

ADULT SOCIAL CARE CABINET COMMITTEE

Tuesday, 14th July, 2020

10.00 am

Online



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Tuesday, 14 July 2020 at 10.00 am
Online

Ask for: **Emma West**
Telephone: **03000 412421**

Membership (10)

Conservative (8): Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman),
Mr M J Angell, Mr M A C Balfour, Mrs P M Beresford,
Ms S Hamilton, Mrs L Hurst and Vacancy

Liberal Democrat (2): Mr S J G Koowaree and Ida Linfield

Labour (1) Mr J Burden

In response to COVID-19, the Government has legislated to permit remote attendance by Elected Members at formal meetings. This is conditional on other Elected Members and the public being able to hear those participating in the meeting. This meeting will be streamed live and can be watched via the Media [link](#) on the Webpage for this meeting.

County Councillors who are not Members of the Committee but who wish to ask questions at the meeting are asked to notify the Chairman of their questions in advance.

UNRESTRICTED ITEMS

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

- 1 Introduction/Webcasting Announcement
- 2 Membership
To note that Mr Clinch and Mr Northey have resigned from the Committee.
- 3 Apologies and Substitutes
- 4 Protocols for Virtual Meetings (Pages 1 - 6)
- 5 Declarations of Interest by Members in items on the agenda
- 6 Minutes of the meeting held on 4 March 2020 (Pages 7 - 14)
- 7 Verbal Updates by Cabinet Member and Corporate Director (Pages 15 - 16)

- 8 20/00066 - Adult Social Care Digital Implementation Support Service (Pages 17 - 22)
- 9 20/00067 - Infection Control Fund (Part 2) - Wider Social Care Market Support (Pages 23 - 30)
- 10 Adult Social Care Performance Dashboard - Quarter 4 2019/2020 (Pages 31 - 54)
- 11 Decisions Summary Report - For Information (Pages 55 - 58)
For noting.
- 12 Work Programme 2020-21 (Pages 59 - 62)

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

Monday, 6 July 2020

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.

From: Ben Watts, General Counsel
To: Adult Social Care Cabinet Committee – 14 July 2020
Subject: Protocols for Virtual Meetings
Classification: Unrestricted

1. Introduction

- (a) In line with provisions in the Coronavirus Act, regulations have come into force giving local authorities the ability to take a more flexible approach to holding meetings.
- (b) However, the core governance requirements for meetings remain. Notice still needs to be given for meetings and the Agendas need to be made available online. The public's right to observe meetings remains the same and so provision needs to be made for the public to hear the discussion and see it where possible as well.
- (c) The regulations are written so that each local authority can tailor their ability to hold virtual meetings to the technology they are able to put into place. Use of the technology needs to ensure the business of the Council can be conducted fairly and without any participant or observer being unduly disadvantaged.
- (d) Formal meetings held virtually are still formal meetings, and while the procedures and rules remain the same as when all Members are present in the same room, it will be a different way of working.

2. Protocols for Virtual Meetings

- (a) Each Committee is being asked to adopt a set of supplementary protocols to guide how virtual meetings will be run. These are geared to explaining how the requirements of the Constitution will be put into effect in a virtual setting.
- (b) Adopting these Protocols will enable Members to have a common point of reference and to understand how business will be conducted. For members of the public observing our virtual meetings, this will improve transparency and understanding of the democratic process.
- (c) A set of Protocols for this Committee are attached as an Appendix to this report.

3. Recommendation:

That in order to facilitate the smooth working of its virtual meetings, the Committee agrees to adopt the appended Protocols.

4. Background Documents

The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) England and Wales) Regulations 2020 - SI 2020 392, <http://www.legislation.gov.uk/ukSI/2020/392/contents/made>

5. Contact details

Report Author and Relevant Director:

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Draft – Protocol for Meetings of the Adult Social Care Cabinet Committee, held under SI 2020 392

General

1. Part Three of the Constitution (Standing Orders) shall continue to apply for all virtual meetings except where there is a requirement, implied or otherwise, for Members to be physically present in the same location.
2. These Protocols supplement but do not replace the Standing Orders in the Constitution and exist to make meetings held under SI 2020 392 more effective and efficient.
3. Reference to Chair or Clerk relate to the Chair or Clerk of the specific virtual meeting.
4. The Monitoring Officer or his deputies are available to assist and advise the Chair and the Clerk as necessary.
5. Members are respectfully reminded to ensure that the electronic device through which they are attending the virtual meeting has sufficient battery charge.

Rules of Conduct

6. The Chair's ruling on the meaning or application of these Protocols or any other aspect of the proceedings of a meeting held virtually cannot be challenged.
7. The Chair may give any direction, or vary these Protocols, when they consider it appropriate to do so in order to allow for the effective and democratic management of the meeting but must take advice from the Clerk before so doing.
8. Immediately before the commencement of the virtual meeting, all participants must switch the video and microphone settings to "off" and only turn them on when invited to speak by the Chair.
9. Members are reminded that any member of the public may observe the meeting.
10. The conversation function referred to in the Protocols is also known as the 'meeting chat'. Members should proceed as if the content can be viewed by participants and the wider public and only use the function for procedural matters as set out below. It should not be used to discuss the substantive issue – this should be done verbally.

Attendance

11. Members must affirm their presence by typing the word 'Present' in the conversation function of the meeting. This shall be accepted by the Clerk as the equivalent of the Member having signed the attendance list.
12. Where a Member is leaving the meeting permanently or temporarily, the word 'Absent' shall be typed in the conversation function. Where the Member joins the meeting once more, 'Present' shall be typed once more.
13. Where a Member has declared a DPI or other interest which means they need to absent themselves for part of the meeting, the Member shall leave

the meeting completely at the appropriate time. The Clerk shall email the Member when they are able to re-join. The Clerk will confirm the absence by checking the meeting attendees and confirming the same to the Chair.

14. The standard quorum of one third of the total voting membership applies and this number must have indicated they are 'Present' for the meeting to commence or continue. The Clerk will conduct electronic checks on quoracy periodically throughout the meeting.

Substitutes

15. In order to ensure that Members have access to the virtual meeting, it is requested that formal notification of substitutes to the Clerk be made at least 48 hours prior to the start of the meeting. The start time of the meeting will be affected if this is not done.

Speaking

16. Members and other participants in the meeting must wait to be called on by the Chair before speaking.
17. Attendees may indicate a desire to speak through use of the conversation function. The Clerk will ensure these are brought to the attention of the Chair in the order received.
18. Members not part of the Committee wishing to speak shall request permission from the Chair in advance so that the Clerk is informed 24-hours ahead of the meeting.

Motions and Amendments

19. Except where the motion before the Committee is set out in the Agenda, any Member is entitled to request that a motion or amendment before the Committee be typed out in the conversation function by the proposer. Where this is done, the Clerk shall read out the motion/amendment.
20. All proposed motions/amendments will need to be seconded by a Committee Member present in line with usual practice.
21. The Chair shall ask for Members' views on the motion/amendment. Where the view of the Committee is unclear, the Chair shall call for a vote.

Voting

22. Voting will be through a rollcall of all Members taken in alphabetical order, or through a poll overseen by the Clerk through the conversation function, with the Clerk announcing whether the motion/amendment was agreed or not agreed once this has concluded. The Chair will announce at the start of the meeting which of these methods is to be used.
23. Where a poll is the chosen method but is not able to take place, the Chair shall ask Members to record whether they are for, against, or abstaining in the conversation function. No response shall be taken as an abstention.
24. No votes shall be recorded in the Minutes unless sections 16.31 or 16.32 of the Constitution apply.

Clerking

25. There will normally be a minimum of two Officers supporting the Chair and Committee during a virtual meeting. One will act as a facilitator to support the Chair. The other will be taking minutes.

Other Provisions

26. Where the minimum legal requirements apply and Members are only able to hear each other and be heard, the Chair shall be responsible for identifying speakers etc., and will be supported in this by the Clerk as facilitator. A rollcall shall be held at the start of the meeting, and at other times as deemed necessary by the Chair, to establish quoracy in these circumstances.

Part Two Meetings

27. At the start of any formal meeting, or part of any formal meeting, from which the press and public have been excluded in accordance with section 15.17 of the Constitution, Members shall type the words 'Present - Alone' to verify that no unauthorised person is able to hear, see, or otherwise participate in the meeting.
28. A Part Two meeting will normally be anticipated and will be scheduled in advance as a separate virtual meeting. Where the need to move into a Part Two meeting only becomes apparent during the meeting, the item affected should be adjourned to a later date.

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KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care Cabinet Committee held at Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 4th March, 2020.

PRESENT: Mrs P T Cole (Chairman), Mr M J Angell, Mr M A C Balfour, Mrs P M Beresford, Mr J Burden, Mr I S Chittenden (Substitute for Ida Linfield), Mr D S Daley (Substitute for Mr S J G Koowaree), Ms S Hamilton, Mrs L Hurst and Mr M J Northey

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Matt Chatfield (Operational Analytics and Systems Manager), Janice Duff (Head of Service Ashford & Shepway OPPD), Michelle Goldsmith (Finance Business Partner - Adult Social Care and Health), Wayne Gough (Business and Policy Manager, Public Health), Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Richard Smith (Interim Corporate Director of Adult Social Care and Health), Anne Tidmarsh (Director of Adult Social Care and Health Partnerships), Robert Underwood (Project Manager – Adult Social Care and Health) and Emma West (Democratic Services Officer)

UNRESTRICTED ITEMS

200. Apologies and Substitutes
(Item. 2)

Apologies for absence had been received from Ms D Marsh, Mr J Clinch, Mr G Koowaree, Ida Linfield and Penny Southern.

Mr D Daley attended as a substitute for Mr G Koowaree and Mr I Chittenden attended as a substitute for Ida Linfield respectively.

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

No declarations of interest were received.

202. Minutes of the meeting held on 16 January 2020
(Item. 4)

RESOLVED that the minutes of the meeting of the Adult Social Care Cabinet Committee held on 16 January 2020 are correctly recorded and that they be signed by the Chairman.

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

(1) Clair Bell (Cabinet Member for Adult Social Care and Public Health) gave a verbal update on the following issues:

- a) **Visit to Broadmeadow Care Centre, Folkestone**
On the 21st January 2020, Mrs Bell visited Broadmeadow's Registered Care Centre in Folkestone, which provided intermediate care, short term respite and dementia care for individuals. The centre had 43 en-suite bedrooms and five flats situated above the care centre itself which enabled individuals to retain their independence. The service was designed to prevent admissions to acute hospitals, to facilitate a prompt return home and to prevent admission to permanent residential care.
- b) **Visit to Tunbridge Wells Hospital, Pembury**
On the 23rd January, Mrs Bell visited Tunbridge Wells Hospital and met the Integrated Care team to discuss the discharge process for patients. The team worked hard to support patients back to their own home environment where possible, or alternatively, to an appropriate care home or non-acute hospital setting. Mrs Bell had also attended and observed a multidisciplinary team meeting to gain a better understanding of how complex some of the cases were, and the range of factors that needed to be considered in a person's home setting, as well as their care needs.
- c) **Visit to Blackburn Lodge Care Home, Isle of Sheppey**
Mrs Bell had recently visited Blackburn Lodge and referred to the 10-week consultation in relation to the future of the care home which would close on 31st March 2020. A further report on the matter would be submitted to the Cabinet Committee in due course.
- d) **The launch of the Ashford South Neighbourhood Care Team**
On the 6th February, Mrs Bell attended and spoke at the launch of the Ashford South Neighbourhood Care Team, which had been set up under the Transforming Integrated Care in the Community (TICC) project, Kent County Council were one of the partners working on the project. The four-year project aimed to bring the Buurtzorg model of home care to the partner countries. The key difference between the Buurtzorg model and the traditional model of delivering home care services was that the team was responsible for managing the care of their clients and for managing themselves as a team. The Ashford South Neighbourhood Care Team had worked closely with partners to address the care needs of individuals but also to engage with communities to reduce and prevent loneliness and social isolation. Mrs Bell thanked Anne Tidmarsh and her team for leading on the trial project and emphasised the importance of trialling new ways of working.

(2) RESOLVED that the verbal updates be noted.

204. 20/00014 - Adult Social Care and Health Non-Residential Charging Policy
(Item. 6)

Ms Goldsmith (Finance Business Partner - Social Care, Health & Wellbeing) and Mr Underwood (Project Manager) were in attendance for this item

- (1) Officers introduced the report which set out information relating to Kent County Council's Adult Social Care and Health Non-Residential Charging Policy which had been under review and referred to the several areas where Kent County Council was out of alignment when compared with other local authority's charging policies and Department of Health guidance which had been identified. Following the review, a decision was taken to proceed to formal consultation on amending one specific area of the charging policy – the Minimum Income Guarantee – to bring into alignment with the Department of Health's Statutory guidance. The report sets out the findings of the consultation.

Officers then responded to comments and questions from Members, including the following: -

- a) Ms Goldsmith referred to the proposed increase of £10 for the first year and confirmed that the amount would be reviewed after the first year. Mr Underwood added that individuals who were impacted by £20 or more would be contacted individually to minimise the impact of the increase. Ms Goldsmith added that individuals were written to prior to April and given the opportunity to advise Kent County Council if there were changes to their financial circumstances.
- b) Ms Goldsmith confirmed that when financial assessments were undertaken, they assessed individual's income levels and their capital based on government guidelines. She added that individuals who had no form of income or were below the minimum income guarantee would not be charged for services.
- c) Ms Tidmarsh said that officers undertaking financial assessments had discretion as to whether individuals did or did not pay the charge, based on the individual circumstance.
- d) Ms Goldsmith confirmed that the non-residential charging policy to review Kent's charging policy against Department of Health guidelines was completely separate from the annual inflationary uplift.
- e) Mr Underwood stated that during consultation, Adult Social Care and Health engaged with Kent's Commissioning Advisory Board (CAB) and provided an update in relation to the review. He added that engagement with CAB would continue. He referred to the 6% of client that had been identified to be impacted by more than £20 per week and confirmed that they would be engaged with to ensure that their benefits were correct and their income was maximised to help to reduce the increased costs.
- f) Ms Goldsmith referred to the reduction of the standard minimum income guarantee (MIG) rate from £91.40 to £72.40 per week for individuals aged 18 to 24 and confirmed that the amount was set by government legislation. She added that Kent County Council provided individuals with an additional amount of £17 per week, which was called a Disability-Related Expenditure Allowance (DREA).
- g) Ms Tidmarsh said that Kent were funding voluntary sector organisations to provide support and advice to individuals to maximise their benefits.

h) Ms Bell (Cabinet Member for Adult Social Care and Public Health) referred to the MIG, designed to cover daily essentials for individuals, and emphasised the importance of financial assessments, to ensure that individuals were fully supported.

(2) RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health to:

(i) amend the Adult Social Care and Health Non-Residential Charging Policy to align with the Department of Health's Minimum Income Guarantee Guidance; and

(ii) delegate authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to implement the decision,

be endorsed.

205. 20/00013 - Rates Payable and Charges Levied for Adult Social Care Services in 2020-21

(Item. 7)

Ms Goldsmith (Finance Business Partner - Social Care, Health & Wellbeing) was in attendance for this item

(1) Ms Goldsmith introduced the report which set out the proposed rates and charges for Adult Social Care Services for the forthcoming financial year, along with any potential changes to the Adult Social Care charging policy.

Ms Goldsmith then responded to comments and questions from Members, including the following: -

(a) Ms Goldsmith referred to Day Care Charging for In-House Services and confirmed that the figures within the report related to Kent County Council's day centres. She said that if an individual was in an independent residential home and had savings under £23,250, they would be classed as a self-funder, but if they were able to pay for the full cost of their care, then they would pay the actual cost that Kent County Council were paying to the provider.

(b) Ms Goldsmith referred to the standard rate for in-house day care increase by 3.6% and said that this increase affected individuals that were able to pay for the full cost of their care.

(c) Ms Tidmarsh referred to the NHS care and support that was available for individuals with dementia and said that individuals had to have a certain level of dementia to receive funded care. She said that many individuals with dementia were still able to live fairly independently and receive support at home. She emphasised the importance of raising the profile of people with dementia in Kent and referred to the help and support that Kent County Council had in place to support individuals and build dementia-friendly communities.

(2) RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health to:

- (i) approve the proposed changes to the rates payable and charges levied for adult services in 2020-21 as detailed in sections 2 and 3 of this report; and
- (ii) delegate authority to the Corporate Director for Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement this decision,

be endorsed.

206. Risk Management: Adult Social Care and Health
(Item. 8)

Mr Gough (Directorate Business Manager, Adult Social Care and Health) was in attendance for this item

- (1) Mr Gough introduced the report which set out the strategic risks relating to the Adult Social Care and Health Directorate, in addition to the risks featuring on the Corporate Risk Register for which the Corporate Director is the designated 'Risk Owner'.

Mr Gough then responded to comments and questions from Members, including the following: -

- (a) Mr Gough referred to the Business Disruption risk (ref AH0011) within Appendix 2 to the report and explained that the Adult Social Care and Health directorate would plan for potential business disruption relating to the Corona Virus and take its lead from the Director of Public Health, Andrew Scott-Clark. He confirmed that business continuity plans were in place and were tested and reviewed regularly. He referred to the Risk Management report which would be submitted to the Health Reform and Public Health Cabinet Committee on 6th March 2020 and said that Mr Scott-Clark would be present at the meeting to respond to questions which related to the Corona Virus. Officers emphasised the importance of ensuring that staff were kept up to date in relation to the potential impact that the Corona Virus could have, explained that contingency plans were in place to minimise business disruption and confirmed that it would be covered within the risk register.
- (b) Ms Tidmarsh emphasised the importance of continuing to deliver care and support to Kent residents and highlighted the potential risk to Adult Social Care and Health's workforce in relation to Corona Virus. She confirmed that workforce plans were in place and explained the measures which had been taken.
- (c) Ms Tidmarsh referred to business continuity plans in relation to Brexit and said that work had been undertaken with Kent's schools and colleges to promote careers within health and social care and to offer apprenticeships and training packages to ensure that Kent's care sector continued to grow.

- (d) Ms Maynard referred to Kent's commissioning intentions and the importance of considering the workforce, career progression, staff retention and the establishment of career paths. She referred specifically to the recruitment and retention of staff from other countries and said that Kent were working very closely with the care sector to better understand pressure points.
- (e) Ms Tidmarsh referred to change in need and demand in relation to the care sector and said that although some of Kent's care homes had closed, this meant that individuals were able to stay at home and remain independent for longer. Ms Maynard referred to Kent's Accommodation Strategy which focused on demand profile and individual's changing needs and said that Kent County Council continued to work closely with providers to diversify and ensure that accommodation was fit for purpose for Kent's residents.
- (f) Ms Tidmarsh further explained the strategies used to attract staff to work within the health and social care sector in Kent.
- (g) Mrs Bell (Cabinet Member for Adult Social Care and Public Health) emphasised the importance of working closely with health partners and said that she had met with the newly-appointed Accountable Officer for the Kent and Medway Clinical Commissioning Group, Wilf Williams, who was keen to tackle workforce issues within the NHS, in partnership with Kent County Council.

(2) RESOLVED that the report be noted.

207. Performance Dashboard

(Item. 9)

Mr Chatfield (Operational Analytics and Systems Manager) was in attendance for this item

- (1) Mr Chatfield introduced the report and performance dashboard which provided Committee Members with progress against targets set for key performance and activity indicators for December 2019 for Adult Social Care.

Officers then responded to comments and questions from Members, including the following: -

- (a) Ms Duff said that all of the acute hospitals across Kent had seen an increase in the severity of illness of individuals entering hospitals. As a result, the focus on simple discharges had increased. In relation to the Corona Virus, many hospitals had already prepared isolated areas/wards for patients. She referred to the managing delayed transfers of care and emphasised the importance of ensuring that individuals did not stay in acute hospital beds for longer than they needed to.

- (b) Ms Tidmarsh briefly referred to contract analysis within adult social care and the ongoing work which had taken place in relation to projected numbers and future growth and demand.
- (c) Ms Tidmarsh referred to Kent's robust Carers Strategy which provided information relating to respite care for carers and carers support for people at home and stated that support for carers would be reviewed regularly as part of Kent's Community Wellbeing Services. She added that she would liaise with Ms Maynard in relation to contract analytics and statistics and could share further information with Members of the Committee.
- (d) Ms Tidmarsh briefly referred to social care affordability as a national issue and commented on the Council's investment in enablement and supporting people to return home after being admitted to hospital. Ms Duff said that Kent's practitioners followed the relative legislative frameworks and focused heavily on working with individuals and their families to identify their eligible social care assessed needs, whilst taking best value for the Council into account.
- (e) Mr Chatfield provided further information in relation to the social care delays outlined within the Performance Dashboard.
- (f) Ms Tidmarsh and Ms Duff stated that rapid response pilots were already in place in West Kent and East Kent to prevent individuals being admitted into hospital or to support individuals returning home from hospital and the rapid response teams would visit the individual within two hours.

(2) RESOLVED that the report be noted.

208. Work Programme 2020-21
(Item. 10)

RESOLVED that the work programme for 2020/21 be noted.

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

Richard Smith, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 14 July 2020

Subject: Verbal update by the Cabinet Member and Corporate Director

Classification: Unrestricted

Electoral Divisions: All

Updates from the Cabinet Member:

- KRF Health & Social Care Recovery Cell Impact Assessment
- Update on Assistive Technology
- Covid-19 Volunteers

Updates from the Corporate Director:

- Virtual Launch of Kent Academy for the Children's and Adult's Workforce
- Adult Social Care Diagnostic progress
- Update on Structure and Directors

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

To: Adult Social Care Cabinet Committee – 14 July 2020

Decision No: 20/00066

Subject: **Adult Social Care Digital Implementation Support Service**

Classification: Unrestricted

Past Pathway of Paper:

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: This paper provides an overview of the next stages of the Adult Social Care Digital Implementation Programme and the required investment. The workstreams include:

- a) Payments and Charging
- b) Mosaic Citizen and Professional portal
- c) Operational Business Processes
- d) Data Quality

Recommendation(s): The Adult Social Care Cabinet Committee is asked to:

- a) Comment on or endorse the proposed Cabinet Member decision to **AWARD** a contract to the successful company, identified by a competitive procurement procedure, to provide digital implementation support services, and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

1. Introduction

- 1.1 This paper provides an overview of the business case for the proposed next stages of the Adult Social Care Digital Implementation Programme and the required investment.
- 1.2 Following the implementation of the Adult Social Care case management system, Mosaic, in 2019, the Directorate have been seeking ways to make improvements to the functionality of the system. The next phase of Mosaic implementation includes the following workstreams:

- a) Payments and Charging
- b) Mosaic Citizen and Professional portal
- c) Operational Business Processes
- d) Data Quality

1.3 To implement these workstreams, the business case seeks a year 1 investment of between £770,000 and £939,000.

2. Strategic Statement and Policy Framework

2.1 The Adult Social Care Digital Implementation supports Kent County Council's (KCC) strategic outcomes by supporting older and vulnerable residents to be safe and have choices to live independently.

2.2 Making improvements to the case management system used by Adult Social Care will also help us to realise the objectives within the Your Life, Your Wellbeing strategy 2016 – 2021. The strategy refers to working with Partners in a more joined up and coordinated way, giving the Public more choice and control over how they access and receive services and also commits to 'make use of digital technology and innovation in the delivery of care and support and help services address challenges.

2.3 This works aligns to the Adult Social Care three pillars: Practice, Innovation and Meaningful Measures and will be integral as we develop the next Adult Social Care strategy in 2021.

3. Business Needs

3.1 Mosaic was implemented in October 2019, with the initial focus on implementing existing business processes from the previous Adult Social Care organisational structure. As a result, not all the advantages and technological capabilities of Mosaic are being fully utilised and are inconsistent across the Directorate. A range of improvements and fixes will be made to Mosaic that enable more efficient case recording, thus freeing up time for staff and improving the flow of cases through the system.

3.2 To ensure providers are able to deliver care to the most vulnerable, we need to ensure timely and accurate updating of care packages to ensure more accurate payments to providers for the care delivered. Mosaic needs to provide system led payments to create efficiencies, address late payment issues and improve the financial forecasting and monitoring process.

3.3 Data Quality also needs to be improved throughout the system to support an improved reporting capability and business insights. This will ensure the application remains robust and resilient, and that accurate and timely reporting is readily available to KCC teams and managers to make informed decisions.

3.4 An assessment on first point of contact into Adult Social Care and KCC's contact centre was conducted in 2019 which identified the need to make better use of an online platform to promote self-service for people who would prefer to

access services and information in this way. This will free up capacity within teams, improve reporting capabilities for KCC and improve the experience for the Public and Professionals.

4. Programme Overview

4.1 The main objective for this project is to deliver business benefits by introducing a range of new features and functionality to the Mosaic case management system. These will be delivered in two phases and through several workstreams across a 10 to 12-month period. Initial benefits will be achieved by autumn 2020 and the programme will be fully implemented by March 2021.

4.2 The workstreams are as follows:

- a) Payments and Charging: implement a new payment process within Mosaic by March 2021 to create efficiencies, address late payment issues and improve the financial forecasting and monitoring process.
- b) Mosaic Citizen and Professional portals: implement Mosaic portals for the Public and Professionals by March 2021 to support online referrals, information gathering and sharing between KCC and third parties such as the Public, Providers and Professionals.
- c) Operational Business Processes: review and redesign operational business processes to address inefficiencies and free up practitioner capacity. Short term, high impact business process deficiencies will be addressed by August 2020 and longer-term processes addressed by February 2021.
- d) Data Quality: implement a process to monitor and address key items which are causing challenges operating the business by March 2021.

4.3 The main business benefits that will be achieved through the implementation of this programme are:

- a) introduce consistency and more efficient processes across teams
- b) release capacity within ASCH teams to focus on more public facing activity and less administration activity
- c) improve the user experience (for staff, public and providers).

5. Commercial Implications

5.1 There is already an existing contract with Servelec to provide the Adult Social Care case management system Mosaic; this went through a formal procurement process in 2017. The preferred commercial option is to extend the current commercial arrangements with Servelec to encompass the delivery of the required functionality. The cost of this is included in section 6.1.

5.2 In 2018, Adult Social Care signed a contract with InterQuest, a delivery partner to assist with the implementation of Mosaic. This provider was secured through the G-Cloud Framework, the governments digital marketplace of pre-approved suppliers. All public sector organisations, including agencies and arm's length bodies, can use the Digital Marketplace to find cloud technology and specialist services for digital projects.

- 5.3 This Digital Implementation contract will be let through the G-Cloud 11 Framework with the competition being conducted through July, ready for a contract to be awarded by Cabinet Member decision in August.
- 5.4 Prior to carrying out the required searches from the G-Cloud 11 framework, a set of requirements will be created which will then result in the long-list of suppliers being formed. Based on the set of requirements, a set of specific criteria will be used to assess the supplier’s ability to deliver against the set of requirements and critical success factors in more detail. Those that meet the criteria set will then be put through to a short-list where they will be approached for demonstrations (if required) and a formal quotation.
- 5.5 When a suitable supplier is found via the G-Cloud 11 framework, the standard framework contract will be utilised. This means that the contract can be put in place for 1 or 2 years with an option of extending this for a further 12 to 24 months without the need for undergoing the above process again. The initial proposal is for the contract to run for a duration of 12 months. Given the pace required to secure an effective response, an effective and de-risked procurement approach is being balanced with the need to move quickly.

6. Financial Implications

- 6.1 A year one investment of between £770,000 to £939,000 is required to fund external and internal resource, solution investment and system maintenance costs. There will also be an ongoing annual system maintenance cost of £31,000 for the Portals. Note: these costs are in addition to the current Mosaic costs.

Type of Investment	Cost
External Resource	£630,000 - £782,500
Internal Resource	£79,000 – £95,000
Tool/ Solution – <i>Citizen and Professional Portal</i>	Approximately £30,000
Annual Ongoing System Support Costs	£31,824

- 6.2 The current identified savings for this programme of work are between £49,000 and £245,000 to be achieved through the implementation of the portals and promoting channel shift.

7. Legal Implications

- 7.1 This technology will assist in freeing capacity in our workforce, whilst maintaining support in a new way to our existing service users. The use of this technology supports Care Act 2014 compliance in driving person centred practice where our service users can be self-determining.
- 7.2 As outlined above, this contract will be let using the G-Cloud 11 Framework standard contract.

8. Equality Implications

- 8.1 An Equality Impact Assessment has been undertaken to ensure potential negative impact on protected characteristics can be minimised. Analysis suggests that there is a low risk of negative impact, particularly around digital inclusion, to the following protected characteristic groups, age, disability, gender and race.

9. Data Protection Impact Assessment (DPIA) Implications

- 9.1 A DPIA was created for the implementation of Mosaic in 2019, a new DPIA has is in development to address issues specific in regards to the next stages or implementation which requires approval from the Data Protection Officer.

10. Conclusions

- 10.1 The programme of work has been proposed to address several business needs, introduce more consistency and efficient processes across ASCH, free up staff capacity and improve the user experience.
- 10.2 The programme will deliver 4 workstreams over a 10 to 12-month period, implemented by a combination of external and internal resource.
- 10.3 The business case seeks a year 1 investment of between £770,000 and £939,000 to fund external and internal resource, solution investment and system maintenance costs. There will also be an ongoing annual system maintenance cost of £31,000 for the Portals.

11. Recommendation(s)

11.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to a) Comment on or endorse the proposed Cabinet Member decision to **AWARD** a contract to the successful provider, identified through a competitive procurement procedure, to provide digital implementation support services, and b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

12. Report Author

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

To: Adult Social Care Cabinet Committee – 14 July 2020

Decision No: 20/00062

Subject: Infection Control Fund (Part 2) – Wider Social Care Market Support

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Governance Board – 3 July 2020

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: Social care providers are a key part of the emergency response to the COVID19 pandemic. The social care provider market has been significantly affected by rising costs associated with the COVID-19 pandemic, this could impact on their ability to continue delivering the services commissioned by Kent County Council and on the ability to support the NHS and social care to discharge their statutory responsibilities.

In addition to the substantial support provided by the council to care home providers, on 14 May 2020, the government wrote to Local Authorities announcing that £600 million will be issued to councils to support care providers through a new Infection Control Fund. This will be received in two instalments: 50% in late May and 50% in July.

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

a) **AGREE** for the Corporate Director of Adult Social Care and Health to allocate the 25% of the Infection Control Fund Grant in line with the proposals co-developed with the market as outlined in section 3.2 of the report; and

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

1. Introduction

- 1.1 Social care providers are a key part of the emergency response to the COVID19 pandemic. The social care provider market has been significantly affected by rising costs associated with the COVID-19 pandemic, this could impact on their ability to continue delivering the services commissioned by Kent County Council and on the ability to support the NHS and social care to discharge their statutory responsibilities.
- 1.2 Care home operators are reporting increasing difficulties with extra costs involved from staffing and changing advice from Public Health England with respect to the use of Personal Protective Equipment (PPE), which sees an increasing cost to providers.
- 1.3 In order to aid the prevention of outbreaks in care homes, the government are asking all local authorities to put in place a care home support plan, drawing on local resilience and business continuity plans. A return setting out the Kent Local Care Homes Support Plan was submitted to the Department for Health and Social Care on 29 May 2020 and is available on Kent.gov.uk.
- 1.4 As part of the Government's request for councils to submit a plan it was confirmed that an infection control fund of £600m will be given to local authorities. This fund is to support providers to reduce the rate of transmission of COVID-19 in and between care homes and support workforce resilience. For Kent the allocation amount is £18.88m, which will be received in two instalments (50% was received in late May and 50% will be received in July)
- 1.5 Under decision number 20/00061 Infection Control Fund, Kent County Council (KCC), accepted the £18.8m grant allocation and in accordance with direction from government, passported 75% (£14.16m) to care homes that met the conditions outlined in the grant.
- 1.6. There is more discretion over the remaining 25% of the grant can be spent. This report sets out proposals to allocate the remaining 25% (£4.72m) to support the wider care market.

2. Strategic Statement and Policy Framework

- 2.1 The proposed decision links to KCC's Strategic Statement, specifically the strategic outcome that older and vulnerable residents are safe and supported with choices to live independently.
- 2.2 The proposed decision does not relate to a plan or strategy set out in the Council's Policy Framework.

3. The Report

- 3.1 Through the Infection Control Grant the Local authority was given autonomy to spend 25% of the grant based on need across the care sector, as long as it was demonstrably spent on infection control, including domiciliary care workforce.

- 3.2 Officers worked with the two key trade associations, namely the Kent Integrated Care Alliance (KICA) and the National Care Association (NCA) to co-produce how this money could be spent to best effect. Consideration was made to share the funding equally amongst all community care providers, using similar principles to the 75% allocation, however it was decided that this would spread the funding too thinly.
- 3.3 It was agreed that a proportion of the money should be given to KICA and NCA to support all providers through a suspension of membership fees, support and guidance with infection control measures, including Webinars and information sharing. The trade associations have been tasked with producing a paper detailing the cost and benefits of the proposal.
- 3.4 The majority of the money will be shared amongst community providers who deliver commissioned care hours, namely Care and Support in the Home, Supported Living and Extra Care Housing. Money will be allocated based on a blend of commissioned hours and number of clients. Finance are currently undertaking the work to determine the providers and their commissioned hours to enable the finalisation of the allocation.
- 3.5 As we are granting the money to providers with whom we hold a contractual relationship, we will issue a variation letter detailing the terms of the grant agreement and the necessary claw back arrangements if these conditions have not been met. The letters will be issued by the Head of Commissioning.
- 3.6 Tracking of the expenditure against the grant will form part of our wider governance process surrounding the implementation and management of the Infection Control Fund.

4. Financial Implications

- 4.1 The funding to the Council is received as a grant paid under section 31 of the Local Government Act 2003 ring-fenced exclusively for actions which support care homes in reducing the rate of COVID-19 transmission or to support wider workforce resilience including to domiciliary care providers; the total value is £18.88m.
- 4.2 The guidance sets out that the remaining 25% (£4.72m), not passported to care homes under Decision 20/00061, is for the whole market to include other types of provision but with greater discretion at deciding how this proportion of funding can be spent.

- 4.3 Responsibility and accountability for the administration and management of the grant sits with the Council. The administrative costs relating to the Infection Control Fund grant are not provided for from the grant and will need to be met by the council.
- 4.4 There is also a risk that the DHSC is not satisfied that the funding has been spent in accordance with the grant conditions, it subsequently requires the repayment of the whole or any part of the grant monies paid and the Council is unable to claw back those funds from providers. Under these circumstances the Council would be required to provide these monies to government from the Council's budget.
- 4.5 The proposals developed will be designed to ensure that they meet the conditions of the grant in order to minimise this risk.

5. Legal Implications

- 5.1 Legal support has been engaged to develop an Infection Control Grant Agreement, in line with the requirements from Central Government and KCC's own contractual and commissioning policies. These agreements will need to be completed by the recipients before funding is released.
- 5.2 The issue of whether state aid will apply to these payments has been considered during the development of the agreement and measures are in place to ensure appropriate compliance. The agreement makes clear the conditions of the funding and provides for detailed monitoring of the application of the funding and requires re-payment where not used for specified purposes or where compliance is not met.

6. Equality Implications

- 6.1 Equalities implications will be considered in the design of the proposals for spending this money.

7. Data Protection Impact Assessment Implications

- 7.1 There are no anticipated data implications associated with this decision.

8. Conclusions

- 8.1 Social care providers are a key part of the emergency response to the COVID19 pandemic. The social care provider market has been significantly affected by rising costs associated with the COVID19 pandemic, this could impact on their ability to continue delivering the services commissioned by Kent County Council and on the ability to support the NHS and social care to discharge their statutory responsibilities.

8.2 In addition to the substantial support provided by the council, the Infection Control Fund grant will provide support to social care providers during this difficult time, and it is important that the funding allocated for each provider reaches them as soon as possible.

9. Recommendation(s)

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

a) **AGREE** for the Corporate Director of Adult Social Care and Health to allocate the 25% of the Infection Control Fund Grant in line with the proposals co-developed with the market as outlined in section 3.2 of the report; and

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

10. Background Documents

20/00061 - Infection Control Fund

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2358>

11. Contact details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care and Public Health

DECISION NO:

20/00062

For publication
Key decision*

Affects more than 2 Electoral Divisions and expenditure of more than £1m

Subject: INFECTION CONTROL FUND (PART 2) – WIDER SOCIAL CARE MARKET SUPPORT

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

- a) **AGREE** for the Corporate Director of Adult Social Care and Health to allocate the 25% of the Infection Control Fund Grant in line with the proposals co-developed with the market as outlined in section 3.2 of the recommendation report; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take other relevant actions, including but not limited to entering into and finalising the terms of relevant contracts or other legal agreements, as necessary to implement the decision.

Reason(s) for decision:

Under Decision 20/00061 Infection Control Fund, KCC accepted an £18.88m grant from government. 75% of this was passported to care homes in accordance with direction from government but with the requirement that KCC take on accountability and responsibility for management of the funding, 25% of this funding (£4.72) must now be deployed on other infection control measures as determined by KCC.

As part of the previous key decision, it was agreed that the Corporate Director for Adult Social Care and Health would develop proposals on how to allocate the remaining 25% (£4.72m) of the Infection Control Fund grant, in line with the terms of the grant, to support the whole care market (including homecare, supported living and those on direct payments) with wider resilience in relation to COVID-19 Infection Control.

This proposed decision is necessary to progress with delivering this allocation of the £4.72m.

In recognition of the challenging situation for providers, KCC is moving at pace to develop the detailed proposals with providers via co-production.

Financial Implications:

The funding to the Council is received as a grant paid under section 31 of the Local Government Act 2003 ring-fenced exclusively for actions which support care homes in reducing the rate of COVID-19 transmission or to support wider workforce resilience including to domiciliary care providers; the total value is £18.88m.

The guidance sets out that the remaining 25% (£4.72m), not passported to care homes under Decision 20/00061, is for the whole market to include other types of provision but with greater discretion at deciding how this proportion of funding can be spent.

Responsibility and accountability for the administration and management of the grant sits with the Council. The administrative costs relating to the Infection Control Fund grant are not provided for from the grant and will need to be met by the council.

There is also a risk that the DHSC is not satisfied that the funding has been spent in accordance

with the grant conditions, it subsequently requires the repayment of the whole or any part of the grant monies paid and the Council is unable to claw back those funds from providers. Under these circumstances the Council would be required to provide these monies to government from the Council's budget.

The proposals developed will be designed to ensure that they meet the conditions of the grant in order to minimise this risk.

Legal Implications:

Legal support has been engaged to develop an Infection Control Grant Agreement, in line with the requirements from Central Government and KCC's own contractual and commissioning policies. These agreements will need to be completed by the recipients before funding is released.

The issue of whether state aid will apply to these payments has been considered during the development of the agreement and measures are in place to ensure appropriate compliance. The agreement makes clear the conditions of the funding and provides for detailed monitoring of the application of the funding and requires re-payment where not used for specified purposes or where compliance is not met.

Equality Implications:

Equalities implications will be considered in the design of the proposals for spending this money

Data Protection Impact Assessment Implications

There are no anticipated data implications associated with this decision.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 14 July 2020 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered: None

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

.....
signed

.....
date

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

To: Adult Social Care Cabinet Committee – 14 July 2020

Subject: **Adult Social Care Performance Dashboard – Quarter 4 2019/2020**

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Directorate Management Team – 1 July 2020

Future Pathway of Paper: None

Electoral Division: All

Summary: This report together with the performance dashboard provides an overview of the progress for Key Performance Indicators and activity measures for adult social care to March 2020.

Of the fifteen targeted measures, six were RAG rated Green having achieved target, five were RAG rated Amber having not achieved target but were within acceptable levels of delivery, and four were RAG rated Red.

These four indicators were not within expected levels, however both the Delayed Transfers of Care Indicator and the number of older people aged 65 and over in supported residential care are decreasing and moving in the right direction.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** and **COMMENT** on the Adult Social Care Performance Dashboard for Q4 2019/20.

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 (KPIs) for adult social care and includes the KPIs presented to Cabinet via KCC's Quarterly Performance Report (QPR). Appendix 1 contains the full table of KPIs and activity measures for 2019/20.

2. Overview of Performance

2.1. The dashboard presents seventeen indicators in total, of which fifteen have stated targets. Figures presented are to the end of 2019/20, except for the national Delayed Transfers of Care (DTOC) indicator which has data to February 2020.

- 2.2. Six indicators achieved target and were RAG rated Green, these were:-
- number of referrals to Enablement;
 - proportion of clients still independent after enablement;
 - number of admissions to permanent residential or nursing care for people aged 65+;
 - number of people with a learning disability receiving a community service;
 - number of people with Mental Health needs in residential care and
 - number of people with Mental Health needs receiving a community service.
- 2.3. The percentage of contacts resolved at source has consistently performed below the target of 70% following the change of the Adult Social Care and Health systems from Swift to Mosaic, this was in line with expectations as the change has meant that only one contact per client is now recorded, removing duplication, allowing for a more robust calculation and an improved client journey.
- 2.4. To ensure that the most appropriate referral route is identified and clients receive the enablement and support needed to live as independently as possible, the Area Referral Management Service (ARMS) has implemented a KCC triage across the county for all onward referrals. This includes Older Persons and Physical Disability Services with representatives from the Kent Enablement at Home Service, Promoting Independence, and Occupational Therapy.
- 2.5. The rate of Delayed Transfers of Care (DTC) across Kent (whether attributable to NHS or social care) should not be higher than 8.7 per 100,000. Performance has improved for Kent with the rate dropping from 15.5 in April 2019 to 12.8 in February 2020. The rate for Social Care specific delayed days was 4.5 in February 2020 compared to 3.7 at the same point last year.
- 2.6. The collection and publication of DTC has been suspended until the August 2020 publication which will show delays for the month of June 2020; all delays are currently aligned to the NHS until further notice where social care staff are unable to work in hospitals during the Coronavirus pandemic.
- 2.7. The number of older people aged 65 and over supported in residential care has been decreasing since September 2019, however this has not been in line with the forecast and has been RAG rated Red for 10 months of 2019/20.
- 2.8. The final indicator to perform outside of expected thresholds was the number of Deprivation of Liberty Safeguards (DoLS) applications. All three months in the final quarter of 2019/20 experienced levels of applications above expectations. On further investigation the spike in January and into February was due to increased numbers of applications from hospital settings. This increase in applications is potentially as a result of increased awareness due to the upcoming change in legislation.

3. Performance Measures 2020/21

- 3.1. All directorates review performance measures annually; the Adult Social Care and Health Directorate is in the process of reviewing the full suite of measures, across the Directorate, as a result of the Coronavirus pandemic and in line with the work on the Three Pillars.
- 3.2. The Three Pillars will form part of a clear vision for ASCH and support future strategies, ensuring provision of the best outcomes for Kent. The work on the Meaningful Measures Pillar will ensure that the directorate has the capability to measure the impact of delivery and decision making and ensure that there is a clear understanding of what measures are, where they come from and what they represent. It is through this work that the performance measures for 2020/21 will be developed.

4. Conclusion

- 4.1. The final position for 2019/20 had eleven of the fifteen targeted ASCH indicators either achieving target or within acceptable levels (RAG rated Green or Amber). Four indicators were RAG rated Red having not met target or were within expected forecasts.

5. Recommendations

5.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** and **COMMENT** on the Adult Social Care Performance Dashboard for Q4 2019/20.

6. Background Documents

None

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Adult Social Care Dashboard

March 2020



Key to RAG (Red/ Amber/ Green) ratings applied to KPIs	
GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum

Adult Social Care Indicators

The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet. This is clearly labelled on the summary and in the detail.

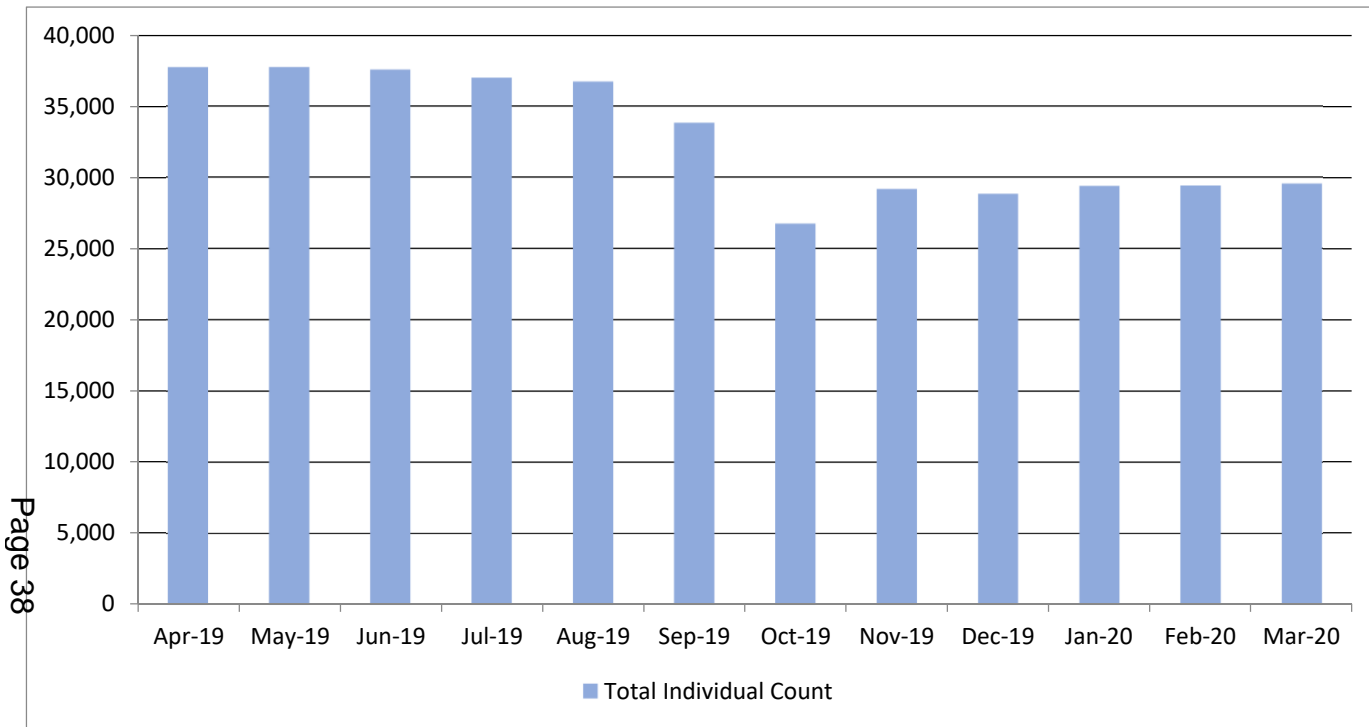
Some indicators are monthly indicators, some are annual, and this is clearly stated.

All information is as at the latest month wherever possible.

Indicator Description		DivMT Report	QPR	2019-20 Outturn	Current 2020-21 Target	Current Position	Data Period	RAG
1	Total number of people supported, by presenting need			29,580	N/A	29,580	Snapshot	N/A
2	Percentage of contacts resolved at source	Y	Y	40%	70%	40%	Month	RED
3	Referrals to Enablement	Y	Y	1,066	930	1,066	Month	GREEN
4	Clients still independent after enablement		Y	71.3%	60%	71.3%	Snapshot	GREEN
5	Delayed Transfers of Care - proportion that are social care		Y	31.9%	30%	31.9%	12M	AMBER
6	Total Delays per 100,000 population		Y	nca	8.7	12.8	Month	RED
7	Admissions to permanent residential or nursing care for	Y	Y	141	145	141	Month	GREEN
8	Number of people aged 65+ in permanent residential care	Y	Y	2,162	1,890	2,162	Snapshot	RED
9	Number of people aged 65+ in permanent nursing care	Y	Y	1,060	1,049	1,060	Snapshot	AMBER
10	Number of people receiving care and support in the home	Y	Y	4,448	4,390	4,448	Snapshot	AMBER
11	Number of people receiving direct payments	Y	Y	2,873	2,777	2,873	Snapshot	AMBER
12	Number of people with a learning disability in residential/nursing care	Y	Y	1,059	974	1,059	Snapshot	AMBER
13	Number of people with a learning disability receiving a community service	Y	Y	3,163	3,093	3,163	Snapshot	GREEN
14	Number of people with Mental health needs in residential care	Y	Y	314	317	314	Snapshot	GREEN
15	Number of people with Mental health needs receiving a community service	Y	Y	562	557	562	Snapshot	GREEN
16.1	Number of Safeguarding concerns		Y	683	N/A	683	Month	N/A
16.2	Number of Safeguarding enquiries		Y	434	N/A	434		
16.3	Number of safeguarding consultations		Y	318	N/A	318		
16.4	Number of safeguarding closures		Y	563	N/A	563		
17	Number of DOLS applications		Y	546	484	546	Month	RED

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1) Total Number of Supported People			N/A
Cabinet Member	Clair Bell	Director	Richard Smith
Portfolio	Adult Social Care	Division	OPPD & DCALDMH



Data Notes
 Data Source: Power BI Caseload Report

As of October 2019 the count is inclusive of all clients with an open workstep in Mosaic.

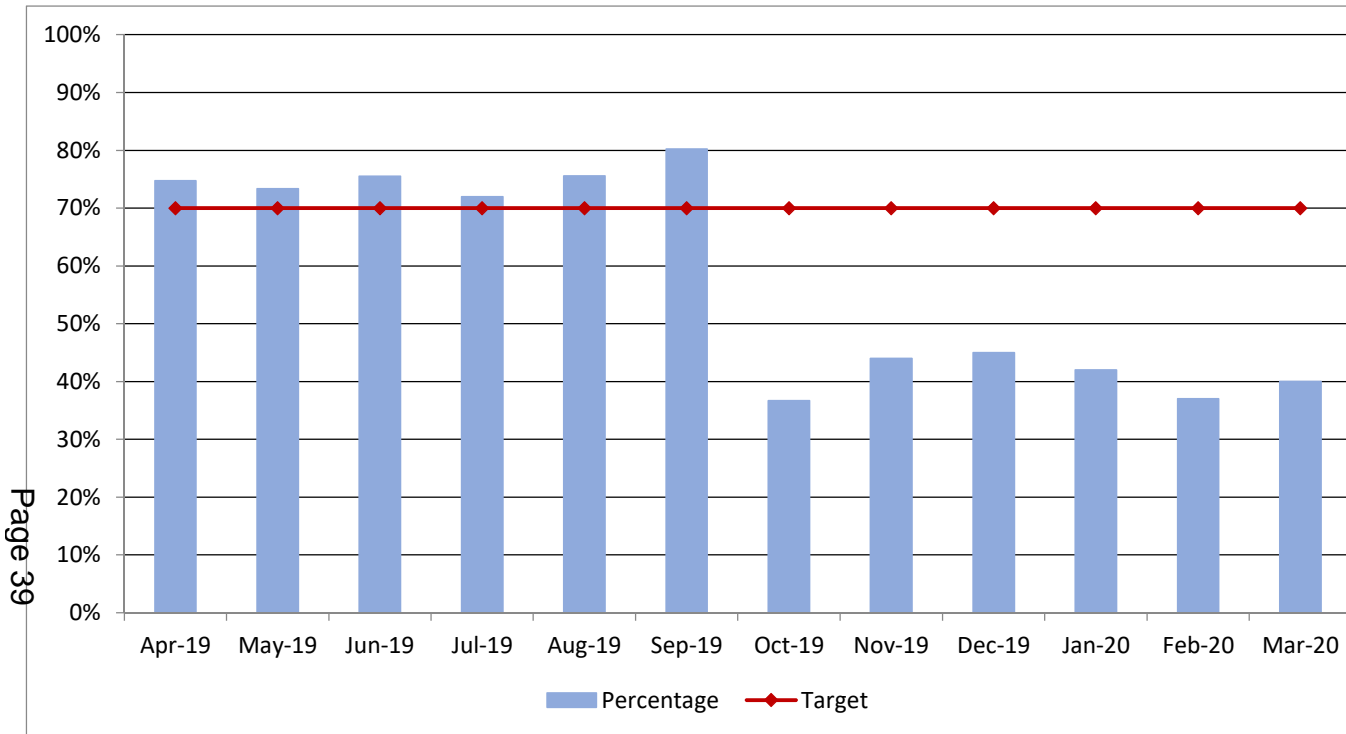
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Total Individual Count	37,749	37,757	37,595	37,009	36,723	33,838	26,769	29,193	28,860	29,392	29,422	29,580

Commentary
 As reported last quarter, the reduction in numbers in October arose from an extensive data cleansing exercise in preparation for the implementation of Mosaic where a number of clients records were reviewed and closed if appropriate. The total numbers of individuals have remained consistent over the last 3 months of the 2019/20 at over 29,000.

2) Percentage of Contacts resolved at source

RED

Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes

Data Source: MOSAIC/Power BI Contacts Report

Quarterly Performance Report Indicator

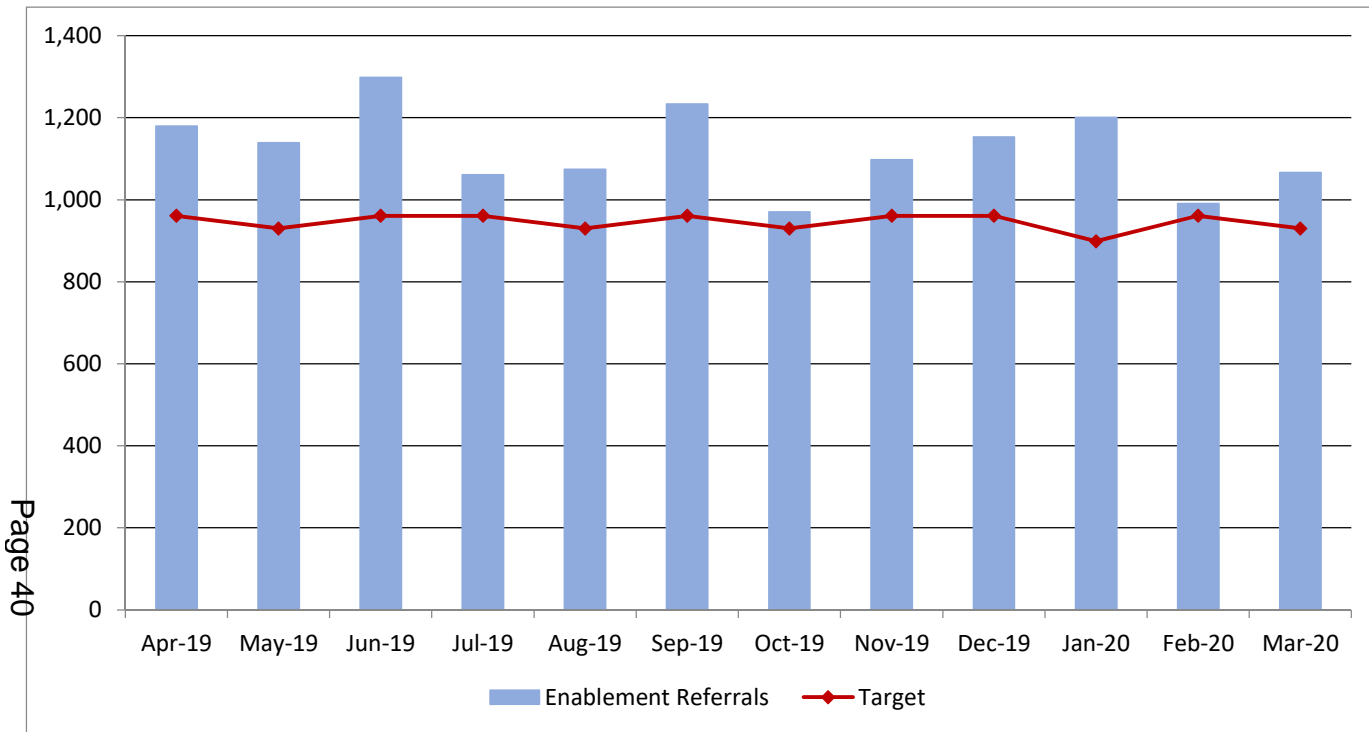
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	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Percentage	75%	73%	76%	72%	76%	80%	37%	44%	45%	42%	37%	40%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	RED	RED	RED	RED	RED	RED

Commentary

The workflow process introduced by Mosaic allows for better analysis and understanding of clients experience of social care. A client can now only have one contact open at any time which has resulted in a significant reduction in the number of contacts being recorded and a reduction in the percentage of those being resolved at first point of contact.

3) Referrals to Enablement			GREEN
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes
Unit of Measure: Number of people who had a referral that led to an Enablement service

Data Source: Enablement Dashboard + Hilton

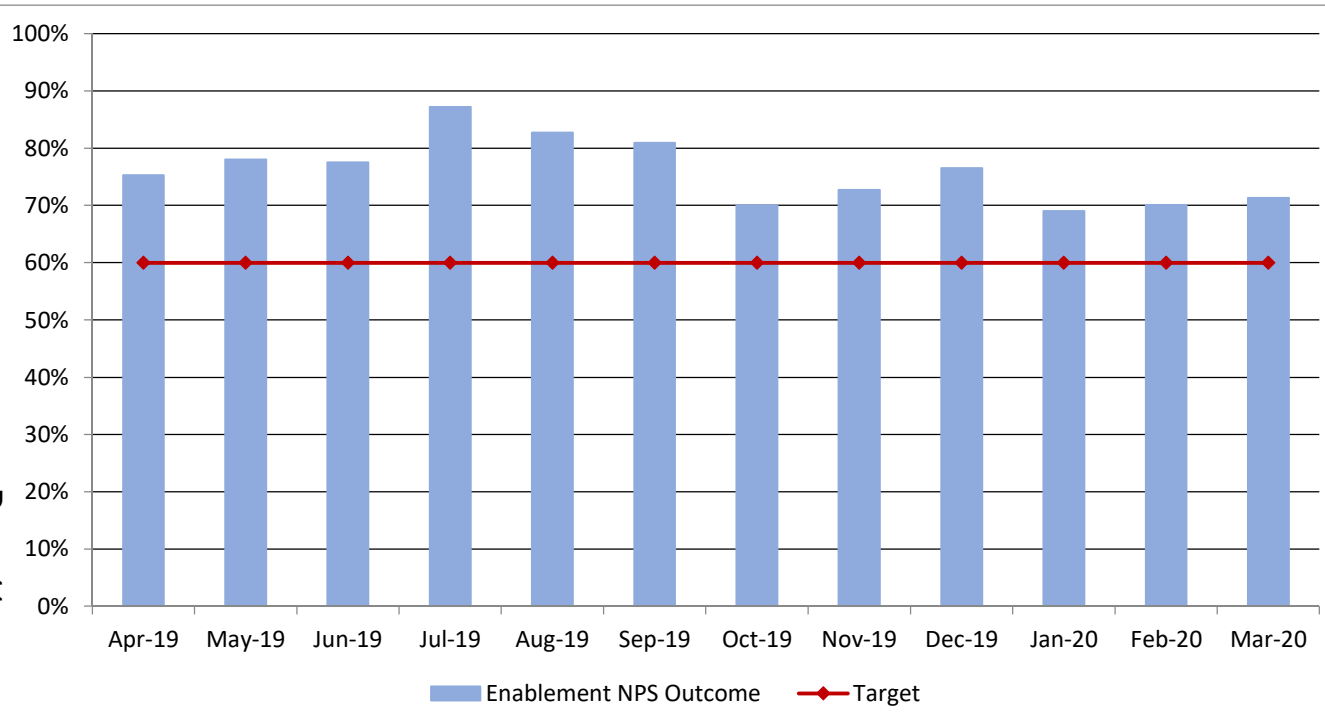
Quarterly Performance Report Indicator

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Target	961	930	961	961	930	961	930	961	961	899	961	930
Enablement Referrals	1,179	1,139	1,298	1,061	1,074	1,233	970	1,097	1,153	1,200	990	1,066
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
This the number of referrals to our enablement service which is a specialist service to enable people to live independently and undertake daily tasks without support. KCC's inhouse Kent Enablement at Home Service (KEaH) is supplemented by an external provider which provides additional capacity. Monthly numbers of referrals continue to be above the targeted number.

4) Clients still independent after Enablement				GREEN	
Cabinet Member	Clair Bell	Director	Janice Duff		
Portfolio	Adult Social Care	Division	Older People and Physical Disability		

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Data Notes
 Unit of Measure: Percentage of people who received an Enablement service who were able to continue to live independently at the end of their enablement service.

Data Source: Enablement Dashboard

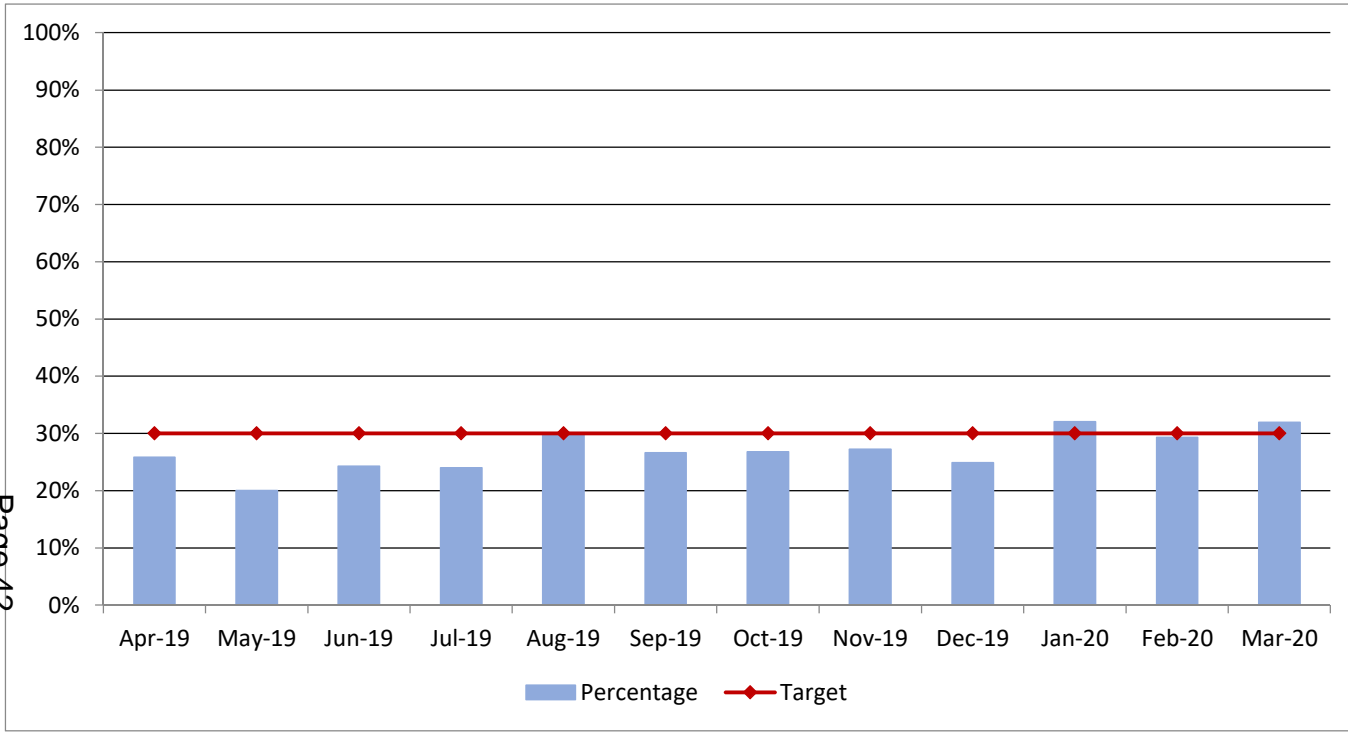
Quarterly Performance Report Indicator

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Enablement NPS Outcome	75.3%	78.0%	77.5%	87.2%	82.7%	80.9%	70.0%	72.7%	76.5%	69.0%	70.1%	71.3%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
 The KEaH enablement service has been enhanced by the addition of Occupational Therapists resulting in more people either requiring a smaller package of care or no care after enablement.

5) Delayed Transfers of Care - Social Care Responsibility			AMBER
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability

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Data Notes
 This indicator represents the percentage of all delays attributable to Adult Social Care or Jointly with the NHS.

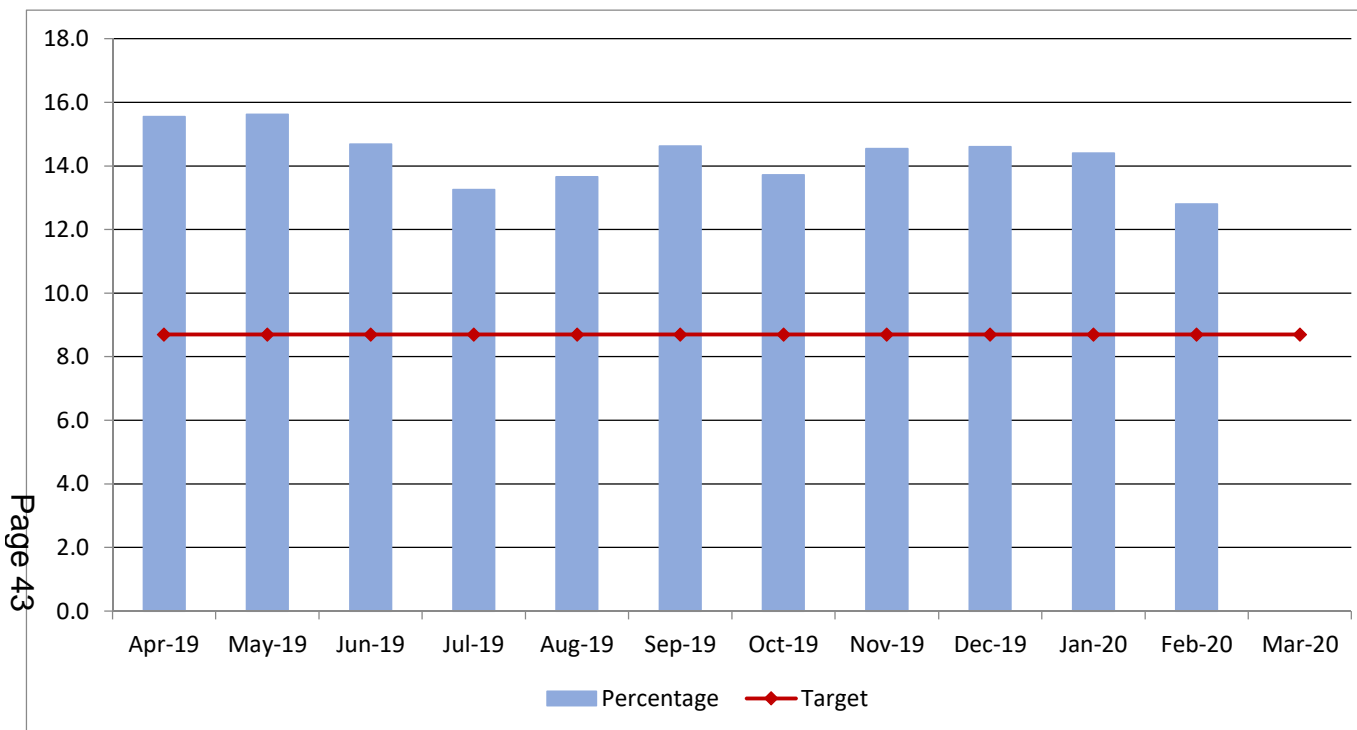
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Target	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Percentage	25.8%	20.0%	24.2%	24.0%	29.8%	26.6%	26.7%	27.2%	24.8%	32.0%	29.3%	31.9%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	AMBER

Commentary
 This is an internal KCC indicator and measures the proportion of delays which are attributable to Social Care. In January, Kent experienced it's busiest winter period for Section 2 notifications; this is a notification to Social Care from Health that a patient is likely to need community care services after discharge.

6) Delayed Transfers of Care - Total Delays per 100,000 Population

RED

Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes

Based on nationally published NHS data which is available a month in arrears.

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	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Target	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7
Percentage	15.5	15.6	14.7	13.3	13.7	14.6	13.7	14.5	14.6	14.4	12.8	nca
RAG Rating	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	-

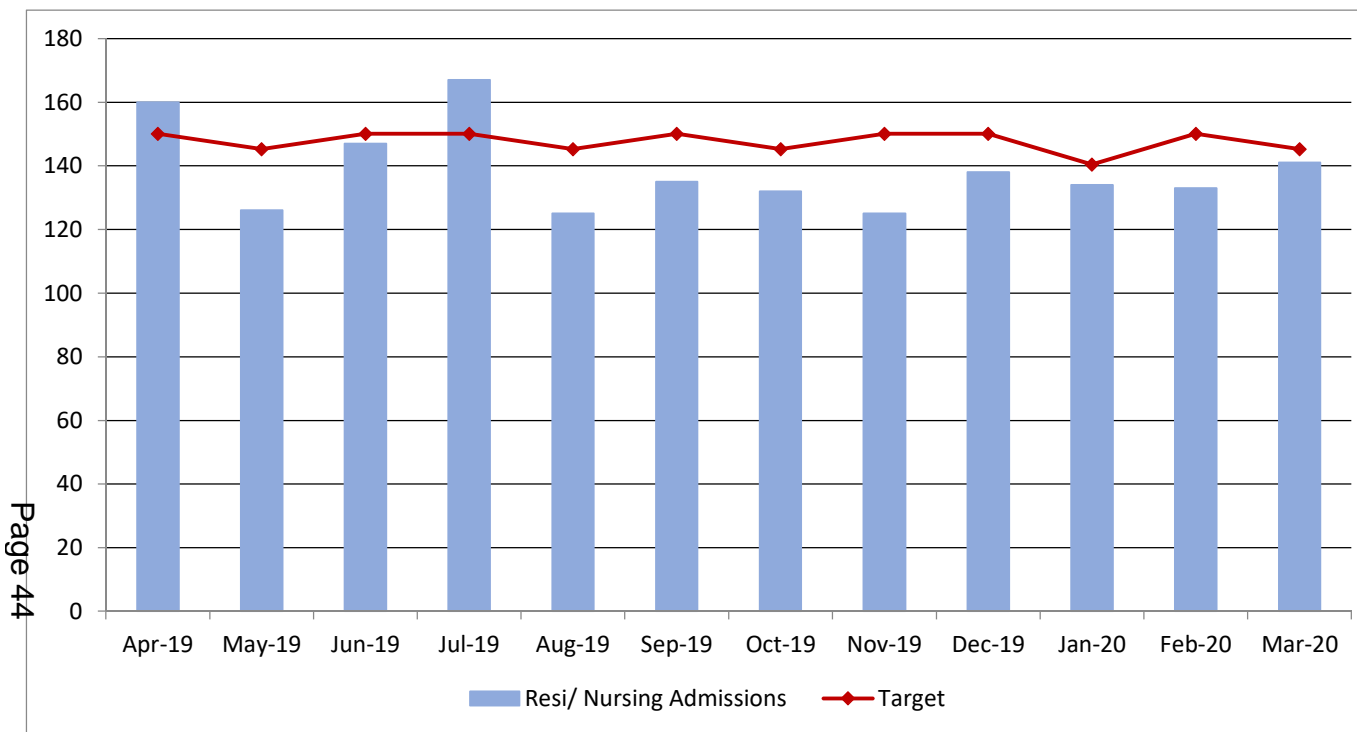
Commentary

The ratio of patients with a delayed discharge (including all responsibilities for the delay) has been consistently above the target of 8.7 delayed discharges per 100,000 of population. It should be noted that during this winter, all the Acute Trusts have at one time or another reported being in Operational Escalation Pressure Level 4 (a measurement that indicates that pressures have escalated to a point where comprehensive care cannot be provided). This is the first time all four Trusts have reported such significant pressures and demonstrates the increasing demand on Health and Social Care. Due to Coronavirus all DTOC reporting has been delayed to August 2020.

7) Admissions to permanent residential or nursing care for people aged 65+

GREEN

Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes

Unit of Measure: Older people placed into Permanent Residential and Nursing Care per month, provided a month in arrears to allow for late input.

Data Source: MOSAIC B13 Report

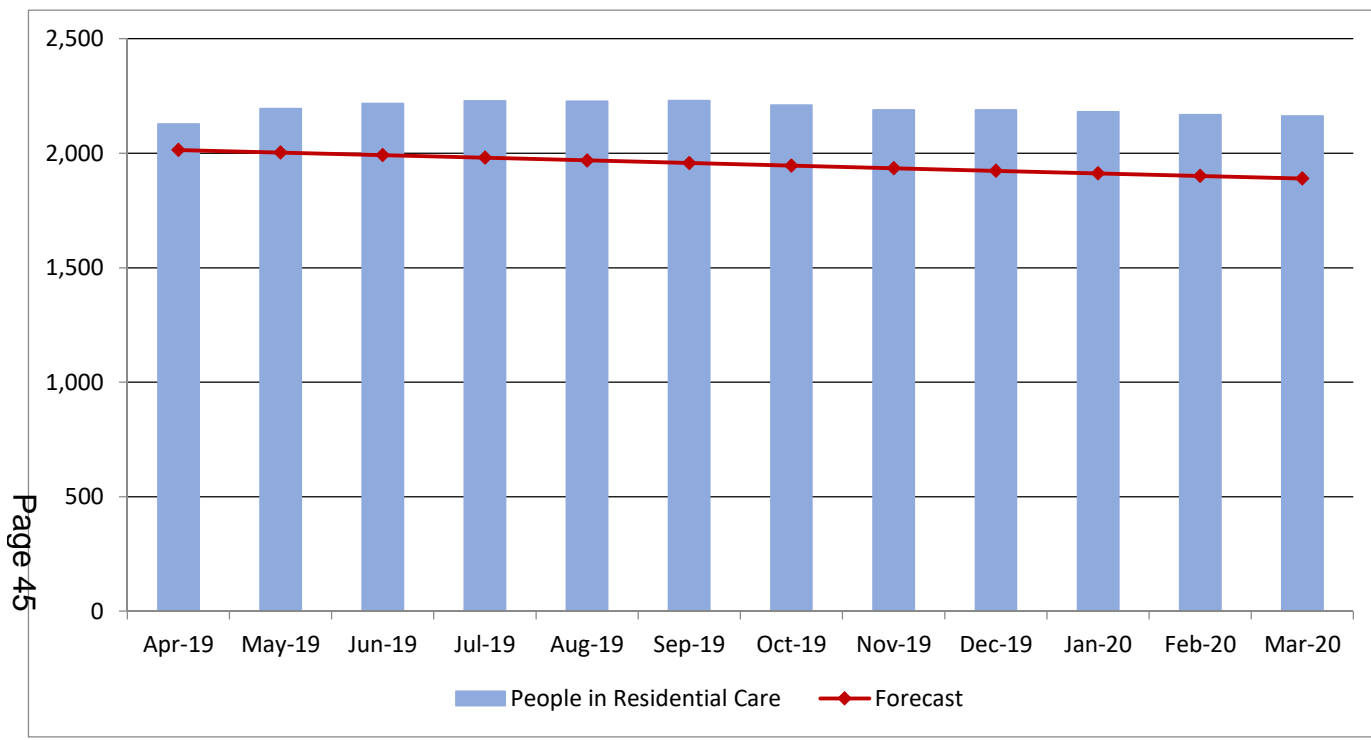
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	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Target	150	145	150	150	145	150	145	150	150	140	150	145
Resi/ Nursing Admissions	160	126	147	167	125	135	132	125	138	134	133	141
RAG Rating	AMBER	GREEN	GREEN	RED	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This is the number of older people newly placed in a permanent residential/ nursing care home. Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate, as demonstrated by the increasing proportion of people supported in their own homes. Monthly admissions have remained within expected levels following higher numbers in April and July.

8) Number of people aged 65+ in permanent residential care (AS01)			RED
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes
 Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent residential care
 Data Source: MOSAIC B13 Report
 Quarterly Performance Report Indicator

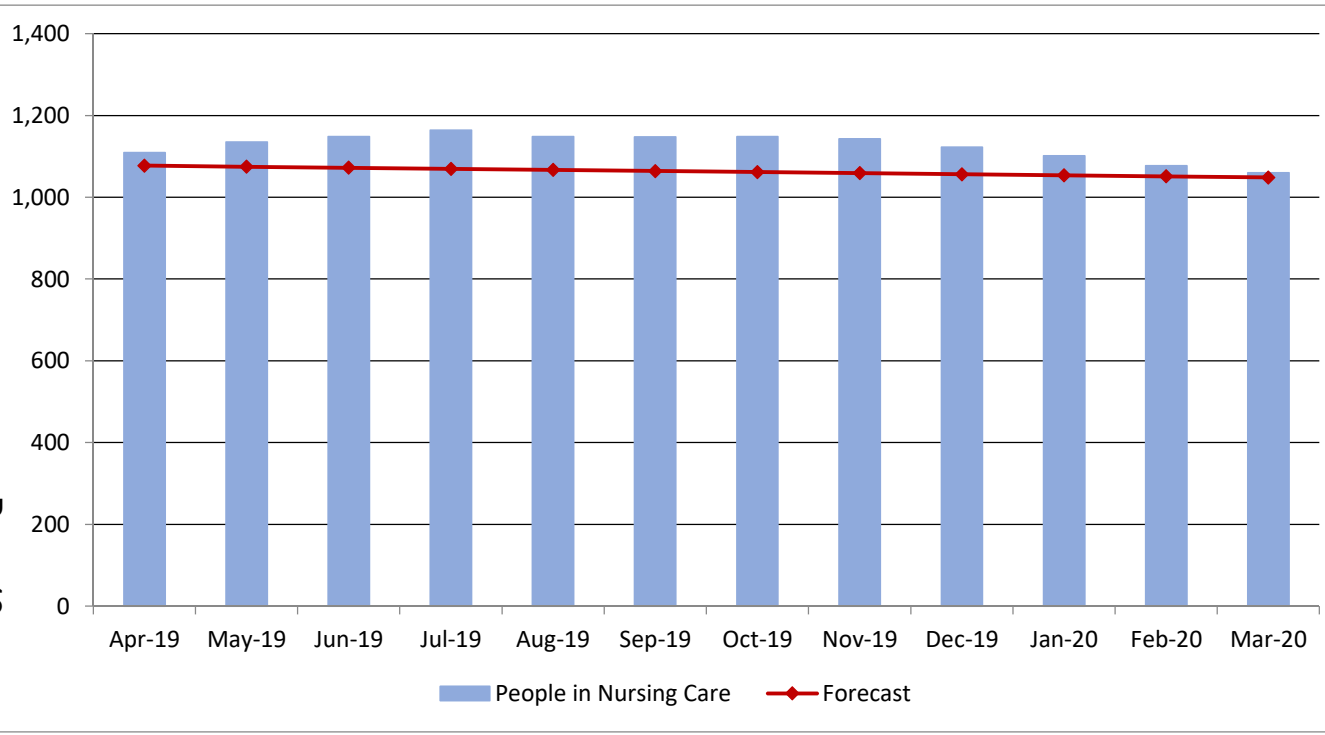
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	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Forecast	2,015	2,003	1,992	1,980	1,969	1,958	1,946	1,935	1,924	1,912	1,901	1,890
People in Residential Care	2,127	2,195	2,217	2,228	2,227	2,229	2,210	2,189	2,189	2,181	2,168	2,162
RAG Rating	AMBER	AMBER	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED

Commentary
 This is the number of people in permanent residential care at the end of the month. There is an end of year forecast that there would be 1,890 people in permanent residential care by 31st March 2020 which was based on previous years trend analysis. However this rate of reduction has not been observed during this financial year and currently there are 272 more clients than the forecast.

9) Number of people aged 65+ in permanent nursing care (AS02)			AMBER
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability

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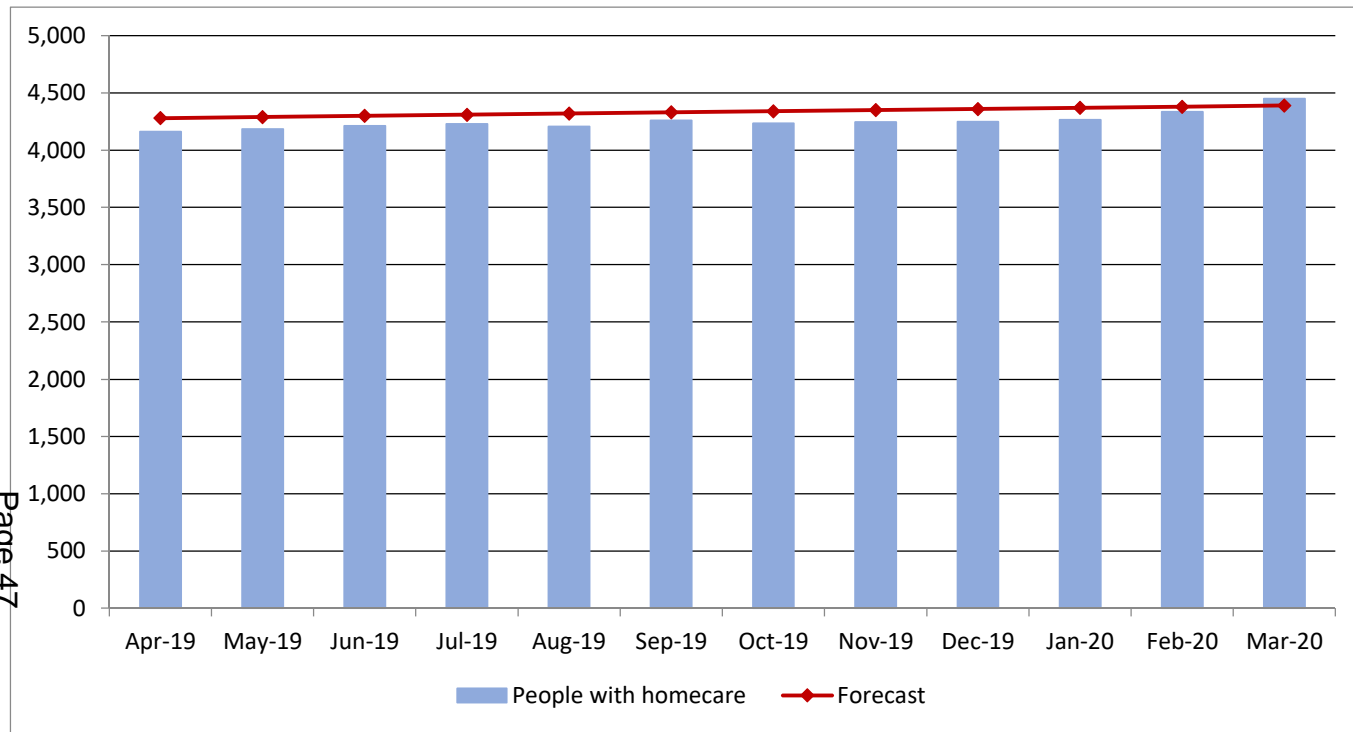


Data Notes
Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent nursing care
Data Source: MOSAIC B13 Report
Quarterly Performance Report Indicator

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Forecast	1,077	1,075	1,072	1,070	1,067	1,064	1,062	1,059	1,056	1,054	1,051	1,049
People in Nursing Care	1,109	1,135	1,148	1,164	1,148	1,147	1,148	1,143	1,122	1,101	1,077	1,060
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary
This is the number of people in permanent nursing care at the end of the month. Using previous years trend analysis, a forecast of 1049 people in Nursing Care was profiled for March 2020. However, the expected rate of decrease has not occurred this year and at present there are 11 more clients than the forecast.

10) Number of people receiving care and support in the home (AS03)			AMBER
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



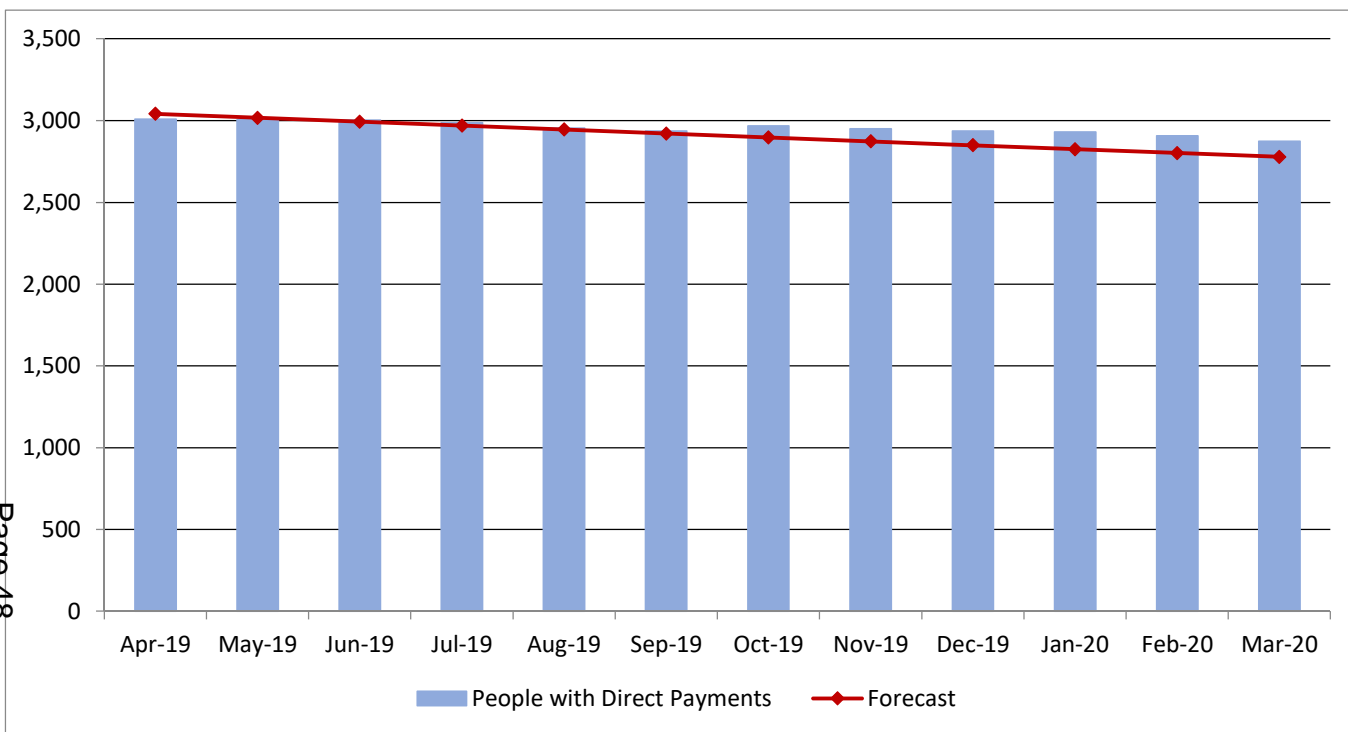
Data Notes
Unit of Measure: End of month snapshot of the number of people receiving care and support in the home
Data Source: MOSAIC B13 Report
Quarterly Performance Report Indicator

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Forecast	4,280	4,290	4,300	4,310	4,320	4,330	4,340	4,350	4,360	4,371	4,380	4,390
People with homecare	4,160	4,184	4,212	4,228	4,205	4,258	4,235	4,246	4,247	4,264	4,335	4,448
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER

Commentary
This is the total number of people receiving care and support in the home which has been increasing steadily over the last 12 months. Up until March 2020 this increase was in line with the forecast. The March increase is being assessed alongside other work around the impact of Coronavirus on services.

11) Number of people receiving direct payments			AMBER
Cabinet Member	Clair Bell	Director	Janice Duff/ Richard Smith
Portfolio	Adult Social Care	Division	OPPD / DCLDMH

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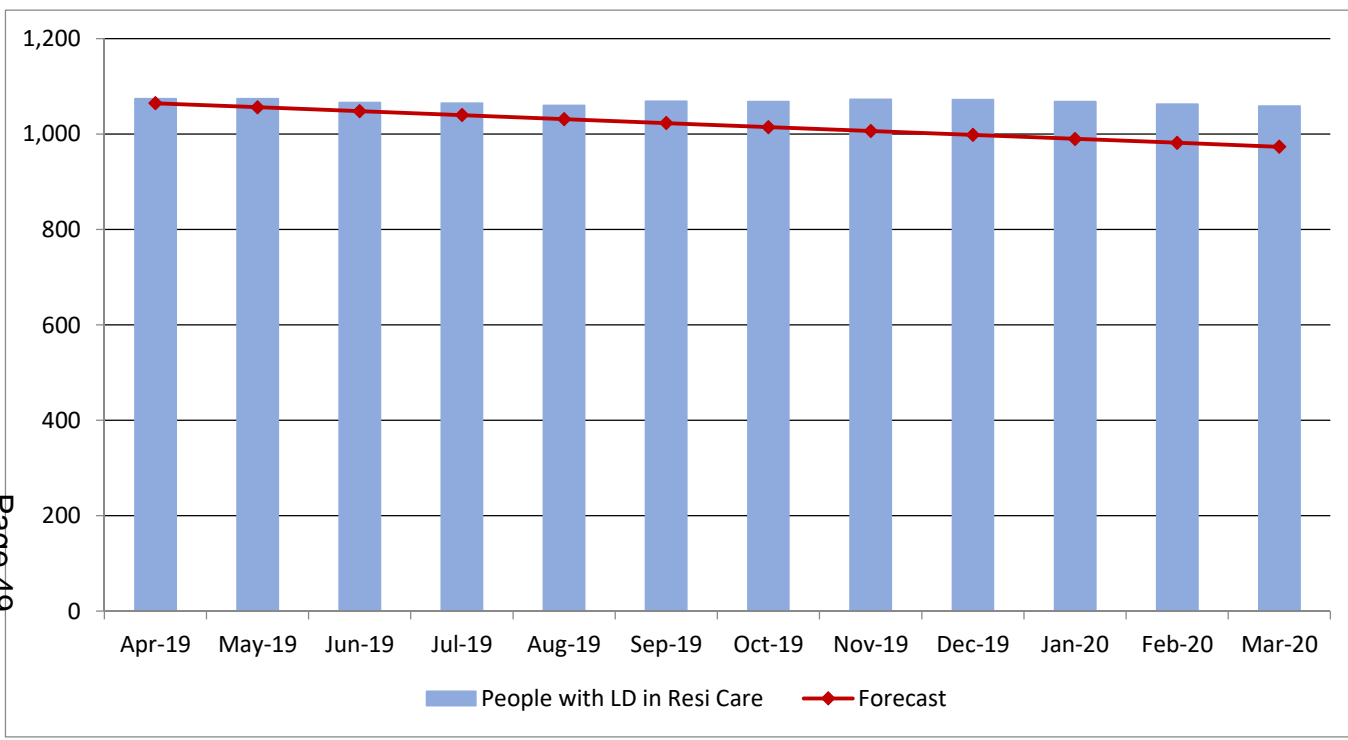
Data Notes
Unit of Measure: End of month snapshot of the number of people receiving direct payments
Data Source: MOSAIC B13 Report
Quarterly Performance Report Indicator

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Forecast	3,041	3,017	2,994	2,969	2,945	2,921	2,897	2,873	2,849	2,825	2,802	2,777
People with Direct Payments	3,008	3,005	3,002	2,986	2,954	2,936	2,967	2,949	2,936	2,929	2,907	2,873
RAG Rating	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary
Direct payments has been declining across all functions throughout 2018-20. Analysis has identified that the most significant drop is with Older people and Mental Health clients. The rise in clients being supported in their own home suggests that clients may be choosing direct provision of services in order to circumvent the additional work required to directly employ a carer (e.g. arrange and pay pensions). For older people, it is indicated that they choose direct provision over Direct Payments as a shortfall can occur where purchasing support from a private provider, rather than employ PA.

12) Number of people with a learning disability in residential/nursing care (AS04)			AMBER
Cabinet Member	Clair Bell	Director	Richard Smith
Portfolio	Adult Social Care	Division	Learning Disability

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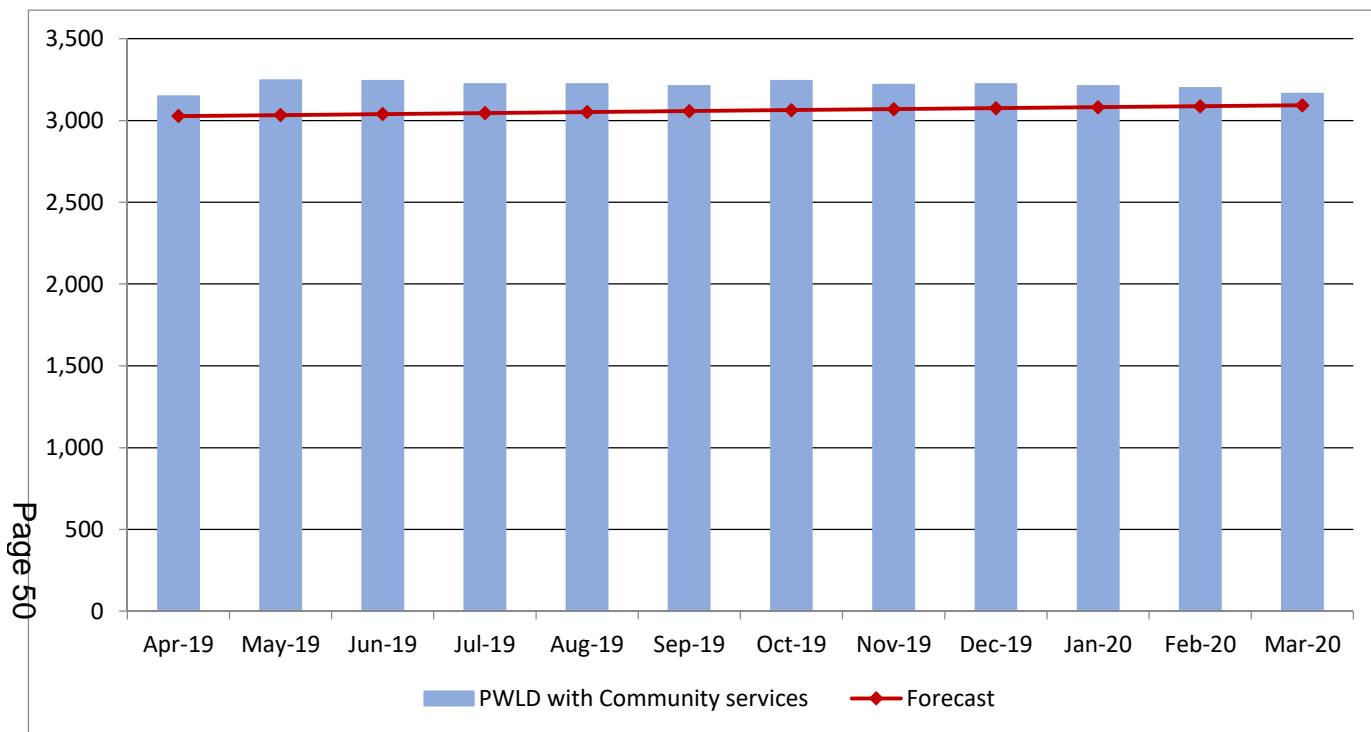


Data Notes
 Unit of Measure: Number of people with a learning disability in permanent residential or nursing care as at month end.
 Data Source: MOSAIC B13 Report
 Quarterly Performance Report Indicator

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Forecast	1,065	1,056	1,048	1,040	1,031	1,023	1,015	1,007	998	990	982	974
People with LD in Resi Care	1,074	1,074	1,066	1,065	1,060	1,069	1,068	1,073	1,072	1,068	1,063	1,059
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary
 This is the number of people with a learning disability in permanent residential or nursing care. It is a clear objective of the Directorate to ensure that as many people with a learning disability live as independently as possible. These figures are amalgamated from both MOSAIC (adult client system) and LPS (Lifespan Pathway Service system for 16-25 but only for those aged 18-25). Numbers of clients receiving residential and nursing care has reduced across the year, with 15 less clients.

13) Number of people with a learning disability receiving a community service			GREEN
Cabinet Member	Clair Bell	Director	Richard Smith
Portfolio	Adult Social Care	Division	Learning Disability



Data Notes
Unit of Measure: Number of people with a learning disability receiving a non-residential service

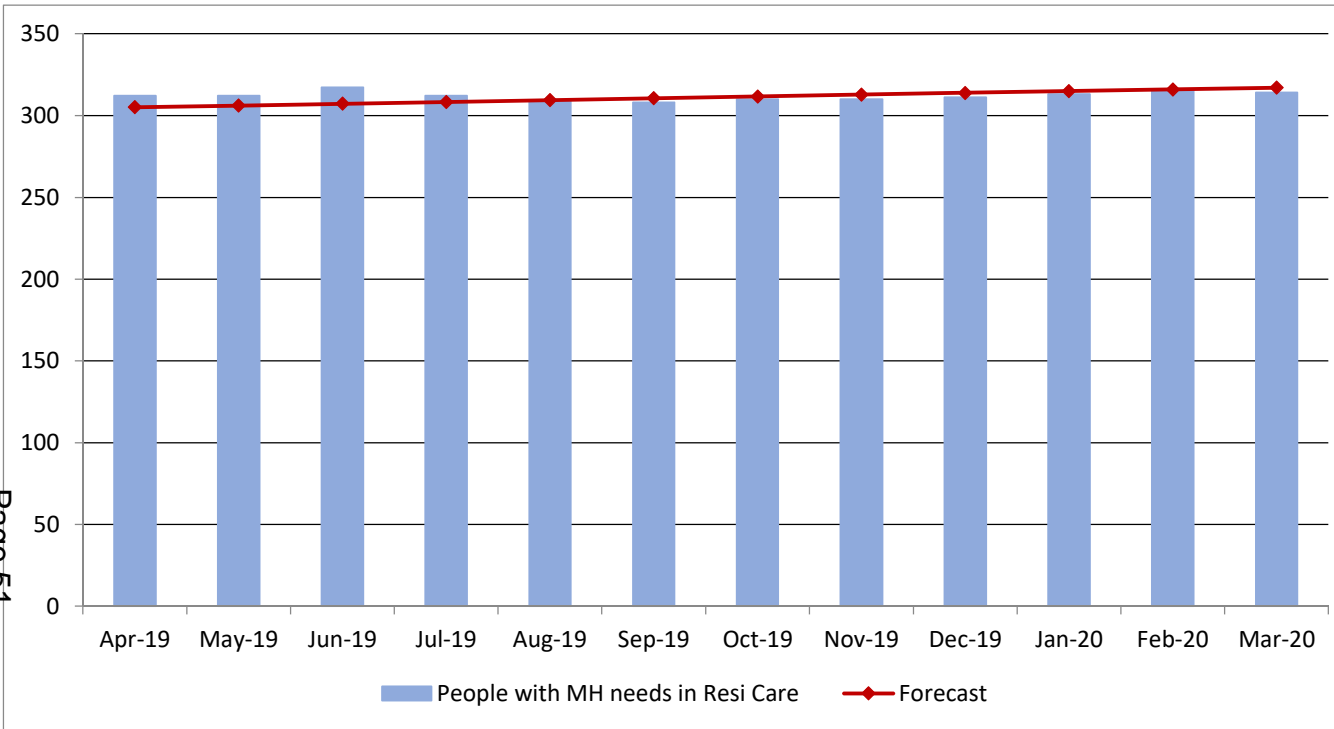
Data Source: MOSAIC B13 Report

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Forecast	3,027	3,033	3,039	3,045	3,051	3,057	3,063	3,069	3,075	3,081	3,087	3,093
PWLD with Community services	3,147	3,245	3,241	3,223	3,222	3,211	3,241	3,219	3,222	3,210	3,199	3,163
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
This is the number of people with a learning disability that are supported in the community. The net number of people with a learning disability receiving a community service (i.e. any LD clients in receipt of a support package not including residential services) has increased over the year, with an increased number of people of 16 in March 2020 compared to April 2019. These figures are amalgamated from both MOSAIC (adult client system) and LPS (Lifespan Pathway Service system for 16-25 but only for those aged 18-25). Current performance is ahead of the forecasted number and therefore rated as green.

14) Number of people with mental health needs in residential/nursing care (AS04)			GREEN
Cabinet Member	Clair Bell	Director	Richard Smith
Portfolio	Adult Social Care	Division	Mental Health

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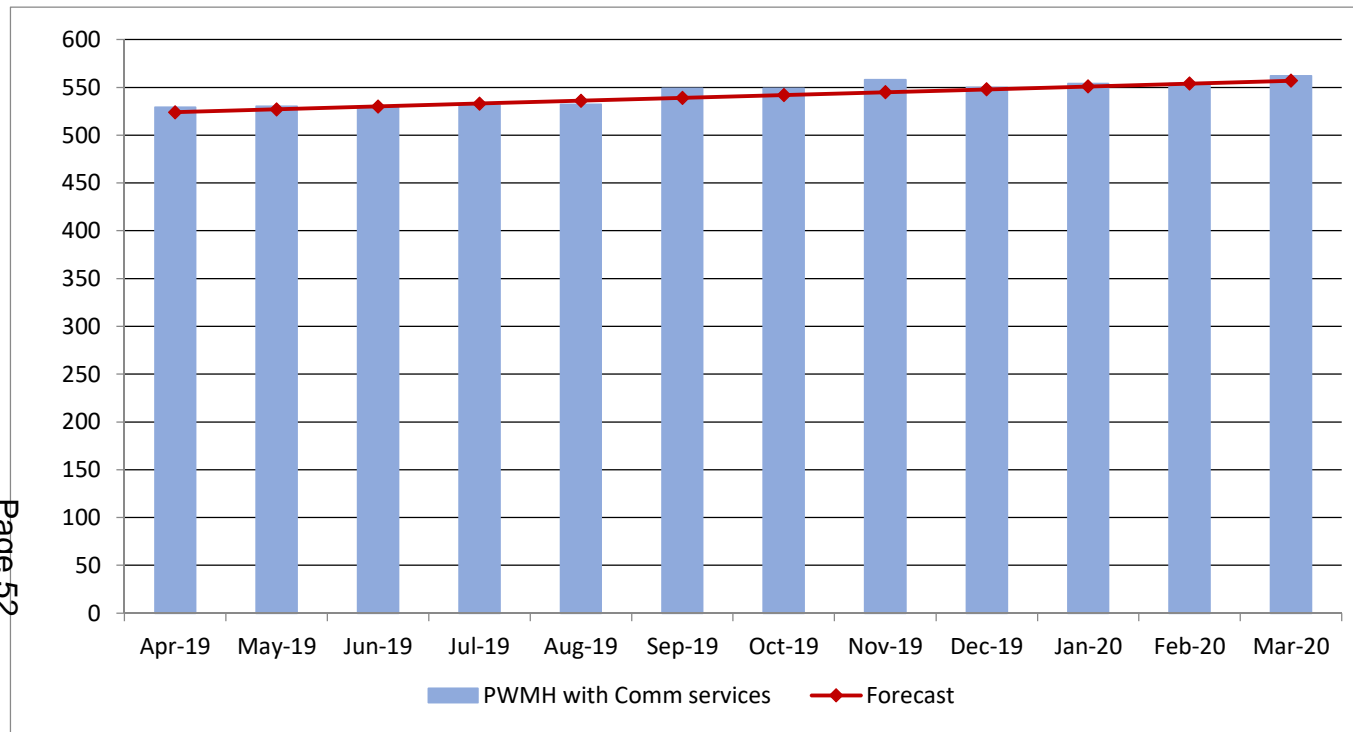
Data Notes
 Unit of Measure: Number of people with mental health needs in permanent residential or nursing care as at month end.
 Data Source: MOSAIC B13 Report

Quarterly Performance Report Indicator

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Forecast	305	306	307	308	309	311	312	313	314	315	316	317
People with MH needs in Resi	312	312	317	312	309	308	310	310	311	313	316	314
RAG Rating	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN

Commentary
 This is the number of people with mental health needs in permanent residential or nursing care. It is a clear objective of the Directorate to ensure that as many people with mental health needs live as independently as possible. The introduction of robust review processes since transformation is supporting this. For the final month of the year the number within residential /nursing care was within expected levels.

15) Number of people with mental health needs receiving a community service			GREEN
Cabinet Member	Clair Bell	Director	Richard Smith
Portfolio	Adult Social Care	Division	Mental Health



Data Notes
Unit of Measure: Number of people with mental health needs receiving a non-residential service

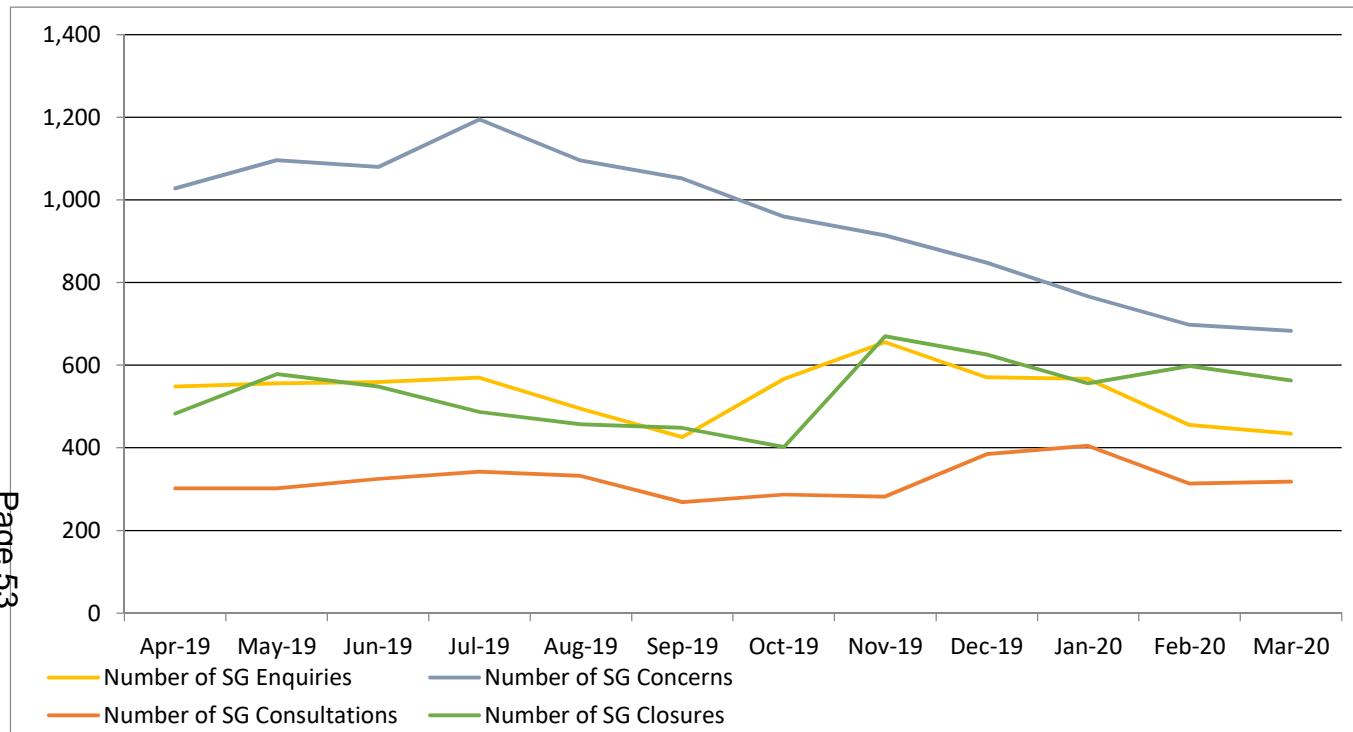
Data Source: MOSAIC B13 Report

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Forecast	524	527	530	533	536	539	542	545	548	551	554	557
PWMH with Comm services	529	530	530	531	532	549	549	558	550	554	554	562
RAG Rating	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
This is the number of people with mental health needs that are supported in the community. The numbers have been increasing across the year in line with expectations. The upwards trend reflects a shift in practice to community options which promote greater independence.

16) Safeguarding Indicators				N/A	
Cabinet Member	Clair Bell	Director	Janice Duff/ Richard Smith		
Portfolio	Adult Social Care	Division	OPPD DCALDMH		

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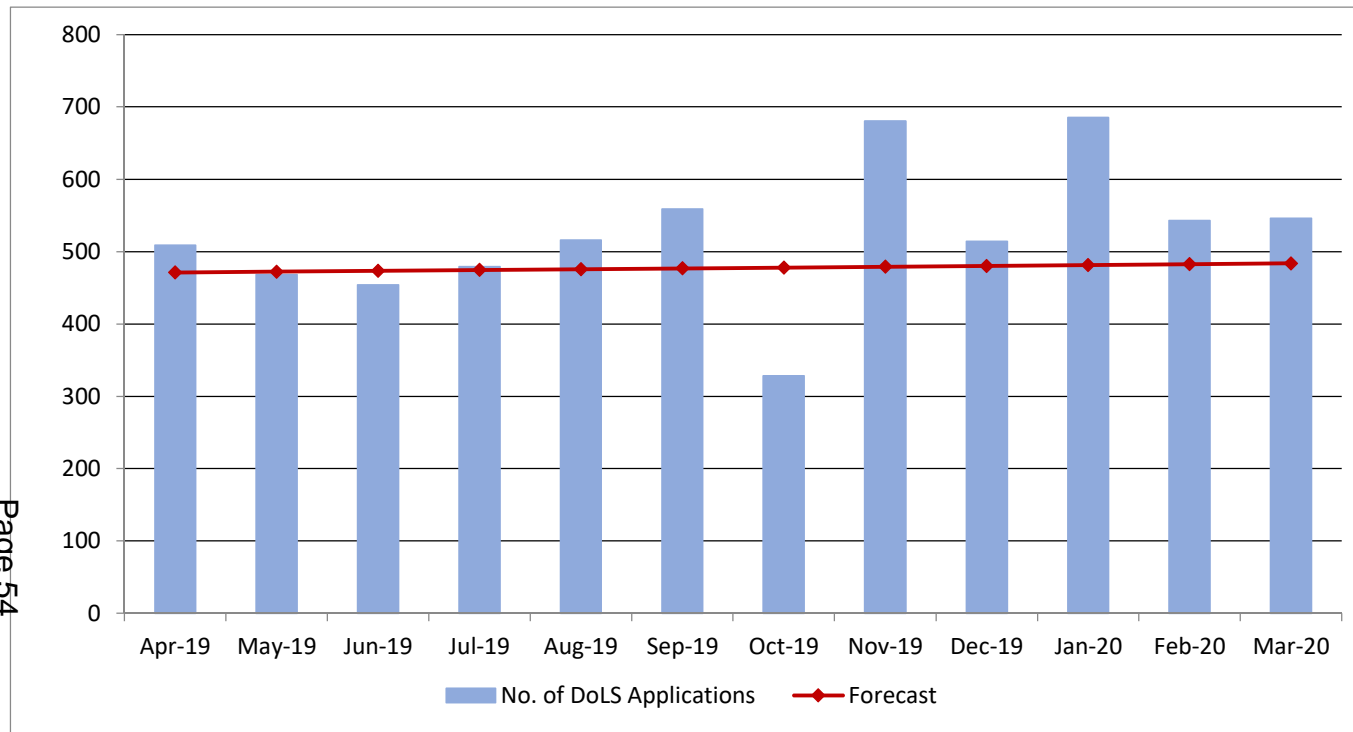


Data Notes
Unit of Measure: Number of Safeguarding Concerns, Enquiries, Consultations and closed cases in the calendar month.
Data Source: Safeguarding Report

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of SG Concerns	1,028	1,096	1,080	1,195	1,095	1,052	960	914	848	767	698	683
Number of SG Enquiries	548	556	559	570	495	426	567	656	571	567	455	434
Number of SG Consultations	302	302	325	342	332	269	287	282	385	405	313	318
Number of SG Closures	483	578	548	487	457	448	402	670	626	556	598	563

Commentary
The introduction of the Mosaic workflow process has removed the ability to record duplicate concerns which has subsequently reduced the number of concerns being recorded. There were 2,148 concerns in Q4, with 1,456 enquiries, 1,036 consultations and 1,717 closures. The ongoing decreases are not reflected across all areas of business in safeguarding, and those under the Mental Health remit have actually been increasing.

17) Number of DoLS applications			RED
Cabinet Member	Clair Bell	Director	Janice Duff/ Richard Smith
Portfolio	Adult Social Care	Division	OPPD DCALDMH



Data Notes
Number of Contacts received in the calendar month with a contact reason type of *DoLS - Assessment Request*

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Forecast	471	472	473	475	476	477	478	479	480	481	483	484
No. of DoLS Applications	509	468	454	479	516	559	328	680	514	685	543	546
RAG Rating	AMBER	GREEN	GREEN	AMBER	AMBER	RED	GREEN	RED	AMBER	RED	RED	RED

Commentary
DOLS applications continue to increase overall, potentially as a result of increased awareness as a result of the upcoming change in legislation. The drop in applications received in October followed by the increase in November reflects the change to Mosaic. Q4 experienced levels of applications above expectations. On further investigation the spike in January was due to increased numbers of applications from hospital settings.

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

To: Adult Social Care Cabinet Committee – 14 July 2020

Subject: **Decisions Summary Report – For Information**

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Directorate Management Team – 1 July 2020

Future Pathway of Paper: None

Electoral Division: All

Summary: This information report summarises the decisions taken by the Cabinet Member for Adult Social Care and Public Health during the temporary suspension of Cabinet Committee meetings during the COVID19 pandemic.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **NOTE** the report.

1. Introduction

- 1.1 In the absence of Cabinet Committees, revised arrangements were put in place for taking key decisions remotely.
- 1.2 To ensure Members were engaged with decision-making, the new arrangements included a Pre-PROD (Proposed Record of Decision) stage in addition to existing decision-making stages.
- 1.3 Following publication of the Forthcoming Executive Decisions summary on the KCC website, under the Pre-PROD stage, a confidential draft decision report and PROD was emailed to relevant Cabinet Committee members asking for comments and questions. Any feedback would be shared with the Cabinet Member for consideration.
- 1.4 The final draft decision report and PROD was then published on the KCC website and emailed to relevant Cabinet Committee members asking again for comments and questions to be shared with the Cabinet Member for consideration before the Record of Decision was published. Once published, the decision was subject to a call-in period of five working days before it could be implemented. This is in-line with the decision-making procedures as set out in the KCC Constitution.

1.5 In April, the government passed emergency legislation which allowed local authorities to hold virtual meetings. After testing technology to ensure the meetings could run smoothly, Cabinet Committee briefings were organised for June. The Adult Social Care Cabinet Committee briefing was held on 5 June 2020 when a summary of decisions taken or in progress was reported.

2. Decision Summary

2.1 Following further consideration of the governance and meeting arrangements by the Monitoring Officer, formal Cabinet Committee meetings have resumed from 1 July 2020.

2.2 In the period that the Cabinet Committee was suspended the following decisions have been taken:

- 20/00041 – Support for Community Based Wellbeing Providers was taken as an urgent decision on 7 April 2020
- 20/00042 – Integrated Digital Assistive Technology Solution was taken as an urgent decision on 7 April 2020
- 20/00043 – Community Based Wellbeing Services Procurement was taken as an urgent decision on 7 April 2020
- 20/00044 – COVID-19 Block Beds for Older Persons Residential Nursing was taken as an urgent decision on 9 April 2020.
- 20/00049 – Social Providers – Additional Payments was taken as an urgent decision on 24 April 2020.
- 20/00061 - Infection Control Fund was taken as an urgent decision on 12 June 2020
- 20/00031 Care and Support in the Home Service was taken under the Pre-PROD process on 5 June 2020
- 20/00030 – Residential Care for People with Learning Disabilities, Physical Disabilities and Mental Health Needs was taken under the Pre-PROD process on 5 June 2020

3. Recommendation

3.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the report.

4. Background Documents

20/00041 – Support for Community Based Wellbeing Providers
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2335>

20/00042 – Integrated Digital Assistive Technology Solution
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2336>

20/00043 – Community Based Wellbeing Services Procurement and Grants
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2337>

20/00044 – COVID-19 Block Beds for Older Persons Residential and Nursing
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2338>

20/00049 – Additional Payments to Adult Social Care Providers
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2339>

20/00061 - Infection Control Fund
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2358>

20/00031 - Care in the Home Service
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2355>

20/00030 - Residential Care for People with Learning Disabilities, Physical Disabilities and Mental Health Needs
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2354>

5. Lead Officer

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Relevant Director

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From: Ben Watts, General Counsel
To: Adult Social Care Cabinet Committee – 14 July 2020
Subject: **Work Programme 2020/21**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Adult Social Care Cabinet Committee.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **NOTE** its work programme for 2020/21.

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this report gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Adult Social Care and Health Cabinet Committee: - *‘To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate and which relate to Adults’.*

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2019/20

3.1 An agenda setting meeting was held at which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion to the agenda of future meetings.

3.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda

planning and allow Members to have oversight of significant service delivery decisions in advance.

- 3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

4. Conclusion

- 4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme, to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.

5. **Recommendation:** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **NOTE** its work programme for 2020/21.

6. Background Documents

None.

7. Contact details

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ADULT SOCIAL CARE CABINET COMMITTEE - WORK PROGRAMME 2020/21

TUESDAY 29 SEPTEMBER 2020

• Complaints report	Annual Report
• Annual Equality and Diversity Report	Annual Report
• Local Account	Annual Report
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2020/21	Standing Item

WEDNESDAY 25 NOVEMBER 2020

• Adult Social Care Green Paper	Developing Issue – awaiting further information from Central Government
• Strategic Delivery Plan Monitoring	Requested by Corporate Board in July 2019 (to be brought as 6-monthly item)
• Performance Dashboard	To be brought to ASC Cabinet Committee every other meeting
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2020/21	Standing Item

WEDNESDAY 20 JANUARY 2021

• Draft Capital Programme 2020/2023 and Draft Revenue Programme 2020/2021	Annual Report
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item

FRIDAY 5 MARCH 2021

• Rates Payable and Charges Levied for Adult Social Care	Annual Report
• Risk Management: Adult Social Care	Annual Report
• Performance Dashboard	To be brought to ASC Cabinet Committee every other meeting
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item

THURSDAY 17 JUNE 2021

• Annual Equality and Diversity Report	Annual Report
• Strategic Delivery Plan Monitoring	Requested by Corporate Board in July 2019 (to be brought as 6-monthly item)
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item

Last updated on: 06/07/2020