring a review is reflective of this targeted activity

**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).

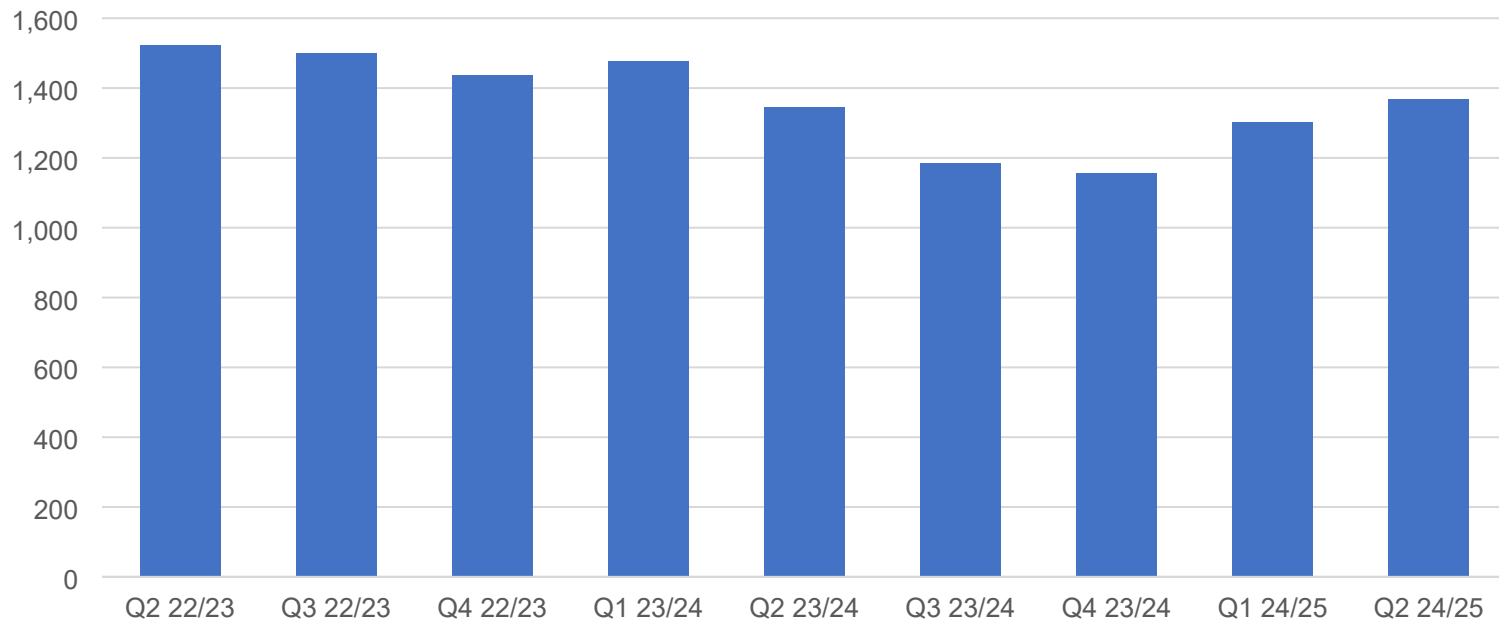
**Commentary:**

The number of people in Kent Enablement at Home saw its largest quarterly total in Quarter 2 2024/25. Increasing the number of people who receive Kent Enablement at Home is a key priority for adult social care to ensure people receive the enablement they need so they can remain at home as independently as possible.

Quarter 2 2024/25 had a 14% increase in people starting Kent Enablement at Home.



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



#### Technical Notes:

Activity measure, no specified target

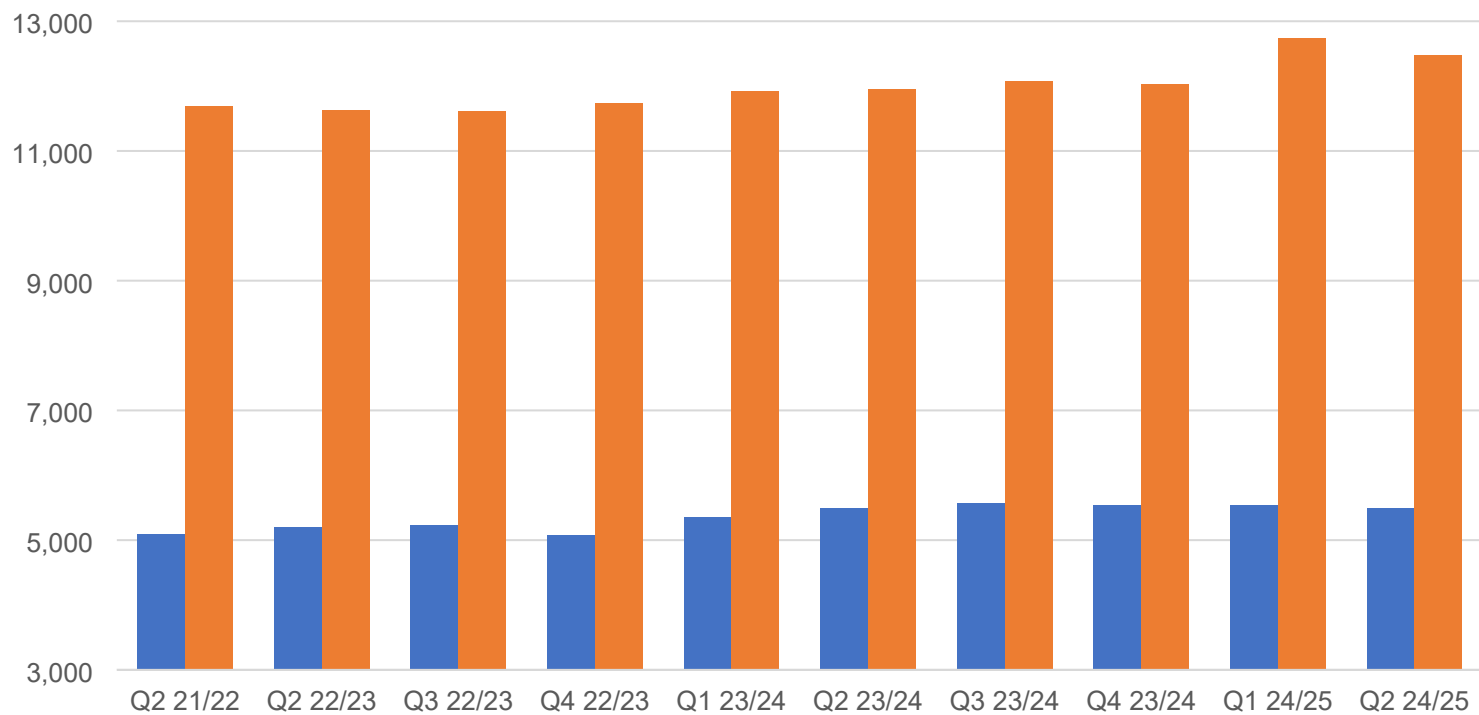
Last 4 quarter figures updated.

#### Commentary:

Adult social care have seen an increase in those in a short term bed again this quarter. Following the 13% increase seen in Quarter 1 there was further 5% in Quarter 2. There was an 8% increase in people starting a short term residential or nursing service in Quarter 2.

When someone is placed in a short term bed, adult social care teams and their partners work together to help the person they are supporting to maintain their independence, this includes working with Occupational Therapists, and wider partners such as District and Borough councils if there is a housing related need.

## 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

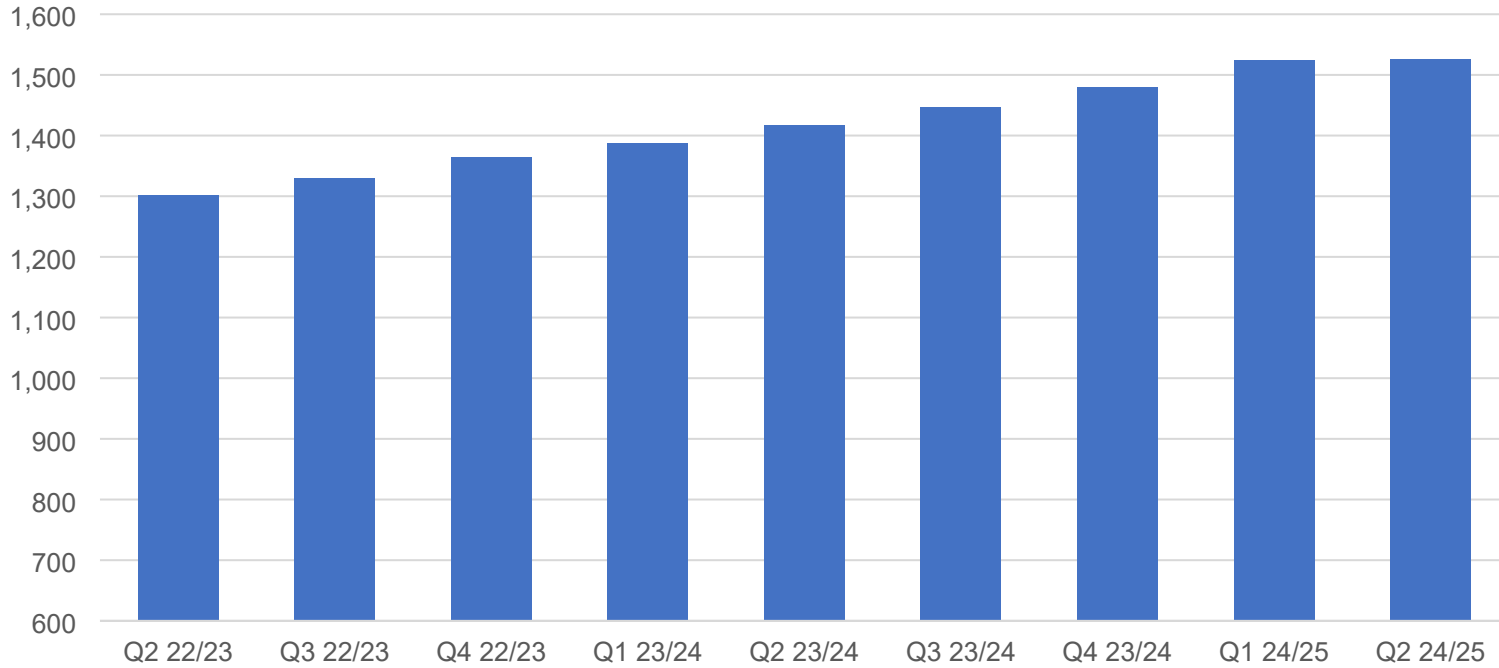
Last 4 quarter figures updated

24/25 includes people with Learning Disabilities aged 18-25 with Children Young People and Education (CYPE).

### Commentary:

Adult Social Care and Health saw a reduction in the number of people supported in the community in Quarter 2. There was also a slight reduction in the number receiving residential or nursing services. CYPE account for 610 long term community services in Quarter 2 and 94 Residential or Nursing Services.

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



**Technical Notes:**

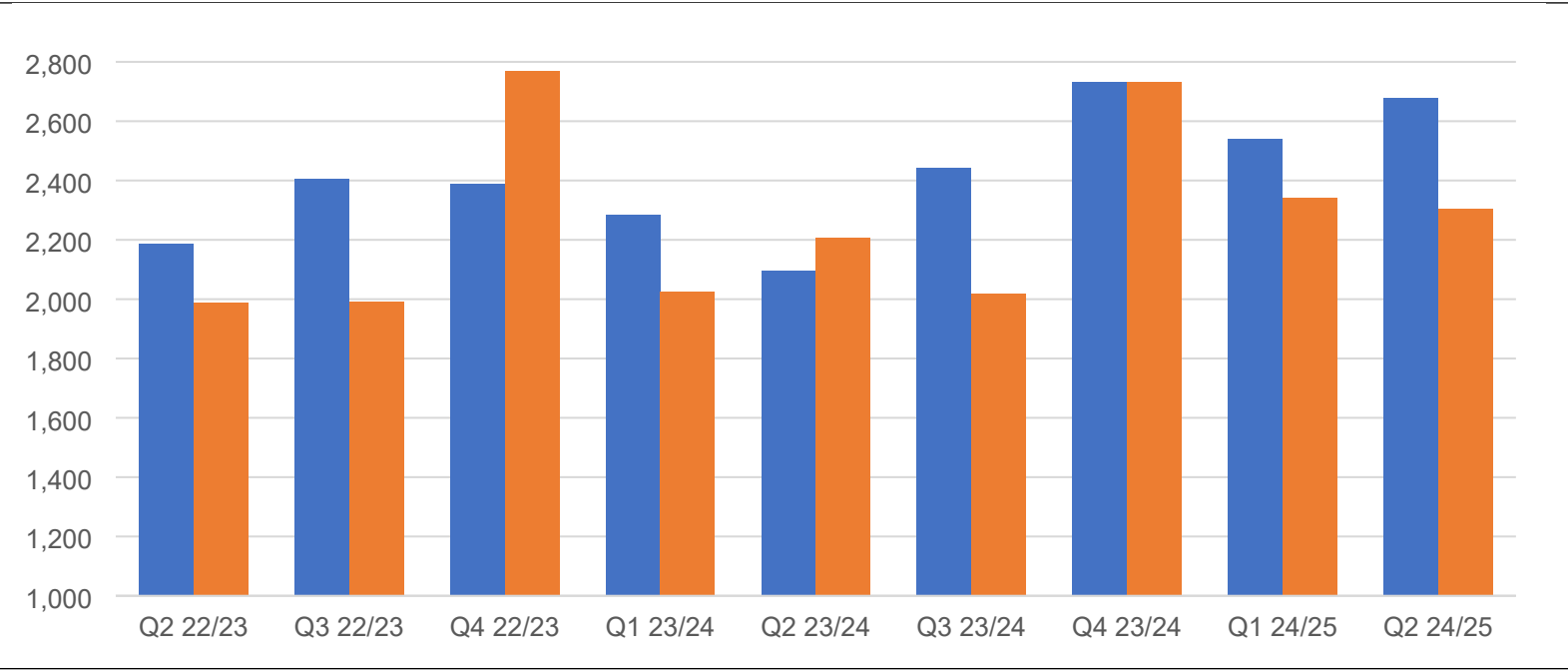
Activity measure, no specified target

Please note axis does not start at 0

**Commentary:**

Adult social care continue to see increases in the people needing support with services with a mental health need. People are presenting with varied needs and include those with co-existing conditions and younger adults who require the support of the multi-disciplinary team to coordinate support.

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

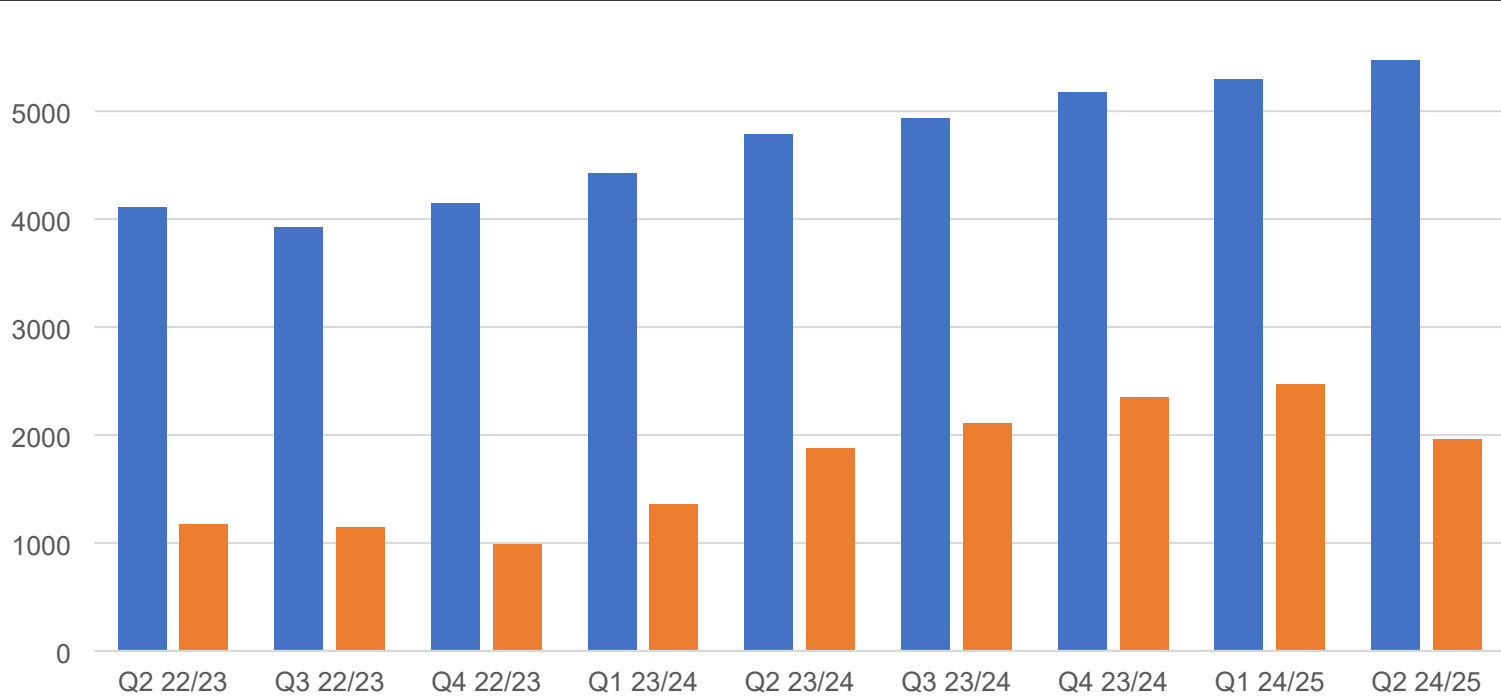


**Technical Notes:**  
 Activity measure, no specified target  
 Please note axis does not start at 0.  
 Blue – applications received.  
 Orange – Applications completed.

**Commentary:**

In July 2024 over 1,000 DoLS applications were received, an amount 46% higher than July 2023. The upward trend has continued and to manage the demand, adult social care have introduced a further model of sustainability for those people who are in receipt of their 4th or 5th DoLS and the risk dictated. In addition, a plan for Quarter 3, regarding resources for Authorising DoLS applications has been developed together with a targeted piece of work, focusing on the front door and applications presented. Those findings will be reviewed, and actions identified for the senior leadership to consider. Furthermore, in Quarter 3, people who are waiting for an assessment are being monitored, checked upon and adult social care are working closely with Care Homes for a 3 week period. Findings will be reviewed and action identified

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



**Technical Notes:**

Activity measure, no specified target

Blue – the number of safeguarding concerns received

Orange – number of safeguarding enquiries open on the last day of the quarter

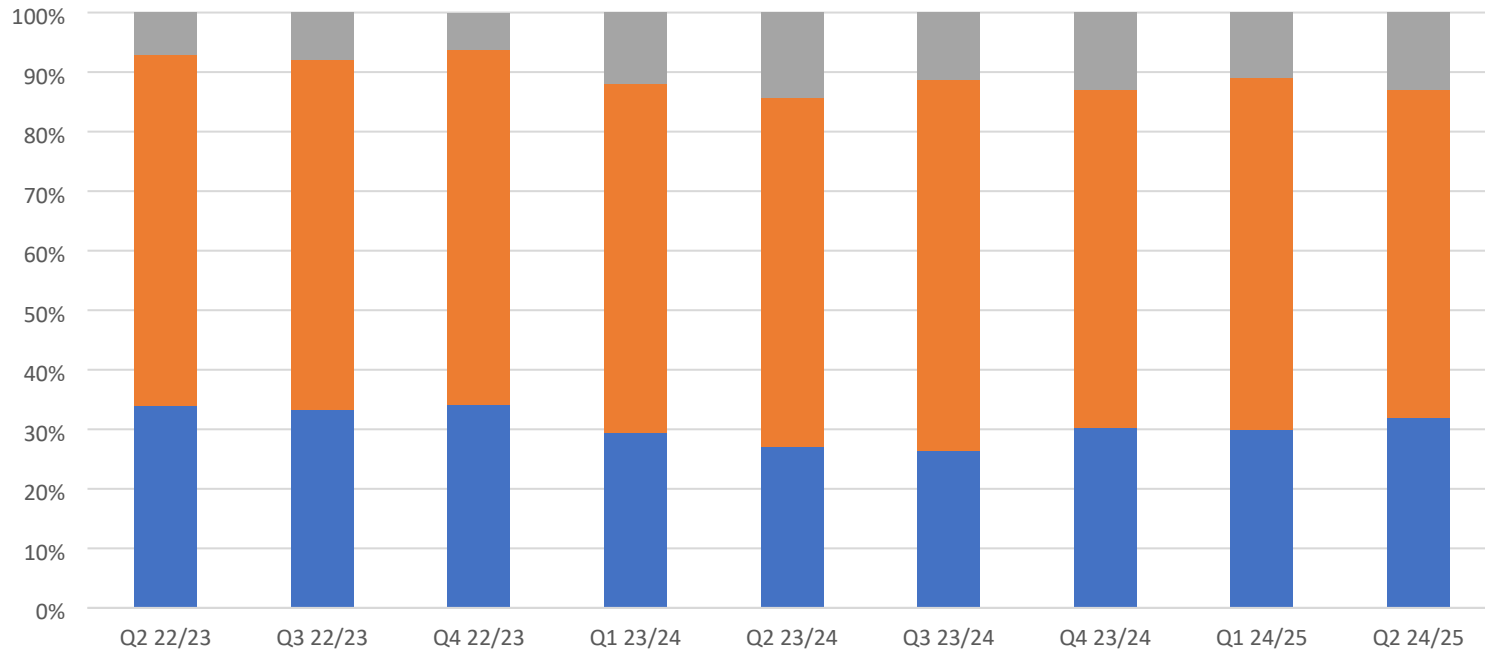
2024/25 includes people with Learning Disabilities aged 18-25 with Children Young People and Education (CYPE).

**Commentary:**

The number of safeguarding concerns received has continued to increase each quarter, Quarter 2 saw a 3% increase on Quarter 1 and a 14% increase on Quarter 2 last year. We have seen increases across all of Kent but predominately in 2 adult social care areas, and across all locations, we are looking particularly at increases in those reported in care homes.

However, Quarter 2 also saw the first decrease of safeguarding enquiries open on the last day of the quarter since Quarter 4 22/23.

**ASCH20: Outcome of concluded Section 42 Safeguarding Enquiries where a risk was identified**



**Technical Notes:**  
 Activity measure, no specified target  
 Blue – risk removed  
 Orange – risk reduced  
 Grey – risk remained

**Commentary:**

The outcomes for people following safeguarding enquiries have remained fairly consistent with the risk either being removed or reduced for the majority, 87% in Quarter 2. When the risk remains, a plan is established to ensure all safety measures are implemented, helping the person at risk to stay as safe as possible.

**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  
November 2024

**Subject:** **ADULT SOCIAL CARE PRESSURES PLAN 2024-2025**

**Classification:** Unrestricted

**Summary:** The report will provide an overview of the current pressures faced by Adult Social Care and Health and the mitigating actions in place to ensure service continuity and resilience. The report focuses on outlining the strategic and operational response to a range of factors including respiratory infection rates, vacancies in the health and social care workforce, waiting lists for care and support, winter pressures and budgetary pressures. The full Adult Social Care Pressures Plan 2024-2025 identifies the component elements of the directorate's response to the unprecedented pressures on the health and social care system and identifies owners for each of the response elements.

**Recommendations:** The Adult Social Care Cabinet Committee is asked to **NOTE** the content of the report and the Adult Social Care Pressures Plan 2024-2025.

## 1. Introduction

- 1.1 The Adult Social Care and Health (ASCH) Directorate has continued to operate in an extremely challenging environment throughout 2024, as it manages pressures associated with impacts of local authority budget pressures, cost of living impacts, increased demographic pressures of an ageing population and people living longer with more complex needs, alongside continued high workforce vacancy rates and turnover across the health and social care sector. Many of these are the same pressures faced by most other local authorities nationally, as a result of national rather than local factors.
- 1.2 The Adult Social Care Pressures Plan 2024-2025, attached as Appendix 1, identifies the factors which are likely to impact the operating environment in the coming months and beyond, and the strategic and operational actions which are being taken to ensure directorate resilience.
- 1.3 The plan will be maintained as a live document which will enable adult social care to continually review its business processes and escalation procedures, ensure that risks and issues are addressed at an early stage and implement appropriate mitigations to support service continuity.

## 2. Context

- 2.1 Adult social care has historically faced system pressure during the winter period due to its interdependencies with the NHS, the need to support hospital discharges and increased demand for care and support during winter. In 2024/2025 adult social care continues to manage and navigate extreme pressures whilst continuing to operate in the context of high demand for services, budget pressures, market pressures and workforce issues both within our own social care workforce but also the wider care workforce across Kent.
- 2.2 Adult social care faces a significant budgetary challenge for 2024/25, as does the wider Council, and this will continue into 2025/26 whilst simultaneously having to manage increased demand and residents having to wait longer for assessments and services due to the workforce pressures which are being seen across multiple sectors but are particularly acute in health and social care.
- 2.3 The health and social care workforce and system remains under significant strain nationally. High vacancy rates produce environments of stress, which increases pressure on existing staff, and in turn encourages higher turnover and absence. Skills for Care figures for 2023-2024 indicated around 131,000 vacancies in adult social care services nationally, and a turnover rate of 30%.
- 2.4 More people are requesting support and there are now approximately 2 million requests nationally for support with social care services for new people each year. In 2023/2024 Kent had over 21,800 people receiving a service (for example Home care, or Residential) a 1% increase on the previous year. The impacts on people who have cause to draw on care and support are very real with too much unmet, under met and wrongly met need. The quality and consistency of services also remain a pressing issue that is compounded by local authorities having to deal with an increased number of people with complex needs that require support, creating high levels of unmet need. Kent had an 11% increase in 2023/2024 of those receiving a service who had a mental health need compared to the previous year.
- 2.5 The People at the Heart of Care, Adult Social Care Reform White Paper', published by the government in December 2021 acknowledged the historic challenges relating to social care funding pressures and sought to address some of the current disparity between funding for the NHS and social care. The white paper sets out the 10-year government vision for transforming adult social care within England. The three core objectives are that people have choice, control, and support to live independent lives; people can access outstanding quality and tailored care and support and people find adult social care fair and accessible.
- 2.6 In its Adult Social Care Committee report, a "gloriously ordinary life" spotlight on adult social care, The House of Lords stated that the Committee recognised that the Government had outlined a new vision for social care in its 'The People at the Heart of Care', Adult Social Care Reform White Paper and it applauded its ambition, however, that it falls short of providing a concrete and fully resourced programme of change, which is necessary to realise these ambitions. Many



have made the case that so far, the funding announcements made since the publication of the White Paper have reduced expectations that the full ambitions of White Paper will be realised.

- 2.7 The House of Commons Committee of Public Accounts Reforming adult social care in England report (March 2024), highlighted that “local authorities are having to plan and commission adult social care services against a backdrop of fragmented and uncertain funding”. It goes on to point out the short-term and multiple funding pots provided to local government and recommended that government explore ways to provide more confidence over long-term funding.
- 2.8 The Health and Care Act 2022 puts the Care Quality Commission's (CQC) assurance of local authorities on a statutory footing. The new duty on the CQC to assess local authorities' delivery of their adult social care (ASC) duties under Part 1 of the Care Act 2014 came into effect on 1 April 2023. In August 2023, the Department for Health and Social Care published its framework for adult social care intervention in local authorities. According to the Association of Directors of Adult Social Services (ADASS) Spring Survey 2024 the estimated national cost to local authorities of preparing for the CQC assessment is £43m.
- 2.9 As with previous winters, there is a high level of concern about the levels of pressure on health and care services this winter. Respiratory infection rates are likely to create higher levels of staff absences and the effects of the cost-of-living crisis on staff recruitment and retention will also be a key factor to consider in our efforts to provide the best quality services to our population.
- 2.10 The increasing pressure on unpaid carers is also recognised including financial, emotional and the physical breaking down of support. It is estimated that there are between 4.2 million and 6.5 million unpaid carers in the UK, with the actual figure likely to be much higher. In Kent there are an estimated 148,000 adults providing care every week.
- 2.11 The totality of the challenges outlined above mean that adult social care faces a period of sustained pressure and must be proactive and agile in managing its response. The Adult Social Care Pressures Plan identifies a range of activities which will support both the directorate's own staff and services and Kent's provider market to ensure they have appropriate business continuity plans and risk mitigations in place to sustain service delivery.

### **3. Components of the Adult Social Care Pressures Plan 2024-2025**

- 3.1 The Adult Social Care Pressures Plan 2024-2025 collates several component plans which outline the operational and tactical preparations and response to pressures, the strategic activities and the collaborative working being progressed with partner organisations and the provider market.
- 3.2 The Resilience and Emergency Planning section of the plan identifies a number of tools and mechanisms to support directorate resilience and business continuity, including the Operational Pressures Escalation Plan.

- As part of our continuing improvement cycle, lessons learnt from previous incidents and exercises have been included in our ongoing programme of work, both to inform our review of identified risks, and to strengthen the tools and mechanisms we already have in place.
  - Service Business Continuity Plan testing is in place to test service Business Continuity Plans against planning assumption in readiness for the European Entry/Exit System.
  - A Directorate Project Group has been established across service areas identified through threat and risk assessment to maintain timely two-way flow of information between meetings of the Directorate Resilience Group.
  - Areas of risk for winter 2024/2025 and beyond have been identified and assessed to ensure appropriate controls and actions are in place.
  - All service level Business Continuity Plans across operational services have been stress tested, Service Managers and their deputies have been exercised to ensure all key staff are aware of their responsibilities and are familiar with the tools and resources available to them.
- 3.3 The plans will be maintained as live documents throughout Winter 2024-2025 and the ASCH Senior Management Team will maintain oversight of their implementation and will escalate any concerns to the Corporate Director Adult Social Care and Health.
- 3.4 Adult social care is continuing to work in collaboration with system partners in developing Hospital Discharge pathways and integrated community support services which provide better outcomes for people and are more sustainable for the health and care system. Across Kent there is an established Discharge to Assess approach to support people back to their own home as quickly as possible and assess their ongoing needs in their home environment. In 2022/2023 we developed a model for integrated Transfer of Care Hubs in East Kent which have demonstrated that a true multi-disciplinary approach to discharge planning supports people to go to the right destination on discharge with the right care and support. It continues to be a priority for 2024/2025 to further develop the Transfer of Care Hub model. The model has been rolled out across North and West Kent. The model is continually being reviewed and developed to support better outcomes for people accessing hospital discharge pathways.
- 3.5 Discharges from Mental Health Hospitals continue to be an area with ever increasing pressure. The increase in the level of complexity presenting in mental health services means there continues to be pressures on acute mental health beds in Kent. Additionally challenges in the provider market and limited specialism in-county within the provider market to support this cohort of people who have the most complex needs has a significant impact on numbers Clinically Ready for Discharge/delayed bed days. Adult social care continues to work closely with the Kent and Medway Social Care Partnership Trust (KMPT) in a collaborative approach to assessments and discharge planning and developing pathways to discharge.

- 3.6 Adult Social Care Connect (formerly the Area Referral Service) is now locally deployed across the four main areas of North Kent, West Kent, Ashford and Canterbury, and Thanet South Kent Coast. Social Worker resource has been added to the teams to ensure that referrals and safeguarding concerns are actioned appropriately at contact minimising the need to transfer to other teams. Following extensive research with other local authorities, and working alongside our community team managers, remodelling work continues as part of our continuous improvement and commitment to prevention and enablement.
- 3.7 Short Term Beds are used to facilitate people who are being discharged from hospital on a pathway 2 or 3 service for assessment reablement and recovery for people who are not able to return to their own home. There has been a significant increase in the number of referrals for those on a hospital discharge pathway compared to this period last year. Over a four week period between mid-September to mid-October in 2024, Short Term Pathways received 904 referrals compared to 618 referrals across the same period in 2023. So far this financial year the average length of stay in a Short Term Bed is 3.6 months, and for older people it is 4.2 months. The aim is 6 weeks.
- 3.8 The Operational Capacity Management Plan for Winter 2024-2025 identifies the recruitment activities, working arrangements and staff redeployment contingency arrangements that will be implemented for adult social care teams throughout the winter period. These arrangements will enable continuity of service and will also ensure that extended working arrangements support partners in the health system to manage demand on their services and hospital discharges.
- 3.9 Kent Enablement At Home (KEaH) aims to ensure people are able to remain at home with the appropriate levels of support with the emphasis on enablement and not for people to remain or move into long term placements. We are seeing increased demand for KEaH already, with an 8% increase in those receiving this service in 2023/2024 (over 5,300 people) compared to 2022/2023 (over 4,900) and in Quarter 2 this year we saw the highest number of people having KEaH for three years.
- 3.10 The plans for ASCH's Commissioned Services encompasses work with Kent's provider market to support their short-term preparedness and resilience and seek to encourage long-term sustainability through market development. Activities under the Commissioned Services offer are aligned to preventative actions to keep people safe and well at home, supporting safe and timely discharge from hospital and helping people to recover and thrive in their own home. The System-Wide Market Pressures Activities include a broad range of actions to reduce overall pressure on the market and system. The actions support demand management through utilising equipment and technology to manage lower-level needs and support a preventative approach.
- 3.11 The Adult Social Care Innovation and Partnership Team has led the development of the Registered Managers Hub, which supports the care sector to develop registered managers, improve quality in care, identify recruitment and retention solutions, provide training opportunities, and seek out innovation.

This activity ensures the social care market is of quality, sustainable and adaptive enough to change, as required by the Care Act 2014.

#### **4. Financial implications**

- 4.1 In 2024/2025 the financial challenge for the whole organisation was a £96m funding gap arising from the scale of spending growth of circa £210m, which is way in excess of the increased funding from central government and taxation, circa £114m. This gap had to be funded from identifying savings and use of reserves. The scenario is similar in 2025/2026 where we are forecasting £147m growth compared to £64m increase in funding.
- 4.2 Over half of this spending growth relates to adult social care, and savings had to be identified to offset this increased growth, as well as achieving previous years rolled-forward savings. The main financial challenges that we are seeing this year, are in relation to the continuation of increased demand, complexity and costs, meaning the achievement of those savings required to offset the growth is challenging and causing financial pressures.
- 4.3 The Joint Commissioning Management Group will continue to work collaboratively with Kent and Medway Integrated Care Board (KMICB) to ensure best value for money and use of resources across the system.

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

- 5.1 An equality impact assessment has been undertaken and is attached as Appendix 1b

#### **6. Other Corporate implications**

- 6.1 The delivery of the Adult Social Care Pressures Plan 2024-2025 builds on the 'Adult Social Care Pressures Plan 2023-2024' and the lessons learned from partnership working, joint commissioning and contingency planning in that period. Lessons learned from the delivery of the Adult Social Care Pressures Plan 2024-2025 will be owned by the owners of the component plans and will be shared corporately where appropriate.

## 7. Conclusions

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

## 8. Recommendations

8.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **NOTE** the content of the report and the Adult Social Care Pressures Plan 2024-2025.

## 9. Background Documents

[House of Lords - A “gloriously ordinary life”: spotlight on adult social care - Adult Social Care Committee \(parliament.uk\)](#)

[People at the Heart of Care: adult social care reform white paper - GOV.UK \(www.gov.uk\)](#)

<https://publications.parliament.uk/pa/cm5804/cmselect/cmpubacc/427/report.html>

## 10. Report Authors

Barbara Rickman  
Assistant Director, Enablement Support Services  
03000 410895  
[Barbara.Rickman@kent.gov.uk](mailto:Barbara.Rickman@kent.gov.uk)

Laura Prentice  
Acting Directorate Business Manager, Adult Social Care and Health  
03000 417473  
[Laura.Prentice@kent.gov.uk](mailto:Laura.Prentice@kent.gov.uk)

### Relevant Director

Sydney Hill  
Director Adult Social Care and Health  
03000 422239  
[Sydney.Hill@kent.gov.uk](mailto:Sydney.Hill@kent.gov.uk)

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# Adult Social Care and Health

## Adult Social Care Pressures Plan 2024-2025

**Author:** Sydney Hill

**Owner:** Richard Smith

**Version No:** 3.0

**Purpose:**

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

<b>Version</b>	<b>Date Issued</b>	<b>Brief Summary of Change</b>	<b>Owner's Name</b>
Draft 1.0	04.09.24	First draft – incorporating key updates and gaps	Laura Prentice
Draft 1.1	17.09.24	Updates made to Resilience and Emergency Planning section, Hospital Discharge and Community Support, Operational Capacity Management Plan and Risk Management	Laura Prentice
Draft 1.2	02.10.24	Summary redrafted	Laura Prentice
Draft 2.0	11.10.24	Contributions from Arranging Support and Commissioning added. Amendments made following feedback from SMT.	Laura Prentice
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## 1 Introduction and Context

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### Current Context

Adult Social Care and Health (ASCH) in Kent continues to manage and navigate an unprecedented range of pressures across social care and health in 2024/2025 whilst continuing to operate in the context of high demand for services, budget pressures, market pressures and workforce issues both within our own social care workforce but also the wider care workforce across Kent. Therefore, it is absolutely essential to have in place robust contingency planning that documents these issues, risks and pressures and evidences how ASCH, and where applicable partners, can mitigate these to support ASCH to ensure high quality and safe services to the people we support, but to also be clear where the risks are to ASCH being able to do this.

From a Public Health perspective vaccination to protect against infectious disease, mechanisms to respond rapidly to outbreaks of infectious disease and emergency planning are still critical.

Local Authorities nationally have seen increased budget pressures in recent years, and ASCH has been particularly affected by a range of factors that have put significant pressure on its budget. Kent is having to work in the context of increased demographic pressures, with an ageing population and people living longer with more complicated needs coupled with a provider market that is not stable at present and is putting significant cost pressures on the ASCH budget. Spend on Adult Social Care continues to remain high as providers try to secure a stable workforce and manage the increased costs associated with the cost of living crisis. Coupled with this are the increased levels of demand and complexity of need and the costs of services increasing above inflation.

ASCH faces a significant budgetary challenge for 2024/2025, as does the wider Council, and this will continue into 2025/2026 whilst simultaneously having to manage increased demand and people having to wait longer for assessments and services due to the workforce pressures which are being seen across multiple sectors but are particularly acute in health and social care.

The health and social care workforce and system remains under significant strain nationally, with demand outstripping capacity. The NHS is experiencing some of the most severe pressures in its 75-year history and there are large vacancy rates in both workforce populations. High vacancy rates create a vicious cycle: shortages produce environments of chronic stress, which increases pressure on existing staff, and in turn encourages higher turnover and absence. Skills for Care figures show that there are around 131,000 vacancies nationally within adult social care and the staff turnover rate is 30%. Their monthly tracker shows the current vacancy rate for Social Workers is 10.5% and 9.5% for Occupational Therapists. NHS Digital statistics also showed that as

of June 2024 the NHS in England has a vacancy rate of 7.7% which is a decrease from 8.9% in June 2023.

Given the continued vacancy rates and difficulties in recruitment across the social care sector, there is inevitably concern about the impact on service delivery and provision of care this winter. ASCH has seen some positive improvements in relation to workforce challenges in the care and support in the home market with the pressure in terms of people waiting for care and support in the home having eased since the beginning of the year and the number of people waiting for a homecare package at the beginning of September 2024 remaining below the weekly average for the year. When compared to the same period last year there has been a 60% decrease in the number of people waiting for care and support in the home. There has been a 66% decrease in the average days waiting, in 2022/2023 it was 210 days, whereas in 2023/2024 it reduced to 44 days. The number of people waiting for care and support in the home is low compared to the 2022/2023 averages. The pressures were more evenly split between East Kent and West Kent during 2023/2024 however Thanet South Kent Coast still had 32% of the total referrals across the county.

The People at the Heart of Care, Adult Social Care Reform White Paper', published by the government in December 2021 acknowledged the historic challenges relating to social care funding pressures and sought to address some of the current disparity between funding for the NHS and social care. The white paper sets out the 10-year government vision for transforming adult social care within England. The three core objectives are that people have choice, control, and support to live independent lives; people can access outstanding quality and tailored care and support and people find adult social care fair and accessible.

It is noted that the House of Commons Committee of Public Accounts Reforming Adult Social Care in England report (March 2024), highlighted that "local authorities are having to plan and commission adult social care services against a backdrop of fragmented and uncertain funding". It goes on to point out the short-term and multiple funding pots provided to local government and recommended that government explore ways to provide more confidence over long-term funding. The Committee welcome the additional funding for adult social care in recent years but recognise these are short-term top-ups, often designed to be spent on specific initiatives (such as increasing pay to providers) with no guarantee that they will continue. Patchwork funding and short-notice announcements hinder the sector's ability to plan for the long-term and risks undermining delivery of the Department's 10-year vision for adult social care. Funding for adult social care, including supporting the planned reforms, for 2025–26 onwards will depend on the next spending review. The Committee also identified that the Department of Health and Social Care faces significant challenges in delivering its 'vision' for adult social care reform. The charging reform was postponed by the last government and subsequently confirmed by the current government that the charging reform will not be implemented in October 2025 as previously planned.

Even so, significant and persistent challenges prevail which have received attention from notable bodies including the House of Lords. In its Adult Social Care Committee report, A “gloriously ordinary life” spotlight on adult social care, it was stated that the Committee recognised that the Government had outlined a new vision for social care in its recent White Paper and it applauded its ambition, however, noted that it falls short of providing a concrete and fully resourced programme of change, which is necessary to realise these ambitions. Many have made the case that so far, the funding announcements made since the publication of the White Paper have reduced expectations that the full ambitions of White Paper will be realised.

The Health and Care Act 2022 puts the Care Quality Commission's (CQC) assurance of local authorities on a statutory footing. The new duty on the CQC to assess local authorities' delivery of their adult social care (ASC) duties under Part 1 of the Care Act 2014 came into effect on 1 April 2023. In August 2023, the Department for Health and Social Care published its framework for adult social care intervention in local authorities. ASCH in Kent, underwent its assurance visit commencing 30 September 2024 and awaits notice of the rating. According to the Association of Directors of Adult Social Services (ADASS) Spring Survey 2024 the estimated national cost to local authorities of preparing for the CQC assessment is £43m.

The residual impact of the COVID-19 pandemic has had the effect of heightening these challenges. The extent of the challenges is laid bare by the ADASS Time to Act report a roadmap for reforming care and support in England, which noted that the government funding for local authorities fell by 55 percent between 2010/2011 and 2019/2020. Workforce challenges characterised by high vacancy rates among care providers continue to challenge the sector with the Skills for Care's the size and structure of the adult social care sector and workforce in England report (July 2024) noting that the increase in the number of posts being filled in 2023/2024 has contributed to a corresponding decrease in the number of vacant posts. In 2023/2024, the vacancy rate decreased to 8.3%, or 131,000 vacant posts. However, the vacancy rate in 2023/2024 remains high compared to historical levels and other sectors.

More people are requesting support and there are now approximately 2 million requests for support with social care services for new people each year. In 2023/2024 Kent had over 21,800 people receiving a service a 1% increase on the previous year. The impacts on people who have cause to draw on care and support are very real with too much unmet, under met and wrongly met need. The quality and consistency of services also remain a pressing issue that is compounded by local authorities having to deal with an increased number of people with complex needs who require support, creating high levels of unmet need. Kent had an 11% increase in 2023/2024 of those receiving a service who had a mental health need compared to the previous year.

The increasing pressure on unpaid carers is also recognised including financial, emotional and the physical breaking down of support. It is estimated that there are between 4.2 million and 6.5 million unpaid carers in the UK, with the actual figure likely

to be much higher. In Kent there are an estimated 148,000 adults providing unpaid care every week. The average person now has a 50% chance of becoming an unpaid carer by the time they reach 50. Some calculations indicate that unpaid care may have a value of up to £132 billion per year, a figure which is equivalent if not greater than the annual NHS England budget. The State of Care report tells us that carers are feeling the impact of the cost of living increases and that at least 27% of carers have mental health concerns with this figure rising with the number of hours of caring they provide.

The cost of funding adult social care rises year on year and in the last few years it has, like the rest of the wider economy, experienced high inflation rates that have impacted on the costs of the workforce, utilities and transport.

The results of the ADASS Spring Survey 2024 showed that the financial situation facing Directors of Adult Social Care is as bad as it has been in recent history. Adult social care budgets in 2023/2024 were overspent by £586m, the highest levels for at least a decade. Directors ranked increased costs due to increasing complexity of care needs as the main area of concern in terms of financial pressure for 2024/2025, this was closely followed by increased costs due to inflationary pressures.

Prior to the onset of COVID-19 in 2019/2020, 35% of Directors were fully confident that their budgets would be sufficient to meet their statutory duties. Only one in ten Directors (10%) have full confidence that their budgets will be sufficient to fully meet their statutory duties in the current financial year, down from 12% in 2023/2024.

As we go into 2024/2025, we continue to experience an unprecedented range of pressure. However, despite these pressures we remain committed to delivering the ambitions that were coproduced with residents of Kent and are set out in our vision for Adult Social Care "Making a Difference Everyday". This is underpinned by a commitment to supporting people in a place they call home, surrounded by the people and things they love.

### **Winter 2024-2025 Challenges**

As happens in most winters, there is a high level of concern about the levels of pressure on health and care services this winter. Respiratory infection rates are likely to create higher levels of staff absences and the effects of the cost-of-living crisis on staff recruitment and retention will also be a key factor to consider in our efforts to provide the best quality services to our population.

This winter there are concerns regarding respiratory illnesses especially in the care home settings residents including COVID-19, influenza, and Respiratory Syncytial Virus (RSV).

As a vital part of preventing illness and improving system resilience, it will be important to maximise the winter vaccination campaign by promoting uptake amongst people drawing on care and support, and the social care workforce.

As well as eligible population groups, it is imperative that Kent County Council (KCC) and ASCH specifically, make every possible effort to maximise uptake in front line staff – for their own health and wellbeing, for the resilience of services, and crucially for the safety of the people they are caring for.

The primary aim of the national campaign Getting a head start on flu and other infections aims to prepare for the inevitable surge in seasonal illnesses like flu and COVID-19.

The groups to be offered a Flu and COVID-19 vaccine in autumn/winter 2024/2025 are:

- residents in a care home for older adults
- all adults aged 65 years and over
- persons aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the UK Health Security Agency (UKHSA) Green Book on immunisation against infectious disease

More detail on eligible flu cohorts is on gov.uk:

- [National flu immunisation programme 2024 to 2025](#)
- [COVID-19 autumn/winter eligible groups](#)

Flu vaccination remains a critically important public health intervention to reduce morbidity and mortality in those most at risk including older people, pregnant women and those in clinical risk groups. It helps the health and social care system manage winter pressures by helping to reduce demand for GP consultations and likelihood of hospitalisation. Vaccinating health and care workers also plays an important role in helping to prevent transmission of flu, protecting themselves and those they care for.

The groups to be offered a flu vaccination in autumn/winter 2024/25 are:

*From 1 September 2024:*

- pregnant women
- all children aged 2 or 3 years on 31 August 2024
- primary school aged children (from Reception to Year 6)
- secondary school aged children (from Year 7 to Year 11)
- all children in clinical risk groups aged from 6 months to less than 18 years

*From October 2024:*

- those aged 65 years and over
- those aged 18 years to under 65 years in clinical risk groups (as defined by the [Green Book, Influenza Chapter 19](#))
- those in long-stay residential care homes

- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

ASCH will work with primary care networks and providers to promote vaccinations to all relevant groups.

The main relevant flu and COVID-19 vaccination campaign commenced on Thursday 3 October 2024.

This year for the first time, the NHS is offering the respiratory syncytial virus (RSV) vaccine to those aged 75 to 79 and pregnant women. RSV is a common respiratory virus that can cause serious lung infections. While RSV infection can occur at any age, the risk and severity of RSV and its complications are increased in older adults and in neonates and small babies, and it has a considerable impact on people and NHS services during the winter months. Further details are available [here](#).

The KCC Public Health Infection Prevention and Control (IPC) Team plays a crucial role in managing emergencies and IPC related issues.

#### 1. Reporting and Initial Response

- Outbreaks and Emergencies Reporting: Any infectious disease outbreaks or IPC-related emergencies are reported directly to the UK Health Security Agency (UKHSA).
- First Response by UKHSA: The UKHSA acts as the first responder, providing immediate guidance and support to the care home to manage the outbreak.
- Notification to KCC Public Health IPC Team: If further assistance is required beyond the initial response, the UKHSA will notify KCC Public Health's IPC Team for additional support.
- Involvement of Integrated Care Board (ICB): The ICB is also notified during significant outbreaks or emergencies to coordinate healthcare support across local health systems, including primary care hospitals and other care providers.

#### 2. Follow-Up Support by KCC Public Health IPC Team

- Initial Risk Assessment: Once notified by UKHSA, the KCC Public Health IPC team contacts the care home to conduct an initial risk assessment. This assessment helps identify the type of support needed and the level of risk posed by the outbreak or emergency.
- Targeted IPC Support: Based on the risk assessment, the IPC team provides guidance and resources, such as infection containment strategies, Personal Protective Equipment (PPE) usage, isolation procedures, and enhanced cleaning

protocols. The IPC Team can also conduct a quality visit to care settings if required.

### 3. Coordination and Communication

- Collaboration with UKHSA: The KCC Public Health IPC Team coordinates with UKHSA and other stake holders to ensure consistent and comprehensive support is provided to the care home during high-pressure situations.
- Care Home Contact: Regular contact with care home management ensures that IPC measures are followed, and any evolving risks are managed efficiently.

### 4. Ongoing Monitoring and Risk Mitigation

- Continuous Monitoring: The KCC IPC Team monitors the situation, providing additional interventions if needed to control the outbreak and protect residents.
- Escalation of Support: If risks escalate, the IPC Team can mobilise further resources, such as Public Health Consultants, Environmental Health Officers, NHS ICB, Adult Social Care Teams, and liaise with other health services for enhanced support.

### 5. Post-Emergency Review

- Debriefing and Evaluation: After the emergency or outbreak has been resolved, the KCC Public Health IPC Team will conduct a post-incident review to assess the effectiveness of the response and identify areas for improvement in the care settings IPC practices.

The following plan sets out the ASCH Directorate's own escalation plans and contingency actions, to ensure that high-quality, safe and timely support is provided to everyone who needs it, whilst maintaining systems that can react quickly to a range of variables and rapidly changing circumstances. ASCH will need to draw on lessons from 2023/2024 to maintain an agile and responsive approach and continue to work collaboratively with health partners to make best use of resources across the system.

In August 2023, NHS England published the Operational Pressures Escalation Levels (OPEL) Framework 2023/24. This publication supersedes all previous versions of the national framework which has been in operation since 2016. The ASCH OPEL Plan describes how KCC continues to operate within the revised framework, building on local plans and practice and feeds in the Whole System Winter Planning 2024/2025 to jointly build winter resilience in local health and care systems.

In his letter to chief executives of local authorities and directors of adult social services, 17 September 2024, Stephen Kinnock, Minister of State for Social Care, sets out his priorities for improving service resilience in the short term, ahead of and during the winter period.

The principles guiding these short-term priorities are similar to those that will underpin that longer-term reform:

- a 'home first' approach that supports people to live independently for as long as possible

- a relentless focus on ensuring high-quality care
- close involvement of people receiving care and their families and carers

Close partnership working and joint planning between adult social care, the NHS and other community partners is vital to the successful delivery of these priorities. Priorities for winter 2024-2025 build on the national Better Care Fund objective to enable people to stay well, safe and independent at home for longer and to provide people with the right care, at the right place, at the right time. In Kent, our Better Care Fund plan is routed in the Kent and Medway Integrated Care Strategy and is delivered through a range of partnership arrangements across the county.

The purpose of the 'Adult Social Care Pressures Plan 2024-2025' is to provide a clear and concise summary of all the key activities in place, as the directorate prepares to manage ongoing pressure on health and social care services. The main elements of the plan have been outlined in the table below. This plan will be kept under review during the coming months and updated as appropriate as arrangements are continually reviewed in response to changing circumstances. In line with the review of the Pressures Plan 2023-2024 the effectiveness of this plan will be reviewed to ensure that lessons learned are built into future plans.



Section	Activity Title	Description	Activity Lead(s)
2	Resilience and Emergency Planning, including the Operational Pressures Escalation Plan	The Emergency Resilience and Planning section outlines the tools and plans in place to respond to incidents or surges in demand across the Kent and Medway Health and Social Care System.	John Callaghan
3	Hospital Discharge and Community Support	This programme of work seeks to work collaboratively with health partners to jointly commission services, promote a whole-system approach to decision-making and improve value for money for Kent residents, underpinning Government hospital discharge policies.	Barbara Rickman
4	Operational Capacity Management Plan for Winter 2024-2025	The Operational Capacity Management Plan for winter aims to: <ul style="list-style-type: none"> <li>Assess the likely operational impact of additional demand and setting out plans for additional staffing to manage the likely demand.</li> <li>Identify the financial resources required to fund additional capacity and operational costs and how this will be funded.</li> </ul>	Service Managers
5	Commissioned Services	This section lays out the Strategic Commissioning activities which have been identified to support and build the resilience of the adult social care provider market, including the System-Wide Market Pressures Action Plan.	Simon Mitchell
6	Financial Implications	This section lays out the funding streams which have been made available to KCC to support the Winter Plan and resilience activities.	James Beamish
7	Risk Management	This section identifies the risk management protocols that are in place, how they will be kept under review during the winter period and the risk owners.	ASC Directorate Management Team

Table 1: ASC Pressures Plan 2024/2025

## 2 Resilience and Emergency Planning

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The ASCH Directorate Resilience Group maintains oversight of the business continuity, emergency planning, and related resilience workstreams on behalf of the Directorate Management Team (DMT). The group provides a forum for the two-way flow of information between all Adult Social Care and Health operational teams, services, and business partners, under the chairmanship of the Area Operations Manager - West Kent. The group's programme of work for 2024/2025 has been dominated by Adult Social Care planning and response to the implementation of the EU Entry-Exit System (EES). The following schemes and initiatives have been brought forward to enhance resilience:

Table 2: Resilience and Emergency Planning arrangements

<b>Deliverable</b>	<b>Objective</b>	<b>Timeline</b>
Threat and Risk Assessment	<ul style="list-style-type: none"> <li>to undertake a comprehensive threat and risk assessment of adult social care operations and provider services</li> <li>to inform multi-agency Threat and Risk Assessment through representation at Kent Resilience Forum Command and Control Groups</li> </ul>	Completed April 24
Directorate Project Group	<ul style="list-style-type: none"> <li>to establish and maintain a project group from service areas identified through threat and risk assessment</li> <li>To maintain timely two-way flow of information between bi-monthly meetings of the Directorate Resilience Group</li> <li>To establish and maintain project risk and issue logs, and ensure mitigating actions are assigned and completed on schedule</li> </ul>	Completed May 24 and ongoing
Service Business Continuity Plan testing	<ul style="list-style-type: none"> <li>to provide an opportunity to test service Business Continuity Plans against planning assumptions for EES implementation</li> <li>to identify lessons, and recommendations for improvement to be taken forward through directorate, Authority and multi-agency planning structures</li> </ul>	Completed Sept 24

Business Continuity Plan reviews	<ul style="list-style-type: none"> <li>to ensure all service Business Continuity Plans are up to date and reflect lessons learning and recommendations arising from exercise regime</li> </ul>	Due Oct 24
Operational Pressures Escalation Plan	<ul style="list-style-type: none"> <li>to ensure ASCH responds appropriately to surges in demand across the Kent and Medway Health and Social Care System.</li> <li>to align guidance to national framework published by NHS England</li> </ul>	Completed Aug 24
Adverse Weather Plan	<ul style="list-style-type: none"> <li>to ensure ASCH can respond appropriately to periods of adverse / severe weather.</li> <li>to align guidance to national severe weather framework published by UKHSA in 2024</li> </ul>	Due Oct 24

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

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

directorates recognise and are aware of their responsibilities and are ready to deliver in response to emergencies and business interruption.

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

- Provide information about the national operating frameworks and service requirements
- Describe the monitoring and reporting arrangements in place, to provide early warning of surge pressures
- Inform staff about the national, regional, and local processes and procedures to be used to manage a surge in demand
- Identify roles and responsibilities for services, teams, and individuals
- Describe the actions required in response to surges in demand.

### **3 Hospital Discharge and Community Support**

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#### **Hospital Discharge**

ASCH is continuing to work in collaboration with system partners in developing Hospital Discharge pathways and integrated community support services that provide better outcomes for individuals and are more sustainable for the health and care system.

Across Kent there is an established Discharge to Assess approach to support people back to their own home as quickly as possible and assess their ongoing needs in their home environment. In 2022/2023 we developed a model for integrated Transfer of Care Hubs in East Kent which have demonstrated that a true multi-disciplinary approach to discharge planning supports people to go to the right destination on discharge with the right care and support. It continues to be a priority for 2024/2025 to further develop the Transfer of Care Hub model. The model has been rolled out across North and West Kent. The model is continually being reviewed and developed to support better outcomes for people accessing hospital discharge pathways.

Kent Enablement at Home (KEaH) has expanded their capacity to deliver the Home from Hospital Discharge to Assess service across Kent following the decommissioning of the Hilton contract on 30 September 2024. Expanding the in-house service will deliver cost savings against the existing commissioned provider costs. For example, we are funding additional 'bridging' costs where people are awaiting longer term care and support in the home from a domiciliary agency. It will also deliver an improved experience through a single discharge service, meaning less handoffs between providers for example people can move from Hilton onto KEaH for the delivery of enablement against the care act assessment of needs, this means we will be managing resources more effectively and efficiently. Expansion has been achieved through additional recruitment and TUPE of staff across from the Hilton contract. The service will ensure the person is safe at home and focus on

maximising the independence of the person with jointly agreed outcomes set against an assessment of their needs.

The future ambition is to develop this into a fully integrated Health and Social Care service.

ASCH and Kent Community Health Foundation Trust (KCHFT) have worked in partnership to develop and recruit joint health and social care support worker posts in East Kent and implemented a Home First model. Home First is a reablement focused intervention to support people on discharge from hospital to recover and to regain and promote independence. This approach provides people with better outcomes and reduces the dependencies on statutory provision, releasing capacity back into the market. This team will continue to develop as ASCH continues to review its commissioned services and concentrate resources to secure best value for money being spent and better outcomes for the people we support.

People should be supported to be discharged home, or their usual place of residence, as much as possible but where people need a further period of recovery, assessment or reablement provision is available to support people to “step down” from acute hospitals into a community bedded provision. It is an ambition in Kent to ensure these services support an individual’s recovery, and are strength-based and promote independence. ASCH’s Adult Short Stay Services are being developed to improve and increase the enablement support being provided to our customers so that they can return to their own homes at the earliest opportunity. This includes developing better integrated working with our partners across the county.

We are also currently exploring the development of a Technology Demonstration room at Broadmeadow Integrated Care Centre which will allow people being discharged from hospital to be educated in and test the use of technology solutions in a safe environment. It will also provide a community drop in facility for people to experience technology enabled support.

## **Mental Health Discharge**

Discharges from Mental Health hospitals including discharge of people with a learning disability and or autism and people on forensic pathways continue to be an area with ever increasing pressure. The increase in the level of complexity presenting in mental health services means there continues to be particular pressures on acute mental health beds in Kent. The opening of an additional 16-bed in-patient acute unit (Ruby Ward), without an increase in social care staffing and resources in the Early Discharge Planning team, has placed even more pressure on the service.

The pressure on acute beds is also exacerbated by the fact that there are limited crisis pathways and, or responses from partners aimed at preventing admission and also limited wrap around health and social care pathways post admission. Furthermore, the mental health service’s community offer to support individuals to manage their mental wellbeing and reduce the risk of re-admission has been inadequate, thereby placing more pressure on social care resources to manage mental health related risks in the community.

Additionally challenges in the provider market and limited specialism in-county within the provider market to support the people in this cohort who have the most complex needs has had a significant impact on the numbers of Clinically Ready for Discharge/delayed bed days. With the increasing level of complexity particularly in acute mental health and learning disability and autism arena, we have seen a rise in the need for single occupancy supported placements with 1:1 /2:1 /3:1 support which is difficult to source and is costly.

ASCH continues to work closely with Kent and Medway Social Care Partnership Trust (KMPT) in a collaborative approach to assessments and discharge planning from acute wards. For example, a new Adult Social Care Home from Hospital reablement service is now in place across the three KMPT acute mental health in-patient services. The service went live on 1 May 2024 and supports in-patients who can return to their own homes, during their admission, to reduce the potential for delays in their discharge. However, many people are unable to return home either due to carer breakdown, the loss of a tenancy related to their complex needs or being given notice by providers who cannot support the level of individual need and presenting risk.

Three Multi-agency Discharge Events (MaDE) have been held this year with a view to improving acute mental health pathways. Following these events there are plans to progress a project, which will focus on reducing the numbers of patients experiencing delayed discharges from acute wards in East Kent. A multi-agency working group is currently being scoped. The project will consider developing pathways to discharge from KMPT acute mental health in-patient settings in East Kent. The project is being supported by East Kent Health and Care Partnership. Related to this there are also early discussions between the Integrated Care Board (ICB) and ASCH Commissioning to explore the opportunities for commissioning Discharge to Assess beds for mental health.

## **Community Mental Health**

The community mental health framework describes place based community mental health services. KMPT has recently reorganised to locality teams delivering the Mental Health Together model. This provides the opportunity for closer working between ASCH teams and the KMPT Community Mental Health Teams.

The co-occurring conditions protocol informs multi-agency working in the delivery of support to people who often live chaotic lifestyles and whom it is a struggle for statutory services to engage with.

The ASCH Community Forensic Social Work Team and ASCH community teams are also responsible for the delivery of Social Supervision which is required by the Ministry of Justice for people who are 'Conditionally Discharged' under Part III of the Mental Health Act usually from secure hospitals. Joint Conditional Discharge reports are submitted to the Ministry of Justice usually quarterly by the Social Supervisor (from ASCH) and the Clinical Supervisor (from health).

A wellbeing approach to mental health underpins the work of practitioners in ASCH, making use of community resources, such as Live Well Kent, to deliver a preventative approach.

For people who require more formal support ASCH works closely with the Community Mental Health Teams and primary care in the support of people with mental health needs. Support is provided through a range of services including homecare, supporting independence services, supported living and residential.

Where people have a need for greater levels of support, bespoke services can be commissioned and care and support plans are developed with the person, their advocate where required and the service to help recovery.

### **Preventative approach to Community Support**

Prevention, Reduction and Delay in the Development of Need paragraph 1.2 of the Care Act 2014, states local authorities must actively promote wellbeing and independence, and intervene early to support adults and carers to prevent, delay or reduce needs wherever possible. ASCH also gives support and takes information requests through Adult Social Care Connect (previously Area Referral Service) in four geographic areas across Kent. People in Kent who may require information advice and guidance and or draw on care and support, will be encouraged to access Adult Social Care Connect hubs, placing the emphasis on identifying and making best use of community-based resources and encouraging self-led support. The foundation for this approach is to ensure conversations with people are managed in a proportional and strengths-based way, with the emphasis on prevention.

The hubs focus on community collaboration to provide effective, proportional care which leverages local resources and partnerships in a creative way; thereby reducing the requirement for ongoing care once identified, and to minimise duplication of activity and effort between different professionals and services.

This approach is coupled with a robust digital front door; Connect to Support, a digital platform that provides accessible information which connects people and communities to each other, helping them to help themselves and others which will promote independence.

For those people unable to find suitable support in their local communities, and who return to ASCH for help; we will support them to prevent or delay the need for longer term and ongoing solutions (i.e. care and support packages). Our aspiration is to have in place community hubs which are multi-disciplinary and to strengthen our offer of therapy and reablement first approach, using our enablement services, with support from Occupational Therapy (OT) (including aids, adaptations, and innovative technologies) and other initiatives that prevent or delay the need for longer term and ongoing solutions (i.e., care and support packages).

We are growing our digital offer using Technology Enabled Lives, and digital social prescribing solutions, and the use of artificial intelligence approaches, in partnership with our health colleagues.

This is a journey, and we are working with our transformation partners PwC, to build and grow place-based support, to ensure people can remain connected to their local community. The longer-term aspiration is to have in place community hubs which are multi-disciplinary and a with commissioning offer which can influence and shape the market to meet the changing demographic landscape.

## **Short Term Beds**

Short Term Beds are used to facilitate people who are being discharged from hospital on a pathway 2 or 3 service for assessment, reablement and recovery who are not able to return to their own home. There has been a significant increase in the number of referrals for those on a hospital discharge pathway compared to this period last year. Over a four week period between mid-September to mid-October in 2024, Short Term Pathways received 904 referrals compared to 618 referrals across the same period in 2023. This has resulted in a number of people awaiting assessments or reviews in these Short-Term Beds. Team Managers complete deep dives into active caseloads to maximise allocation and increase assessment rates. Short Term Beds are also used to prevent hospital admission and carer breakdown in the community.

Whilst we had seen a decrease in the use of and length of time people were in Short-Term Beds, ASCH has seen increases this year. For older people there was a 27% increase from Q3 2023/24 to Q2 2024/25, and 21% for all short term beds over the last 9 months. So far this financial year the average length of stay in a Short Term Bed is 3.6 months, and for older people it is 4.2 months. The aim is 6 weeks.

Locality teams continue to operate waiting lists for care needs assessments with significant pressures related to both practice and staff capacity which means that people are staying in Short Term Beds for longer waiting for assessments. West Kent teams report capacity issues with homecare providers which results in an increase in the demand for Short Term Beds.

All practitioners are working at full capacity which impacts the ability to reallocate assessments at times of staff sickness or carer breakdown in the community and this can also result in admission to short term beds. Team Managers are working with teams to maximise effective contingency planning so that the impact of this can be reduced and continue to monitor individual caseloads to ensure timely assessment for people.

## **Carers**

There are an estimated 148,341 adults providing unpaid care each week in Kent:

- 94,640 provide 1-19 hours per week
- 18,131 provide 20-49 hours per week
- 35,570 provide 50+ hours per week

ASCH has established a Carer Strategy Group and membership includes representatives from the carer voluntary organisations, carers, commissioners and the ICB ageing well board.

The Carer Strategy Group monitors the activity of carer forums and carer voluntary organisations delivering the delegated responsibilities for assessment and support, the development of digital support including the carer self-assessment and the coproduction of the new carer contract.

Carer voluntary organisations are able to offer information, advice, guidance or support to carers, complete a carer support plan and can provide a personal budget for carers (not for services to the cared for) up to the value of £250. Carer organisations can



make a recommendation for a budget of over £250 via Mosaic, this is then authorised within ASCH.

#### **4 Operational Capacity Management Plan for Winter 2024- 2025**

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Winter planning actions across ASCH have been reviewed from the 2023-2024 plan and identified areas to maintain continuity of provision to meet the anticipated demands of winter 2024/2025:

##### **Kent Enablement at Home (KEaH)**

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

We are seeing increased demand for KEaH already, with an 8% increase in those receiving this service in 2023/2024 (over 5,300 people) compared to 2022/2023 (over 4,900) and in Quarter 2 this year we saw the highest number of people having KEaH for three years.

In direct response to the current hospital and community team's pressures several actions are being taken:

1. East Kent KEaH teams are supporting Kent Community Health (KCHFT) with their Home First Model for Pathway One, home from hospital discharges, along with community hospitals, and as appropriate bridging people who have been waiting on a health discharge service, when they are social care support only.
2. Working with Kent Community Health (KCHFT) to develop the Home First health and social care integrated team to support pathway 1.
3. Joining Integrated Triage calls to ensure that everyone has the opportunity to be considered for enablement at point of entry into social care. Also joining Community Team Integrated Triage calls to support to identify those who have missed this opportunity, those awaiting an assessment and those due/overdue a review.
4. Supporting people waiting an Occupational Therapy Assistant (OTA) assessment through a trusted assessor.

All staff are being actively encouraged to take up the Flu and Covid vaccinations/boosters. Alongside this we are maintaining the highest standards of IPC.

Where a critical major incident occurs, KEaH will activate their Business Continuity Plan.

KEaH will continue to act as 'Provider of Last Resort' supporting 'handbacks', carer breakdown and situations in crisis.

## **Operational Support to Hospital Discharge Pathways**

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

We have a team of OTAs who work alongside the OTs within STP to support people on their discharge from hospital; to reduce deconditioning, review moving and handling to reduce the level of carer support needed longer term for those in the community, as well as supporting people in Short Term Beds to improve levels of ability and enable them to return in a safe and timely way. The STP team strive to achieve better outcomes for people and better outcomes for social care. This service continues to be developed and has delivered positive outcomes for people in promoting and supporting their independence. There has also been a positive impact on the home care market by using availability in the most efficient way and freeing up capacity back into the system.

## **Adult Social Care Connect**

Following the transition to the Locality Operating Model in April 2023 Adult Social Care Connect (formerly the Area Referral Service) is now locally deployed across the four main areas of North Kent, West Kent, Ashford and Canterbury, and Thanet South Kent Coast. Social Worker resource has been added to the teams to ensure that referrals and safeguarding concerns are actioned appropriately at contact minimising the need to transfer to other teams. Following extensive research with other local authorities, and working alongside our community team managers, our remodelling work continues as part of ASCH's continuous improvement and commitment to prevention and enablement. We have renamed our hubs as Adult Social Care Connect and are working on new and revised tools to enable more resources to be deployed into this space and link in with communities to ensure a prevention approach. We are also working with our transformation partner PwC to establish a preventative focus with a single overall strategy to preventing, reducing, or delaying the need for social care.

Movement of resources upstream in the enablement space is needed to fully realise the ambition. Along with system changes to enable the levers with which to deploy some of our alternative strategies such as Direct Payments.

## **Approved Mental Health Professionals (AMHP)**

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

The service has worked to ensure that staff are distributed across the range of shifts.

## **Social Care in Kent Prisons Team**

KCC is responsible for five prisons housing a combined total of 3,400 prisoners. A dedicated team of two Social Workers and an OT ensure that arrangements for care and support are provided for prisoners whilst in custody and plans are made following

their release. Working in partnership with probation and His Majesty's Prison Service, this team supports vulnerable people on release and prevents reoffending and admissions to acute and mental health hospitals.

### **Occupational Therapy**

ASCH's OTs provide a core skillset that underpins the ASCH Making a Difference Everyday approach and delivers the aspiration to support people to maintain their independence and live their lives in the place and way they choose. OTs are experts in working in partnership with people, their carers, providers, and other agencies to recommend creative solutions and just the right amount of support. OT's lead on the preventative agenda across ASCH by underpinning the Enablement offer through equipment, adaptations, and advice.

To support ASCH in delivering the enablement offer via the expansion of KEAH, Home First and Kent Enablement Service (KES), further fixed term OT Senior Practitioner resource is required to maintain current business and respond to the emerging pressures.

Work with health therapy partners is underway to identify collaborative ways to work together with a specific focus on joint training opportunities and shadowing. A training programme has been developed and rolled out for increasing skills with Single Handed care.

## 5 Commissioned Services

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

This approach is based on three key themes:

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

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

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

<p>service to reduce risk of falls</p> <ul style="list-style-type: none"> <li>• <b>Develop micro providers</b> to support admission avoidance <ul style="list-style-type: none"> <li>• <b>Technology Enabled Lives</b> innovative technology supporting people to remain supported at home</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Integrated Community Equipment Service</b> delivery and installation of equipment into people's homes enabling them to remain independent</li> </ul>	
<p><b>Clear and timely communication in place for residents, carers and professionals</b></p>		

### System-Wide Market Pressures Action Plan

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

The provider market in Kent continues to be under pressure due to the identified workforce challenges across adult social care nationally. The number of people waiting for support through a package of care is increasing, which is illustrative of continued workforce pressures.

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

The System-Wide Market Pressures Activities include a broad range of actions to reduce overall pressure on the market and system. The actions support demand management through utilising equipment and technology to manage lower-level needs and support a preventative approach. Commissioners are working with the providers for the Integrated Community Equipment Services (ICES) to improve equipment recycling and ensure that equipment, once used, can quickly be reintegrated within the supply chain to support admission avoidance and enable hospital discharge.

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

- The expanded KEaH Service will continue to deliver additional capacity in acute trusts in both the East and West of the county
- Settle at Home services provided by the Red Cross, and funded by the ICB, will continue to provide discharge support
- New routes for increasing discharge capacity for mental health services with KMPT are being explored

- KEaH will recruit additional staff to support hospital discharge and system flow
- Further development of the use of 'micro providers' to deliver non-regulated activities will support admission avoidance, free up capacity in Care and Support in the Home services to address the waiting list for this service and support flow in the discharge process.

There is also a focus on delivering activities which will support recruitment and retention within the care sector workforce, with the following support provided by the Innovation and Partnership Team:

- Support for overseas workers in relation to development opportunities to aid retention
- Leadership program for BAME managers and aspiring managers to support career development opportunities and retention
- Launch of the [Kent and Medway Health & Care Academy](#) to promote careers in the sector
- Promotion of Mental Health and Wellbeing support to the whole sector
- Job Centre Plus to target vacancies in social care with care specific job fairs
- Promotion of Care Jobs in Kent via [Kent Care Professional](#)
- Ongoing Nursing Associate Program within the care sector
- Joint south east project with NHS and national Volunteer service to offer volunteers work experience, training and a guaranteed interview for a health and care role.
- Promotion of Department of Health and Social Care job site availability for providers to advertise their vacancies free of charge.
- Direct work with colleges promoting care careers to health and social care students

Through the emerging place-based approach, commissioners will improve collaboration with health and providers to support the market. Local intelligence will support and enable an approach that is responsive to the needs of different localities.

Locality Commissioners will work alongside the new Quality Improvement Team to work in partnership with Health and Social Care colleagues to support providers to deliver better quality care services.

Commissioners will work with Public Health and Corporate Communications Teams to manage public messaging and manage reporting into other governance forums. Messaging will focus on what people can do to support their family members' this winter, and the need to manage resources so that these can be targeted to best meet the needs of people requiring care and support.

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

- Communication and engagement with the wider care market to share national updates, local support available to the wider care market, financial support and other initiatives available for care workers and managers
- Access to funded leadership programs
- Quality Improvement activities e.g. Preparing for CQC Inspection and Improving your Inspection Rating
- Upskilling of care workers in clinical topics via monthly webinar sessions in partnership with Integrated Care Partnership (ICP) colleagues
- Providing funded access to key skills training for care workers to improve their literacy and numeracy skills
- Funded access to an online training portal for all care providers in Kent
- Development of Social Care Nursing Provision via the Nursing Associate program
- Improving safeguarding by escalating feedback and practice concerns from registered managers to KCC Safeguarding and Deprivation of Liberty Safeguards (DoLS) Teams
- Encouraging the use of digital technologies
- Collaborative work with Integrated Care System workforce partners, Skills for Care and the local Social Care Nurses Advisory Council to support nurses within social care
- Encourage providers to set up their Skills for Care Adult Social Care Data-set (ASC-ds) as this provides workforce data for the care sector to aid forward planning. Currently 54% of providers in Kent have an ASC-ds.
- Local Skills Improvement Plan – joint working group with 3 Kent colleges and Chamber of Commerce developing Further Education (FE) curriculum around digital skill requirements for the care sector

The Adult Social Care Innovation and Partnerships Team lead on a range of digital solutions which aim to increase capacity in the system. These include:

### **1. Digital Front Door and Digital Self-Assessment**

Working with people who draw on care and support and partners we have codeveloped an information, advice and guidance platform and a range of digital self-help tools. This will help with prevent, reduce and delay by improving information and connecting people with support and services.

This will enable people to complete an assessment in their own time and find out if they are eligible for social care support. Each person is provided with a personalised report which connects them with support and services or if required will progress to a full assessment with social care with much of the information already provided.

### **2. Supporting the Care Sector with Digital**

Funding has been secured from NHS England to test Feebris with 30 care homes up to May 2025. This is a digitally enabled programme for proactive risk assessment and detection of deterioration of people in care homes. The platform is hardware agnostic, connecting to a range of sensors, and uses Artificial Intelligence (AI) to ensure the quality of information captured and automate the

detection of risks, this empowers proactive management of risks such as falls and deterioration therefore reducing hospital admissions. At present 683 people are being digitally monitored. This is being independently evaluated to measure the impact.

Care providers are also supported to put in place Digital Social Care records which is match funded by NHS England. The aim is to improve work processes for the provider by moving from paper based to digital and improving the quality of information.

### **3. Technology Enhanced Lives**

Technology Enhanced Lives went live on 1 November 2023 and to date 1600 referrals have been made to the service. The service consists of three elements:

- 1) Long term for people who have care act eligible needs
- 2) Short term service, free for up to 10 weeks to support hospital discharge and enablement
- 3) Private pay for people who do not want to come to social care or not eligible

Devices such as movement sensors, smart watches, wearables, falls prevention devices and other technologies will allow people to remain independent for longer and better manage risk when previously they may have needed additional help, for example home care or moving to a care home. These technologies are increasingly connected and integrated to each other and to dashboards to support remote monitoring. There is an opportunity to use data generated from the technologies to enable us to move from a reactive to a preventative approach. There are system wide benefits, such as working with Health to reduce hospital admissions and improve hospital discharge.

### **4. Social Prescribing Platform**

KCC has been asked on behalf of the ICB, using funding allocated from NHS England, to lead on the implementation of a digital platform which will enable Primary Care to connect people to community-based support, services, resources, networks and groups in the local area. This can help to improve outcomes for people, supporting the to stay well, independent and resilient, reducing social isolation and helping to support physical and mental health. The digital platform will benefit partners as there is a role for all organisations across the Integrated Care System to ensure there is a consistent offer for the whole population, ease of access and a way of understanding the uptake and impact of promoting social connections.

## **6 Financial Implications**

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In 2024/2025 the financial challenge for the whole of KCC was a £96m funding gap arising from the scale of spending growth of circa £210m, which is far in excess of



the increased funding from central government and taxation, circa £114m. This gap had to be funded from identifying savings and use of reserves.

The scenario is similar for 2025/2026 where we are forecasting £147m growth compared to a £64m increase in funding.

Over half of this spending growth relates to ASCH, and savings must be identified to offset this increased growth, as well as achieving previous years rolled-forward savings. The main financial challenges that ASCH is seeing this year, are in relation to the continuation of increased demand, complexity and costs, meaning the achievement of those savings required to offset the growth is challenging and causing financial pressures.

The Joint Commissioning Management Group will continue to work collaboratively with Kent and Medway Integrated Care Board (KMICB) to ensure best value for money and use of resources across the system.

## **7 Risk Management**

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

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

The risks currently overseen relate to: budget pressures, Deprivation of Liberty assessments, workforce, provider failure, information asset management and information governance.

## **8 Conclusion**

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The challenges facing ASCH remain significant in terms of the collective impact of financial, workforce and health stressors on the system. The budgetary challenge for 2024/2025 across both ASCH and the wider Council is significant. This pressure will continue as we go into 2025/2026 whilst simultaneously having to manage increased demand and waiting times for assessments and services due to the workforce

pressures which are being seen across multiple sectors but are particularly acute in health and social care.

Short-term funding boosts from Government in previous years have temporarily helped reduce the number of people waiting for care and increased support for people at home. However, multi-year funding settlements are needed to enable adult social care to provide greater stability and certainty for councils and enable them to innovate and move away from traditional models of care.

According to the ADASS Spring Survey 2024 waiting lists of all kinds have fallen, however figures remain historically high and as of 31 March 2024, there were still a total of 418,029 people nationally waiting for an assessment, care or direct payments to begin, or a review of their care plan. The risk therefore remains that means the health and wellbeing of many thousands of people continues to deteriorate while they wait for assessments, care or direct payments.

ASCH continues to learn from the extreme pressures it has operated under during the last few years and regularly reviews its business continuity plans and mitigations in place to manage risk, it will need to maintain an agile approach to respond to these ongoing pressures.

ASCH will continue to work collaboratively with its partners in both the health and the provider market to respond to the challenges. Partnership working across the system has already demonstrated its efficacy in ensuring that resources can be targeted to where they are most needed, and support ASCH in being able to prioritise the health and wellbeing of the people of Kent.

In order to tackle the pressures of coming months ASCH will continue to deliver ongoing work with partners to manage infection control; hospital admission avoidance and discharge, use of technology and managing end of life care; utilising government funding to support recruitment and retention in the provider market; supporting and development the provider market; and continuing to engage with regional and national partners to support contingency planning and communication with providers.

## **9 Appendices**

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The following section contains all relevant appendices to the ASCH Pressure Plan 2024-2025 document.

- App A – Operational Pressures Escalation Plan
- App B – Equality Impact Assessment

**-END-**

# Operational Pressures Escalation Plan

Adult Social Care and Health

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## 1. Introduction

In August 2023, NHS England published the Operational Pressures Escalation Levels (OPEL) Framework 2023/24. The framework aims to provide a consistent approach in times of pressure. The 2023/24 publication supersedes all previous version of the national framework which has been in operation since 2016.

On 19<sup>th</sup> March 2020, NHS England published COVID-19 Hospital Discharge Service Requirement with the aim of maintaining enough capacity to support people who have acute healthcare needs due to coronavirus (COVID-19) in hospitals. These requirements were subsequently revised by the Hospital Discharge Service: Policy and Operating Model (21<sup>st</sup> August 2020) and Hospital Discharge and Community Support: Policy and Operating Model (5<sup>th</sup> July 2021). KCC ASCH Directorate responded to COVID-19 Hospital Discharge Service Requirement and subsequent revision in August 2020 and July 2021 by transforming the way Local Authority teams operate to support the safe and rapid discharge of those people who no longer need to be in a hospital bed. Whilst these sets of guidance no longer apply the changes made to the way local teams operate remain.

On the 31<sup>st</sup> March 2022, the Department for Health and Social Care published Hospital Discharge and Community Support Guidance which superseded the previous policy and operating model. The expectation is that local teams should adopt discharge processes that best meet the needs of the local population. This includes the 'discharge to assess, home first' approach, which is well established in Kent. It is expected that systems work together across health and social care to jointly plan, commission, and deliver discharge services that are affordable within existing budgets available to NHS commissioners and local authorities, pooling resources where appropriate. This is a current area of development across Kent and Medway. Multi-agency partners are working together to develop the model within existing resources, and agree any investment to reshape provision towards more home-based, strengths-based care and support, and with less reliance and expenditure on bed-based provision.

Transfer of Care Hubs, are now established countywide as the local health and social care system-level coordinating centres linking all relevant services across sectors to aid discharge, recovery and admission avoidance.

This Plan describes how KCC continues to operate within the revised 2023/24 OPEL Framework, building on local plans and practice which are well established and embedded through operational experience since the implementation of NHS England (South) Surge Management Framework which predates OPEL. This Plan operates against the backdrop of the Hospital Discharge and Community Support Guidance (31<sup>st</sup> March 2022), and will continue to be updated as health, care and other public services move towards more integrated, multi-disciplinary working, and to reflect future funding arrangements.

## **2. Aim and Objectives**

### **2.1 Aim**

The aim of this Plan is to ensure KCC Adult Social Care and Health Directorate responds appropriately to surges in demand across the Kent and Medway Health and Social Care System.

### **2.2 Objectives**

The objectives of this Plan are;

- To provide information about the national operating frameworks and services requirements
- To describe the monitoring and reporting arrangements in place to provide early warning of surge pressure
- To inform staff about the national, regional, and local processes and procedures to be used to manage a surge in demand
- To identify roles and responsibilities for services, teams, and individuals
- To describe the actions required in response to surge in demand

## **3. National Operating Framework**

### **3.1 Operational Pressures Escalation Levels (OPEL) Framework**

The OPEL Framework 2023/24 replaces all previous versions of the NHS OPEL Framework. The current framework aims to:

- Provide a unified, systematic and structured approach to detection and assessment of acute hospital Urgent and Emergency Care (UEC) operating pressures – achieved through standardisation of parameters and assessment within acute NHS trusts. These parameters have been identified through consultation and collaboration with operational and clinical leaders from across the country. The parameters are designed to reflect the key drivers of operational pressures.
- Provide a consistent framework for the proportional representation of each acute trust hospital's OPEL score toward the corresponding Integrated Care System (ICS), NHSE Regions, and NHSE Nationally.
- Provide guidance to acute hospital trusts, ICS and NHSE regions that that supports an effective, integrated and coordinated response to acute trust operational pressures.
- Provide guidance on the alignment of, and interaction between, the OPEL Framework 2023/24 and the national Emergency Preparedness, Resilience and Response (EPRR) framework

The OPEL Framework 2023/24 focuses on assessment of an acute Hospitals' operational pressures and how this assessment contributes to the OPEL score of their corresponding NHS trust, ICS and NHSE region, and NHSE nationally.

The following core parameters make up the OPEL assessment for each submission. Each acute hospital must complete their own OPEL assessment based on these

parameters. Full descriptions and definitions of these parameters can be found at Appendix 1: Core OPEL parameter definitions

1. Mean ambulance handover time.
2. ED all-type 4-hour performance.
3. ED all-type attendances.
4. Majors and resuscitation occupancy.
5. Time to treatment (TTT).
6. Percentage of patients spending >12 hours in ED.
7. General and Acute (G&A) bed occupancy as a percentage.
8. Percentage of open beds that are escalation beds.
9. Percentage of beds occupied by patients no longer meeting the criteria to reside (NCTR)

The parameters above can be supplemented with other parameters for use within locally agreed process by the acute trust, ICS and NHSE regions. Other non-acute (hospital) providers of health and social care may utilise escalation or OPEL systems, and are encouraged to continue localised escalation and response using these tools in daily operations.

As a minimum, an OPEL assessment must be completed by each acute trust once per 24-hour period or in response to changes in OPEL status. The first assessment must be completed no later than 10:00, 7 days per week. Scores range from 0 to 44 – with the lowest pressure assessment being 0 and the highest-pressure assessment being 44 (Table 1: OPEL score and corresponding level).

*Table 1: OPEL score and corresponding level*

<b>Aggregated OPEL Score</b>	<b>OPEL</b>	<b>Clinical Risk</b>
0-11	OPEL 1	Low
12-22	OPEL 2	Medium
23-33	OPEL 3	High
34-44	OPEL 4	Very High

The acute hospital’s OPEL assessment (per parameter) and overall OPEL score must be submitted to the ICS which will aggregate all trust scores within its geographical boundary. ICS must, in turn, submit this to NHSE regions to establish the NHSE regional OPEL score.

### 3.2 Hospital Discharge and Community Support Guidance

Hospital Discharge and Community Support Guidance applies to;

- all NHS trusts,
- community interest companies and private care providers of acute, community beds and community health services,
- social care staff in England.

It is expected that NHS bodies and local authorities should agree the discharge models that best meet local needs and are effective and affordable within the budgets available to NHS commissioners and local authorities.



Where somebody is admitted to hospital for elective treatment their likely short-term care needs upon discharge should be considered and discussed with them prior to their admission. Where somebody has been admitted to hospital as an emergency admission, their likely short-term care needs on discharge should be considered as soon as possible after their admission.

Where a patient is likely to need an interim package of care on leaving hospital, pending any assessment of their longer-term care needs, the Transfer of Care Hub assesses the appropriate discharge pathway and any immediate support the person will need on being discharged, including any issues relating to safeguarding and housing.

Care Act assessments to determine the long-term health and social care needs should take place after someone has left hospital and after an initial period of recovery.

It is the responsibility of acute and community hospitals to refer patients to the Transfer of Care Hub as soon as it is clinically safe to do so.

It is expected that no one has to transfer permanently into a care home for the first time directly following an acute hospital admission - everyone should be offered the opportunity to recover and rehabilitate at home or in a bedded setting before their long-term needs and options are assessed and agreed.

Acute hospitals are responsible for leading on the discharge of all patients on pathway 0. Providers of community health services lead on pathways 1-3. The model operates at least 8 am – 8 pm 7 days a week.

For 95% of patients leaving hospital this means that (where it is needed), the assessment and organising of ongoing care will take place when they are in their own home.

The Transfer of Care Hub assesses the suitable level of care support, visit patients at home on the day of discharge or the day after to arrange what support is needed in the home environment and rapidly arrange for that to be put in place. If care support is needed on the day of discharge from hospital, this is arranged prior to the patient leaving the hospital site, by a care coordinator.

Social Care Services are expected to be an active participant in Transfer of Care Hubs.

### **Mental Capacity**

Duties under the Mental Capacity Act 2005 continue to apply. If a person is suspected to lack the relevant mental capacity to make the decisions about their ongoing care and treatment, a capacity assessment should be carried out before decision about their discharge is made. Where the person is assessed to lack the relevant mental capacity and a decision needs to be made then there must be a best interest decision made for their ongoing care in line with the usual processes. If the proposed arrangements amount to a deprivation of liberty, Deprivation of Liberty Safeguards in care homes arrangements and orders from the Court of Protection for community arrangements still apply but should not delay discharge.

## 4. Activation and Escalation

The OPEL score for each acute trust is determined by the core parameters (Appendix 1: Core OPEL parameter definitions). These parameters may be supplemented with other parameters for use within locally agreed process by the acute trust, ICS and NHSE regions. Other non-acute (hospital) providers of health and social care may utilise escalation or OPEL systems, and are encouraged to continue localised escalation and response using these tools in daily operations.

Health and Social Care organisation across Kent and Medway are expected to maintain robust, up-to-date local escalation plans signed off at Board level which dovetail into up-to-date overarching system-wide plans.

All local escalation plans should have clearly defined escalation triggers. Kent County Council has agreed the following indicative descriptions of pressure on Social Care services for each escalation level.

Table 2: KCC Escalation Levels

<b>Operational Pressures Escalation Levels for Kent County Council</b>	
<b>OPEL One</b>	<ul style="list-style-type: none"> <li>• The number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is within normal expected level</li> <li>• KCC Short-term Pathway staffing levels are sufficient to meet current referral rate</li> <li>• KCC Short-term Pathway Service appropriately represented at Transfer of Care Hub where emerging issues can be discussed and actions agreed</li> <li>• There is capacity in the residential and nursing home market to accommodate the current demand for placements</li> <li>• There is capacity in the home care market to accommodate the current demand for care packages</li> <li>• There is capacity within the Kent Enablement at Home service for all eligible people after discharge from acute or community hospital settings</li> <li>• Care reviews are taking place at the end of Kent Enablement at Home service</li> <li>• There is capacity within the existing Assessment Bed service for all eligible people at discharge from Community Health provision</li> <li>• The number of cases in the Area Referral Service triage workflow is within business-as-usual capacity</li> <li>• All Continuing Health Care Decision Support Tool Assessments are taking place within agreed policy timeframe</li> <li>• The number of referrals from rapid response / ICT is within normal expected level</li> <li>• All Care Act assessments following discharge from an acute or community health setting are completed within 3 to 6-weeks of discharge date</li> <li>• All reviews following KCC community Assessment Bed placement or short-term care package are taking place with 6-weeks of start date</li> <li>• All cases that cannot be resolved at first contact are being review within an acceptable timeframe</li> <li>• Scheduled case reviews are completed as planned</li> <li>• There are no cases waiting for Practice Assurance Panel decision</li> </ul>
<b>OPEL Two</b>	<ul style="list-style-type: none"> <li>• In some areas number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is above the normal expected level</li> </ul>

	<ul style="list-style-type: none"> <li>• In some areas, KCC Short-term Pathway staffing levels are not sufficient to meet current referral rate</li> <li>• KCC Short-term Pathway Service is not appropriately represented at Transfer of Care Hub where emerging issues can be discussed and actions agreed</li> <li>• In some areas there is insufficient capacity in the residential and nursing home market to accommodate the current demand for placements</li> <li>• In some areas there is insufficient capacity in the home care market to accommodate the current demand for care packages</li> <li>• In some areas there is insufficient capacity within the Kent Enablement at Home service for all eligible people after discharge from acute or community hospital settings</li> <li>• In some areas, care reviews are not taking place at the end of Kent Enablement at Home service</li> <li>• In some areas there is insufficient capacity within the existing Assessment Bed service for all eligible people at discharge from Community Health provision</li> <li>• In some areas the number of cases in the Area Referral Service triage workflow is above the normal expected level</li> <li>• In some areas, Continuing Healthcare Decision Support Tool Assessments are taking place outside agreed policy timeframe</li> <li>• In some areas, the number of referrals from rapid response / ICT is above the normal expected level</li> <li>• In some areas, Care Act assessments following discharge from an acute or community health setting are not being completed within 3 to 6-weeks of discharge date</li> <li>• In some areas, reviews following KCC community Assessment Bed placement or short-term care package are not taking place within 6-weeks of start date</li> <li>• In some areas, not all cases that cannot be resolved at first contact are being reviewed within an acceptable timeframe</li> <li>• In some areas, scheduled case reviews have been de-prioritized</li> <li>• In some areas, a small number of cases are waiting for Practice Assurance Panel decision</li> </ul>
<p><b>OPEL Three</b></p>	<ul style="list-style-type: none"> <li>• County-wide number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is above the normal expected level</li> <li>• County-wide, KCC Short-term Pathway staffing levels are not sufficient to meet current referral rate</li> <li>• KCC Short-term Pathway Service is not appropriately represented at Transfer of Care Hub where emerging issues can be discussed and actions agreed</li> <li>• County-wide there is insufficient capacity in the residential and nursing home market to accommodate the current demand for placements</li> <li>• County-wide there is insufficient capacity in the home care market to accommodate the current demand for care packages</li> <li>• County-wide there is insufficient capacity within the Kent Enablement at Home service for all eligible people after discharge from acute or community hospital settings</li> <li>• County-wide, care reviews are not taking place at the end of Kent Enablement at Home service</li> <li>• County-wide there is insufficient capacity within the existing Assessment Bed service for all eligible people at discharge from Community Health provision</li> </ul>

	<ul style="list-style-type: none"> <li>• County-wide the number of cases in the Area Referral Service triage workflow is above the normal expected level</li> <li>• County-wide, Continuing Healthcare Decision Support Tool Assessments are taking place outside agreed policy timeframe</li> <li>• County-wide, the number of referrals from rapid response / ICT is above the normal expected level</li> <li>• County-wide, Care Act assessments following discharge from an acute or community health setting are not being completed within 3 to 6-weeks of discharge date</li> <li>• County-wide, reviews following KCC community Assessment Bed placement or short-term care package are not taking place with 6-weeks of start date</li> <li>• County-wide, not all cases that cannot be resolved at first contact are being review within an acceptable timeframe</li> <li>• County-wide, scheduled case reviews have been de-prioritized</li> <li>• County-wide, a significant number of cases are waiting for Practice Assurance Panel decision</li> </ul>
<p><b>OPEL Four</b></p>	<ul style="list-style-type: none"> <li>• The number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is beyond business as usual capability County-wide</li> <li>• KCC Short-term Pathway is experiencing a critical staff shortage and is unable to meet current referral rate</li> <li>• Available capacity in the residential and nursing home market across Kent and Medway is exhausted</li> <li>• Available capacity in the home care market in Kent and Medway in exhausted</li> <li>• The Kent Enablement at Home service is unable to take on any new people County-wide</li> <li>• There are currently no Assessment Beds available and the situation is unlikely to improve</li> <li>• The number of cases in the Area Referral Service triage workflow is beyond business-as-usual capability County-wide</li> <li>• Continuing Health Care Decision Support Tool Assessments have been suspended</li> <li>• The number of referrals from rapid response / ICT is beyond business as usual capability County-wide</li> <li>• All actions to ensure Care Act assessments following discharge from an acute or community health setting are completed within 3 to 6-weeks of discharge date have been exhausted</li> <li>• Reviews following KCC community Assessment Bed placement or short-term care package have been suspended</li> <li>• Care reviews at the end of Kent Enablement at Home service have been suspended</li> <li>• Cases that cannot be resolved at first contact are not being review within an acceptable timeframe; risks to people’s safety remain unresolved.</li> <li>• Scheduled case reviews have been suspended</li> <li>• Practice Assurance Panel has been suspended</li> </ul>

#### 4.1 Status and Monitoring System

The Single Health Resilience Early Warning Database (SHREWD) is used across Kent and Medway to provide online reporting to support decision-making and the operational management of the whole health and social care system.

The system allows immediate identification of pressures and delays in the system which means that conference calls are more focused and corrective actions are agreed from a position of knowledge, enabling decision makers to be proactive rather than reactive. It facilitates a collaborative whole health economy approach to working to reduce system pressures.

The system includes built in teleconferencing and action tracking functionality that acts as a paperless electronic audit system.

SHREWD is the default mechanism used by Kent County Council for sharing Operational Pressures Escalation with Health partners. All teams with access to the system update their indicators on a daily basis to ensure that the most up-to-date and accurate information is available to decision makers.

Within Adult Social Care and Health, the information system Mosaic is used to monitor operational pressure. Team Leaders and Service Managers use Mosaic to identify pressure points in their workflows, to inform the prioritisation of local resources and escalation, as appropriate, using this Plan as a guide.

## 4.2 Indicators

The KCC indicators currently reported using SHREWD are:

- Staffing of Short-term Pathway Team (%)
- Integrated Care Centre / In House Provision Assessment Bed availability (including dementia bad availability)
- KCC case load (per Area) – total case load currently managed by each Short-term Pathway Team
- Referrals (per Area) – total cases currently in Health provision pending assessment outcome
- Kent Enablement at Home (KEaH) daily capacity
- Discharge to Assess Pathway One: number of patients discharged yesterday
- Discharge to Assess Pathway One: Total availability remaining against week capacity

## 4.3 Triggers

Trigger levels are set for each indicator and reviewed regularly to ensure status levels are appropriate.

A colour coding system applies to each indicator aligned to the OPEL Framework; Green for OPEL 1, Amber for OPEL 2, Red for OPEL 3 and Black for OPEL 4.

### **Staffing of Short-term Pathway Team**

When Teams are staffed at 70% and above allowing for sickness, annual leave and training the status is Green. When staffing falls below 70% and above 50% status is Amber. Red status is triggered when staffing falls below 50% and above 35%. The status of Hospital teams staffed below 35% is reported as Black.

### **Integrated Care Centre / In House Provision Assessment Bed Availability**

Assessment Bed availability is a product of the total number of beds at each location minus the current number of beds occupied.

This indicator has been included to provide at a glance availability information County-wide. Trigger levels have been set in line with Assessment Bed Occupancy.

The number of dementia beds available is also reported daily.

### **Case Load**

Trigger levels for the Case Load indicator are currently under development.

### **Referrals**

Trigger levels for the Referrals indicator are currently under development.

### **Kent Enablement at Home (KEaH) daily capacity**

Triggers levels are set for Kent Enablement at Home to identify current capacity within the service to support people discharged by acute/community hospitals. Indicators and thresholds provide improved granular detail across 9 KEaH operating patches;

- Black - no capacity
- Red - very limited capacity
- Amber - limited capacity
- Green - good capacity

### **Discharge to Assess Pathway One: number of patients discharged yesterday**

The following trigger levels are indicative and apply to West Kent only.

When the number of patients discharged yesterday is 6 or 5 the status is Green. When the number of patients discharged yesterday is 4 or 3 status is Amber. Red status is triggered when the number of patients discharged yesterday is 2 or 1. If no patients were discharged yesterday status is reported as Black.

### **Discharge to Assess Pathway One: Total availability remaining against week capacity**

The following trigger levels are indicative and apply to West Kent only.

When the total availability remaining against weekly capacity is between 42 and 35 the status is Green. When the total availability remaining against weekly capacity is between 34 and 15 the status is Amber. Red status is triggered when the total availability remaining against weekly capacity is between 14 and 6. If the total availability remaining against weekly capacity is between 5 and 0 status is reported as Black.

## **5. Command and Control**

A range of multi-agency and single agency groups exist to maintain oversight of OPEL and ensure timely actions are taken to de-escalate the health and social care system when needed.

### **5.1 Multi-Agency Groups**

#### **Whole System Escalation Teleconference Calls**

Multi-agency System Resilience / Whole System Escalation Teleconference Calls are established to anticipate and mitigate risk caused by operational pressures

across each Health economy particularly those relating to capacity and transfers of care.

Teleconference calls are held and increased and decreased in frequency according to the operational pressures being faced by each site. The aim of the teleconferences is to:

- anticipating and mitigating risk caused by pressures across the Health Economy particularly those relating to capacity and transfers of care
- agreeing local actions to be taken, including communication with partners and the public on the current status of services
- provide updates to relevant stakeholders.

Whole System Escalation Teleconference Calls are attended by the Short-Term Pathway Service Manager and / or Short-Term Pathway Team managers during office hours, Monday to Friday.

### **Urgent Care Delivery Boards**

Urgent Care Delivery Boards has been established to provide whole system oversight and leadership to drive improvement in A&E performance and ensure high quality Urgent Care Pathways for patients in the context of the Sustainability and Transformation Plan (STP).

Each Board includes representatives from Acute NHS Trusts, South East Coast Ambulance Service (SECAMB), Kent Community Health NHS Foundation Trust (KCHFT), Kent and Medway NHS and Social Care Partnership Trust (KMPT), Integrated Care 24 (IC24), NHS 111, G4S (patient transport) and Kent and Medway Integrated Care Board. KCC is represented at each Delivery Board by the appropriate Assistant Director for Adult Social Care.

Urgent Care Delivery Board areas operate OPEL 1 when operating within normal parameters. At OPEL 1 and 2 operations and escalation is delegated to the relevant named individuals in each organisation across the Delivery Board. At OPEL 3 and 4 senior involvement across the Delivery Board is expected.

Operational Pressures meeting the criteria for OPEL 2, 3 and 4 are escalated to the respective Urgent Care Delivery Board:

- East Kent – including William Harvey Hospital, Queen Elizabeth the Queen Mother Hospital and Kent and Canterbury Hospital
- West Kent – including Tunbridge Wells Hospital and Maidstone Hospital
- North Kent – including Darent Valley Hospital
- Medway and Swale – Medway Maritime Hospital

### **Local Health Economy (LHE) Teleconference Calls**

Local Health Economy (LHE) Teleconference Calls (previously referred to as D2A) are business-as-usual for health and social care services. The frequency of these teleconferences are agreed locally according to the operational pressures being faced by each site. The aim of the teleconferences is to maximise throughput and prevent bridging.

During office hours, Monday to Friday LHE Teleconference Calls are attended by Kent Enablement at Home, Purchasing, Social Care Discharge Co-ordinator and Discharge to Assess Provider(s).

## 5.2 KCC Operational Pressures Escalation Group

On occasions when despite the application of local actions the pressure on capacity and the need to mitigate against the possibility of compromising patient care, requires additional support from other service providers, including those which cross locality boundaries, the KCC Operational Pressures Escalation Group may be initiated.

The Group will be chaired by the Director of Adult Social Care (East / West) and will include Assistant Director(s), Short-Term Pathway Service Manager(s), Head of Kent Enablement at Home, Access to Resources Manager and Commissioning Manager(s). The Group will consider current position, actions required to alleviate pressure and support required from other agencies.

The KCC OPEL status on SHREWD may be escalated based the Group's assessment of current pressures.

If necessary, the NHS 111 Directory of Service (DoS) Capacity Management Protocol will be activated based the Group's assessment of current pressures.

## 6. Capacity and Demand Management Measures

The Local Authority has established a range of measures which contribute to reducing demand, increasing capacity and maintaining through-put within health and social care services.

### 6.1 Reducing Demand

#### **Cold Weather and Heatwave Actions**

KCC Adult Social Care and Health has well-established action plans designed to reduce the avoidable impact on health from periods of extreme weather ([Adverse Weather Plan](#)). These Plans cover:

- Long term planning
- Seasonal preparedness
- Alerting and activation
- Response to severe weather

Cold weather and heatwave action plans are inclusive of contracted providers and include public messaging.

#### **Covid-19 / Flu Vaccination**

Considering the risk of flu and COVID-19 co-circulating in winter, the national flu immunisation programme is essential to protecting vulnerable people and supporting the resilience of the health and care system.

All frontline health and social care workers should receive a vaccination. This should be provided by their employer, to meet their responsibility to protect their staff and service users and ensure the overall safe running of services. Employers should



commission a service which makes access easy to the vaccine for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes.

It is the ambition of the Department of Health and Social Care (DHSC) that 100% of frontline health and social care staff are offered the vaccine.

The Authority has arrangements in place to encourage all frontline social care staff regardless of their risk status to be vaccinated against seasonal flu. Seasonal flu vaccination arrangements are publicised to staff through the Authority's intranet and staff communication channels.

Risk reduction awareness, information and education are key elements of the Authority's communication strategy through print media, online and directly with contracted providers, the community and voluntary sector.

### **NHS 111 Directory of Service (DoS) Capacity Management Protocol**

The NHS 111 Directory of Service (DoS) Capacity Management Protocol allows Health and Social Care providers to notify NHS 111 of service pressures and seek to reduce referrals by providing members of the public with other suitable options depending on need.

When services provided by KCC are experiencing pressure, new referrals from NHS 111 can be reduced by providing members of the public with other suitable options depending on need.

Social Care services provided by KCC have been categorised as Band B / C meaning that implementation of the protocol will have a medium / low impact the Health and Social Care System. As such, the protocol can be implemented without ratification by ICB Director on Call.

When indicated by the OPEL status level the Short-Term Pathway Service Manager will take the following steps to activate the Protocol:

- a) Call NHS 111 on 01233 363020 to change the service capacity status
- b) Inform the ICB commissioning lead in hours or NHS Director on Call out of hours
- c) Review escalation status after 4 hours and if pressure remains repeat step A and B.

### **Admission avoidance**

KCC Adult Social Care and Health continues to support admission avoidance schemes designed to reduce the pressure on the health and social care system, promote independence and wellbeing, including:

- Crisis intervention
- Emergency / unplanned respite and support to carer breakdown
- Support to Rapid Response with personal care
- OT equipment
- Kent Enablement at Home (KEaH)

## 6.2 Increasing Capacity

### **Resource Planning**

Locally agreed resource plans account for known periods of operational pressure such as holiday periods to ensure staff are in place ready to support when required.

Each service will prioritise workload and where there are excess resources, considering interdependencies, offer mutual aid to other service(s), to ensure continuity across the county in line with existing Business Continuity arrangements.

### **Staff Redeployment Process**

At times of pressure, the Short-Term Pathway Service Manager will notify the appropriate Assistant Director of additional resource requirements.

The Assistant Director will assess available resources within existing staff group and redeploy staff to alleviate pressure where appropriate.

Where existing resources cannot be redeployed, the Assistant Director will contact the Director of Adult Social Care (East or West). Where necessary the Director may make time limited arrangements.

### **Extended Access**

The KCC Out of Hours Service continues to provide a central point of contact during evenings, weekends and public and Bank Holidays.

Kent Enablement at Home (KEaH) through Careline and our commissioned service across health and social care, Hilton Nursing Partners, facilitate and support social care discharges on Pathway 1 (Home). Assessment bed provision, in-house for Pathway 2 and our external provision is used for Discharge to Assess Pathway 3. This support efficient, quick, and safe discharges outside office hours.

### **Contracts outside framework**

Where necessary, KCC continues to negotiate individual contracts with providers, outside the framework, where this is required to meet the needs of the individual or where framework providers are unable to meet current demand such that maintaining through-put within health and social care services is compromised.

### **Supporting the Market**

The Authority continues to provide support to the market by:

- Circulating and promoting guidance to all social care providers, the voluntary and community sector
- Working with partners to encourage those who are eligible to access free flu vaccine
- Supporting providers to develop, review and update visiting policy in line with visiting guidance issued by the Director of Public Health
- Monitoring market position through the capacity tracker and CQC survey

The Authority maintains close working relationships with contracted and non-contracted providers. Partnership working between care providers to cover packages of care is well established.

## 6.3 Maintaining through-put

### **Practice Assurance Panel**

The frequency of Practice Assurance Panels may be increased at the discretion of the Assistant Director of Enablement and Support Services to maintain through-put if diarised panels are not deemed sufficient. Decision to hold extra-ordinary Practice Assurance Panel will be informed by current OPEL Status.

### **Assessment Beds**

Placement Co-ordinators provide daily reports on progress of each assessment bed placement. The aim of the report is to reduce drift and increase throughput. Assessment bed placement exceeding 3-week period are escalated for immediate action.

On the eighth week of a twelve-week disregard period, providers are notified to allow sufficient time for arrangements to be made for discharge or funding to be agreed at the end of the disregard period.

### **Contracted Residential and Nursing Provision**

Where system pressure has been exacerbated by lack of capacity in contracted provision of planned and emergency respite, assessment bed and long term residential and nursing care, this is escalated to commissioners for immediate action.

## **7. Roles and Responsibilities**

The roles and responsibilities of key staff are described below. Staff with specific roles and responsibilities should know where to go and what to do when this plan is implemented. A training programme is in place to support key staff in this regard.

All Social Care staff have a potential role in managing and responding to operational pressures.

This document is made available in a place to which all staff members have access. All staff should be aware of the plan and where the plan can be located.

Actions described to deescalate operational pressures will be triggered by the OPEL status of Kent County Council, the Area or region.

The roles and responsibilities of local leadership forum(s), Integrated Care Board and NHS England are provided at Appendix 3: for ease of reference.

### **7.1 Directors of Adult Social Care (East / West)**

The leads for Operational Pressures Escalation are the Directors of Adult Social Care.

The Directors of Adult Social Care will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive updates provided by Assistant Directors, Short Term Pathway Service Managers and Team Managers
- seek assurance that actions required are implemented in accordance with agreed procedures

- where required, consider use of additional resources, or redeployment of existing resources in line with agreed Business Continuity arrangements
- initiate the KCC Operational Pressures Escalation Group, as and when required
- initiate discussions with health partners on use of available beds at community hospitals or funding options to support spot purchase of short-term placements.

## 7.2 Short Term Pathway Operational Manager

The Short Term Pathway Operational Manager will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive regular updates from the Short-Term Pathway Team Managers
- attend Urgent Care Delivery Board teleconferences, providing a position statement on behalf of the Local Authority to multi agency partners
- maintain oversight of the redeployment of staff resources, to alleviate pressure for a time limited period
- escalate resourcing pressures to the Assistant Director who will consider use of additional resources or redeployment of existing resources, in line with agreed Business Continuity arrangements across service area boundaries.
- initiate the KCC Operational Pressures Escalation Group, as and when required

## 7.3 Short Term Pathway Team Manager

Short Term Pathway Team Managers will ensure that all indicators are updated on SHREWD on a daily basis.

Short Term Pathway Team Managers will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive regular updates from the Social Care Discharge Co-ordinator
- update the KCC OPEL status on SHREWD based on the current indicators for KCC
- look to see whether people in Community Hospitals or cared for by Community Health can be supported in their own home by Kent Enablement at Home on occasion when doing so will reduce pressure in the system and prevent escalation
- seek agreement to use contracted care in the home providers to facilitate discharge, bridging the gap until Kent Enablement at Home carers are available
- When KEaH has very limited or no capacity and notification to decline is received within 2 hours, progress to Purchasing and request commencement of enablement package within 2-week timeframe
- explore alternative capacity to bridge the gap when a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home
- consider the use of residential or nursing home placements from non-contracted providers and those in other areas where capacity is available

- consider redeployment of staff resources, to alleviate pressure for a time limited period
- attend Operational Teleconference Groups
- initiate the KCC Operational Pressures Escalation Group, as and when required

On occasions when discharges are delayed due to assessment bed availability, the Short Term Pathway Team Manager may alert Integrated Care Centres and in house provision to current pressures, to agree flexibility (in advance where possible) for accepting patients later in the day and prioritise referrals from Short-term Pathway.

#### 7.4 Senior Practitioner / Social Care Discharge Co-ordinator

Senior Practitioner / Social Care Discharge Co-ordinators will ensure that all indicators are updated on SHREWD on a daily basis.

Senior Practitioner / Social Care Discharge Co-ordinators will:

- ensure that actions are implemented in accordance with the current OPEL status
- attend LHE Teleconference Calls as required
- escalate resourcing pressures to the Short-Term Pathway Team Manager
- escalate any delays in acquiring a Kent Enablement at Home care package to the Short-Term Pathway Team Manager
- explore alternative capacity to bridge the gap when a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home
- consider the use of residential or nursing home placements from non-contracted providers and those in other areas where capacity is available
- alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput.

#### 7.5 Arrangement Support Teams

The Arranging Support Hospital Team collate current availability of Integrated Care Centre / In House Provision assessment beds and update Assessment Bed Occupancy indicator on SHREWD daily. In addition, the Hospital Discharge Team maintain up-to-date details of vacant beds in older person's residential and nursing homes County-wide. This includes planned and emergency respite, assessment beds and long-term placements in residential / nursing care.

Arranging Support Teams may negotiate individual contracts with providers, outside the framework (see Contracts outside framework). Rigorous processes are in place to ensure contracts outside the framework are only used when absolutely necessary; this may result in a delay to care package start date.

Arranging Support Teams may operate a skeleton service during bank holidays on request.

#### 7.6 In-house Provision

In-house residential and domiciliary provision will:

- expand capacity wherever possible when this action is triggered by the OPEL status
- consider use of agency staff to increase staffing capacity where necessary whilst limiting all staff movement between settings unless absolutely necessary to help reduce the spread of infection
- support the safe, but immediate discharge of patients

Kent Enablement at Home (including KEaH Plus) will:

- receive information from Registered Practitioners and Case Officers about potential care package requirements for people at triage
- pre-plan resource requirements and identify any issues by exception the Short-Term Pathway Team Manager to be included in status reports
- For all referrals where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt
- Ensure that all eligible people referred who cannot be accepted for a start date within 24 hours are followed up in the community

Registered Managers of In-house establishments will:

- ensure the vacant beds indicator is updated manually on a daily basis and increase this frequency to twice daily where indicated by the OPEL status
- prioritise referrals for people on the hospital discharge pathway
- co-ordinate additional board rounds daily

## 7.7 Team Managers – Community / Locality Teams

Team Managers will use Mosaic and Power BI reports to identify pressure points in their workflows on a regular basis:

- Cases in the triages workflows coming through Adult Social Care Connect, KEaH and other referral sources
- Continuing Health Care Decision Support Tool Assessments within agreed policy timeframe
- Referrals from rapid response / ICT
- Reviews following Assessment Bed placement or short-term care package within 6-weeks of start date transferred from Short-term Pathways
- Care reviews at the end of Kent Enablement at Home service
- Scheduled case reviews

In response to operational pressure Team Managers will liaise with Senior Practitioners to:

- Re-allocate work / cases across the ASCH workforce
- Risk assess and prioritise contacts / reviews
- Where Continuing Health Care Decision Support Tool Assessments are taking place outside agreed policy timeframe, escalate issue to senior management
- Request prioritisation through Purchasing for Rapid Response referrals

- Increase the frequency of panels where the speed of decision making is contributing to operational pressure
- When KEaH has very limited or no capacity and notification to decline is received within 4 hours, progress to Purchasing and request commencement of enablement package within 2-week timeframe dependent on capacity
- Encourage light-touch / virtual MCA assessment for less complex cases
- Prioritize face-to-face MCA assessment for most complex / unfriended cases
- Deprioritize care reviews at the end of KEaH package
- Deprioritize scheduled reviews
- Ensure that the Risk Register is updated and escalate concerns to Senior Managers

## **8. De-escalation**

The defined roles and responsibilities will be implemented according to the OPEL status of Kent County Council, the Urgent Care Delivery Board Area or region with the aim of de-escalating operational pressures.

The OPEL status Kent County Council is informed by the indicators and triggers described above. The overall organisation OPEL status is updated on SHREWD by the Short-Term Pathway Service Manager on a daily basis according to available trend data for each indicator.

For ease of reference for external organisations Kent County Council actions in support of the wider Health and Social Care economy are summarised at Appendix 2: Kent County Council Operational Pressures De-escalation Actions.

The Authority must ensure that scarce resources are used at an appropriate time and to best effect in support of the Health and Social Care economy. On occasion, the Authority may not respond to status level of wider Health and Social Care Economy where doing so would have no positive impact on it.

Each indicator will be maintained at a lower level, dependent on the current number of referrals, before the step down of appropriate actions. This will ensure that when the actions end the risk of returning to the higher status level is reduced.

Role / Response	OPEL One	OPEL Two	OPEL Three	OPEL Four
<b>Registered Managers / Team Leaders</b> In-house Provision	Business as usual	Business as usual	<ul style="list-style-type: none"> <li>Consider the use of agency staff at in house residential units to increase capacity if necessary</li> <li>Short Term Pathway residential provision to increase admission rate on a daily basis where it is safe to do so and escalate any issues for resolution.</li> <li>Update vacant beds indicator twice daily.</li> <li>Co-ordinate additional board rounds daily</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Three Actions.</li> </ul>
<b>Kent Enablement at Home Locality Organisers</b>	Business as usual	<ul style="list-style-type: none"> <li>For all referral where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt.</li> <li>Ensure that all eligible people referred who cannot be accepted for a start date within 24 hours are followed up in the community</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Two Actions</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Three Actions</li> </ul>
<b>Short Term Pathways Senior Practitioner / Social Care Discharge Co-ordinator</b>	Business as usual	<ul style="list-style-type: none"> <li>Work with families to identify suitable options to facilitate through-put.</li> <li>Consider use of residential or nursing home placements from non-contracted providers and those in other areas where capacity is available.</li> <li>When a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home explore alternative capacity to bridge the gap.</li> <li>Where KEaH are unable to commit to a start date in next 24 hours, assess and refer to Purchasing for a care package.</li> <li>Represent KCC at Length of Stay (LOS) meetings.</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Two Actions.</li> <li>Alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput.</li> <li>Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway.</li> <li>Ensure Shredw is updated twice daily by 10.30 am and again between 14:00 and 15:30</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Two and Three Actions.</li> <li>Represent KCC at Multi-Agency Conference calls</li> </ul>
<b>Short Term Pathway</b>	Business as usual	<ul style="list-style-type: none"> <li>Represent KCC at Multi-Agency</li> </ul>	<ul style="list-style-type: none"> <li>Prioritise work to facilitate hospital</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Two and</li> </ul>



Role / Response	OPEL One	OPEL Two	OPEL Three	OPEL Four
<b>Team Manager</b>		conference calls. <ul style="list-style-type: none"> <li>• Represent KCC at Medically Fit / Length of Stay (LOS) meetings.</li> <li>• Consider temporary redeployment of staff across Area</li> </ul>	discharge where it is safe to do so. <ul style="list-style-type: none"> <li>• Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway.</li> </ul>	Three Actions. <ul style="list-style-type: none"> <li>• Represent KCC at Multi-Agency Conference calls.</li> </ul>
<b>Short-Term Pathways Operational Manager</b>	Business as usual	<ul style="list-style-type: none"> <li>• Maintain oversight of temporary redeployment of staff across Area</li> <li>• Represent KCC at Multi-Agency conference calls.</li> <li>• Represent KCC at Medically Fit / Length of Stay (LOS) meetings</li> <li>• When KEaH has very limited or no capacity and notification to decline is received within 2 hours, progress to Purchasing</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with Level Two Actions.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with Level Two and Three Actions.</li> <li>• Implement Service Business Continuity Plans as appropriate.</li> </ul>
<b>Team Managers – Community / Locality Teams</b>	Business as usual	<ul style="list-style-type: none"> <li>• Re-allocate work / cases across ASCH workforce</li> <li>• Risk assess and prioritise contacts / reviews</li> <li>• When KEaH has very limited or no capacity and notification to decline is received within 4 hours, progress to Purchasing</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the frequency of panels where the speed of decision making is contributing to operational pressure</li> <li>• Deprioritize care reviews at the end of KEaH package</li> <li>• Deprioritize scheduled reviews</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with Level Two and Three Actions.</li> <li>• Implement Service Business Continuity Plans as appropriate.</li> </ul>
<b>Assistant Director</b>	Business as usual	<ul style="list-style-type: none"> <li>• Consider temporary redeployment of staff from Adult Community Team to Short-Term Pathway to manage increased referrals or fill temporary gaps in staffing resource</li> </ul>	<ul style="list-style-type: none"> <li>• Consider the temporary redeployment of staff from across Area boundaries to manage increased referrals or fill temporary gaps in staffing resource</li> <li>• Represent KCC at Multi-Agency conference calls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with Level Two and Three Actions.</li> <li>• Represent KCC at Multi-Agency Conference calls.</li> </ul>
<b>Director of Adult Social Care</b>	Business as usual	Business as usual	<ul style="list-style-type: none"> <li>• Discuss with health partners use of available beds at community hospitals or funding options to support spot purchase of short-term placements</li> <li>• Discuss with health partners joint funding opportunities to alleviate short-term pressures</li> </ul>	

## Appendix 1: Core OPEL parameter definitions

<b>1. Mean ambulance handover time</b>		
<p>Mean time from ambulance patient arrival to clinical handover within the last 60 minutes.</p> <p>Clinical handover is defined as handover of clinical information and transfer of patient to hospital trolley.</p>	<15 min	0 points
	15–30 min	2 points
	>30–60 min	4 points
	>60 min	6 points
<b>2. ED all-type 4-hour performance</b>		
<p>Percentage of all type attendances admitted, discharged or transferred within 4-hours since midnight.</p> <p>This is excluding booked appointments.</p>	>95%	0 points
	>76–95%	1 point
	>60–76%	2 points
	≤60%	4 points
<b>3. ED all-type attendances</b>		
<p>The number of all-type attendances at the hospital within the past 60 minutes.</p> <p>This should be compared to the expected or anticipated number of attendances, which must be established and agreed locally based on historical demand. This can be a consistent hourly average or an average that considers varying attendances throughout a 24-hour period.</p>	≤2%	0 points
	>2–10%	1 point
	>10–20%	2 points
	>20%	4 points
<b>4. Majors and resuscitation occupancy (adult)</b>		
<p>Percentage occupancy of adult majors and resus at time of assessment.</p> <p>Occupancy should be calculated as the sum of all patients in adult ED who require a majors space (regardless of whether they are receiving care in a</p>	≤80%	0 points
	>80–100%	2 points
	>100–120%	4 points

traditional space or an escalation area), divided by the maximum number of patients who can be cared for in major and resus areas, as stated in the acute hospital OPEL statement.	>120%	6 points
<b>5. Time to treatment (TTT)</b>		
<p>Median total time between patient arrival at ED and the time that the patient is seen by a clinical decision-maker at time of review.</p> <p>Clinical decision-maker is a care professional who can define the management plan and discharge the patient <b>or</b> diagnose the problem and arrange or start definitive treatment as necessary.</p>	≤60 min	0 points
	>60–90 min	1 point
	90–120 min	2 points
	>120 min	4 points
<b>6. % of patients spending &gt;12 hours in ED</b>		
<p>Total number of patients spending over 12 hours in ED from time of arrival to time of review as a percentage of total number of patients in ED at time of review.</p>	≤2%	0 points
	>2–5%	1 point
	>5–10%	2 points
	>10%	4 points
<b>7. % G&amp;A bed occupancy</b>		
<p>Percentage bed occupancy of hospital at time of OPEL assessment.</p> <p>Bed occupancy should be calculated as the sum of patients occupying all open general and acute beds (including assessment units).</p> <p>Below 92% occupancy should not be considered as a target, the correct level will vary locally. This should be considered alongside the other metrics.</p>	≤92%	0 points
	>92–95%	2 points
	>95–98%	4 points
	>98%	6 points
<b>8. % open beds that are escalation beds</b>		
<p>Percentage of escalation beds as a proportion of the general and acute bed base open at the time of OPEL assessment.</p>	≤2%	0 points
	>2–4%	1 point

Escalation beds are those considered in line with A&E SitRep definitions. The denominator should be the G&A beds in the acute hospital SitRep.	>4–6%	2 points
	>6%	4 points
<b>9. % of beds occupied by patients no longer meeting the criteria to reside (NCTR)</b>		
Percentage of open beds occupied by patients NCTR at time of OPEL assessment. Denominator should be the number of beds on the acute hospital SitRep.	≤10%	0 points
	>10–13%	2 points
	>13–15%	4 points
	>15%	6 points

## Appendix 2: Kent County Council Operational Pressures De-escalation Actions

Action	OPEL 1	OPEL 2	OPEL 3	OPEL 4
Business as usual	✓			
Review people using assessment beds with a view to 'Step Down' creating capacity.		✓		
Work with families to identify suitable options to facilitate through-put		✓		
Ensure Shrewd is updated daily before 10.30		✓		
Work with families to identify suitable options to facilitate safe discharge whilst waiting for a care package start date.		✓		
Consider use of residential or nursing home placements from non-contracted providers and those in other areas where capacity is available		✓		
When a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home explore alternative capacity to bridge the gap.		✓		
Represent KCC at Medically Fit / Length of Stay (LOS) meetings.		✓		
Consider temporary redeployment of staff from Promoting Independence / Supporting Independence Service to Short-Term Pathway to manage increased referrals or fill temporary gaps in staffing resource		✓		
Consider temporary redeployment of staff from Adult Community Team to Short-Term Pathway to manage increased referrals or fill temporary gaps in staffing resource		✓		
For all KEaH referral where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt.		✓		
Where KEaH are unable to commit to a start date in next 24 hours, assess and refer to Purchasing for a care package		✓		
Where Continuing Health Care Decision Support Tool Assessments are taking place outside agreed policy timeframe, escalate issue to senior management		✓		
Consider the use of agency staff at in house residential units to increase capacity if necessary			✓	

Action	OPEL 1	OPEL 2	OPEL 3	OPEL 4
Short Term Pathway residential provision to increase admission rate on a daily basis where it is safe to do so and escalate any issues for resolution.			✓	
Update vacant beds indicator twice daily.			✓	
Co-ordinate additional board rounds daily			✓	
Use contracted or non-contracted care providers to bridge the gap if Kent Enablement at Home has insufficient capacity.			✓	
Alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput.			✓	
Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway.			✓	
Ensure Shrewd is updated twice daily by 10.30 am and again between 14:00 and 15:30			✓	
Prioritise work to facilitate hospital discharge where it is safe to do so.			✓	
Increase the frequency of PISI panels where the speed of decision making is contributing to operational pressure			✓	
Deprioritize Supporting Independence reviews at the end of KEaH package			✓	
Deprioritize scheduled reviews			✓	
Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway.			✓	
Consider the temporary redeployment of staff from across Area boundaries to manage increased referrals or fill temporary gaps in staffing resource.			✓	
Discuss with health partners use of available beds at community hospitals or funding options to support spot purchase of short-term placements.			✓	
Use non-contracted home care and care home providers if necessary.				✓
Implement Service Business Continuity Plans as appropriate.				✓

## Appendix 3: Actions in response to risk and operating pressure

The national framework provides a set of actions for each OPEL level to be completed by acute trusts, ICS, and NHS England. These actions should be enacted in conjunction with any local, system, and/or regional operating policy, subsequently developed. The core actions, and any additional actions taken, should follow the below guiding principles:

- **OPEL actions are grounded by the acute trust's OPEL assessment:** This means the ICS and NHSE region are expected to take OPEL 3 and 4 actions if an acute trust's OPEL assessment within their boundary is 3 or 4. This is regardless of the aggregated OPEL score for that ICS or region.
- **Making decisions in extremis for crowding and delays will involve risk:** It is recognised that actions within this framework would not routinely be taken. Choosing to enact them should reduce a more significant patient risk in another part of the pathway.
- **Risk is dynamic and everyone sees it in different ways:** For this reason, a more considered safety decision will result from involving those who can articulate and share insights about the risks and courses of action.
- **Decisions about the actions taken should always be recorded:** Along with documentation of any anticipated risks, a consideration of how these might be identified and measured to determine the scale of potential harm must be recorded. This also provides an opportunity for learning and evaluation going forward.

## Appendix 4: Version Control and History of Plan Tests

### Version Control

Version Number	Revision Date	Status	Summary of Changes	Reviewed / Approved By
0.1	21/09/2020	Draft	<ul style="list-style-type: none"> <li>Draft Plan published for consultation</li> </ul>	Head of Directorate Business and Planning
0.2	25/09/2020	Draft	<ul style="list-style-type: none"> <li>Draft Plan updated for presentation to ASCH Senior Management Team</li> </ul>	ASCH Senior Management Team
0.3	01/10/2020	Draft	<ul style="list-style-type: none"> <li>Updated to reflect feedback from ASCH Senior Management Team</li> </ul>	
0.4	12/10/2020	Draft	<ul style="list-style-type: none"> <li>Updated to reflect feedback from Kent &amp; Medway Winter stress test</li> </ul>	
1.0	28/10/2020	Approved	<ul style="list-style-type: none"> <li>Draft prepared for presentation to ASCH Directorate Management Team</li> </ul>	ASCH Directorate Management Team
1.1	18/06/2021	Approved	<ul style="list-style-type: none"> <li>Update to section 3 reflecting financial support and funding flows (April 2021 to 30 September 2021)</li> <li>Minor revision to section 6.2 accounting for potential staffing pressure in summer 2021</li> </ul>	ASCH Directorate Resilience Group
1.2	05/08/2021	Approved	<ul style="list-style-type: none"> <li>Update to section 1, 3 and 6 reflecting publication of Hospital discharge and community support: policy and operating model in July 2021</li> </ul>	ASCH Directorate Resilience Group
1.3	26/09/2022	Approved	<ul style="list-style-type: none"> <li>Updated section 1, 3 and 6 reflecting publication of Hospital Discharge and Community Support Guidance in March 2022</li> <li>Updated throughout to reflect changes in NHS structure through the Health and Care Act 2022</li> <li>Plan approval by Directorate Resilience Group</li> </ul>	ASCH Directorate Resilience Group
1.4	11/07/2023	Draft	<ul style="list-style-type: none"> <li>Updated throughout to reflect implementation of locality model across operational teams with effect from April 2023</li> </ul>	
1.5	30/08/2023	Approved	<ul style="list-style-type: none"> <li>Updated to reflect publication of revised Operational Pressures Escalation Levels (OPEL) Framework 2023/24</li> </ul>	ASCH Directorate Resilience Group



<b>Version Number</b>	<b>Revision Date</b>	<b>Status</b>	<b>Summary of Changes</b>	<b>Reviewed / Approved By</b>
1.6	05/01/2024	Approved	<ul style="list-style-type: none"> <li>Amended roles and responsibilities to reflect outcome of extended working review.</li> </ul>	John Callaghan
1.7	01/08/2024	Approved	<ul style="list-style-type: none"> <li>Amended to reflect changes to section 82 of the NHS Act 2006 and section 74(1) of the 2014 Care Act made by the Health and Care Act 2022</li> <li>Organisational details including reference to Adult Social Care Connect, Arranging Support Teams and role of Short-Term Pathway Operational Manager updated</li> <li>History of Plan Tests updated</li> </ul>	ASCH Directorate Resilience Group

## History of Plan Tests

<b>Date</b>	<b>Exercise / Actual invocation</b>	<b>Description of Scenario</b> (What happened, how long did the situation last)	<b>Lessons identified</b> (What went well, what didn't go so well, what could be done better next time?)
24/07/2024	Actual invocation	Maidstone and Tunbridge Wells NHS Trust declared OPE Level 4 status. KCC stepped up to support by reviewing patient flow through the system. Fifteen potential discharges were identified and put through an Extra-ordinary Practice Assurance Panel outside the diarised Panel process to expedite decision making thereby improve through-put.	Extra-ordinary Practice Assurance Panel outside the diarised Panel process now included in this plan as a potential option to maintain / improve through-put.

## EQIA Submission – ID Number

### Section A

#### EQIA Title

Adult Social Care Pressures Plan 24-25

#### Responsible Officer

[Q04 ResponsibleOfficer]

#### Approved by (Note: approval of this EqIA must be completed within the EqIA App)

[Q05 ResponsibleHeadOfService]

### Type of Activity

#### Service Change

[Q07a\_ServiceChange]

#### Service Redesign

[Q07b\_ServiceRedesign]

#### Project/Programme

[Q07c\_ProjectProgramme]

#### Commissioning/Procurement

[Q07d\_CommissioningProcurement]

#### Strategy/Policy

[Q07e\_StrategyPolicy]

#### Details of other Service Activity

[Q07g\_OtherActivityDetails]

### Accountability and Responsibility

#### Directorate

[Q02\_Directorate]

#### Responsible Service

[Q03\_ResponsibleService]

#### Responsible Head of Service

[Q05\_ResponsibleHeadOfService]

#### Responsible Director

[Q06\_ResponsibleDirector]

### Aims and Objectives

[Q08\_AimsObjectives]

### Section B – Evidence

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

[Q09\_DataProtectedGroupsImpacted]

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

[Q10DataTimelyCostEffectiveWay]

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

[Q11\_DataNationalEvidence]

#### Have you consulted with stakeholders?

[Q12\_ConsultedWithStakeholders]

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

[Q13\_WhoConsultedEngagedWith]

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

[Q14\_PreviousEqualitiesLast3Years]

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

[Q15\_EvidenceOnPotentialImpact]

### Section C – Impact

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

#### Service Users/clients

[Q16a\_AreServiceUsersClientsImpacted]

#### Staff

[Q16c AreStaffImpacted]
<b>Residents/Communities/Citizens</b>
[Q16b AreResidentsCommunitiesCitizensImpacted]
<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>
[PositiveImpactsYN]
<b>Details of Positive Impacts</b>
[Q17 DetailsOfPositiveImpacts]
<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>
[Q19a AreThereNegativeImpactsAge]
<b>Details of negative impacts for Age</b>
[Q19b NegativeImpactsAgeDetail]
<b>Mitigating Actions for Age</b>
[Q19c MitigatingActionsAge]
<b>Responsible Officer for Mitigating Actions – Age</b>
[Q19d ResponsibleOfficerAge]
<b>20. Negative impacts and Mitigating actions for Disability</b>
<b>Are there negative impacts for Disability?</b>
[Q20a AreThereNegativeImpactsDisability]
<b>Details of Negative Impacts for Disability</b>
[Q20b NegativeImpactsDisabilityDetail]
<b>Mitigating actions for Disability</b>
[Q20c MitigatingActionsDisability]
<b>Responsible Officer for Disability</b>
[Q20d ResponsibleOfficerDisability]
<b>21. Negative Impacts and Mitigating actions for Sex</b>
<b>Are there negative impacts for Sex</b>
[Q21a AreThereNegativeImpactsSex]
<b>Details of negative impacts for Sex</b>
[Q21b NegativeImpactsSexDetail]
<b>Mitigating actions for Sex</b>
[Q21c MitigatingActionsSex]
<b>Responsible Officer for Sex</b>
[Q21d ResponsibleOfficerSex]
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>
<b>Are there negative impacts for Gender identity/transgender</b>
[Q22a AreThereNegativeImpactsGenderTransgender]
<b>Negative impacts for Gender identity/transgender</b>
[Q22b NegativeImpactsGenderTransgenderDetail]
<b>Mitigating actions for Gender identity/transgender</b>
[Q22c MitigatingActionsGenderTransgender]
<b>Responsible Officer for mitigating actions for Gender identity/transgender</b>
[Q22d ResponsibleOfficerGenderTransgender]
<b>23. Negative impacts and Mitigating actions for Race</b>
<b>Are there negative impacts for Race</b>
[Q23a AreThereNegativeImpactsRace]
<b>Negative impacts for Race</b>
[Q23b NegativeImpactsRaceDetail]
<b>Mitigating actions for Race</b>
[Q23c MitigatingActionsRace]
<b>Responsible Officer for mitigating actions for Race</b>
[Q23d ResponsibleOfficerRace]
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>

<b>Are there negative impacts for Religion and belief</b>
[Q24a AreThereNegativeImpactsReligionBelief]
<b>Negative impacts for Religion and belief</b>
[Q24b NegativeImpactsReligionBelief]
<b>Mitigating actions for Religion and belief</b>
[Q24c MitigatingActionsReligionBelief]
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
[Q24d ResponsibleOfficerReligionBelief]
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
[Q25a AreThereNegativeImpactsSexualOrientation]
<b>Negative impacts for Sexual Orientation</b>
[Q25b NegativeImpactsSexualOrientationDetail]
<b>Mitigating actions for Sexual Orientation</b>
[Q25c MitigatingActionsSexualOrientation]
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
[Q25d ResponsibleOfficerSexualOrientation]
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
[Q26a AreThereNegativeImpactsPregnancyMaternity]
<b>Negative impacts for Pregnancy and Maternity</b>
[Q26b NegativeImpactsPregnancyMaternityDetail]
<b>Mitigating actions for Pregnancy and Maternity</b>
[Q26c MitigatingActionsPregnancyMaternity]
<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>
[Q26d ResponsibleOfficerPregnancyMaternity]
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
[Q27a AreThereNegativeImpactsMarriageCivilPartnership]
<b>Negative impacts for Marriage and Civil Partnerships</b>
[Q27b NegativeImpactsMarriageCivilPartnershipsDetail]
<b>Mitigating actions for Marriage and Civil Partnerships</b>
[Q27c MitigatingActionsMarriageCivilPartnership]
<b>Responsible Officer for Marriage and Civil Partnerships</b>
[Q27d ResponsibleOfficerMarriageCivilPartnership]
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
[Q28a AreThereNegativeImpactsCarersResponsibilities]
<b>Negative impacts for Carer's responsibilities</b>
[Q28b NegativeImpactsCarersResponsibilitiesDetails]
<b>Mitigating actions for Carer's responsibilities</b>
[Q28c MitigatingActionsCarersResponsibilities]
<b>Responsible Officer for Carer's responsibilities</b>
[Q28d ResponsibleOfficerCarers]

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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 November 2024

**Subject:** **ADULT SOCIAL CARE AND HEALTH ANNUAL COMPLAINTS REPORT 2023/2024**

**Classification:** Unrestricted

**Summary:** This report provides Members with information about the operation of the Adult Social Care and Health Complaints and Representations Procedure between 1 April 2023 and 31 March 2024

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

## 1. Introduction

1.1 This report provides an overview of the operation of the complaints and representation procedure for Adult Social Care and Health during 2023/2024. The report includes summary data on the complaints, enquiries and compliments received during the year with additional information in Appendices 1 to 6. It also provides examples of the actions taken and improvements made from complaints, which are used to inform future service delivery.

## 2. Policy Context and Procedures

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

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

2.3 The feedback provided via customer feedback provides an opportunity to improve our understanding of someone’s journey into the service they experience. Complaint investigations provide the opportunity to resolve concerns by putting remedies in place if an error has occurred. The procedure is flexible and puts the person at the heart of the investigation.

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

3.1 A total of **992 complaints** were logged during 2023/2024 about services delivered or commissioned in relation to ASCH. Appendix 1 contains information about the number and type of complaints.

3.2 The number of **complaints** received during 2023/2024 has increased by 4% from the previous year.

3.3 **299 complaints were rejected** following the initial assessment by the Customer Care and Complaints Team, these include where people raised concerns about services that were not for Kent County Council (KCC), where possible, people were signposted to appropriate organisations.

3.4 The percentage of people raising a complaint remains consistent from previous years at 1% in relation to the number of people that we support from adult social care.

Year	Complaints received	% increase/ decrease on previous year	Number of people supported	% of people or their representative raising a complaint
2023/2024	992	+4%	82,755	1%
2022/2023	958	+ 29%	80,723	1%
2021/2022	744	- 1%	74,723	1%

3.5 A total of **471 Enquiries** were received in 2023/2024, which is a decrease of 11% on the previous year when we saw a significant increase. The majority of these Enquiries, (72%), were from MPs or Members on behalf of a constituent about an aspect of the service they received:-

Year	Enquiries received	% increase / decrease
2023/2024	471	-11%
2022/2023	530	+ 43%
2021/2022	370	-2%



3.6 In 2023/24, **553 compliments** were received which represents a 26% increase from the previous year. Compliments provide useful feedback of a person’s journey and experience of our services. A few examples from compliments received are found in Appendix 3.

Year	Compliments received	% increase / decrease
2023/2024	553	+ 26%
2022/2023	439	+ 17%
2021/2022	375	- 27%

3.7 In 2023/2024, **286 informal concerns** were received which represents an 16% increase from the previous year. Informal concerns are locally resolved, within a short period of time, usually within 24 hours, by the Customer Care and Complaints Team, in consultation with the operational service. Someone raising an informal concern is happy for it not to be progressed via the formal complaint route and is informed of the formal process.

Year	Informal concerns	% increase / decrease
2023/2024	286	+ 16%
2022/2023	247	+ 18%
2021/2022	210	- 13%

3.8 An example of an informal concern, is where the mother of a person we support contacted us to complain that her son was not receiving additional support required following a hospital stay; he had complex needs associated with his severe learning disability. The local team made prompt contact with the mother and arranged an urgent re-assessment and increased the support required which resolved the mother’s complaint by taking action to provide the support required.

#### 4. Coroner’s Inquest Requests

4.1 In 2023/2024 we managed **38** Coroner’s requests. This is an increase of 15% on the requests received in the previous year.

Year	Coroner Enquiries	% increase / decrease
2023/2024	38	+ 15%
2022/2023	33	- 25%
2021/2022	43	+ 87%

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

## 5. Compliance with standards

5.1 KCC aims to respond to 85% of complaints within KCC's Key Performance target of 20 working days. Some complaints can be complex due to a variety of reasons, this can include the need to consult with another team or a partner agency. Additional time is sometimes required to either meet with the complainant or liaise with other agencies. When this happens, and with the agreement of the complainant, an extension to the deadline is agreed; 21 complaints had their timescales extended during the year.

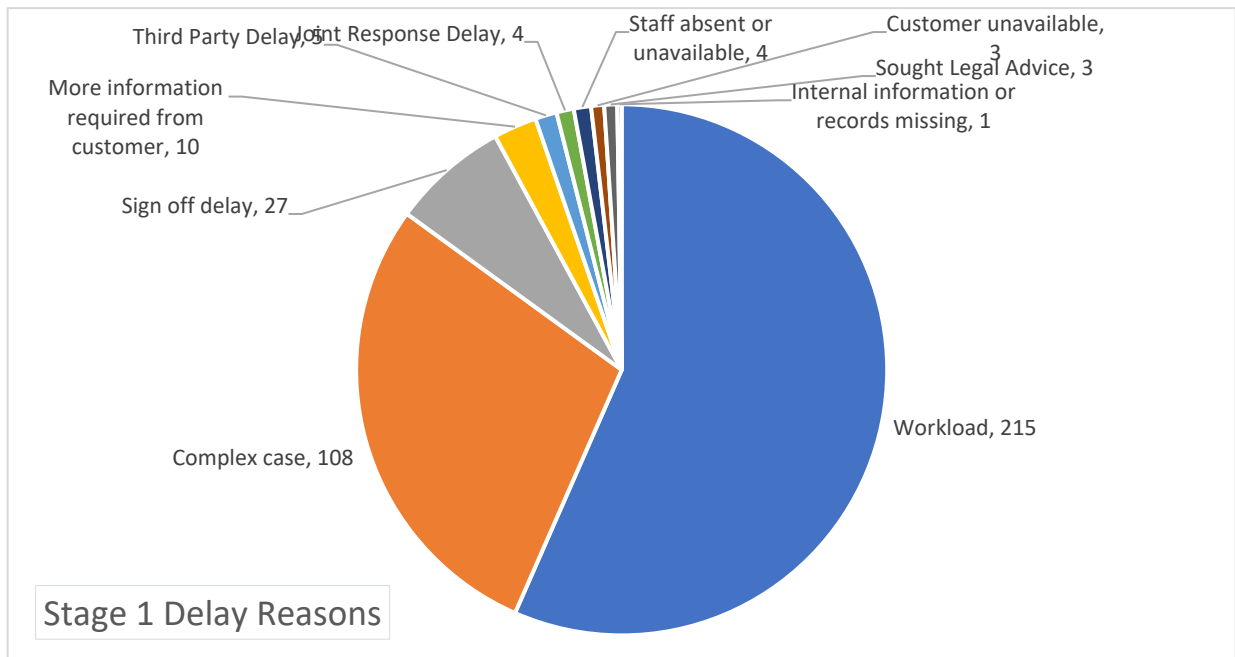
5.2 The response time achieved within the 20 day target was **58%** which was a 13% decrease from the previous year.

Year	Complaints closed	% responded to within 20 days
2023/2024	942	58%
2022/2023	906	71%
2021/2022	743	72%

5.3 99% of complaints were acknowledged within three working days.

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

Stage 1 delay reason	Total	%
Workload	215	57%
Complex case	108	28%
Sign off delay	27	7%
More information required from customer	10	3%
Third Party Delay	5	1%
Joint Response Delay	4	1%
Staff absent or unavailable	4	1%
Customer unavailable	3	1%
Sought Legal Advice	3	1%
Internal information or records missing	1	0%
<b>Total</b>	<b>380</b>	



## 6. Listening to complainants and methods of engagement

- 6.1 The Customer Care and Complaints Team make initial contact with the person making the complaint by telephone, where possible, to acknowledge and clarify the complaints to be investigated and check on any adjustments that might be required to support the person during the investigation.
- 6.2 A further opportunity to discuss the complaint is offered as part of the investigation and, within a two month sample of responses, 61% of complainants were telephoned by the manager. This discussion creates the opportunity to understand the impact of the complaint on the person and supports the preparation of the response to ensure all areas are covered. It also provides a contact person for the person making the complaint should further communication be required during the investigation.

6.3 Feedback is accepted in a variety of formats which allows people to complain in the way they feel most comfortable. The most popular way to make a complaint was via email at 44%, followed by self-service at 27%, then telephone at 22%.

Method	Total	%
Email	439	44%
Self-service/ online	266	27%
Telephone	221	22%
Post	39	4%
Contact Centre	20	2%
Online	3	0%
Social Media	2	0%
Face to Face	1	0
Premature Ombudsman	1	0
Total	992	

## 7. Complaint outcomes

7.1 Each complaint is fully investigated, and a response letter sent to the complainant with the findings and outcomes. Where complaints are upheld, the details of what has been done to put things right and an apology is offered. Some complaints lead to lessons being identified, both for the individual practitioner, or the wider service which offers reassurance that the issue has been taken seriously. A summary of the outcome of the complaints is recorded in the table below:-

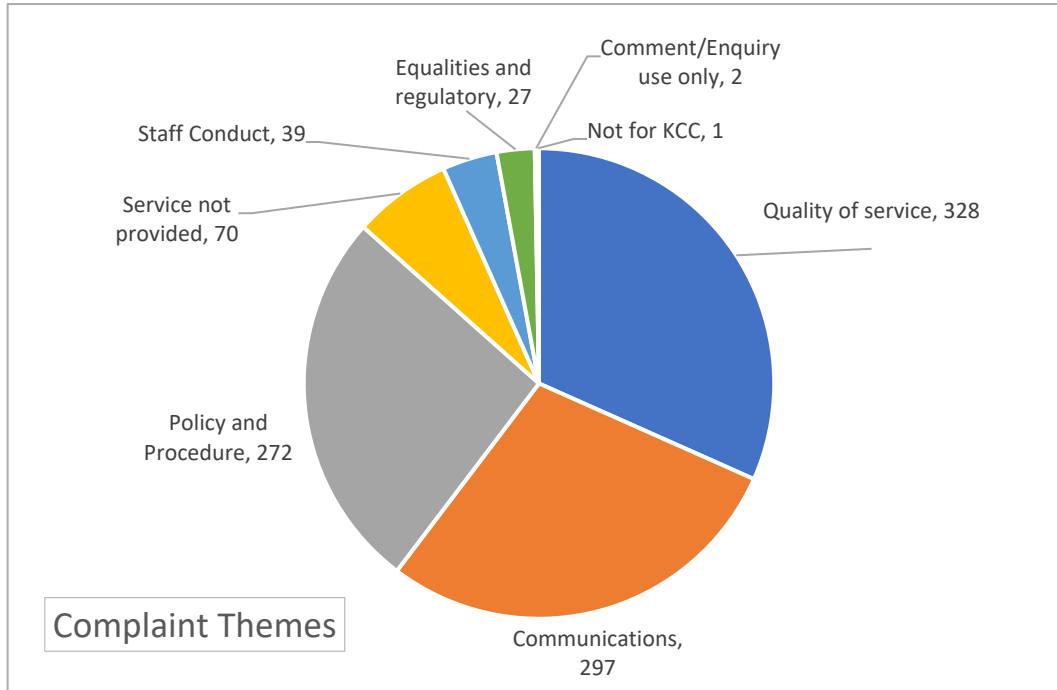
Year	Complaints closed	Upheld + partially Upheld	Not upheld	Resolved upon receipt/ withdrawn/suspended/ another procedure
2023/2024	946	51% (481)	28% (264)	21% (201)
2022/2023	906	44%	27%	29%
2021/2022	743	49%	28%	23%

7.2 The number of complaints upheld or partially upheld is 51%, which is an increase of 7% from the previous year.

7.3 19% of complaints or concerns raised were “resolved upon receipt” which demonstrates that flexibility is applied by the Customer Care and Complaints Team if a concern raised can easily be resolved without progressing to a full investigation, in agreement with the complainant.

## 8. Themes identified arising from complaints

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



Problem	Total	Upheld/Partly upheld
Quality of service	328	153
Communications	297	139
Policy and Procedure	272	133
Service not provided	70	40
Staff Conduct	39	26
Equalities and regulatory	27	18
Comment/Enquiry use only	2	0
Not for KCC	1	0
<b>Total</b>	<b>1,036</b>	<b>509</b>

- **Communication** remains one of the top issues raised during investigations with people calling for updates on issues in order to try and resolve issues and this not being followed up. Poor communication leaves people feeling frustrated and stressed, examples include:-
  - Repeat callers trying to resolve issues including those relating to charging, Care Needs assessments, Occupational Therapy (OT) assessments and Blue Badge applications
  - People frustrated that they do not have a named worker to be able to communicate with
  - Lack of information provided and support offered about deferred payment process
  - Not informing family members of changes to someone's care
  - Communications not being followed up when staff are absent
  - Lack of information and support being offered
  - Not following through instructions not to make contact with a family member
  - Inappropriately contacting the family of a deceased person about their Blue Badge application.
  - Lack of response to several requests for call back
  - Lack of communication throughout the process of submitting a Blue Badge application, a delay of six months and having to send the form in four times.
  
- There were a number of complaints received about the **quality of service** relating to services provided by a third party. The Council is responsible for these commissioned services that are delivered on behalf of adult social care. Examples include:
  - Missed calls to provide care at home
  - Care staff being threatening and rude
  - Carers disrespecting the home of a client, leaving stains and blocking drains
  - Someone being placed in an unsuitable residential home, 55 miles away from family
  - Care provision inadequate, including poor personal care, an unhygienic environment and no food preparation.
  
- Under the general headings of **Quality of Service/Policy and Procedure**, we received complaints which raised issues about:
  - **Case management and assessments** which included the following issues:-
    - Delays in the completion of assessments and care plans
    - Not attending assessment as arranged and not responding to calls to rearrange
    - Delays in completing care needs assessment resulting in a prolonged hospital stay for someone with mental health needs

- Repeating information about son's needs as no record is made
  - Not involving family over assessments or care arrangements
  - Delays in Blue Badges being issued and people complaining that their badge has expired before their application is considered.
- **Charging and Finances**, with examples being:-
    - That people were not aware that the service received was chargeable
    - People disputing how the charge is calculated
    - People have cancelled their care package because they have been unable to afford the charges
    - Delays in confirmation of funding have also left people unsure whether their funding would run out, causing anxiety
    - People raising concerns because they are charged for care that had been cancelled.

## **9. Putting things right and Improving– creating opportunities**

- 9.1 Feedback from complaint investigations provides a vital source of insight about people's experiences of adult social care and gives us the opportunity to put things right.
- 9.2 When a complaint is upheld often lessons or corrective actions are identified to remedy the specific complaint. Sometimes these corrective actions relate to issues which are appropriate to share across all teams and other times they relate to an individual practitioner and the person is supported through supervision and training.
- 9.3 The lessons are shared with the Strategic Safeguarding, Practice and Quality Assurance Team so that Key Messages are cascaded to all staff and Policies are reviewed and updated if appropriate.

9.4 A selection of some of the corrective actions are below:-

**You said:** That you were still awaiting information about your mother's financial assessment, despite chasing this and as the debt now exceeded £20,000 the care home has advised a Notice of Eviction would be served which is causing the family anxiety.

**You said:** That you disagreed that you were required to pay for your care

**You said:** That your mother had been wrongly charged for her residential care fees for 19 years when she should have had free care

**You said:** That you had sent in ten emails to us without receiving a response about

**You said:** That you did not receive any contact in relation to a safeguarding enquiry being undertaken regarding concerns about your daughter

**We did:** We arranged an urgent care needs assessment to be undertaken and as long term support was required the funding was agreed and backdated to resolve the debt that had accrued. The current allocation process will be reviewed to prevent future delays in assessments that could lead to debts occurring.

**We Did:** Staff were reminded that people who receive care under Section 117 of the Mental Health Act are not required to contribute to their care. Staff were also required to undertake training to correctly identify and record a person's care needs under Section 117. The procedures were updated and a new workflow has been included on our client recording system to ensure that staff appropriately consider and record a person's entitlement to free aftercare services in these circumstances. A full refund of the incorrect charges was provided.

**We did:** Staff were reminded of the importance to respond to emails in a timely manner and a local system put in place for managers to deal with enquiries if staff are absent

**We did:** Managers were reminded of their responsibility to ensure contact is regularly made and that the appropriate protocols are followed in relation to a Section 42 safeguarding enquiry.



**You said:** That you did not receive timely updates on your mother's care and support despite requests for contact, communication has not been forthcoming

**You said:** That you received a letter advising the amount you would needed to pay for your mother's care but the invoices received were for higher amounts. You have requested an explanation with no success.

**You said:** That you disagreed to move your mother to a different care home as this would be detrimental to her health and that you could not afford a third party top up fee

**You said:** That your mother was receiving care from lots of different carers and the times and duration of the calls varied.

**You said:** That you have had to wait over three months for your daughter's Blue Badge application to be considered and as she has serious health issues this is paramount

**We did:** The importance of good communication and prioritising care needs assessments in a timely manner were raised with the individual practitioner and also shared with other staff.

**We did:** An explanation was provided and staff have been reminded of the importance to finalise care and support plans and to discuss changes in circumstances with families, and the implications that this could have on resultant charges.

**We did:** We undertook an urgent "detrimental to move" risk assessment and confirmed that your mother could remain in her current care home. We also requested that staff attend relevant training on Finance and charging to ensure that correct advice is provided for people.

**We did:** We liaised with the provider who introduced an improved process to ensure clients are kept informed of changes to call arrival times.

**We did:** We reviewed the process to be able to identify applications for children under three years old in order to fast track these where appropriate.

**You said:** That a six weekly placement review had not taken place following your son's transition into Adult Services and that you had not received a copy of his care and support plan

**You said:** That you had received an invoice when you had been told you would not need to pay for care for the period of assessment as the costs would be funded by KCC

**You said:** That we had not returned your son's bank statements in relation to setting up his Direct Payment and were concerned about their whereabouts

**You said:** That no contact was made to you prior to your brother's discharge to the family home

**You said:** That it was totally unacceptable to offer a placement to your daughter and then withdraw it following her transition to Adult Social Care. This has caused immense distress and anxiety for your daughter as she was planning the move and a financial cost to us as we had purchased furniture to put into the new supported living home.

**We did:** Staff were reminded to ensure that transfers from other teams are properly explained to families and a joint meeting or discussion takes place with the new worker about the transfer and effective planning is organised including having an updated care and support plan that is shared with the family.

**We did:** Staff have been reminded of the need to suspend someone's care on the system when they are aware someone is admitted to hospital so that invoices will be correctly generated

**We Did:** The process for returning documents was reviewed by the Direct Payments team and a new system has been implemented to ensure each document is appropriately tracked.

**We did:** We raised the importance of a multi-agency approach with hospital staff to ensure appropriate planning so that discharge arrangements are made in a timely manner and families are informed of the arrangements.

**We did:** We offered to pay the storage of new furniture purchased. Staff were reminded of the new system for the transfer of responsibility to ASC should be followed where a transitional panel is set up to consider someone's ongoing care and support needs and consider which placement is best suited for their needs.

**You said:** That we did not inform you of a planned visit to your mother when you hold Power of Attorney and requested to be involved in any visits

**You said:** That you received a care package that you were unable to afford and had to end it as you had not been advised that you were required to pay for the care provided

**You said:** That the services we had provided did not appropriately met your needs and you felt ignored and your voice was not heard. You also found the Direct Payment system confusing (35707249)

**We did:** Staff were reminded during team meetings of the importance to include family members in visits to discuss care and support needs.

**We did:** We cancelled the charges applied to your care, offered an apology and reminded teams of the need to discuss the charging process with people before arranging a package of care and to offer support with understanding how this works if necessary.

**We did:** Staff were reminded of the importance of the person's voice being at the centre of all care planning. Staff were also reminded of the need to communicate effectively with Health services to provide a co-ordinated response for the person.

#### Top 10 remedy actions undertaken:-

Remedial Actions	Total
Formal apology	183
Arrange staff training or guidance	139
Discuss at team meeting	113
Provided service requested	81
Financial remedy	60
Change or review communications	54
Explanation	40
Change or review policy or procedure	16
Review contract or partner arrangements	16
Change or review service	14

## **10. Financial implications**

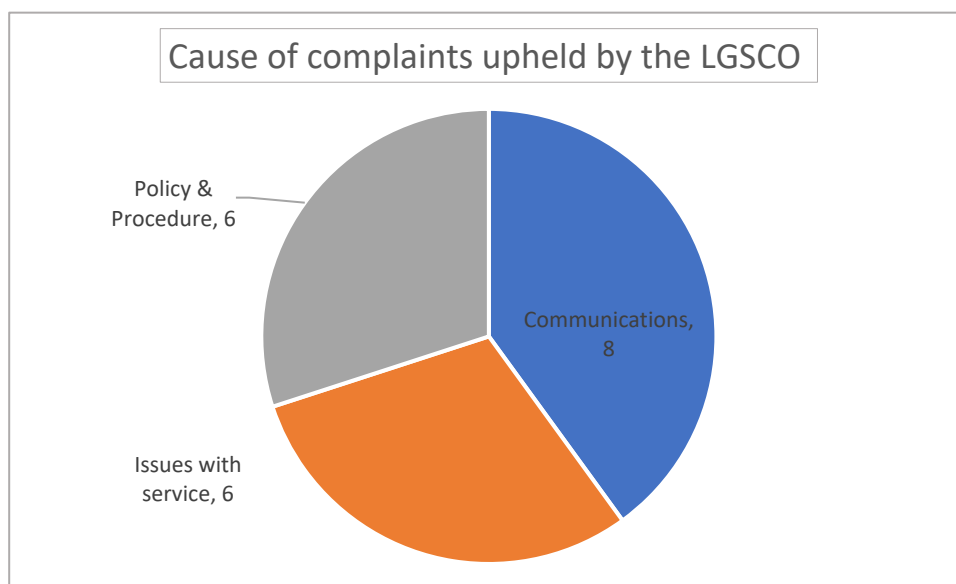
- 10.1 In 2023/2024 a total of £81,676 was paid to complainants as gesture of goodwill payments, financial settlements or reimbursement. This figure includes £8,706 paid as a result of Local Government and Social Care Ombudsman (LGSCO) investigations during this period. This is a decrease of 30% on the previous year.
- 10.2 There was a complaint in which there was a substantial reimbursement that was awarded in this financial year, however this is not reflected in this year's figures as the case was finally closed in the financial year 2024/2025. The total sum awarded will be reflected in next year's totals.
- 10.3 Gesture of goodwill payments made up £10,842 of the total amount which was paid in recognition of the impact of errors or where a delay had occurred that resulted in some injustice to the person we support or their family, time and trouble and distress and uncertainty caused. The majority of the gesture of goodwill payments were under £500 and were in line with the financial remedy guidance set out by the LGSCO as part of complaint resolution.
- 10.4 The financial reimbursements, waivers and other payments made up £70,834 and relate to where errors occurred over charges, where someone was charged incorrectly, where families were not informed about the need to pay for a service, a miscommunication about a charge, or where services did not meet the required standard.

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

- 11.1 The second stage of the complaints process is the Local Government and Social Care Ombudsman (LGSCO). Following an Initial Enquiry and request for documents, the LGSCO then gives the Council four weeks to respond to a Full Investigation request and we have responded to all enquiries within agreed timescales.
- 11.2 A total of 65 complaints (7%), of all complaints received were progressed to the LGSCO. The table below shows that 27 cases were fully investigated by the LGSCO and a decision was issued, this is an increase of 59% on the previous year. Of those investigated, the LGSCO found fault and upheld 20 cases, seven were not upheld. 23 were closed because, following initial enquiries and explanation or information provided, the LGSCO felt there would be no wider public benefit to a full investigation and required no further action or they were out of jurisdiction. 15 were premature to the Ombudsman and were progressed as new complaints by KCC.

Upheld	Not upheld	Closed: /no further action/ out of jurisdiction or withdrawn	Premature	Total
20	7	23	15	65

11.3 The diagram below demonstrates the top three causes of the upheld LGSCO complaints:-



Causes of Upheld Complaints	Total	%
Communications	8	40%
Issues with service	6	30%
Policy & Procedure	6	30%

11.4 The LGSCO issues an Annual Letter to KCC which summarises the activity with them and highlights any issues for the coming year. There has been a change in approach in recent years with the LGSCO selecting cases where it is considered to be more in the public interest to investigate. This has resulted in the overall number of upheld complaints increasing nationally across all services. The KCC adult social care upheld rate is 74% of complaints, in comparison to 80% nationally for adult social care complaints.

11.5 Adult social care has taken forward the agreed remedies set out by the LGSCO which need to be implemented and include sending apology letters to the person we support or their family, offering financial remedies, reviewing policies or procedures in recognition of the error and staff training. All recommendations have been taken forward and 84% of these were completed within timescale.

11.6 Information about each Decision is found in Appendix 5 and a summary of each Decision is found in Appendix 6.

## **12. Improvements to the process**

12.1 The case closure form is currently in the pilot stage with two operational Areas trialling this from July 2024. Once the feedback is complete, the process will be extended to all services which will improve the quality of the data collected as well as identify the key themes from the complaint and lessons to be taken forward.

12.2 An escalation process has been implemented to ensure that when a person raises continued concerns these are appropriately reviewed and addressed and responded to by a senior manager.

12.3 A training programme has been offered for staff on the complaints process, conducting a complaint investigation and writing a response. There were five sessions delivered throughout 2023/2024 and further sessions have already been delivered and are planned for 2024/2025.

## **13. Report Conclusion**

13.1 The level and spread of activity has remained fairly similar to last year, with just a slight increase in complaints, a slight decrease in enquiries and an increase in compliments received.

13.2 The Customer Care and Complaints Team has worked with operational teams to ensure a thorough investigation and response is produced, whilst adopting flexibility where concerns are more appropriately dealt with on an informal basis. An effective method of escalating issues has been developed for complainants requiring a further response or additional clarity.

13.3 We have liaised effectively with the LGSCO to respond to questions and information requests within timescale and implemented all remedies.

## **14. Recommendations**

<p>14.1 Recommendations: The Adult Social Care Cabinet Committee is asked to <b>CONSIDER</b> and <b>COMMENT ON</b> the content of this report.</p>
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**15. Background Documents**

None

**16. Report Author**

Debra Davidson  
Customer Care and Complaints Manager for Adult Social Care  
Customer Service Delivery Unit, Marketing and Resident Experience  
[Debra.davidson@kent.gov.uk](mailto:Debra.davidson@kent.gov.uk)  
03000 415627

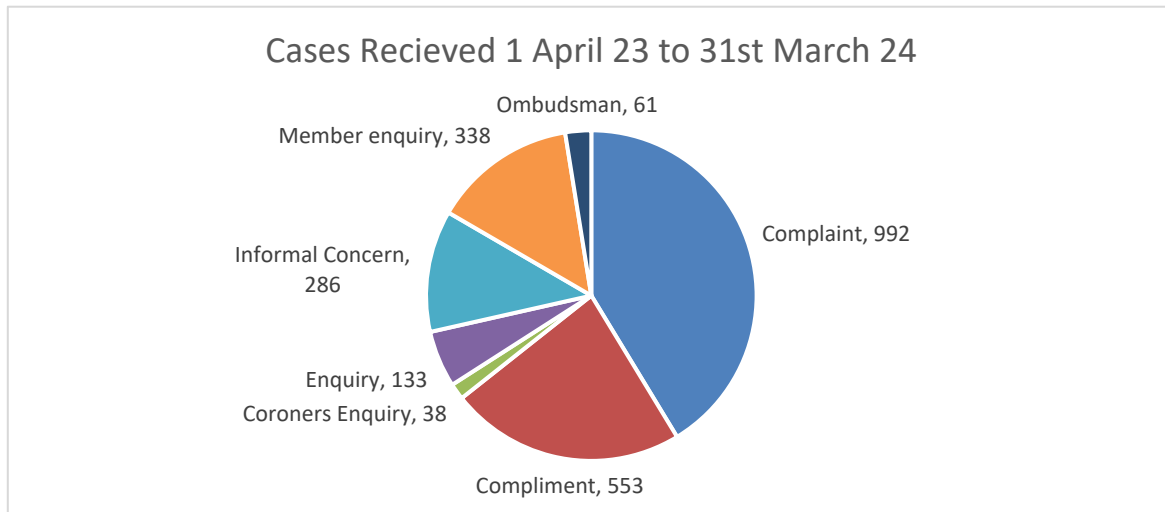
**Lead Director**

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

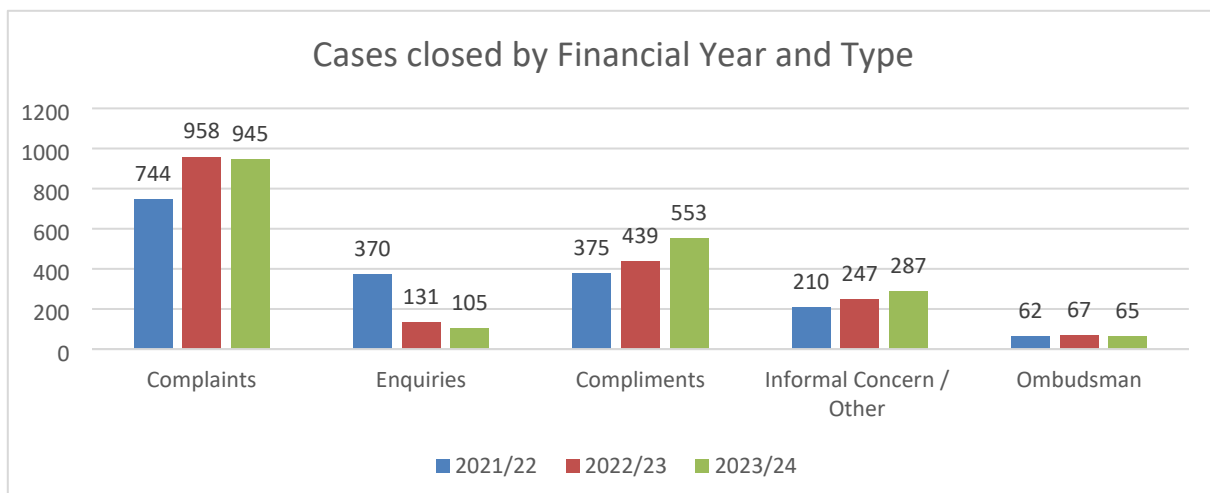
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## Appendix 1 – Statistical Data

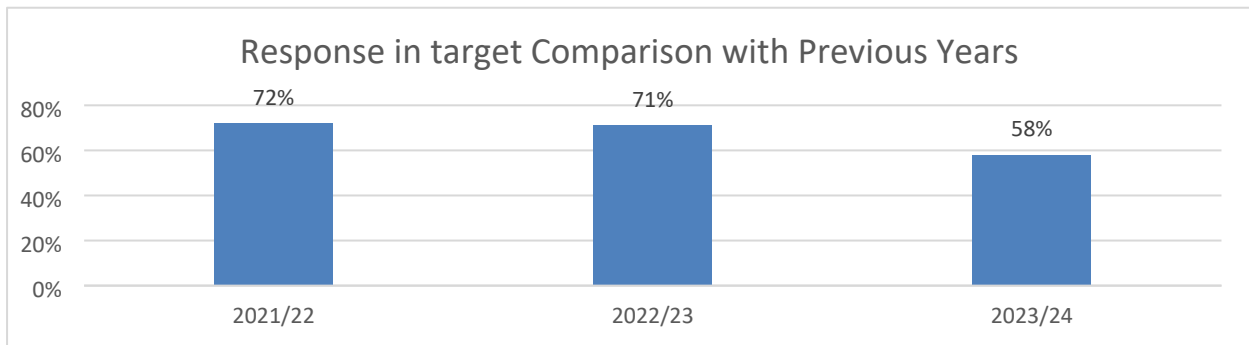


Received in year	Cases
Complaint	992
Compliment	553
Coroners Enquiry	38
Enquiry	133
Informal Concern	286
Member enquiry	338
Ombudsman	61

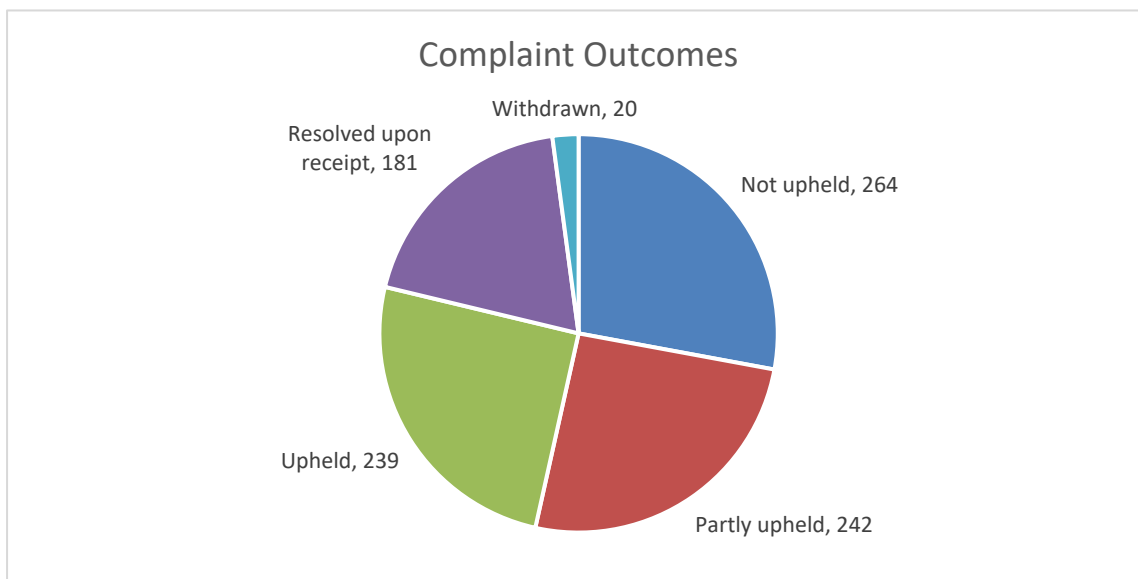


Closed in year	2021/2022	2022/2023	2023/2024
Complaints	744	958	<b>946</b>
Enquiries	370	131	<b>105</b>
Compliments	375	439	<b>553</b>
Informal Concern / Other	210	247	<b>287</b>
Ombudsman	62	67	<b>65</b>

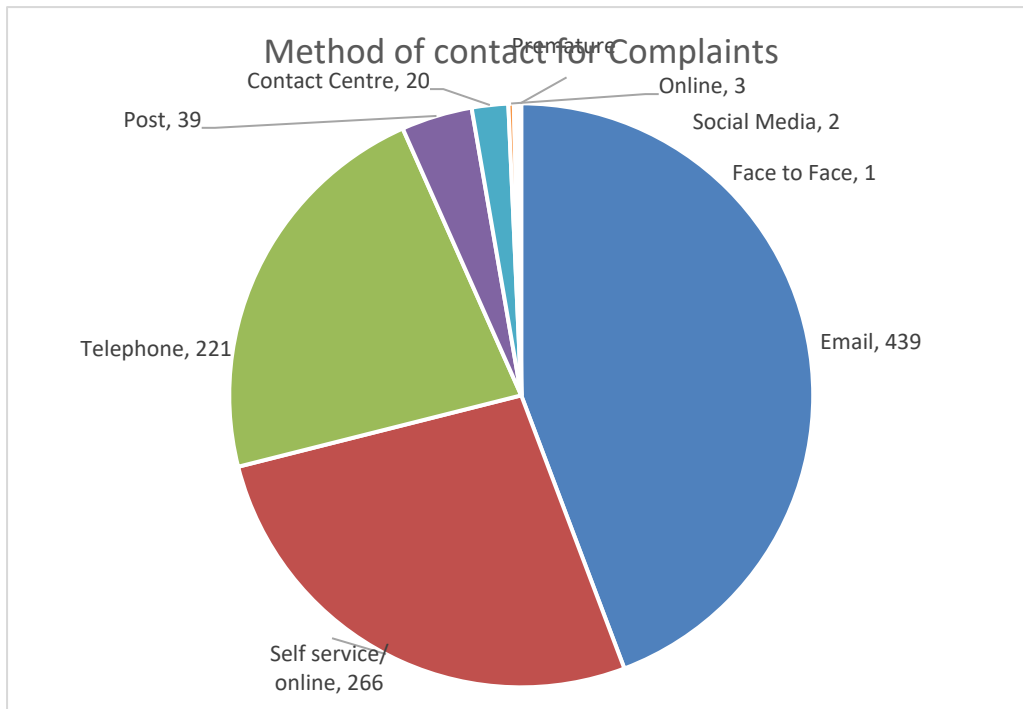
<b>Response timescale for Closed Cases in 2023/2024</b>	<b>Total</b>
Response within target	542
Late Response	404
<b>Total</b>	<b>946</b>
Percentage Within Target	58%



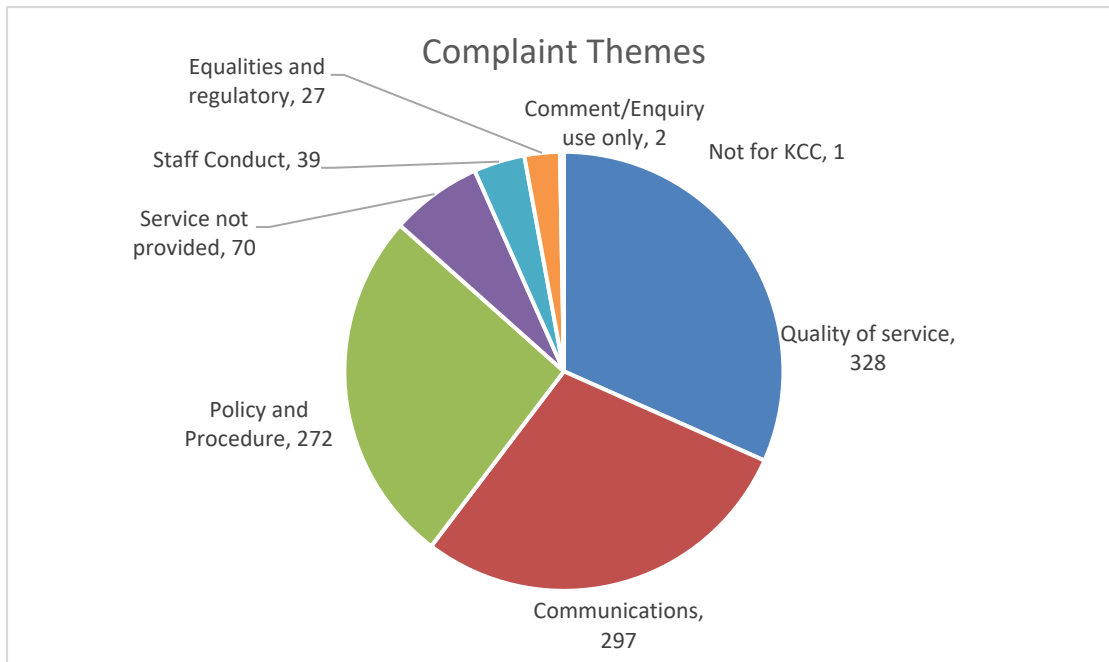
<b>2021/2022</b>	<b>72%</b>
<b>2022/2023</b>	<b>71%</b>
<b>2023/2204</b>	<b>58%</b>



<b>Decision</b>	<b>No of cases</b>	<b>%</b>
Not upheld	264	28%
Partly upheld	242	26%
Upheld	239	25%
Resolved upon receipt	181	19%
Withdrawn	20	2%
<b>Total</b>	<b>946</b>	



Method	Total	%
Email	439	44%
Self-service / online	266	27%
Telephone	221	22%
Post	39	4%
Contact Centre	20	2%
Online	3	0%
Social Media	2	0%
Face to Face	1	0
Premature Ombudsman	1	0
<b>Total</b>	<b>992</b>	



\*Some complaints have multiple problem categories.

Problem	Total	Upheld/Partly upheld
Quality of service	328	153
Communications	297	139
Policy and Procedure	272	133
Service not provided	70	40
Staff Conduct	39	26
Equalities and regulatory	27	18
Comment/Enquiry use only	2	0
Not for KCC	1	0
<b>Total</b>	<b>1,036</b>	<b>509</b>

## Appendix 2

### Examples of Compliments Received

**Accommodation Based services (Care Homes):** A thank you received from a care provider. Who as has been in contact with the Commissioning team, to which they have been extremely helpful in talking and explaining their process due to a termination of their service to a client. Care provider was kept up to date, with what the next steps will be and this in turn will help the transfer for the client to another provider run smoothly and less traumatic.

**Adult Short Breaks and Community Services:** A thank you from service user's granddaughter's. She was very grateful and appreciative for all our help and support and said what a great team we are. Said we are a very knowledgeable and helpful, considerate team and thank you.

**Area Referral Service:** A thank you received for a Social Worker, "From the first contact I found her to be informed, pragmatic, caring and professional. She thoughtfully took me through a series of questions to understand my dad's needs, while always keeping in mind his wishes around his care and lifestyle. She showed great empathy when discussing the most personal of questions and situations".

**Blue Badge :** "My experience using the service has been excellent, the application process was simple, providing you have a computer and know how to upload documents. My expectations were managed but your staff exceeded all my possible expectations, in a Bank Holiday week as well! An excellent service and I really am very grateful and would like my thanks passed onto the relevant member of staff. Thank you so much x"

**Contacting ASC:** Service user thanked advisor for helping resolve an issue very quickly. She listened attentively to what I had to say, in what I must admit was a quite rambling monologue, she repeated back to me very accurately what she had written down while I talked. She then advised me how and within what time constraints my complaint would be dealt with. I very quickly received an email acknowledging my call. Thank you for your help and hard work on this.

**Community Team Ashford and Canterbury:** A thank you received from a family member. She was so happy and impressed with how efficient and professional the Social Worker was during the whole process and wanted to pass on her thanks.

**Community Team – North Kent:** I do appreciate how busy you must be, so thank you for getting back to us. Thanks for reaching out to us in the first place, and thanks again for all your support.

**Community Team – West Kent:** "Many thanks for being our social worker. We felt safe and very privileged to be in your kind and knowledgeable care."

**Community Team – Thanet and South Kent Coast:** "I would like to express my thanks to XXX for her professional and caring help that she provided to me and my family when completing the review for my mum."

**County Placement Team:** “I would like to send a massive compliment to XXX in CPT team. XX spoke to me about finance support for mum who is now in a home, she was extremely empathetic as I was suffering with anxiety, after working and being a carer. XX reached out to me with care, compassion and made me feel that I could deal with the situation, with her support. XX kept in touch with me throughout, I honestly do not know if I could have managed without her. She is such an asset to you, XX is amazing at her work.

**Deprivation of Liberty Safeguards (Countywide):** Multiple thanks were given for the professionals of the DoLS Admin team, they are helpful, polite, quick to respond, organised and very supportive.

**Early Discharge Team:** “Firstly, I wish to pass on my appreciation and thanks for the brilliant and outstanding interventions you both have completed so far with patient SF from Kent. Your in-reach and linkins/networking and communication is exceptional and I wish to pass on our whole team gratitude for this which has made a significant difference to SF case.”

**Finance Assessment Income Unit:** “A thank you for XXX who was absolutely marvellous and very helpful just to say that he went above and beyond and gave wonderful support and it was a pleasure to talk to him. It has not always been my experience that this is the case when trying to deal with helping my mother with her dementia, especially when it comes to dealing with the council. However if everyone was like XX it would be an absolute pleasure.”

**Integrated Care Centre:** “Thank you all for your fantastic work and patience looking after my Dad. Thank you for making him comfortable in his weeks. It was rare for Dad to ever say he did not want to go home to his own house. But he told me he wanted to stay with you, so he was obviously happy.”

**Independent living support:** Caller would like to say thank you to all involved with fitting a hand rail, the person is very happy and appreciates what’s been done for her.

**Kent Enablement at Home:** Service user wanted to pass on his thanks to all the team. He was very grateful to the service and said how much we had helped him build his confidence. He was sorry we had to finish and was going to miss our visits.

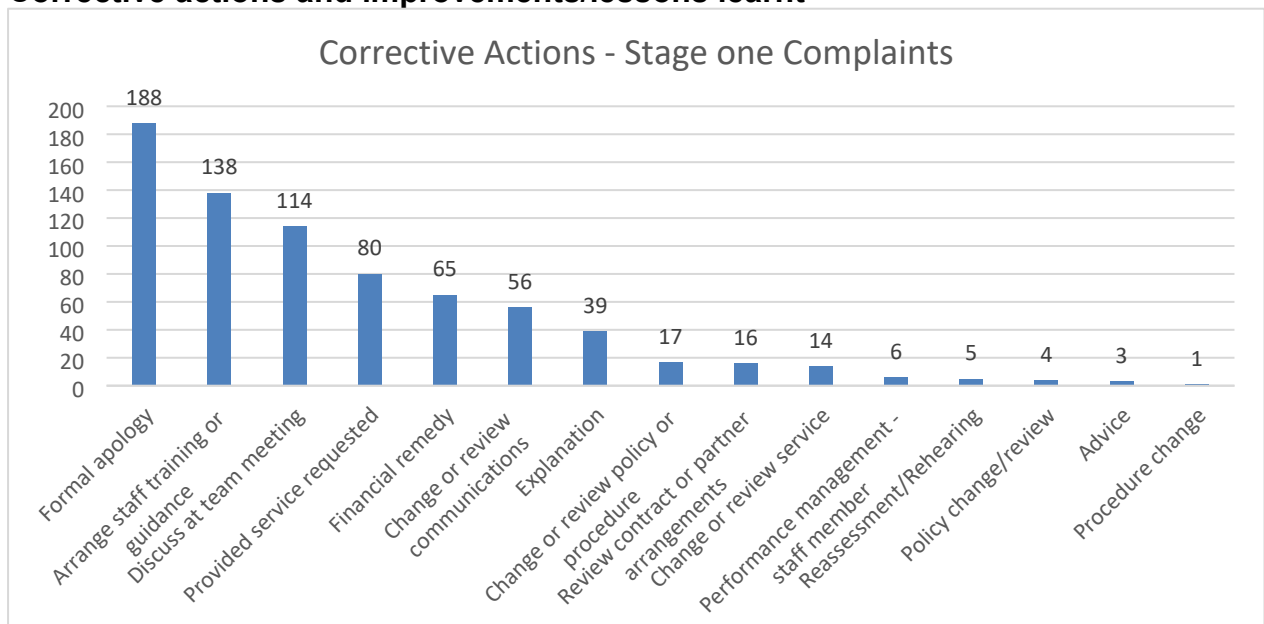
**Mental Health - AMHP Service:** Letter thanking team for care and support when moved from hospital to care home.

**Occupational Therapy:** Thank you so much for your kind advice and help yesterday it was so nice of you and we found your visit very helpful, informative, sympathetic and professional, it was lovely to meet with you.

**Operational Support Services:** “Thank you very much for all you have done to help us today. I very much appreciate the information you have provided in our telephone call this morning and in the emails you have sent me. I am particularly grateful for your clear, kind, patient and supportive response to our situation - sincere thanks”.

**Strengthening Independence Service 16-25:** “Thank you for everything you've done for XX and us all as a family. It will be a shame not to see you going forward but we're very close now to the works starting which is exciting. Thanks for the advice and help in getting equipment and so on for service user, we really appreciate it. Thanks again.”

### Appendix 3 Corrective actions and improvements/lessons learnt



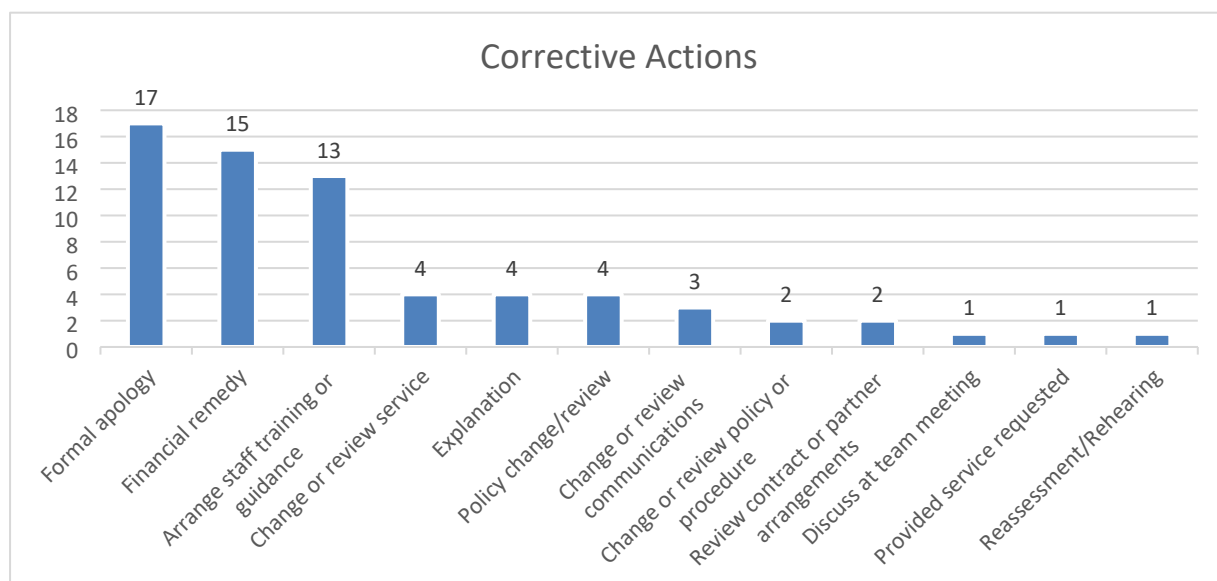
Action at Stage One	Total
Formal apology	188
Arrange staff training or guidance	138
Discuss at team meeting	114
Provided service requested	80
Financial remedy	65
Change or review communications	56
Explanation	39
Change or review policy or procedure	21
Review contract or partner arrangements	16
Change or review service	14
Performance management - staff member	6
Reassessment/Rehearing	5
Advice	3
Procedure change	1
<b>Total</b>	<b>746</b>



## Appendix 4 Local Government and Social Care Ombudsman (LGSCO)

Details for Cases CLOSED by the LGSCO for the year ending 31 March 2024

Upheld: Maladministration and injustice	Not upheld	Closed: out of jurisdiction /no further action or withdrawn	Premature: referred back for local resolution	Total
20	7	23	15	<b>65</b>



Action	Total
Formal apology	17
Financial remedy	15
Arrange staff training or guidance	13
Change or review service	4
Explanation	4
Policy change/review	4
Change or review communications	3
Change or review policy or procedure	2
Review contract or partner arrangements	2
Discuss at team meeting	1
Provided service requested	1
Reassessment/Rehearing	1
<b>Total</b>	<b>67</b>

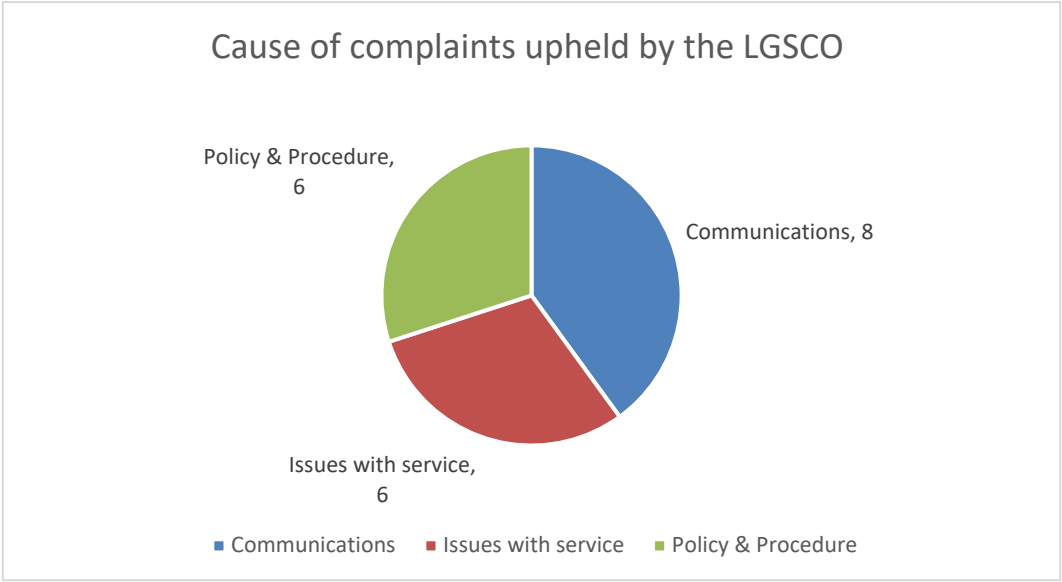
\*cases can have more than one corrective action

**Appendix 5**  
**Local Government and Social Care Ombudsman information**

Kent Adult Social Care and Health completed a total of 65 complaints which were escalated to the Local Government and Social Care Ombudsman (LGSCO) in 2023-24. Of these, 7 cases were closed with an outcome of Not Upheld, and 20 complaints assessed by the LGSCO were found to be Upheld, a further 23 were closed following our response to their initial enquiries as no further action or because the complaint fell outside of the LGSCO's jurisdiction, and 15 were referred for local resolution as they were considered premature and had not previously been through the Council's own complaints process.

<b>Outcome</b>	<b>Closed after initial enquiries - no further action</b>	<b>Closed after initial enquiries - out of jurisdiction</b>	<b>Not upheld: No fault</b>	<b>Not upheld: No further action</b>	<b>Referred back for local resolution</b>	<b>Upheld: Fault and Injustice</b>	<b>Upheld: Fault, No Injustice</b>	<b>Upheld: No further action</b>	<b>Total</b>
<b>ASCH County Services</b>	4	1	1	0	2	1	0	0	9
<b>ASCH Service Provision (Countywide)</b>	0	0	0	0	0	1	0	1	2
<b>Adult Commissioning Team</b>	0	0	0	0	0	0	1	0	1
<b>Business Delivery Unit</b>	1	0	0	0	0	0	0	0	1
<b>Children, Young People and Education</b>	0	2	0	1	1	3	0	1	8
<b>East Kent - Ashford and Canterbury</b>	1	0	1	0	1	0	0	1	4
<b>East Kent - Thanet and South Kent Coast</b>	2	1	0	0	7	2	0	0	12
<b>Enablement and Support Services</b>	3	0	0	1	2	0	0	0	6
<b>Finance (ASC)</b>	2	0	0	0	0	1	0	0	3
<b>Strategic Commissioning Unit</b>	0	1	0	0	0	0	0	0	1

<b>West Kent - North Kent</b>	3	0	2	0	2	4	0	0	11
<b>West Kent - West Kent</b>	2	0	1	0	0	3	1	0	7
<b>Total</b>	<b>18</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>15</b>	<b>15</b>	<b>2</b>	<b>3</b>	<b>65</b>



Causes of Upheld Complaints	Total
Communications	8
Issues with service	6
Policy & Procedure	6

## **Appendix 6**

### **Local Government and Social Care Ombudsman Decisions**

#### **Upheld: Fault and Injustice No further action, Organisation already remedied: Charging** - 18 April 2023 (22 012 006)

Summary: Mr X, on behalf of his wife, complained the Council asked them to sign a charging letter for a package of care without completing a financial assessment or giving any indication of what the cost would be. The Ombudsman does not intend to pursue this complaint further as the Council has provided a suitable remedy by apologising, cancelling the first invoice and making a goodwill gesture of £50.

#### **Upheld: Fault and Injustice: Communication, charging** - 5 December 2023 (23 005 403)

Summary: Mr C complained that the Council failed to properly communicate with him about funding for his aunt's (Mrs D's) care home fees. This caused him distress and uncertainty about whether she would have to move and how much it would cost. We found the Council delayed in reaching a clear decision on Mrs D's case and failed to communicate adequately with Mr C. The Council has agreed to apologise to Mr C, pay him £300 and improve its procedures for the future.

#### **Upheld: Fault and Injustice: Charging** - 29 August 2023 (22 028037)

Summary: There was no fault the Council asked Mrs X to contribute to her care costs. There was fault in how it involved Mrs X in a new financial assessment and when it told her she would be liable for charges. This caused Mrs X an injustice because she was liable for charges she did not know about, and this caused avoidable distress. The Council have already taken steps to prevent a reoccurrence of the fault and offered Mrs X a personal remedy during our involvement. It has now agreed a further payment to Mrs X to fully recognise this injustice.

#### **Upheld: Fault and Injustice: Charging, Communication** - 20 April 2023 (22 010 884)

Summary: Mrs X complained on behalf of her son, Mr Y. She complained the Council has not considered all Mr X's disability related expenditure (DRE). Mrs X also complained about the lack of clear information available to her, poor communication and delays from the Council. She says this caused distress and anxiety and Mr Y has paid more for his care than he should have. There was fault in the way the Council considered disability related expenditure, did not provide clear information and there were delays in this case. Mrs X and Mr Y suffered from the uncertainty about the financial contributions to Mr Y's care and Mrs X was put to time and trouble to complain. The Council should apologise to Mrs X and Mr Y, pay Mrs X £200 to acknowledge the time and trouble she has been put to, reassess Mr Y's disability related expenditure and remind its staff to consider each case individually.

#### **Upheld: No further action: Charging** - 6 November 2023 (23 003 517)

Summary: Ms X complains on behalf of Mr Y. She said the Council failed to give Mr Y all relevant information or tell him about the costs of his care package before the care package started. We discontinued our investigation. That is because the Council offered a suitable remedy and there is no significant remaining injustice. Further investigation would not lead to a different outcome and there is no worthwhile outcome achievable by continuing the investigation.

**Upheld: Fault and Injustice: Charging** - 18 October 2023 (22 014 771)

Summary: The Council's stated process for care needs and financial assessments appears to be in accordance with The Care Act 2014 but in practice 87% of cases do not follow this process. Failure to provide a personal budget as part of the care and support plan and before services are provided, is fault. The Council should review its processes to ensure cases are assessed in accordance with the Care Act requirements.

**Upheld: Fault and Injustice: Communication** - 2 August 2023 (22 017 446)

There was no fault in the way the Council reached decisions about Mr Y's capacity or in his return home. There were faults in communication with Mrs X and for the delay in referring her and her sister for a carers' assessment which the Council has already apologised for. It has also agreed to make service improvements as part of its complaint response to Mrs X.

**Upheld: Fault and Injustice: Communication** - 20 June 2023 (22 015 337)

There was fault in the care that was provided to Mr C and there was poor communication relating to the safeguarding enquiries into the care. Both councils have agreed to apologise, to pay a financial remedy and to remind staff of the importance of involving the person at the centre of a safeguarding enquiry in the enquiry.

**Upheld: Fault and Injustice: Delays, Communication** - 3 July 2023 (22 014 434)

Miss B complained the Council has failed to arrange the care package set out in her care and support plan. She also says the Council failed to stick to the communication plan it agreed following a previous Ombudsman's decision. We find the Council was at fault for its delays in securing the care package. The Council has agreed to our recommendations to address the injustice caused by fault.

**Upheld: Fault and Injustice: Communication** - 20 December 2023 (23 006 659)

Summary: We found there was delay in acting and that the Council's communication could have been improved, causing Mr X frustration. We recommended the Council provided a written apology and send a written explanation of its decision on Mr X's request for additional care for his mother.

**Upheld: Fault and Injustice: Communication, safeguarding** - 23 January 2024 (23 006 015)

Summary: Ms C complains the Council took unnecessary safeguarding action, did not follow her advice, and placed her son, Mr D at risk. The Council is not at fault for carrying out safeguarding, there are faults however in the process it followed and in its communication with Ms C. To remedy the complaint the Council has agreed to apologise to Ms C, make a symbolic payment, and remind staff about the policies they need to follow when completing safeguarding.

**Upheld: Fault and Injustice: Delays, communication, lack of information** - 24 November 2023 (23 002 205)

Summary: Mrs X complained that the Council failed to provide her with information to enable her to repay direct payments. She also complained that it delayed in providing an advocate for her adult son and in completing a Care Act assessment for him resulting in his care and support needs being unmet. She also said there were

several changes in social worker causing the family distress. We found the Council delayed in providing Mrs X with a new invoice so she could make the repayment and failed to keep the family informed about changes in social workers. The Council has apologised and agreed to make a payment in recognition of the injustice caused.

**Upheld: Fault and Injustice: Lack of care and support** - 31 August 2023 (22 008 438)

Summary: Ms X complained the Council failed to provide her with support to meet her social care needs after she self-referred to it in March 2021. We upheld the complaint, finding a series of failings in the service Ms X received. These led to her not receiving support she needed and caused distress. We recognised the Council had provided Ms X with a meaningful apology and symbolic payment. But we did not consider these actions went far enough. The Council has accepted these findings and at the statement we set out the further action it has agreed to remedy Ms X's injustice and to improve its service to try and prevent a repeat.

**Upheld: Fault and Injustice: Lack of care and support** - 29 November 2023 (23 000 897)

Miss X complained the Council left her without a Direct Payment or a support package for a long period of time. We have found fault with the Council who have agreed to remedy Miss X's injustice.

**Upheld: Fault, No Injustice: Assessment and review** - 29 September 2023 (22 017 438)

Summary: Mrs Y complained about the Council's assessment and review of Mr X's care and support needs. We have found fault by the Council in failing to review, or properly review, Mr X's support needs from 2018 to 2020. But we do not consider this caused Mr X any injustice.

**Upheld: No further action: Contact** - 18 December 2023 (23 011 157)

Summary: We will not investigate Mr X's complaint about the Council's decision to file an application to the Court of Protection which led to interim restrictions being placed on the family regarding contact with his son. This is because an investigation would not lead to different findings or outcomes.

**Upheld: Fault, No Injustice: Residential care** - 12 February 2024 (23 005 285)

Summary: Mrs Z complained a care home failed to provide appropriate personal care to her father-in-law, Mr X, as well as losing some property and failing to safeguard and follow proper financial procedures. There is no fault in respect of the personal care provided by the Care Home. Any fault in respect of failing to follow correct procedures did not result in a significant injustice to Mr X. **41091182**

**Upheld: Fault and Injustice: Residential Care** - 26 April 2023 (21 017 455)

We found fault by the Council and Trust with regards to the care and treatment they provided to Mr Y when he was resident in a local care home. The Council and Trust will apologise to Mr Y's daughter, Miss X, and pay her a financial sum in recognition of the distress caused to her by this fault. They will also take appropriate action to prevent similar problems occurring in future.

**Upheld: Fault and Injustice: OT Equipment** - 4 January 2024 (23 001 147)

There was fault by the Council. The Council failed to ensure that Occupational Therapy equipment was delivered for reablement care. It is not possible to remedy this injustice now, other than apologising, as the complainant is in a different care situation. The Council's reassessment and decision to charge for care at home after the complainant was no longer reaching the goals needed for reablement care was without fault.

**Upheld: Fault and Injustice: Storage of personal items** - 24 August 2023 (22 011 911)

Summary: Mrs Y complained on behalf of her late sister, Mrs X, that the Council unnecessarily decided to store Mrs X's unwanted belongings when she went into residential care, resulting in substantial storage charges. The Council was at fault for not consulting Mrs Y about its decision and for not carrying out a best interests assessment.

**Not upheld: No fault: Residential Care** -19 February 2024 (23 007 529)

Ms D complained about the Council's handling of her concerns regarding the behaviour of residents and staff at a care home next to her home. This included trespass, items thrown into her garden and residents' welfare. We found no fault in the process the Council followed to investigate and mitigate her concerns as part of its adult social care and safeguarding role. The Council was not the body responsible for investigating anti-social behaviour, we cannot therefore consider this further.

**Not upheld: No fault: Residential Care** - 23 November (22 015 550)

Summary: Mrs E has complained about a nursing home in relation to the care of her husband, Mr E. I found fault with the Home in managing Mr E's nutrition and personal hygiene and the Home has now carried out service improvements to address these faults. I did not find fault with the other issues in this complaint.

**Not upheld: No fault: Care Assessment and Plan** - 5 June 2023 (22 013 346)

Summary: Mr X complained the Council failed to understand his care needs and provide him with the necessary support. Mr X said the Council's support workers were rude and unprofessional and this has caused him stress and upset. We do not find the Council at fault.

**Not upheld: No fault: Safeguarding** - 12 February 2024 (23 010 048)

Summary: Mrs Z complained on behalf of her husband Mr Z, that the Council and Care Home wrongly accused him of mismanaging his father's finances and wrongly reported him to the police. She says this caused distress and impacted their health. There is no fault as the Council correctly began a safeguarding investigation when concerns about finances were raised and correctly involved the police.

**Not upheld: No fault: Blue Badge** - 24 April 2023 (22 013 930)

Summary: Miss X complained the Council has failed to properly consider an application she made for a blue badge for her son. She said without a blue badge, it limits the opportunities he has to access the community. The Ombudsman does not find fault in the Council's actions.

**Not upheld: No fault: Blue Badge** - 2 February 2024 (23 004 980)

Mr X complains the Council failed to consider all his health needs when he applied for a blue badge. We do not find fault with the Council, so we cannot therefore criticise the merits of its decision.

**Not upheld: No further action: Financial Assessment** - 29 November 2023 (23 006 903)

Mrs X complained the Council failed to consider disability related expenditures when carrying out a financial assessment for her son and delayed completing the assessment. We are discontinuing our investigation into Mrs X complaint as we cannot say that Ms X is a suitable representative.

**Not upheld: No further action: Charging** - 7 March 2024 (23 013 638)

Summary: We have discontinued our investigation into Mr C's complaint about how the Council charged his father for care. The Council has now offered to waive the Outstanding charges and has also offered Mr C and his father symbolic remedies for any injustice they have been caused. This means there is nothing we could add by investigating the complaint further.



**ADULT SOCIAL CARE CABINET COMMITTEE  
WORK PROGRAMME 2024/25**

<b>Item</b>	<b>Cabinet Committee to receive item</b>
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2022/23	Standing Item
Key Decision Items	
Performance Dashboard	September, November, March and May
Draft Revenue and Capital Budget and MTFP	November and January
Risk Management: Adult Social Care	March
Annual Complaints Report	November
Adult Social Care Pressures Plan	November

<b>13 NOVEMBER 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	Draft Revenue and Capital Budget and MTFP	Annual Item	
7	Performance Dashboard	Regular Item	
8	Adult Social Care Pressures Plan	Annual Item	
9	Annual Complaints Report	Annual Item	
10	Work Programme	Standing Item	
<b>15 JANUARY 2025 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	
7	Draft Revenue and Capital Budget and MTFP	Annual Item	
8	CQC Report		Added at 19/9 agenda setting
9	Adult Social Care Provider Fee Uplifts 2025/2026		Added 05/11/2024
9	Work Programme	Standing Item	

5 MARCH 2025 at 2pm			
1	Intro/ Web announcement	Standing Item	
2	Apologies and Subs	Standing Item	
3	Declaration of Interest	Standing Item	
4	Minutes	Standing Item	
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item	
6	Performance Dashboard	Regular Item	
7	Risk Management: Adult Social Care	Annual Item	
8	Work Programme	Standing Item	
8 JULY 2025 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	Accommodation Plan		Added at 19/9 Agenda Setting
8	Work Programme	Standing Item	

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

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
Demand Forecasting Methodology	Suggested by Mr Streatfeild 23/11/23