

## KENT COUNTY COUNCIL

### ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 17th November, 2022.

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

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Richard Smith (Corporate Director of Adult Social Care and Health), Simon Mitchell (Senior Commissioning Manager), Helen Gillivan (Head of Business Delivery Unit), Jim Beale (Director of Adult Social Care for East Kent), Hayley Savage (Democratic Services Officer) and Dominic Westhoff (Democratic Services Officer)

#### UNRESTRICTED ITEMS

**97. Apologies and Substitutes**

*(Item. 2)*

There were no apologies or substitutes.

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

*(Item. 3)*

Mr Shonk declared an interest in that a family member worked for the NHS.

Ms Meade declared an interest under Item 9, *Deprivation of Liberty Safeguards and Liberty Protection Safeguards*, in that she was a carer, and a family member had a Deprivation of Liberty Safeguard (DoLS).

**99. Minutes of the meeting held on 28 September 2022**

*(Item. 4)*

RESOLVED that the minutes of the meeting held on 28 September 2022 are correctly recorded and a paper copy be signed by the Chairman.

**100. Verbal Updates by Cabinet Member and Corporate Director**

*(Item. 5)*

1. The Cabinet Member for Adult Social Care and Public Health, Mrs Clair Bell, gave a verbal update on the following:

(a) The Council's 2023/24 budget for adult social care and public health was being discussed to identify where savings and changes could be made whilst providing necessary services to vulnerable residents.

(b) World Mental Health Day took place on 10 October 2022 with the theme 'making mental health and wellbeing for all a global priority'. Live Well Kent

and Medway provided mental health and wellbeing support services and was delivered on behalf of the Council and the NHS by two charities - Porchlight and Shaw Trust. Mrs Bell said these charities had seen an increase in demand for help due to the cost-of-living crisis.

(c) Mrs Bell said 'Release the Pressure' was a support helpline for people who needed immediate help and people could text the word 'Kent' or 'Medway' to 85258 to speak to a trained and experienced volunteer. An empty shop window in Fremlin Walk, Maidstone had been used to advertise the 'Release the Pressure' service until January 2023.

(d) On 11 October 2022 Mrs Bell hosted an online webinar in partnership with Cantium and Cognitive Publishing, to tackle digital inclusion. The webinar had over 200 virtual attendees and showcased Kent and Medway's Public Health Digital Inclusion Project and the Council's Empower Care Digital Inclusion Project.

(e) Mrs Bell was hosting a meeting at the end of November 2022, with the support of the LGA, with adult social care colleagues from local authorities across the Southeast region. The meeting would discuss common issues and challenges and share best practice.

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

(a) Mr Smith said a main focus recently was on the Council's financial situation and the local and national pressures on adult social care.

(b) Mr Smith said the Adult Social Care Cabinet Committee away day on 11 November was a positive and helpful day. Mr Smith provided a brief overview of the day which included stories from people with experience of adult social care services and the challenges they faced, an overview from the Monitoring Officer on the role of the Director of Adult Social Care and Health and the Adult Social Care Cabinet Committee, and a high-level look at the budget for Adult Social Care.

(c) Mr Smith attended the National Children and Adult Services Conference 2022 and said themes included the enormous pressure on adult social care, the challenges in the marketplace and how providers were supported, integrated care boards, the impact of social care reform, Care Quality Commission (CQC) assurance, and co-production.

3. Mr Streatfeild said the Adult Social Care Cabinet Committee Away Day had been useful and productive, and the Chair thanked all those involved in facilitating and delivering the event.

4. Asked how the Council's financial situation compared to other local authorities, Mr Smith said surveys were being carried out by the Association of Directors for Adult Social Services and the autumn survey showed the scale of the challenges that local authorities were facing, for example, assessment waiting times and time taken to put care packages in place.

RESOLVED that the verbal updates be noted.

## 101. 22/00096 - Technology Enabled Care Service

(Item. 6)

*Ms Georgina Walton, Senior Project Manager, Innovation Delivery Team, Adult Social Care was in attendance for this item.*

1. The Chair thanked Ms Walton, Ms Lisa O'Donnell, and Mr Matt Crocker (Technology Facilitators) for demonstrating to Members, prior to the cabinet committee meeting, a range of care technologies that were being used to support people.
2. Ms Walton introduced the report and provided an overview of the countywide Technology Enabled Care Service which would be in place from September 2023. She said the service would be outcome focused and contribute to long term sustainability of social care through transforming the way care and support was delivered. The service would bring together existing contracts already in place including Telecare and Kara.
3. Ms Walton responded to comments and questions from the cabinet committee, including the following:
  - (a) Asked whether there was an estimate of how many people would use the service over the 7-year lifetime of the contract, Ms Walton said based on learning from other local authorities who had successfully implemented technology enabled care services and detailed profiling, potentially 35% to 50% of people would utilise the technology, with 50% by the end of the 7 years.
  - (b) Asked about the cost for individuals buying the technology privately, Ms Walton said part of the specification for the contract included the option for private pay for people not eligible for social care and this may be at a reduced rate.
  - (c) Asked about engagement with partners and the management and implications of data protection, including protection against fraud, Ms Walton said legal advice had been sought and a completed Data Protection Impact Assessment (DPIA) would be updated once the contract had been awarded to reflect the provider's processes and management of data. In terms of security for individuals, the Empower Care Project digital ambassadors had held sessions to train and support people to use the internet safely.
  - (d) Asked about the cost avoidance opportunity figure of approximately £35million, Ms Walton said this figure had been based on learning gained from other local authorities' technology enabled care programmes. The figure had been calculated based on a reduction of 2 hours per week of care and support in the community and there were also opportunities around residential avoidance and learning and disability. Potential providers, during the procurement process, would be asked to calculate a cost avoidance figure.
  - (e) Asked about demography money being used for this service, Ms Gillivan clarified that demography money was being used for alternative models of

care which including this contract. Mr Smith said ways of integrating Better Care Funding (BCF) was also being explored.

- (f) Asked how quickly equipment could be allocated to someone in urgent need, Ms Walton said equipment was usually implemented within a week of a need being identified, however this depended on the complexity of need. A quick response was important when a hospital discharge was required.
- (g) A Member commented on the potential for less face-to-face contact and the negative effect this could have on individuals, Ms Walton said the service complemented 'in person' care and support and the technology had the potential to overcome some financial challenges.
- (h) Asked whether consultation had taken place with social workers, Ms Walton said the workforce had been part of the co-production of the service, and members of the workforce were part of the procurement process.
- (i) Asked whether a single helpline would be accessible for a range of technologies, Ms Walton said one service provider would be a single contact point and that had been built into the specification for the contract.
- (j) Asked what the average payment for a person taking up a service would be, Ms Walton said it was currently a non-chargeable service and financial modelling had been carried out to look at the benefits.
- (k) Asked how many providers would be interested in bidding for the contract, Ms Walton said twenty providers attended market engagement events to understand the vision and plan for the service. One to one sessions were also delivered with eight providers to explore key questions which helped further develop the specification.
- (l) Asked about the work involved in promoting and raising awareness of the service with Kent residents, Ms Walton said the technology facilitators had carried out demonstrations in communities and worked closely with Digital Kent to support digital inclusion, and the culture change in raising the profile of technology had been built into the specification.
- (m) Asked whether the reduction in face-to-face care and support would lead to job cuts, Ms Walton said the 2-hour reduction was used to determine the cost avoidance and the contract would complement the support of care workers. The use of care technology would help deliver care and support in a sustainable way and alleviate some of the significant pressures in the social care workforce where there were issues with recruitment and retention.
- (n) Asked about disparities in the availability of adequate Broadband coverage and the reliance of devices on Wi-Fi, Ms Walton said the Digital Kent programme was driving the issue of digital infrastructure, and officers were working closely with it to identify people who needed support in this area.

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

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

**102. Adult Social Care and Health Annual Complaints Report 2021/22**  
(Item. 7)

*Ms Debra Davidson, Customer Care and Complaints Manager for Adult Social Care and Ms Pascale Blackburn-Clarke, Customer Experience and Relationship Manager, were in attendance for this item.*

1. Ms Davidson introduced the report and provided an overview of the operation of the Adult Social Care and Health Complaints and Representations' Procedure between 1 April 2021 and 31 March 2022.
2. Officers responded to comments and questions from the cabinet committee, including the following:
  - (a) Asked how complaints were fed back to directorates for improvements to be made, Mr Beale said they were fed through a continual learning and development cycle where lessons learnt were identified. Mr Beale said he met regularly with the complaints team and conversations were had with Assistant Directors to ensure that learning was being fed across teams.
  - (b) Asked about the difference in number of Mosaic service users between the reports of 2021/22 and 2020/21, Ms Groombridge said the figure from the 2020/21 report was a snapshot in time on a particular day of people accessing services, rather than the number of people who received a service throughout the year.

RESOLVED that the report be noted.

**103. Adult Social Care and Health Performance Q2 2022/23**  
(Item. 8)

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

Ms Groombridge introduced the report and highlighted the key areas of activity and performance during quarter 2 for 2022/23.

RESOLVED that the performance of services in Q2 2022/23 be noted.

**104. Deprivation of Liberty Safeguards and Liberty Protection Safeguards**  
(Item. 9)

*Ms Maureen Stirrup, Head of Service, Deprivation of Liberty Safeguards and Ms Akua Agyepong, Assistant Director Adult Social Care and Health were in attendance for this item.*

1. Ms Stirrup introduced the report and provided an overview of Deprivation of Liberty Safeguards applications received over the last 16 months and how

demand was being managed and prioritised. Ms Stirrup said feedback from the public consultation on the Liberty Protection Safeguards (LPS) Code of Practice was still awaited and it was important that the Council was prepared for the new legislation 'Go Live' date.

2. Ms Agyepong and Ms Stirrup responded to comments and questions from the cabinet committee, including the following:
  - (a) Asked whether there was an approximate date when the new legislation would come into force, Ms Stirrup said central government had advised that further information would be made available in the winter of 2022.
  - (b) Asked about the risk register and whether there was a thresholds projection considering the increase in cases, Ms Stirrup said that DoLS were itemised on the risk register both corporately and operationally and reviewed on a quarterly basis. Ms Agyepong said, since the Cheshire West judgment in 2014 applications had continually increased, but Ms Agyepong reassured Members that rises in applications were being monitored closely and risks were actively managed. Mrs Bell noted that, prior to the covid-19 pandemic, there had been a significant backlog, and better processes were now in place to manage the demand of increasing applications.
  - (c) Ms Stirrup confirmed the White Paper would be shared with Members.
  - (d) Asked whether the White Paper suggested that two medically qualified people were no longer needed for assessments and whether a previous diagnosis could be used, Ms Stirrup said the new LPS Code of Practice was proposing that a diagnosis would already be on a medical record and the Council had responded to that as part of the consultation.
  - (e) Asked, when guidelines for the new legislation were issued, whether the Council could choose to deliver services above those guidelines, Ms Stirrup said the LPS Code of Practice provided the detail for the legislation and that would be used to define how the Council provided a compliant service.
  - (f) Asked whether the Liberty Protection Safeguards would ease the pressure on the Council as health partners would also be dealing with applications, Ms Stirrup said it was important that the Council invested in and supported health partners.
  - (g) Asked about the focus of the Council's response to the LPS Code of Practice public consultation, Ms Stirrup said subject matter experts were gathered to look at the questions within the consultation and a copy of that response would be shared with Members.

RESOLVED that the report be noted.

**105. Adult Social Care Pressures Plan 2022/23**  
(Item. 10)

*Ms Sydney Hill, Assistant Director North Kent, was in attendance for this item.*

1. Ms Hill introduced the report and said the Adult Social Care Pressures Plan was a live document which included the pressures and risks to the directorate, mitigating actions being taken and lessons learnt for future planning. Ms Hill gave an overview of the pressures included in the plan.
2. Ms Hill responded to comments and questions from the cabinet committee, including the following:
  - (a) Asked about the forecast of £20million in the current year on short term beds, Mr Beale said a different approach would be explored where health colleagues provided intermediate care so that short term beds were not utilised as much as they had been. Mr Smith said the spend on short-term beds had plateaued since the pandemic and joint arrangements across Kent were in place as part of the Integrated Care Strategy.
  - (b) Asked whether there was data per hospital or district that could inform Members of the pressures in their own division, Mr Smith said figures were constantly changing and explained the escalation levels in the NHS were opel 3 and 4 which represented significant escalation routes.
  - (c) Asked about the concept of social prescribing and whether that had the potential to relieve financial burden, Mr Mitchell said work was taking place with navigation providers, link workers and social prescribers to ensure that community gateway was a way forward through some of the statutory adult social care and health services. Mrs Bell noted that although the value of social prescribing and navigation services was understood it was important to consider the current difficult financial situation and the pressure to deliver statutory services.

RESOLVED that the report be noted.

**106. Work Programme 2022/23**  
(Item. 11)

RESOLVED to note the Work Programme 2022/23.