

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 25th November, 2020

10.00 am

Online

AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

**Wednesday, 25 November 2020 at 10.00 am
Online**

Ask for: **Theresa Grayell**
Telephone: **03000 416172**

Membership (12)

Conservative (9): Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman), Mrs A D Allen, MBE, Mr M J Angell, Mr M A C Balfour, Mrs P M Beresford, Ms S Hamilton and Mrs L Hurst *and one vacancy*

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

Labour (1) Mr J Burden

UNRESTRICTED ITEMS

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

- 1 Introduction/Webcasting Announcement
- 2 Apologies and Substitutes
- 3 Declarations of Interest by Members in items on the agenda
- 4 Minutes of the meeting held on 29 September 2020 (Pages 1 - 8)
- 5 Verbal update by the Cabinet Member and Corporate Director (Pages 9 - 10)
- 6 20/00098 - Contract Award for Community Based Wellbeing Services - Phase 1 (Pages 11 - 38)
- 7 20/00108 - Residential Care Home Services Contract for People With Learning Disability, Physical Disability and Mental Health Needs - Opening of the Dynamic Purchasing System (Pages 39 - 46)
- 8 Local Account for Adult Social Care (January 2020 to August 2020) (Pages 47 - 68)
- 9 Decisions Taken Outside the Cabinet Committee Meeting Cycle (Pages 69 - 72)
- 10 Adult Social Care - Winter Pressures Plan 2020/2021 (Pages 73 - 98)
- 11 Adult Social Care and Health Annual Complaints Report 2019/20 (Pages 99 - 118)

12 Adult Social Care Performance Q2 2020/21 (Pages 119 - 136)

13 Work Programme 2021 (Pages 137 - 140)

14 Motion to Exclude the Press and Public for Exempt Business

That, under Section 100A of the Local Government Act 1972 the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of part 1 of Schedule 12A of the Act.

Paragraph 3 – Information relating to the financial or business affairs of any particular person (including the authority holding that information)

EXEMPT ITEMS

(at the time of publication, the only exempt content was one appendix to Item 6. During this and any other such item which may arise, the meeting is likely NOT to be open to the press and public)

Benjamin Watts
General Counsel
03000 416814

Tuesday, 17 November 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.

KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care Cabinet Committee held at Online on Tuesday, 29th September, 2020.

PRESENT: Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman), Mrs A D Allen, MBE, Mr M J Angell, Mr M A C Balfour, Mrs P M Beresford, Mr J Burden, Ms S Hamilton, Mrs L Hurst, Mr S J G Koowaree and Ida Linfield

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Matt Chatfield (Operational Analytics and Systems Manager), Janice Duff (Director of Adult Social Care and Health, East Kent), Wayne Gough (Head of Directorate Business & Planning), Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Chris McKenzie (Director of Adult Social Care and Health North and West Kent), Simon Mitchell (Interim Commissioner), Richard Smith (Corporate Director of Adult Social Care and Health), Michael Thomas-Sam (Strategic Business Adviser, Social Care) and Emma West (Democratic Services Officer)

UNRESTRICTED ITEMS

220. Apologies and Substitutes

(Item. 2)

No apologies for absence had been received.

221. Declarations of Interest by Members in items on the agenda

(Item. 3)

- (1) Mr Burden declared an interest in relation to item 6 on the agenda, as he was the Director of Age UK North West Kent.
- (2) Mrs Allen declared an interest in relation to item 6 on the agenda, as she was a member of Age UK North West Kent.

222. Minutes of the meeting held on 14 July 2020

(Item. 4)

It was RESOLVED that the minutes of the meeting held on 14 July 2020 are a correct record and that they be signed by the Chairman.

223. Verbal Updates by Cabinet Member and Corporate Director

(Item. 5)

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

a) Adult Social Care (ASC) Covid-19 Winter Plan

The government had recently published its ASC Covid-19 Winter Plan to support care providers through the winter and limit the spread of the

coronavirus. The plan set out the challenges facing ASC this winter and the key actions for the Department for Health and Social Care, the NHS, local authorities and for providers. It covered a number of themes, including supporting people who received social care, the workforce and carers, collaboration across health and care services and also the prevention and control of the spread of infection in care sectors, the plan covered the entire ASC sector. The government had committed £546m of additional funding to extend the infection control fund to March 2021 to help the care sector restrict the movement of staff between care homes and paying staff to self-isolate. Local authorities such as Kent County Council were required to put their own winter plans in place, building on existing planning, including the local outbreak control plan and confirm to the department that they had done this by 31st October 2020. Kent County Council continued to work closely with providers and representatives and recently held a roundtable meeting with the Kent Integrated Care Alliance, chaired by the Leader of the Council and winter planning was the main item on the agenda.

b) Kent and Medway Medical School

The Kent and Medway Medical School had recently opened, and students were there. The Leader of the Council had appointed Mrs Bell to be the Kent County Council representative on the Medical School Partnership Board. The Board provided a mechanism to enable co-ordinated and effective partnership and relationship development between the school and Kent and Medway Health agencies. The board was made up of representatives of the Medical School, plus nominees from the CCG and all of the health trusts in the county, including clinicians and the public health directors of Kent and Medway. The Board had three strategic priorities, and these were innovation, encouraging wider participation and creating a sense of place and belonging.

(2) Mr Smith (Corporate Director of Adult Social Care and Health) gave a verbal update on the following issues:

a) Chris McKenzie - Director of Adult Social Care and Health North and West Kent

Mr Smith welcomed Chris McKenzie to the ASC Senior Leadership team. Mr McKenzie had been appointed as the Director of North and West Kent.

b) Local Planning for Winter

Mr Smith expressed his thanks to Kent's Finance and Commissioning colleagues who had successfully distributed up to £18.6m of the infection control grant over the last 6 months and said that there was a small surplus allocated to preparing for winter. In terms of the digital aspects, ASC were continuing to roll-out the tablet-based system which allowed individuals that were self-isolating or were not able to keep in touch with their loved ones to keep in contact. The tablet-based system was being co-ordinated through Kent's Design and Learning Centre and complimented recent initiatives in relation to the use of iPads and

supporting GP practice in care homes. Whilst local authorities were required to have winter plans in place every year, this year presented the additional threat of a Covid-19 second spike but also seasonal flu. The Council were busily working with providers and maintaining a focus on partnership between the voluntary sector and health colleagues. Mr Smith added that a project was in place with Kent's ICS colleagues and would be delivering all that was required in this year's winter plan.

(3) RESOLVED that the verbal updates be noted.

224. 20/00098 - Community Based Wellbeing Services Procurement Restart
(Item. 6)

Mr S Mitchell (Senior Commissioner) was in attendance for this item

(1) Mr Mitchell introduced the report and said that the Covid-19 pandemic had delayed the procurement process for the Community Based Wellbeing Services contracts. The procurement process would restart in September 2020. A revised timetable would be required and as such, an extension to some grant and contract agreements into the 2021/2022 financial year.

a) In response to a question, Mr Mitchell referred to the third phase of the procurement programme which would be a re-procurement of the Carers Short Breaks contract. He said that the third phase would start from the beginning of next year and in order for the work that needed to be undertaken to go through the procurement process, a significant amount of consultation work needed to be undertaken to grasp an understanding of what carers were seeking in terms of support.

b) In response to a question which related to Age UK Canterbury, Mr Mitchell said that it would be part of the second phase of the procurement programme as the approval would seek grant arrangements to continue up until approximately October 2021. He added that he could not foresee who the future providers may or may not be at this stage of the process.

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

a) extend all required grant arrangements to cover Phase 2 of procurement until 30 September 2021;

b) extend existing grant agreements to Edenbridge Voluntary Transport Service, Sevenoaks Volunteer Transport Group, Hospice in the Weald and Heart of Kent Hospice, for the full duration of the procurement programme (to end March 2022);

c) extend the Carers Short Breaks contract, to Crossroads Care Kent, until 31 March 2022; and

d) 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,

be endorsed.

Mr Burden abstained from the recommendation and asked that this be recorded in the minutes.

225. Adult Social Care Performance and COVID-19
(Item. 7)

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

- (1) Mr Chatfield introduced the report which provided an oversight of Adult Social Care activity during and since the Covid-19 pandemic.

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

- a) Mr Smith referred to the winter plan and the issues of self-isolation in care homes and individuals not being able to be discharged out of hospital and said that one of the requirements within the winter plan was for the local authority, Public Health colleagues and the NHS to work with the CQC to put arrangements in place locally to ensure that people who were discharged out of hospital with a positive test for Covid-19 could be kept safe and in an appropriate environment. He added that Kent County Council continued to support the sector and reassured the Committee that each care home had an Infection Control nurse and a robust plan that was reported through the cell.
- b) Mr Smith referred to the issue of ongoing financial support for the sector and said that the topic would be focused on heavily over coming months as the Covid-19 situation continued to evolve. In relation to the additional pressures throughout the winter, Kent County Council would continue to work closely with the NHS and CCGs. He added that the ASC budget at present was sufficient to meet current demand, any additional demand would need to be supported and financed through the winter monies and through working with health colleagues.
- c) Mr Smith reminded Committee Members that they should contact Mr Scott-Clark (Director of Public Health) or himself if they had concerns which related to specific care homes.
- d) Mr Chatfield stated that he would provide further information to Committee Members outside of the meeting in relation to the number of clients that had left residential care.
- e) Mr Smith stated that the winter plan from government had been published on 26th September 2020. He added that he would circulate the relevant link to the plan to Committee Members outside of the meeting.
- f) Mr Smith said that the Council's response to the Covid-19 pandemic was a long-term response and the winter plan covered up until March 2021. There was provision within the infection control element of the plan for

care homes not to have staff travelling between different places and that they could be paid whilst they were isolating. As well as promoting the use of technology, the Council were continuing to work with providers through Kent Integrated Care Alliance (KICA) and trade associations to ensure that they had all that they need in these unprecedented times. The winter plan also provided Mr Scott-Clark with the ability to restrict care home visits if necessary. Visitation restrictions within care homes would only ever be necessary following a dynamic risk assessment and in the best interests and needs of people within the care homes.

g) Mr Chatfield referred to enablement services and said that there had not been a significant increase in numbers but an increase in the amount of time that carers had spent with clients.

(2) The Chairman suggested that an update in relation to Winter Planning be added to the work programme for discussion at the upcoming agenda setting meeting. Members of the Committee supported this.

(3) RESOLVED that the report be noted.

226. Adult Social Care Diagnostic and Roadmap *(Item. 8)*

(1) Mr McKenzie and Ms Duff introduced the presentation slides which set out information relating to the Covid-19 pandemic, the significant pressures and challenges for ASC both nationally and locally, the three pillars within ASC outlining the overarching areas of focus for development and the basis for ASC's diagnostic approach and the projects that had been planned.

(2) Mrs Bell (Cabinet Member for Adult Social Care and Public Health) emphasised the significance of the project and said that it affected the whole directorate in every aspect of work that the service undertook. She added that Mr Smith had wealth of experience of working within ASC in other authorities and had been able to draw upon what he had experienced and bring it to Kent to provide a more modern, innovative, data-focused service, not only for the staff but for Kent's residents and clients. She stated that the diagnostic would be submitted to future meetings of the Committee as it progressed through the different stages of implementation.

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

a) Mr McKenzie referred to the impact that the Covid-19 pandemic had had on ASC services and said that whilst the number of Covid-19 cases had reduced over the summer nationally, a second spike was likely. He said that ASC were actively preparing for a second spike of Covid-19 by working closely with the health service, the voluntary and community sector, district councils and communities.

b) Ms Duff reiterated the comments that Mr McKenzie had made in relation to the impact that the Covid-19 pandemic had had on ASC services and said that the Council had worked very closely with the district and borough councils and communities to set up community networks to

support people locally. She said that the whole communication experience had changed significantly for users and that many of the barriers that had been present before had been removed. She added that the community focus had significantly strengthened support to the public and information sharing.

- c) In terms of staffing, Ms Duff said that there were a number of staff within ASC that continued to work remotely but had also taken the opportunity to explore all ways of communicating with partner organisations and clients. ASC's front door service and area referral management teams had moved back into the office because it was important for them to be able to draw upon the support for themselves and access professional support. Ms Duff added that ASC were looking at increasing face-to-face assessments with the public to ensure that their voices were still heard and that statutory responsibilities in relation to the Care Act were met.
- d) Mr McKenzie reiterated Ms Duff's comments and said that ASC's approach had been adjusted to ensure best practice, best use of staff and resources and to continue to support staff in every way possible. In terms of trusted assessors, as part of the work that had been undertaken with health colleagues in relation to the new discharge to assess model, ASC were exploring opportunities to put arrangements in place that ensure that the assessments of professionals could be trusted.
- e) Ms Duff referred to Kent's 'Making a Difference Everyday' person-centred programme which focused on innovation and modernisation and said that often the idea of savings and the budget overtook what was trying to be achieved in terms of modernisation, she said that whilst ASC were working towards making savings and running efficient services, it was also important to continue to meet the needs of the public and staff.
- f) Mr McKenzie emphasised that the project focused on sustainable, long-term change for ASC and said that it would be difficult to predict a specific timeframe in relation to each aspect of the project. Ms Duff referred to the continuous improvement cycle and constant challenge within ASC and the need to refer to national and international data to help support the sector, especially during these unprecedented times.
- g) Mrs Bell emphasised that the project would not be a 'quick-fix' and was a long-term project which changed the way in which Kent County Council delivered social care services in Kent.
- h) Mrs Bell talked about PricewaterhouseCoopers' (PWC) involvement in the project and confirmed that further information would be provided to Committee Members outside of the meeting in relation to the arrangement that was in place with PWC.

(3) RESOLVED that the information contained within the presentation slides be noted.

227. Decisions Taken Outside of the Cabinet Committee Cycle
(Item. 9)

The Chairman introduced the item which set out information relating to the decision which had been taken by the Cabinet Member for Adult Social Care and Public Health as an 'out of cycle' decision.

227. 20/00084 - Section 75 Partnership Agreement Variation - COVID-19 Hospital Discharges and out of Hospital Work
(Item. 9a)

(1) In response to a question, Mr McKenzie stated that the relevant arrangements had been put in place to ensure that individuals that were being discharged out to a care home did receive a Covid-19 test.

(2) RESOLVED that the report be noted.

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

(1) RESOLVED that the work programme for 2020-21 be noted, subject to the inclusion of the following item:

- Winter Plan

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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 – 25 November 2020

Subject: Verbal update by the Cabinet Member and Corporate Director

Classification: Unrestricted

Electoral Divisions: All

Updates from the Cabinet Member/Corporate Director at the time of publication:

- Infection Control Grant
- Feedback from Adult Social Care and Health Directorate Management Team Live Event.
- Update on Day Services
- Market engagement and preparations for winter

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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 – 25 November 2020

Decision No: 20/00098

Subject: **Contract Award for Community Based Wellbeing Services – Phase 1**

Classification: Restricted Appendix (Exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially sensitive information)

Past Pathway of report: Adult Social Care and Health Directorate Management Team – 18 November 2020

Future Pathway of report: Cabinet Member decision

Electoral Division: All

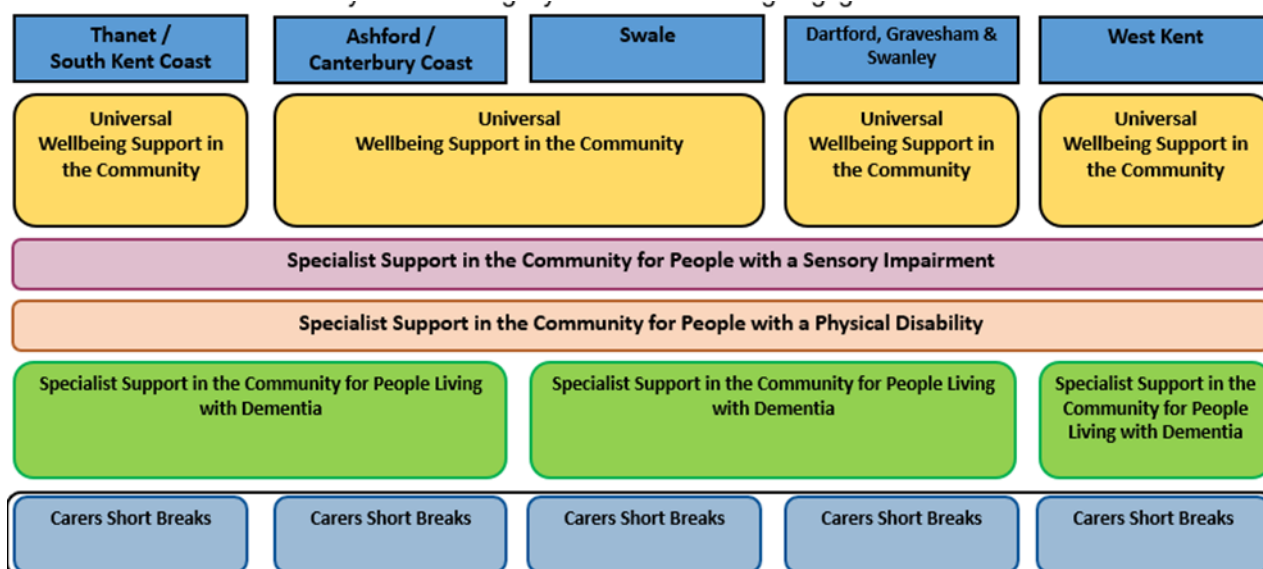
Summary: To inform the Cabinet Member for Adult Social Care and Public Health on the progress to date to establish new contracts for Community Based Wellbeing Services (Phase1) and to request approval to award new contracts from April 2021.

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

- a) **AWARD** contracts for the provision of Community Based Wellbeing Services, to the successful providers identified through the procurement exercise and as detailed in exempt Appendix 1, for a period of three years with the option to extend for further twelve month periods, up to two years;
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, after consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director for Finance, to agree the relevant contract extensions as required; and
- c) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

1. Introduction

- 1.1 Adult Social Care has historic grant arrangements in place with voluntary and community sector providers across the county. These grants provide a contribution towards the costs of services that support older people, people living with dementia, people with a physical disability and people with sensory impairments.
- 1.2 There are issues related to use of historic grant arrangements including an inconsistency in the type of support and services funded across the county, lack of correlation between spend and demographic factors, limitations in the ability to monitor the performance of services and therefore to understand the impact that services have on people.
- 1.3 The project in 2017-18 to commission a Core Offer of community-based wellbeing support for older people, people living with dementia and people with a physical disability was halted to achieve savings against the voluntary sector budget. Recognising the impact that the reduced budget would have on existing proposals, following discussion at the Adult Social Care Cabinet Committee meeting on 23 November 2017 the committee endorsed that a new approach was needed to end the remaining grants and commission wellbeing support.
- 1.4 The new approach proposed moving separate core offers into one commissioned service, aligning timelines, reducing duplication, maximising value for money, providing more holistic support for vulnerable adults in Kent and their Carer's as well as measuring and evidencing the benefit of these preventative services.
- 1.5 On 27 September 2018, the Adult Social Care Cabinet Committee endorsed, under decision number 18/00041, that this new approach would be undertaken in two stages. Specifically, commission Community Navigation services that connect people to the support that they need, and commission the support that people are navigated to - Community Based Wellbeing Services
- 1.6 On 16 January 2020 the Adult Social Care Cabinet Committee considered and endorsed the timetable for the phased procurement programme to award all of the following Community Based Wellbeing Contracts in a three phased approach with all contracts live by April 2022:



- 1.7 Market and stakeholder engagement was undertaken to gather views to shape the new contracts and the provision of services in the future. Engagement has included a public consultation in 2019, a number of provider workshops held in 2019 and 2020, engagement with borough and district councils, and a Project Board was set up including relevant representatives from across the Council and CCG commissioners.
- 1.8 Owing to the complexity of the various Service Specifications and in line with Commissioning for Success guidelines, it was agreed that the Competitive Procedure with Negotiation would be used.
- 1.9 The phased procurement process was commenced early in 2020 to award a number of contracts to replace the historic grant arrangements. The three contracts to be awarded in this Phase (Phase One) will be for services to support older people (55+) in West Kent, support older people in Thanet and South Kent Coast, and support people with sensory impairments across the county.
- 1.10 The procurement process was paused at the end of March 2020 due to the effects of Coronavirus on the community and providers. Decision number 20/00098, taken in October 2020, agreed to re-start the Phase 1 procurement process.
- 1.11 The procurement documentation was amended to include responses regarding Bidder's experiences of delivering services through COVID and how they have adapted, and the impact on those adaptations for future delivery.
- 1.12 This decision supports KCC's Strategic Statement through supporting key providers that deliver services to older and vulnerable residents that will ensure they are safe and supported with choices to live independently. This decision relates to the proposal within the Strategic Delivery Plan of moving organisations from grants to contracts.

- 1.13 This decision supports Kent County Council's Strategic Reset programme by implementing Asset Based Commissioning.
- 1.14 The contracts will enable the council to meet its duties under the Care Act 2014 by promoting wellbeing for individuals and their Carers, through the provision of information and advice that enables people to make choices about their care, by preventing or delaying people deteriorating to the point where they require health or social care support and through supporting market sustainability.
- 1.15 This report summarises the commissioning intentions, procurement process and evaluation, together with recommendations for the award of this contract.

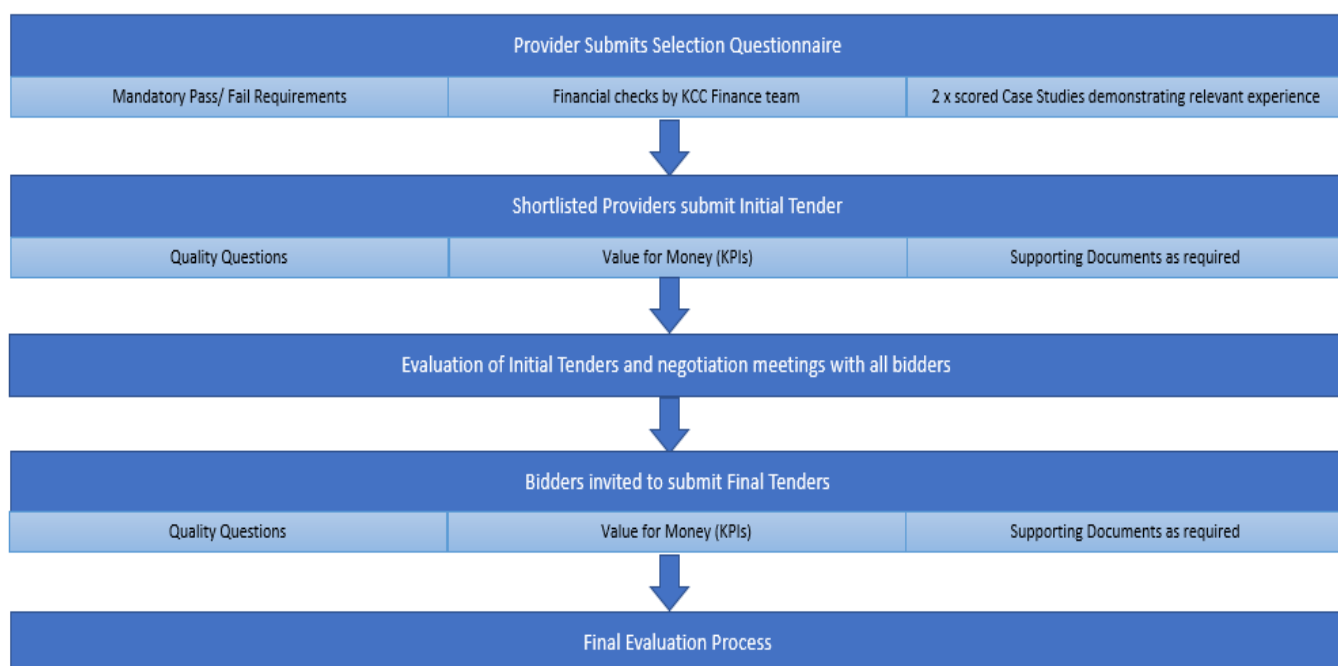
2. Commissioning Intentions

- 2.1 To introduce well-managed contracts for adult social care and to have systems and measures in place to manage its day-to-day operational requirements, including:
- Key Performance Indicators (KPIs). Ongoing management and monitoring of quality ensures that all providers remain compliant to their contractual commitments; and
 - Contract Management. Regular communication with providers continues to strengthen the relationship. Regular analysis of KPIs, and management information for quality of services and improved contract monitoring.
- 2.2 The scope of Community Based Wellbeing Services included universal wellbeing services for older people (55+), specialist dementia services, specialist physical disability services, specialist services for people with sensory impairments, and carers' short breaks services.
- 2.3 As the scope of services was so large it was decided that a total of ten contracts will be awarded, with the contracts split up by service type and geographical area (as depicted in Paragraph 1.6) to allow smaller providers in the market to bid for the contracts.

Procurement Process

- 2.4 The Community Based Wellbeing Service contracts are being procured in three phases, with this phase (Phase 1) resulting in the following contract awards:
- Lot 1 – Universal Wellbeing Services in West Kent
 - Lot 2 – Universal Wellbeing Services in Thanet and South Kent Coast
 - Lot 3 – Wellbeing Services in the Community for People with Sensory Impairments
- 2.5 Procurement for the remaining contracts (Phases 2 and 3) will begin in 2021.

2.6 The illustration below shows the procurement process taken:



2.7 Table 1 shows the procurement timetable:

Table 1: Procurement timetable

Event	Date
Selection Questionnaire available to providers	3 rd February 2020
Selection Questionnaire return deadline	17 th February 2020
Invitation to Tender dispatch	15 th September 2020
Initial Tender return deadline	7 th October 2020
Tender evaluation and clarification, including negotiation meetings	7 th October 2020 – 16 th October 2020
Issue of Invitation to Submit Final Tender	20 th October 2020
Final Tender return	4 th November 2020
Issue award letters	10 th December 2020
Standstill period complete	21 st December 2020
Contract award	22 nd December 2020
Mobilisation	4 th January 2021 – 31 st March 2021
Service Commencement	1 st April 2021

2.8 The successful providers for each Contract Lot (1, 2 and 3) can be found in Appendix A. This is a Restricted Appendix that is exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially confidential information.

3. Financial Implications

3.1 In-depth detailed work carried out by the council's Strategic Commissioning and Analytics and Finance Teams at the pre-procurement stage identified the following budgets across the three Contract Lots:

Lot 1 – Universal Wellbeing Services in West Kent

Contract Budget Year 1	Contract Budget Year 2	Contract Budget Year 3	Contract Budget Year 4 (optional)	Contract Budget Year 5 (Optional)	Total
£975,866.17	£980,000.00	£990,000.00	£1,000,000.00	£1,015,000.00	£4,960,866.17

Lot 2 – Universal Wellbeing Services in Thanet and South Kent Coast

Contract Budget Year 1	Contract Budget Year 2	Contract Budget Year 3	Contract Budget Year 4 (optional)	Contract Budget Year 5 (Optional)	Total
£1,231,840.75	£1,235,000.00	£1,240,000.00	£1,245,000.00	£1,250,000.00	£6,201,840.75

Lot 3 - Wellbeing Services in the Community for People with Sensory Impairments

Contract Budget Year 1	Contract Budget Year 2	Contract Budget Year 3	Contract Budget Year 4 (optional)	Contract Budget Year 5 (Optional)	Total
£1,089,532.96	£1,074,000.00	£1,058,000.00	£1,030,000.00	£1,000,000.00	£5,251,532.96

3.2 The budget for each contract was reached using financial modelling based on a number of variables, including population estimates by age, rurality, and those affected by dementia and by deprivation, domiciliary care spend and disability benefit claimants.

3.3 The term of each of the contracts will run for a minimum of 3 years with the option to extend for further periods of up to 2 years. Based on five years duration the estimated lifetime value of all three of the Phase 1 contracts is £16,414,239.88.

3.4 Work has been undertaken in conjunction with Finance colleagues to ensure that the value of all Community Based Wellbeing Services contracts (across Phases 1,2 and 3) will remain within the allocated budget for the contract periods.

4. Legal implications

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

will be taken forward in a way which ensures the Council's statutory responsibilities are discharged accordingly.

5. Equalities implications

- 5.1 The Equality Impact Assessment has been updated as part of the project plan when changes have occurred and have been fully considered. All the significant changes will be approached in a manner that respect and adhere to the Council's equalities responsibilities. All appropriate advice will be sought from the Strategy, Policy, Relationships and Corporate Assurance Division.

6. Data Protection Implications

- 6.1 A Data Protection Impact Assessment has been developed and will be updated as the work to deliver the new contracts is progressed.

7. Other corporate implications

- 7.1 These contracts have a connection with Community Navigation services already commissioned.

8. Conclusions

- 8.1 The council has duties under the Care Act 2014 to promote wellbeing for individuals and their Carers, through the provision of information and advice that enables people to make choices about their care, by preventing or delaying people deteriorating to the point where they require health or social care support and through supporting market sustainability.
- 8.2 The historic grant arrangements currently in place provide inconsistency in the type of support and services funded across the county, lack of correlation between spend and demographic factors, as well as limitations in the ability to monitor the performance of services and therefore to understand the impact that services have on people.
- 8.2 Comprehensive work has been carried out to develop the new contracts and a thorough procurement process was undertaken in accordance to the Public Contract regulation 2015 (PCR15) to award the Phase 1 contracts.

9. Recommendation

- 9.1 Recommendation: The Adult Social Care Cabinet Committee is asked to: **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:
- a) **AWARD** contracts for the provision of Community Based Wellbeing Services, to the successful providers identified through the procurement exercise and as detailed in exempt Appendix 1, for a period of three years with the option to extend for further twelve month periods, up to two years;

- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, after consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director for Finance, to agree the relevant contract extensions as required; and
- c) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

10. Background Documents

Community Based Wellbeing Services (Grants to Contracts) Report to Cabinet Committee on 27 September 2019.

<https://democracy.kent.gov.uk/documents/s92294/Item%208%20-%20Community%20Based%20Wellbeing%20Services%20Contract%20Update.pdf>

Community Based Wellbeing Services (Grants to Contracts) – Procurement Programme and Grant Extension Approvals Report to Cabinet Committee on 16 January 2020.

<https://democracy.kent.gov.uk/documents/s95362/Item%209%20-%20Community%20Based%20WellBeing%20Services%20-%20Procurement%20Programme%20and%20Grant%20Extensions.pdf>

Community Based Wellbeing Services Procurement Restart (Decision Number 20/00098).

<https://democracy.kent.gov.uk/documents/s99062/Item%206%20-%20Community%20Based%20Wellbeing%20Service%20Restart.pdf>

11. Report Author

Simon Mitchell
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Lead Officer

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

To be allocated by Democratic Services

For publication

Key decision: Yes

Expenditure which is significant having regard to the budget for the service or function currently defined by the Council as in excess of £1,000,000

Title of Decision: CONTRACT AWARD FOR COMMUNITY BASED WELLBEING SERVICES – PHASE 1

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

- a) **AWARD** contracts for the provision of Community Based Wellbeing Services, to the successful providers identified through the procurement exercise and as detailed in exempt Appendix 1, for a period of three years with the option to extend for further twelve month periods, up to two years;
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, after consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director for Finance, to agree the relevant contract extensions as required; and
- c) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

Reason(s) for decision: Adult Social Care has historic grant arrangements in place with voluntary and community sector providers across the county. These grants provide a contribution towards the costs of services that support older people, people living with dementia, people with a physical disability and people with sensory impairments.

There are issues related to use of historic grant arrangements including an inconsistency in the type of support and services funded across the county, lack of correlation between spend and demographic factors, limitations in the ability to monitor the performance of services and therefore to understand the impact that services have on people.

A phased procurement process was commenced early in 2020 to award a number of contracts to replace the historic grant arrangements. The three contracts to be awarded in Phase One will be for services to support older people (55+) in West Kent, support older people in Thanet and South Kent Coast, and support people with sensory impairments across the county.

This decision supports KCC's Strategic Statement through supporting key providers that deliver services to older and vulnerable residents that will ensure they are safe and supported with choices to live independently. This decision relates to the proposal within the Strategic Delivery Plan of

moving organisations from grants to contracts.

This decision supports Kent County Council's Strategic Reset programme by implementing Asset Based Commissioning.

The contracts will enable the Council to meet its duties under the Care Act 2014 by promoting wellbeing for individuals and their Carers, through the provision of information and advice that enables people to make choices about their care, by preventing or delaying people deteriorating to the point where they require health or social care support and through supporting market sustainability.

Financial Implications

In-depth detailed work carried out by the council's Strategic Commissioning and Analytics and Finance Teams at the pre-procurement stage identified the following budgets across the three Contract Lots:

Lot 1 – Universal Wellbeing Services in West Kent

Contract Budget Year 1	Contract Budget Year 2	Contract Budget Year 3	Contract Budget Year 4 (optional)	Contract Budget Year 5 (Optional)	Total
£975,866.17	£980,000.00	£990,000.00	£1,000,000.00	£1,015,000.00	£4,960,866.17

Lot 2 – Universal Wellbeing Services in Thanet and South Kent Coast

Contract Budget Year 1	Contract Budget Year 2	Contract Budget Year 3	Contract Budget Year 4 (optional)	Contract Budget Year 5 (Optional)	Total
£1,231,840.75	£1,235,000.00	£1,240,000.00	£1,245,000.00	£1,250,000.00	£6,201,840.75

Lot 3 - Wellbeing Services in the Community for People with Sensory Impairments

Contract Budget Year 1	Contract Budget Year 2	Contract Budget Year 3	Contract Budget Year 4 (optional)	Contract Budget Year 5 (Optional)	Total
£1,089,532.96	£1,074,000.00	£1,058,000.00	£1,030,000.00	£1,000,000.00	£5,251,532.96

The budget for each contract was reached using financial modelling based on a number of variables, including population estimates by age, rurality, and those affected by dementia and by deprivation, domiciliary care spend and disability benefit claimants.

The term of each of the contracts will run for a minimum of 3 years with the option to extend for further periods of up to 2 years. Based on five years duration the estimated lifetime value of all three of the Phase 1 contracts is £16,414,239.88.

Work has been undertaken in conjunction with Finance colleagues to ensure that the value of all Community Based Wellbeing Services contracts (across Phases 1,2 and 3) will remain within the allocated budget for the contract periods.

Legal Implications: The procurement process has been followed in accordance with Public Contracting Regulations 2015.

Equalities implications: An EqIA has been carried out. Potential for adverse impact on some groups with protected characteristics as a result of this project were identified. Actions have been identified to mitigate these effects, including a contractual performance framework that will ensure outcomes of the contract are monitored and delivered for all groups of people with protected characteristics.

An Equality Analysis/Impact Assessment (EqIA) will be included in the decision paperwork.

Data Protection implications: A DPIA was required and has been completed.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 25 November 2020 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

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

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signed

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date

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

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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 – 25 November 2020

Decision No: 20/00108

Subject: **RESIDENTIAL CARE HOME SERVICES CONTRACT FOR PEOPLE WITH LEARNING DISABILITY, PHYSICAL DISABILITY AND MENTAL HEALTH NEEDS - OPENING OF THE DYNAMIC PURCHASING SYSTEM**

Classification: Unrestricted

Past Pathway of Paper: Adult Social care Cabinet Committee 4 July 2018, 27 September 2019 and 22 May 2020

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: To inform Cabinet Committee of the intention to request approval from the Cabinet Member for Adult Social Care and Public Health on the regular opening of the Dynamic Purchasing System for Residential Care Home Contracts for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs

Recommendation(s): The Adult Social Care Cabinet Committee is asked to: **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (Attached as Appendix A) to:

- a) **APPROVE** the use of the Dynamic Purchasing System to enable new services to join the Residential Care Home Contract for people with a learning disability, people with a physical disability and people with mental health needs, and:
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, included but not limited to entering into and finalising the terms of the contracts or other legal agreement, as necessary to implement the decision.

1. Introduction

- 1.1 The Dynamic Purchasing System is a procurement method designed to be opened periodically to enable new entrants to join, to meet our needs and demand and forms part of the process for the commissioning of Residential Care Home Services for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs.
- 1.2 Contracts for these services were awarded under decision number 18/00030, however provision was not made in that decision to allow new services to join the contract. This further decision seeks authority to open the Dynamic Purchasing System on a regular basis to ensure the appropriate mechanism is in place to award contracts to new services joining the Residential Care Home Services Contract.
- 1.3 These contracts were last competitively tendered 16-18 years ago, most placements were linked to historic Terms and Conditions, which do not reflect the Council's current practise. The need to regularise this was high and the pricing of placements required stabilising.
- 1.4 The council has statutory duties to ensure that there is sufficient and fit for purpose provision of care services to Kent residents who are eligible under the Care Act 2014 and that a sustainable market is maintained. Residential Care Home Services contribute to the offer of services to meet assessed need.
- 1.5 These contracts represent approximately £103m of spend on care home provision, but no guarantee is given as to the actual value of the Contract for each provider due to fluctuations in demand for the Service and any National Living Wage and inflationary increases that may be applied during the lifetime of the contract.
- 1.6 In line with national strategy the aim of adult social care is to reduce the number of placements to care homes and to work with the market to develop and make available a range of other alternative options, including an increase in supported living options.
- 1.7 It was therefore decided that this will require two contracts.
 - A Framework Contract with Cost Model for providers of lower level services that are in ample supply, to reduce and control supply and
 - A Dynamic Purchasing System (DPS) Contract with Cost Model for specialist homes to address gaps in the market. Should a lower level home wish to re-model, they will be able to access a specialist contract through the DPS.
- 1.8 This report is to inform Cabinet Committee of the intention to request approval from the Cabinet Member for Adult Social Care and Public Health on the regular opening of the DPS together with recommendations for the awarding of contracts in this way.

2. Strategic Statement and Policy Framework

- 2.1 Kent County Council's Strategic Commissioning unit managed the original procurement exercise for these contracts and will manage a further procurement under the rule of DPS. The new contracts will replace existing services and bring the delivery of multiple services together under one contract to form an 'umbrella' of interventions. These interventions aim, wherever possible to support a person to achieve the outcomes that are important to them, in line with the Care Act 2014, and the vision for adult social care as set out in the 'Your Life, Your Wellbeing' strategy.
- 2.2 Staff from the council's Strategic Policy and Corporate Assurance Division were part of the working group to make sure that the new contract is consistent with policy and practice.

3. The Report

- 3.1 The strategy for choosing a DPS is to address gaps in the market for specialist care home services and facilitate more choice for people with a disability and mental health needs who require a specialist service in a care home.
- 3.2 Providers applying to join the DPS will be assessed through a robust qualifying process in line with the Public Contract Regulations 2015 (PCR15). Successful entrants will join a well-managed contract for adult social care and have systems and measures in place to manage its day-to-day operational requirements. Future placements will primarily be purchased from services on the new contract. The DPS therefore encourages potential suppliers to apply to join the contract
- 3.3 Inviting new entrants to join the DPS on a regular basis will enable the Council to balance development in this area of the market at a controlled pace and to align with the work to reduce the number of care homes providing a service for lower needs, where there is an oversupply.
- 3.4 There is currently 16 specialist care home services in Kent not on the DPS through the original tender and KCC commission placements in these homes on old out of date terms and conditions.

4. Financial Implications

- 4.1 In-depth detailed work carried out by the council's Strategic Commissioning and Analytics and Finance Teams at the original pre-procurement stage for the new contracts identified a potential increase cost of £4.4m, assuming all existing services transferred onto the new contracts.
- 4.2 It was expected that some fees would adjust to enable the stabilising of placement costs. The original procurement exercise resulted in 40% of placement costs going down and 60% going up.

- 4.3 Based on this calculation the estimated combined whole year cost for the 16 existing specialist care home services to join the new contract through the DPS is £7,198,785. This includes £123,912 expected increase to stabilise costs on the new contract, which is included in the overall potential cost of £4.4m
- 4.4 Specialist care homes generally cater for a smaller number of people, having between 3-6 beds. Where homes offering services for lower care needs average around 6-10 beds. Going forward it is expected that the cost for new specialist homes joining the DPS, to meet future requirements, will be off set against a larger number of lower needs services exiting the market. Resulting in a cost neutral or a reduction in overall costs.

5. Legal Implications

- 5.1 The Strategic Commissioning Division enlisted the support of Legal Services through the development of the contract specification and Terms and Conditions, although the standard Care Services Terms and Conditions have been used. There will need to be resource allocated at the end point contract award for contracts to be signed and sealed. New contracts will be taken forward in a way which ensures the Council's statutory responsibilities are discharged accordingly.

6. Equality Implications

- 6.1 The Equality Impact Assessment has been updated as part of the project plan when changes have occurred and have been fully considered. All the significant changes will be approached in a manner that respect and adhere to the Council's equalities responsibilities. All appropriate advice will be sought from the Strategy, Policy, Relationships and Corporate Assurance Division.

7. Data Protection Impact Assessment Implications

- 7.1 A Data Protection Impact Assessment has also been developed and will be updated as the work to deliver the new contracts is progressed.

8. Conclusions

- 8.1 Contracts for these services were awarded under decision number 18/00030, however provision was not made in that decision to allow new services to join the contract. This further decision seeks authority to open the Dynamic Purchasing System on a regular basis to ensure the appropriate mechanism is in place to award contracts to new services joining the Residential Care Home Services Contract.
- 8.2 The regular opening of the DPS is required to ensure the correct governance and paperwork is in place and to allow existing and new services to join the DPS to address gaps in the market.
- 8.3 The council has statutory duties to ensure that there is sufficient and fit for purpose provision of care services to Kent residents, who are eligible under the Care Act 2014 and that a sustainable market is maintained. Care home services contribute to the offer of services to meet assessed need.
- 8.4 There is currently 16 specialist care home services in Kent not on the DPS through the original tender and KCC commission placements in these homes on old out of date terms and conditions. The estimated combined whole year cost for the 16 existing specialist care home services to join the new contract through the DPS is included in the overall potential cost of £4.4m
- 8.5 Going forward it is expected that the cost for new specialist homes joining the DPS, to meet future requirements, will be off set against a larger number of lower needs services exiting the market. Resulting in a cost neutral or a reduction in overall costs.

8. Recommendation

8.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to: **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (attached as Appendix A)to:

a) **APPROVE** the use of the Dynamic Purchasing System to enable new services to join the Residential Care Home Contract for people with a learning disability, people with a physical disability and people with mental health needs, and:

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

9. Background Documents

Residential Care for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs

<https://democracy.kent.gov.uk/documents/s84961/Item%208%20-%20Residential%20Care%20for%20People%20with%20LD%20PD%20and%20MH%20Needs.pdf>

Update on Care Homes contracts for people with a learning disability, people with a physical disability and people with mental health needs

<https://democracy.kent.gov.uk/documents/s92295/Item%209%20-%20Update%20on%20Care%20Home%20Contract%20for%20LDPDMH.pdf>

10. Report Author

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

20/00108

For publication

Key decision: Yes

Adoption or significant amendment of major strategies or frameworks

Title of Decision: RESIDENTIAL CARE HOME SERVICES CONTRACT FOR PEOPLE WITH LEARNING DISABILITY, PHYSICAL DISABILITY AND MENTAL HEALTH NEEDS - OPENING OF THE DYNAMIC PURCHASING SYSTEM

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

- a) **APPROVE** the use of the Dynamic Purchasing System to enable new services to join the Residential Care Home Contract for people with a learning disability, people with a physical disability and people with mental health needs, and:
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, included but not limited to entering into and finalising the terms of the contracts or other legal agreement, as necessary to implement the decision.

Reason(s) for decision: The Dynamic Purchasing System is a procurement method designed to be opened periodically to enable new entrants to join, to meet our needs and demand and forms part of the process for the commissioning of Residential Care Home Services for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs. Contracts for these services were awarded under decision number 18/00030, however provision was not made in that decision to allow new services to join the contract. This decision seeks authority to use the Dynamic Purchasing System on a regular basis to ensure the appropriate mechanism is in place to award contracts to new services joining the Residential Care Home Services Contract.

Care homes form part of the services to meet statutory requirement for provision of services across Kent for People with a Learning Disability, People with a Physical Disability and People with Mental Health Needs. This provision relates to Strategic Outcome 2 and 3.

Financial Implications: The Dynamic Purchasing System is a procurement method to allow new entrants to join the contract. It is estimated that costs for services joining the Residential Care Home Services Contract through the Dynamic Purchasing System will be the same as previously reported and in line with the current overall value of the contract. Current contract arrangements are for a minimum of 4 years with 2 x 2year extensions. The total value of the 4-year contract is approximately £412m.

Legal Implications: New services joining the contract will be assessed in line with current Public Contract Regulations 2015 and therefore there is a low risk of legal challenge.

Equalities implications: The Equality Impact Assessment has been updated with the changes

proposed and can be fully considered.

Data Protection implications: A Data Protection Impact Assessment has been developed and will be updated as the work to deliver the new contracts is progressed.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 25 November 2020 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

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

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signed

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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 – 25 November 2020

Subject: **LOCAL ACCOUNT FOR ADULT SOCIAL CARE (JANUARY 2020 TO AUGUST 2020)**

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care Directorate Management Team – 18 November 2020

Future Pathway of Paper: None

Electoral Division: All

Summary: This report provides Adult Social Care Cabinet Committee with an update on the development of the Local Account for Adult Social Care (January 2020 – August 2020). The report summarises involvement and engagement activities undertaken across Adult Social Care, highlights partnership working during the pandemic and outlines how public engagement feedback from these activities has informed the development/content of the Local Account for 2020.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** the Local Account document– ‘Here for you, how did we do?’ (January 2020 – August 2020) (attached at Appendix 1) and **ENDORSE** this as the final version.

1. Introduction

- 1.1 Adult Social Care at both a local and national level is currently being delivered against a backdrop of ongoing challenging financial constraint, a population that is living longer with associated increasing complex care needs and people wanting better quality and choice in the services they use.
- 1.2 There are also huge challenges from the Covid-19 pandemic and its impact on our lives and work. This has highlighted the importance on councils to work collaboratively and innovatively to improve performance and outcomes for people and to deliver joint services with the NHS and other partners.
- 1.3 The Local Account, ‘**Here for you, how did we do?’ January 2020 – August 2020**, summarises the achievements, improvements and challenges faced by Kent Adult Social Care during 2020. It also provides an update in response to

the Covid-19 pandemic, highlighting the hard work and dedication of our teams and the resilience of our partners and communities.

- 1.4 It is an important way in which people can challenge and hold us to account and this is the ninth year that it has been developed in partnership with people who use our services, their carers, voluntary organisations and service providers as well as members, district councils and our staff.

2. Development of the Local Account

- 2.1 An ongoing challenge for the council is to ensure that the people we support continue to be at the centre of the care they receive. An essential element of this is to actively engage with people we support, their carers, our partners in health, our wider social care market of voluntary and private sector providers and borough and district councils.
- 2.2 We know that quality care matters to people and there is a strong link between effective engagement/involvement and 'Think Local, Act Personal (TLAP)', the 'Making it Real' agenda and sector-led improvement focused on enabling people to have more choice and control to live full and independent lives and achieve outcomes that are important to them.
- 2.3 We also need to ensure that we continue to deliver cost effective adult social care services that enable people to stay as independent as they can in line with our strategy for adult social care: "Your Life, Your Wellbeing", our strategic statement – "Increasing Opportunities, Improving Outcomes" and which meet the statutory requirements of the Care Act.
- 2.4 Whilst ongoing engagement activity is carried out across the Adult Social Care and Health Directorate, the development of the Local Account provides further opportunity for us to listen to, work with and act on what people are telling us about their experiences of social care.
- 2.5 This will enable us to continue to work collaboratively with people in Kent to deliver a sustainable model of adult social care now and for the future.

3. Engagement Activity to inform the Local Account

- 3.1 There are several effective forums, boards, and partnerships already in place across the Adult Social Care and Health Directorate and work has been undertaken to gain insights from these groups to inform the Local Account.
- 3.2 The easy read version of the Local Account from last year was posted on the Kent Learning Disability Partnership website together with an easy read cover letter and tailored commentary to encourage additional feedback.
- 3.3 The Local Account was also distributed widely and was sent to all Kent libraries, gateways, clinical commissioning groups, parish councils, to over 600 faith organisations, local clubs and societies and to over 170 patient participation

groups to increase awareness, particularly across the health sector and in local communities.

- 3.4 There are several forums and groups in Kent that support and provide a voice for people that may access social care and links to these have continued to be developed. Presentations on public involvement and the Local Account have been delivered to carers, the Adult Social Care and Health People's Panel and at Older Persons Forums. The Local Account has also been shared with Healthwatch Kent.
- 3.5 An adult social care engagement database containing over 2,500 active contacts has continued to be developed. All contacts within the database have received a copy of the previous version of the Local Account in the most appropriate format – digital version, easy read, standard edition or plain text requesting peoples' feedback. The database will be utilised again for the current version.
- 3.6 Where possible (and if appropriate), the Local Account has been distributed electronically to increase reach and minimise waste.
- 3.7 The database, which is General Data Protection Regulation (GDPR) compliant, has been used to provide suggested adult social care engagement contacts to help gather insights to inform service developments, to encourage engagement with adult social care/wider surveys and to support consultations.
- 3.8. Contacts have been involved in the promotion of the launch of the Carers' App, participation in a Loneliness and Social Isolation survey during lockdown, participation in a survey ahead of the development of the residential care market positioning statement, adult social care provider contacts for the budget consultation, contacts for the Local Government Association Equality and Diversity peer review, participants in annual health check workshops in conjunction with Learning Disability England and volunteers for stakeholder interview panels.
- 3.9 Ongoing communications to adult social care staff promoting the Local Account and the importance of feedback have been developed, including features in newsletters and regular web-based updates.
- 3.10 An informal briefing for all members of the Adult Social Care Cabinet Committee was held on 13 November 2020.

4. Financial Implications

- 4.1 A key objective when developing the brochure and our wider engagement approach, has been the consideration of how to enhance value for money utilising wherever possible, existing forums or approaches already in place across the Adult Social Care and Health Directorate or working in conjunction with existing partners to maximise reach whilst minimising costs.

4.2 There will be a cost implication in the production and distribution of the Local Account; however, these will be managed within the budget planning forecasts.

5. Legal Implications

5.1 There are no legal implications associated with this report.

6. Equality Implications

6.1 There are no equality implications associated with this report.

7. Future Publication, Distribution and Feedback

7.1 The final document will be ready for publication in late November 2020 and will be distributed as widely as possible to give everyone the chance to read it, challenge our approach, ask questions and feedback their views.

7.2 All contacts within the Adult Social Care engagement database (2,500+) will receive a copy in the most appropriate format – digital version, easy read, standard edition, or plain text requesting their feedback. Where possible (and if appropriate), the Local Account will be distributed electronically except for those that do not have online access, and upon request.

7.3 In light of the Covid-19 pandemic, it will not be possible to distribute hard copies to publicly accessible social care locations, i.e. libraries, gateways, parish councils in the same way as in previous years as these will not all open due to the pandemic.

7.4 There will be a focus on being innovative to address the challenges of reaching more people digitally as well as diverse groups. Alternative routes will be developed to promote and raise awareness of the Local Account which will incorporate the development of an interactive web presence, greater use of social media (Twitter, Facebook) and promotion across linked engagement networks including voluntary and faith organisations and other social groups.

7.5 An easy read version of the Local Account will be developed and posted on the Kent Learning Disability Partnership website together with an easy read cover letter and tailored commentary to encourage feedback.

7.6 There are existing feedback mechanisms in place, including through the Kent County Council website (kent.gov.uk), Twitter, email, post and phone. Feedback from these as well as virtual engagement at forums and other events will continue to be used in the development of the next document.

7.7 People who are accessing adult social care services, carers, the voluntary sector, providers, Members, Healthwatch Kent and staff will continue to be encouraged to play a part in the evaluation and ongoing development of the Local Account.

8. Recommendations

8.1 Recommendation: Adult Social Care Cabinet Committee is asked to **CONSIDER** the Local Account document– ‘Here for you, how did we do?’ (January 2020 – August 2020) (attached at Appendix 1) and **ENDORSE** this as the final version.

9. Background Documents

Increasing Opportunities, Improving Outcomes, Kent County Council’s Strategic Statement 2015-2020

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/increasing-opportunities-improving-outcomes>

Your life, your wellbeing, a vision and strategy for Adult Social Care 2018-2021

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/your-life-your-wellbeing>

Care Act 2014

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/care-act>

Think Local, Act Personal

<https://www.thinklocalactpersonal.org.uk/Browse/ThinkLocalActPersonal/>

Local Account ‘Here for you, how did we do?’ April 2018 - March 2019

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care>

10. Report Author

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Here for you, how did we do?

Local Account for Adult Social Care

Includes
Covid-19
update



Making a difference every day

January 2020 – August 2020

Highlighting the achievements, improvements and challenges of KCC adult social care in Kent.

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Introduction

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



Our ninth local account for 2019-2020, is our summary of achievements, improvements and challenges in adult social care in Kent. We're doing things slightly differently this year as we're including updates in response to the Covid-19 pandemic, highlighting the hard work of our teams and the resilience of our partners and communities. We are making a renewed commitment to promoting equality and diversity - for those we support and importantly, our staff.

But the local account isn't just a way to celebrate the good things, it's an opportunity for us to respond to what you've told us. You've told us that leading a fulfilling life, maintaining your independence and staying in your own home remains important, even when you need extra help. You've also told us that you want your voice to be heard when choosing the right support for you and those close to you.

Over the coming months, we'll be developing a person-centred plan for adult social care. We want to build our strategy with you, to make sure people are at the heart of everything we do, and to shape the best advice, guidance and support that enables people to stay as independent as possible. We want to focus on what people can do, rather than what they can't do. The council cannot achieve this alone. There have been some wonderful examples of partnership working during the pandemic, and we are committed to continue working with our partners in health, voluntary and private organisations and our borough and district council colleagues to put people first.

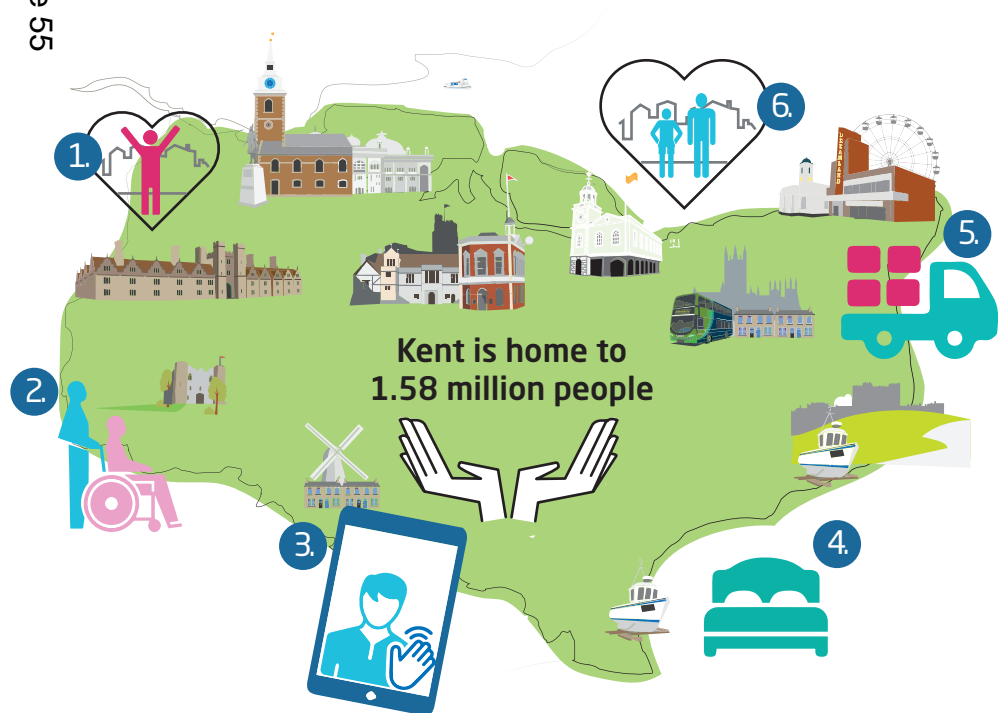
We would like to thank everyone involved in creating our local account, including the people we support, carers, partners and our workforce. We will continue to actively involve people in Kent to build a sustainable service for the future.

Kent and its people

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

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

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Key Facts

In the final months of 2019/20 and during the first part of 2020/21, we were finding new ways of working during the Coronavirus pandemic.

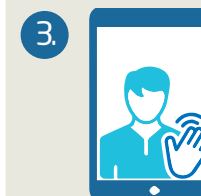
We carefully monitored any changes in the experiences of people accessing community, residential and nursing services and worked hard to maintain the support given to the people who needed it most.



In the first quarter of 2020, **1,200** people received enablement services and **61%** no longer needed support after the service.



28% of people arrange their own support with a direct payment, consistent with national figures.



Over **800** people, friends, family and care and support workers were connected by Kara carephones (pg12).



The proportion of KCC clients in residential or nursing homes with a CQC rating of Good or Outstanding increased to **76%**.



38,419 Covid-safe visits were made by Integrated Community Equipment Services to support people's independence at home.



Adults with a learning disability in their own home in Kent is **70%**, below the national benchmark of **77%**.

What we do

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

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

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

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Making contact

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

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

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



Find out more at: kentgov.uk/careandsupport

How we do it

The example stories below aim to illustrate common journeys in social care and how people can be enabled to live a life focused on what's important to them.

Abdul, staying healthy and connected



- Community services
- Occupational therapy
- Enablement
- Blue Badge

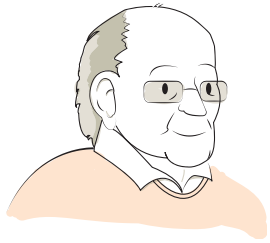
I'm an IT professional and an active member of the community. I volunteered with Kent Together to contact people who are feeling isolated during the pandemic and link them up with charities who could help. I'd like to keep doing this if I can.

I have regular hospital visits to monitor my health as I have a physical disability as a result of a serious accident, that means I need regular checks.

My consultant referred me to social care so that I can choose the best support for me to stay in my own home, as I need help with preparing meals and shopping.

I pay for my own care and I have been visited by the KEaH service who helped me to adapt my home with the support of the occupational therapy team. Now I can regain some freedom and get back to the things I love.

Bill, getting out and getting on



- Sensory Services
- Carers support
- Community support
- Kara carephone.

I was happily married for 40 years to my wife Valerie and we loved visiting historic places together and socialising with our friends. I have a hidden disability – my sight and hearing has been affected, so Val was also my carer.

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I lost her a year ago and it's been lonely and isolating for me as I miss her so much, and I can't go out without support to take my mind off things. I visited my GP and he referred me to the KCC adult social care team.

They listened to what I wanted to achieve and talked me through what support I could have, and now the Sensory Services Team are in touch with me.

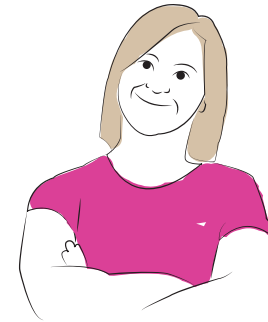
They follow up with me regularly and were at the end of the phone during the Covid lockdown in case I needed support to access any essential shopping or help to get to my medical appointments.

I've just been given a Kara tablet that helps me to stay connected and get in touch with my GP if I need to.



Find out more at: kentgov.uk/careandsupport

Lizzie, moving on and moving up



- Transition support
- Supported accommodation
- Kent Enablement and Recovery Service
- Direct payments.

I love my life, my independence and I especially enjoy music and the arts. I'm 25, so have just moved from a young person's foster care placement to a shared house with other adults my own age.

I trust them, but I'm not completely settled and I've just started a new college course. Because of my learning disability, I can feel anxious about talking to new people on my course and to my new tutors.

My social workers put me in touch with The Kent Enablement and Recovery Service who are helping me to build my confidence in new situations, and I've joined a young people's support group in my community to meet people and expand my horizons.

I have asked to be set up with direct payments, so that I can choose the best option for me – this includes getting help through online support groups.



Find out more at: kentgov.uk/careandsupport

New



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How did we do?

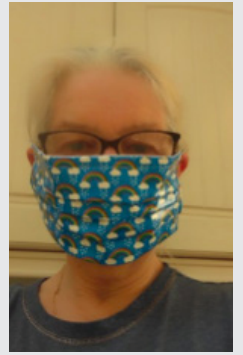
Our performance and response to Covid 19

This part of our report tells you about just some of our services, what they do and how they've done over the last few months.

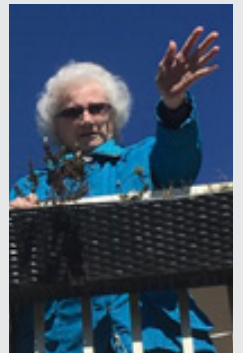
Our Community Day Services buildings may have been closed but they carried on with daily phone calls to attendees, support with shopping or collecting medication and online interactive sessions including art sessions, gardening, music and virtual tours utilising Whatsapp and Facebook. The teams also made videos to share.

When the pandemic started, we didn't know how long it would last or how we could help. Our frontline and support teams across Adult Social Care adapted and pulled together to help the people who use our services through this difficult time.

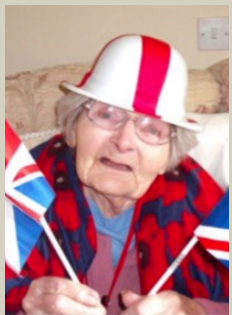
At our Older People's Short Stay services across the county, activities took place to keep spirits up including celebrations around VE day and much more.



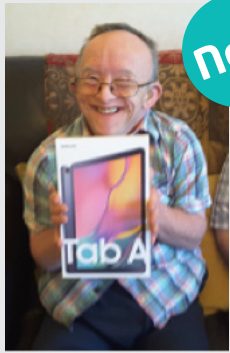
Occupational therapists made face coverings, aprons and washable coveralls for staff and the people we support.



Older People's Services ran socially distanced visits for Mother's Day so people could still see loved ones - at a safe distance.



Above artwork from our autism clients and left VE Day celebrations at our older people's centre.



New

Kara Carephone service - keeping people in touch

Everyone has been impacted by the Covid-19 pandemic in some way. It was essential that we continued to offer care and support to the people we work with whilst protecting each other from the virus.

We have been working with Alcove and RETHINK Partners to launch the Kara service as part of our response during national Coronavirus restrictions. We have started rolling out video carephones to many of our residents to enable us and care providers to continue to deliver elements of care and support to residents remotely.

The video carephone allows a person to stay in touch with care workers, family members and other approved services through a video call. Only approved responders who have access to the system can use it.

The carephone is a tablet device that has a SIM card to make it instantly usable, even for people with little or no WiFi connection.

Over 2,000 devices are being sent out, not only connecting people to their paid care services, but also to three friends or family members to support daily living and social contact.

“I was thrilled' to have the device and it has allowed me to see a long-lost school friend who I haven't met face-to-face for years. I have also managed to get shopping and basic essentials through the Help@home service provided with the device”.

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Update

Keeping people safe and independent during Covid

Our Kent Enablement at Home Service have continued to support people throughout the pandemic to learn or relearn skills, keeping them healthy and independent at home. They have been visiting people's homes, making sure to adhere to the social distancing measures in place and keeping up to date with any changing guidance.

Our Independent Living Services provide the means for people to support themselves in their own home. The service includes home adaptations and equipment, advice and guidance and Blue Badge assessments.

Working with our partners such as Centra Pulse and NRS we have been busy providing Telecare and delivering much needed equipment across Kent. Our County Technician Service have followed all the government advice to be able to continue fitting home adaptations to help them in their day to day lives.

Our Blue Badge Service working with Agylis have been carrying out assessments in new ways to enable people to get out and about safely.



Shared Lives during Covid

We are always looking at different ways we can provide support and the Shared Lives scheme is just one example of how we are transforming the lives of Kent residents.

Similar to fostering, Shared Lives offers eligible people over the age of 16, a safe and supportive placement within a Shared Lives family home.

Jane and Evie's story

Jane (pictured above) is one of our Shared Lives hosts. She grew up in Kenya and described her childhood as modest, but having a huge sense of community. Jane and her husband moved to the UK in the mid-nineties, worked hard and held two or three different jobs each including caring and cleaning roles to bring them to where they are now, able to support others from their own home.

Evie had grown up in war-torn Africa and faced many extreme challenges before being re-united with family in London by the United Nations and subsequently placed in care when she was 14. Due to Evie having a learning disability, the foster placement was transferred to

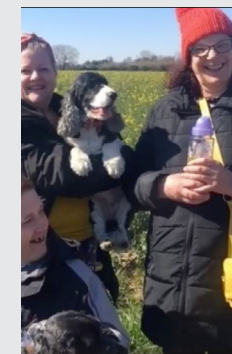
Shared Lives when Evie was 18 and she is now a part of Jane's family.

Over the years, Jane has herself experienced racism, but has faced this by challenging assumptions and continuing to be proud of her many achievements as a black woman living in the UK and by helping others to do the same, including Evie, who has faced prejudice due to her learning disability and ethnicity.

Some other practical challenges have included finding suitable hairdressers and finding activities, education and worship that is culturally appropriate and inclusive for Evie.

Jane is keen to promote, educate and retain her African roots and has run workshops at Quex Park and taken Evie to Kenya, a trip which had many huge benefits for Evie, such as visiting Jane's family and getting involved in vibrant and welcoming community activities.

Kent Shared Lives would like to thank Jane for her amazing contribution and outstanding support for Evie and are keen to promote equality and diversity when recruiting new hosts (carers) for the service, as we all can relate to being with people who share our own culture and beliefs.



Shared Lives hosts came up with ways to keep everyone happy and active during lockdown with online exercise classes, arts and crafts, regular walks in the spring sunshine and even a display of lockdown haircuts - watch the videos online.



Page 61 Sensory and Autism Services - different ways to stay connected

Kent Adult Social Care has its own specialist unit for sensory impaired people (d/Deaf, sight impaired, deafblind) and individuals with an autistic spectrum condition. The unit comprises both in-house teams and commissioned specialist services.

Supporting people during lockdown

We're all missing our friends and social contacts, and for those who use British Sign Language (BSL), it can be even harder to keep in touch. Normally, there would be drop-in sessions at Gateways across the county for people who use BSL to get advice or information, but these are currently on hold.

Instead, Sensory Services have been running online video calls. The service can be accessed in a number of ways including Facetime, Whatsapp and Skype - helping to maintain connections during this time. The services were advertised using Facebook to keep everyone connected.

Carers in Kent – do you look after someone?

We provide a wide range of services to eligible carers, including:

- Kent Carer's Emergency Card
- Short breaks/sitting service
- Short breaks via the Shared Lives service
- Short breaks in a residential setting (including day services)
- Commissioned services such as information, advice and signposting; peer support; one-off support payments; emotional support and training.

In Kent, we have over 150,000 unpaid carers, who provide ongoing and consistent care to someone close to them. Some access support from one of our three carer support strategic partners (Involve, Carers' Support East Kent and Imago).

People who have some caring responsibility for people close to them, may not readily see themselves as a carer and are likely to be juggling multiple family, carer and work priorities on a daily basis. That's where we can support.



Peace of mind with the Kent Carer's Emergency Card

If you have caring responsibilities why not register for this free service. If you are suddenly taken ill or have an accident, anyone with you can call the number on the card and our staff will use the registration number to carry out a pre-arranged emergency plan.



Apply at:
kent.gov.uk/careandsupport

Carer's assessment

If you give unpaid care to someone who is over the age of 18, you can ask for a carer's assessment. The assessment will help to decide what support you need and how much help we can give you.

You can have a carer's assessment even if the person you care for does not get any help from the council, and they will not need to be assessed. You are entitled to ask for one in your own right and you don't need the permission of the person you are caring for to request one.

You can also request a combined assessment.



You can download the app by searching for Help to Care in the app store on your Apple device, or in Google Play if you have an android device.

Help to Care App

The KCC Design and Learning Centre has been working hard with our NHS partners to support the invaluable work done by carers and care workers through a free mobile app called Help to Care.

Now more than ever, carers and care workers are being recognised as part of our essential workforce and are under enormous pressure to deliver in challenging circumstances.

The app is free to download and use and is designed to help people spot the signs of a problem and find the right information and advice if you are worried about someone's health and well-being.

It includes helpful guides, advice and training videos on common health conditions. There is also an assessment section which helps you to decide if the person is developing a health problem that needs medical help.

Whilst the app does not address Covid-19 directly, it can provide much needed support in these difficult times.



How to arrange a carer's assessment

If you are over 18:

- call or email your local carer organisation
- call us on 03000 41 61 61.

If the person you care for does not live in Kent County Council's area, you should contact the council covering the area where the person lives.

If you are under 18, contact Kent Young Carers for an assessment.



Find out more at:
kent.gov.uk/carerandsupport



Page 63 Supporting Mental Health and Well-being

Our mental health is as important as our physical health, and it can be affected at any time in our lives. For most people experiencing the effects of mental ill-health, the first place to get help is your doctor (GP), who will be able to tell you about appropriate services or refer you to other professionals.

Some people need more intensive support. Most of these services are provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT) who provide secondary mental health services and support including:

- community mental health
- crisis resolution
- telephone support.

Other services are provided by independent providers, voluntary services and support organisations.



Doc Ready

To support people with their mental health, this free online service helps you get ready for your first visit to a doctor to talk about your mental health. Visit kent.gov.uk and search 'Mental Health'.

Live Well Kent

Delivered on behalf of KCC and the NHS by the charities Porchlight and The Shaw Trust, this online service promotes better well-being and mental health for people in Kent and Medway, helping people connect with support in their local communities. It is a free service for anyone over 17 aiming to:

- aid recovery and prevent relapse
- reduce the stigma associated with mental illness
- connect people with their communities.

For information: www.livewellkent.org.uk

For referrals: call 0800 567 7699 or email info@livewellkent.org.uk

Kent Enablement and Recovery Service (KERS)

Working with people experiencing mental ill health over a short period of time (up to 12 weeks), this service helps maximise people's well-being and quality of life in a way that suits them.

KERS links up with community services to support people to:

- access community groups, activities and organisations
- regain confidence to use public transport and get out and about
- manage uncomfortable social situations
- independently manage their finances
- gain confidence with training, education or work-related activities
- access housing and benefit advice.



Visit www.kent.gov.uk and search 'Kent Enablement and Recovery Service'





With you

Your voice does make a difference

We are always looking at innovative ways to improve our services, respond to change and work with and listen to the people of Kent. We also work with many other organisations to deliver the best outcomes for people.

We need to work with you to do this. We want you to tell us how things have been so we can learn from your experiences and we want you to help us to shape things going forward.

You may have experiences you can share with us because you have used adult social care services, you might be caring for someone who needs some extra support or you might just want to get involved because you have some good ideas on how we can do things differently.



Join us! email: makingadifference@kent.gov.uk

Why not sign up to get involved to help us shape what we do. You can join one of our smaller groups or our larger virtual involvement group, take part in upcoming surveys, be part of one of our interview panels or get involved in new innovations and other virtual opportunities in adult social care.



People's Panel earlier this year

How much or how little you get involved with will always be your choice so if you are interested in helping to shape what adult social care does, please do get in touch by emailing us at makingadifference@kent.gov.uk

Adult Social Care People's Panel - the panel meet five times a year to give their views on a range of ideas or innovations across adult social care. They have helped to shape the recently developed carer's app, taken part in workshops and got involved in social care research.

Adult Social Care Surveys - our People's Panel, wider virtual involvement group and others took part in our Loneliness survey to help us understand not only how many people in Kent are or have experienced loneliness, but also what has helped them during this time. Everyone's experience is different and 262 people responded to our survey helping us to gain an understanding of these experiences.

Our **Kent Learning Disability Partnership Board** meet four times a year (usually in person, but recently online) and has smaller meetings about subjects such as good health and keeping safe. It looks at the main issues affecting the lives of people with learning disabilities. It is a great place to gain the views of people with learning disabilities, carers, supporters and groups we work with.

You're hired! Helping us to build a trusted team

We want to make sure that all the people we employ have the right experience, the right values and suit the roles available. This means that people working in our teams should be able to relate to the people that we support. When we were choosing our new directors in adult social care, we invited people who had experience of our services to interview all the short-listed candidates, asking questions that were important to them. Each volunteer was guided through the process and given help and training to make sure they felt prepared on the day of the interviews.

If you or someone you know would like to volunteer for similar activities, you can get in touch by emailing us at makingadifference@kent.gov.uk



#KentTogether
Helping your community, helping you

Kent Together

Kent Together Practical support for you during Covid. Many people will have family, friends and neighbours that can help them, but where that's not an option, we are working with the government, local councils, the voluntary and community sectors and the NHS to make sure people receive the help they need. If you are self-isolating or have underlying health conditions that mean you are unable to get what you need, you can contact Kent Together.

If you're unable to use our online form, call our helpline on 03000 41 92 92 (text relay 18001 03000 41 92 92). Deaf British Sign Language users can text our Sensory Services team on 07920 154 315 for help making a request.

 www.kent.gov.uk/kenttogether

Volunteering

We know that many of you would like to offer your help to others in your community. Some borough councils are still looking for volunteers. Visit your local council website to get involved or search #KentTogether online.



Join us! email: makingadifference@kent.gov.uk

Get in touch

Telephone our contact centre

For non-urgent telephone calls, please contact us Monday to Friday between 8.30am and 5.00pm.

The contact centre is based in Maidstone and is open for business 24 hours a day, 7 days a week.

Telephone: 03000 41 61 61

Text relay

A text relay service is available for Deaf, hard of hearing and speech impaired customers and is available 24 hours a day, 7 days a week.

Text Relay: 18001 03000 41 61 61

Out of hours service

Not every crisis occurs during office hours. Kent and Medway Social Services provide for these times with our out of hours service that can offer advice, support and help to ensure that vulnerable people are not left at risk.

Telephone 03000 41 91 91

Calls from landlines are typically charged between 2p and 10p per minute; calls from mobile typically cost between 10p and 40p per minute.

Email and website

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

Email: social.services@kent.gov.uk or see our website at:
www.kent.gov.uk/careandsupport

For more information on the Local Account

email: kentlocalaccount@kent.gov.uk

Find our more on www.kent.gov.uk and search 'local account'.

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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 – 25 November 2020

Subject: **DECISIONS TAKEN OUTSIDE OF THE CABINET COMMITTEE MEETING CYCLE**

Classification: Unrestricted

FOR INFORMATION ONLY

Summary: The attached decision was taken between meetings as they could not reasonably be deferred to the next programmed meeting of the Adult Social Care Cabinet Committee for the reason set out below.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** that the following decision has been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution:

20/00106 - Infection Control Fund

1. Introduction

- 1.1 In accordance with the council's governance arrangements, all significant or Key Decisions must be listed in the Forward Plan of Key Decisions and should be submitted to the relevant Cabinet Committee for endorsement or recommendation prior to the decision being taken by the Cabinet Member or Cabinet.
- 1.2 For the reason set out below it has not been possible for this decision to be discussed by the Cabinet Committee prior to being taken by the Cabinet Member or Cabinet. Therefore, in accordance with process as set out in Part 2 paragraph 12.35 of the Constitution, the following decision was taken and published to all Members of this Cabinet Committee and the Scrutiny Committee.

2. Decision

- 1.1 On 1 October 2020 the government wrote to Local Authorities announcing that the Adult Social Care Infection Control Fund (first introduced in May 2020) was being extended until 31 March 2021, with an extra £546m of funding. This is a new grant with revised conditions from the original Infection Control Fund.
- 1.2 It is expected the grant will be fully spent on infection control measures (as outlined in the grant determination letter) by 31 March 2021. The guidance is clear that 'spent' means that expenditure has been incurred on or before 31 March.
- 1.3 The guidance states that local authorities should prioritise passing on the 'per bed'/'per user' allocation (as outlined below) to care homes and CQC-regulated community care providers (domiciliary care, extra care and supported living) in their geographical area. It is expected, where possible, this will take no longer than 20 working days upon receipt of the funding in a local authority, subject to providers meeting the conditions as stated in the local authority circular (October 2020).
- 1.4 It is unclear at this time whether further Infection Control Funding will become available either before or post 31 March 2021, therefore as part of this decision it is proposed that the Cabinet Member for Adult Social Care and Public Health, also agrees to accept any future additional Infection Control Funding should it become available which will be allocated in line with the guidance and terms and conditions issued by government.

3. Recommendation

3.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** that the following decision has been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution:

20/00106 - Infection Control Fund

4. Background documents

20/00106 - Infection Control Fund

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2413>

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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 – 25 November 2020

Subject: **Adult Social Care – Winter Pressures Plan 2020/2021**

Classification: Unrestricted

Past Pathway of report: Adult Social Care and Health Directorate Management Team – 18 November 2020

Future Pathway of report: N/A

Electoral Division: All

Summary: On Friday 18 September 2020, the Department of Health and Social Care (DHSC) published the 'Adult social care: our COVID-19 winter plan 2020 to 2021'. The plan set out the key elements of national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers; including in the voluntary and community sector.

This report provides a summary of the actions on all key activities in place to prepare the Adult Social Care and Health Directorate for winter and the expected surge in COVID-19.

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

1. Introduction

- 1.1 On Friday 18 September 2020, the Department of Health and Social Care (DHSC) published the 'Adult social care: our COVID-19 winter plan 2020 to 2021'. The plan set out the key elements of national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers; including in the voluntary and community sector.
- 1.2 The Adult Social Care and Health Directorate has incorporated the DHSC paper actions into pre-existing winter preparations and developed the Adult Social Care Winter Pressure Plan 2020/2021 (attached as Appendix A).

1.3 The purpose of the 'Adult Social Care Winter Pressure Plan 2020-2021' is to provide a clear and concise summary on all the key activities in place, as the directorate prepares for winter and an expected surge in COVID-19. This plan will be kept under review during winter and updated as appropriate as arrangements are firmed up. The effectiveness of this plan will be reviewed after winter to ensure that lessons learned are built into future plans.

2. Adult Social Care Winter Pressure Plan 2020/2021

2.1 The main elements of the Adult Social Care Winter Pressure Plan 2020/2021 are:

- Adult Social Care Action Plan for the Department of Health and Social Care (DHSC): COVID-19 winter plan
- Operational Pressures Escalation Plan (OPEP)
- Hospital Discharge Pathway Programme
- Demand and Capacity Plan for winter 2020
- COVID-19 Response and Recovery – Kent County Council Adult Social Care Infection Control Fund.

2.2 Adult Social Care Action Plan for the DHSC~: COVID 19 winter plan

2.2.1 The plan sets out the key actions that all relevant organisations, including local authorities, need to take to ensure that high-quality safe and timely care is provided to everyone who needs it, whilst protecting people who need care, their carers and the social care workforce from COVID-19.

2.2.2 The Adult Social Care and Health Directorate has adopted the plan and has put the following five themes into action:

1. Preventing and controlling the spread of infection in care settings
2. Collaborating across health and social care services
3. Technology and digital support
4. Supporting people who receive social care, the workforce and carers
5. Supporting the whole system

2.3 Operational Pressures Escalation Plan (OPEP)

2.3.1 The OPEP ensures the Adult Social Care and Health Directorate responds appropriately to surges in demand across the Kent and Medway Health and Social Care System.

2.4 Hospital Discharge Pathway

2.4.1 This activity aims to deliver the following key deliverables, which will support the health and social care system to embed the Discharge to Assess approach:

- Maximising innovation to support 'Home First'
- Single point of access and triage
- Effective Integrated Multi-Disciplinary Teams (MDT)
- Trusted Assessor
- Dementia Pathway

2.5 Demand and Capacity Plan for winter 2020

2.51 The Demand and Capacity Plan for winter aims to:

- Forecast the likely demand over the winter, including scenario planning for COVID-19 second wave, identifying possible gaps and determining what additional capacity is required to manage likely demand
- Analysing the likely operational impact of additional demand and setting out operational staffing requirements to manage the likely demand
- Identify and commission additional schemes to ensure there is sufficient capacity to manage the likely demand, with a focus on supporting people back to their own homes

2.6 COVID-19 Response and Recovery – Kent County Council Adult Social Care Infection Control Fund

2.61 The continuation of the Infection Control Fund, with an additional £546 million being allocated to support care providers to take additional steps to tackle the spread of COVID-19.

2.7 Further detail on the measures in place to deliver the above is set out in the Adult Social Care Winter Pressure Plan 2020/2021 attached as Appendix A to this report.

3. Winter Pressure Funding 2020/2021

3.1 KCC receives Winter Pressures funding of £6.1m, £1.4m of which is used to support on-going schemes, leaving £4.7m to fund 2020/21 winter pressures.

3.2 The proposals for additional in-house staffing costs, to meet demand in winter 2020/2021 total £540,286.

3.3 Remaining funding will be used to fund additional activity costs, associated with the likely increase in overall activity, which is expected to include new and additional support for residents resulting from hospital admissions as well as new community support to prevent hospital admissions.

3.4 Central Government has also made national funding of £588m available to Clinical Commissioning Groups nationally to support the implementation of Discharge to Assess. Discussions are taking place with the Clinical Commissioning Group to agree the schemes that will be funded through this scheme.

3.5 Further detail on the Winter Pressure Funding is set out in the Adult Social Care Winter Pressure Plan, appended to this report.

4. Recommendation.

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** and **CONSIDER** the content of the report.

5. Background Documents

Department of Health and Social Care Winter Plan 2020/2021

<https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

6. Report Author

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Adult Social Care & Health

Winter Pressure Plan 2020-21

Author: Chris McKenzie

Owner: Richard Smith

Version No: 1.5

Purpose:

The winter pressure plan describes the actions on all the key activities in place, as the Directorate prepares for winter and an expected surge in COVID-19.

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
Draft 0.1	06.10.20	Populated the document with initial information gathered from winter plan workshops.	Darren Avery
Draft 0.2	07.10.20	Updated with additional information gathered.	Darren Avery
Draft 0.3	12.10.20	Content has been updated based on Winter Pressure group meeting (09.10.20). First draft submitted to Paula Parker for review.	Darren Avery
Draft 0.4	13.10.20	Includes updated information from SC Analytics as well as an update on the Infection Control Fund.	Darren Avery
Draft 0.5	15.10.20	Document updated based on Paula Parker's comments plus additional information from key stakeholders.	Darren Avery
Draft 0.6	27.10.20	Updated with additional information regarding planned Strategic Commissioning activity and ASC resilience planning. Final appendices included.	Elizabeth Blockley
Draft 0.7	27.10.20	Updated Appendix E – Strategic Commissioning Actions for Providers.	Elizabeth Blockley
Draft 0.8	27.10.20	Updated Appendix - ASC Directorate Action Plan for the DHSC: COVID-19 winter plan.	Elizabeth Blockley
Draft 0.9	02.11.20	Updated based on feedback from DMT.	Elizabeth Blockley

Version	Date Issued	Brief Summary of Change	Owner's Name
Draft 1.0	05.11.20	Updated Appendix C – Hospital Discharge Pathway: October Communications	Elizabeth Blockley
Draft 1.1	05.11.20	Updated Appendix - ASC Directorate Action Plan for the DHSC: COVID-19 winter plan	Elizabeth Blockley
Draft 1.2	06.11.20	Updated Section 1.1.4 with additional information regarding Live in Care model.	Elizabeth Blockley
Draft 1.3	06.11.20	Updated Section 2 in line with guidance from Finance.	Elizabeth Blockley
Draft 1.4	09.11.20	Removed original Appendix – ASC Directorate Action Plan for the DHSC: COVID-19 winter plan in line with agreement from Assistant Director.	Elizabeth Blockley
Draft 1.5	13.11.20	Amendments to Appendices D and E.	Elizabeth Blockley

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1 Introduction

On Friday 18 September 2020, the Department of Health and Social Care (DHSC) published the ‘Adult social care: our COVID-19 winter plan 2020 to 2021’¹. The plan set out the key elements of national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers; including in the voluntary and community sector. The ASC Directorate have incorporated the DHSC paper actions into pre-existing winter preparations, in order to ensure that high-quality, safe and timely support is provided to everyone who needs it, whilst protecting the people who need support, their carers and the social care workforce from COVID-19.

The purpose of the ‘ASC Winter Pressure Plan 2020-21’ is to provide a clear and concise summary on all the key activities in place, as the Directorate prepares for winter and an expected surge in COVID-19. The main elements of the plan have been outlined in the table below. This plan will be kept under review during winter and updated as appropriate as arrangements are firmed up. The effectiveness of this plan will be reviewed after winter to ensure that lessons learned are built into future plans.

Item	Activity Title	Description	Activity Lead(s)
1	ASC Directorate Action Plan for the DHSC: COVID-19 winter plan	The ‘Action Plan’ ensures that the ASC Directorate can provide a local response and evidence how each of the different action points within the DHSC winter plan are being implemented. The ‘Action Plan’ can be broken down into the following Five Themes: <ol style="list-style-type: none"> 1. Preventing and controlling the spread of Infection in care settings 2. Collaborating across health and care services 3. Technology and digital support 4. Supporting people who receive social care, the workforce, and carers 5. Supporting the system 	John Callaghan Paul Bufford
2	Operational Pressures Escalation Plan	The OPEP ensures the ASC Directorate responds appropriately to surges in demand across the Kent and Medway Health and Social Care System.	John Callaghan Paul Bufford Jacqui West
3	Hospital Discharge Pathway	This activity aims to deliver the following: <ul style="list-style-type: none"> • Maximising innovation to support ‘Home First’ • Single point of access and triage • Effective Integrated Multi-Disciplinary Team (MDT) • Trusted Assessor • Dementia Pathway 	Chris McKenzie
4	Demand and Capacity Plan for winter 2020	The Demand and Capacity Plan for winter aims to: <ul style="list-style-type: none"> • Forecast the likely demand over the winter, including scenario planning for COVID-19 second wave, identifying possible gaps, and determining what additional capacity is required to manage likely demand • Analysing the likely operational impact of additional demand and setting out plans for additional staffing to manage the likely demand. • Identify the financial resources required to fund additional capacity and operational costs and how this will be funded. 	Rachel Kennard Craig Merchant Vernon Nosal
5	COVID-19 Response & Recovery – KCC ASC Infection Control Fund	The continuation of the Infection Control Fund, with an additional £546 million being allocated ‘to support providers to stop all but essential movement of staff between care homes to prevent the spread of infection’ – including payment of staff who need to self-isolate.	Clare Maynard

Table 1: ASC Winter Pressure Plan 2020-21

¹ <https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

1.1 Components of the Winter Pressure Plan 2020-21: Detail

1.1.1 ASC Directorate Action Plan for the DHSC: COVID-19 winter plan

On Friday 18 September 2020, the Department of Health & Social Care set out the key elements of national support in the Adult social care COVID-19 winter plan 2020 to 2021. The plan outlines the continual provision of essential resources, evidence, and high-quality data to empower local leadership. Adult Social Care & Health at Kent County Council adopted the plan and have put the following five themes into action:

1. Preventing and controlling the spread of Infection in care settings
2. Collaborating across health and care services
3. Technology and digital support
4. Supporting people who receive social care, the workforce, and carers
5. Supporting the system

Preventing and controlling the spread of Infection in care settings

The Directorate is managing staff movement where possible to minimise the risk of COVID-19 infection and other viral illnesses, including flu. Senior Commissioners regularly discuss guidance on redeploying staff and their movements with providers at the Care Home Hub Cell. The Directorate also produces and circulates a regular 'Provider Newsletter' which contains the relevant guidance produced by DHSC and Public Health England (PHE); including directions to local vaccination venues.

The work programme described in section [1.1.6](#) includes the development of the weekly SitRep to support decision making, which would include Care Home Tracker data, to identify and act on emerging concerns regarding staff movement between care settings. The weekly SitRep also highlights any PPE shortages to the Divisional Management Team (DMT) as well as multi-agency COP to the Local Resilience Forum / Ministry of Housing, Communities and Local Government.

The Skills for Care team are working alongside the Design and Learning Centre (DLC) team to support care homes to carry out learning reviews after each outbreak; identifying sharing any lessons learned at a local, regional, and national level.

Collaboration across health and care services

Senior Commissioners are working with the Strategic Commissioning Analytics team and the ASC Performance team to establish the requirements for winter 2020-21, to prevent avoidable admissions and jointly commission support packages for those who have been discharged from NHS settings (see section [1.1.4](#) for more details). The Continuing Health Care (CHC) reset is being progressed with all partners

countywide. CHC assessments have recommenced in accordance with the guidance (which includes setting up and attending Multi-Disciplinary Team (MDT) panels). Recruitment will take place for an additional 12 social workers to support the backlog of CHC and social care assessments.

Technology and digital support

The Kent and Medway Winter Operating Model (see *Appendix B*) is an operational document which articulates the whole system, multi-agency surge management and escalation plans for the Kent and Medway system during the winter period; specifically Monday 2nd December 2020 to Monday 5th April 2021 but will be operational prior to this. The document confirms that all care homes have been aligned to a Primary Care Network (PCN) and ensures the delivery of the Enhanced Health in Care Homes (EHCH) service requirements.

The document covers how Clinical Commissioning Groups (CCG's) will continue to support all care providers in their local areas to enable collaboration tools and remote consultations for people receiving social care in all settings. It also outlines how CCG's will take a risk-based approach to routine admissions for elective care advise patients about appropriate testing and / or isolation requirements pre-admission.

Supporting people who receive social care, the workforce, and carers

Respite support continue and where day centres are closed, other options are explored on a case by case basis, to identify alternative arrangements that meet the individuals identified needs.

The Voluntary Care Sector (VCS) continue to be supported by ASC, to enable the delivery of COVID secure services. The larger VCS organisations have already linked into PCN and District networks to support provision across local geographies.

The DLC are working alongside the lead from 'Skills for Care' to promote the use of the free induction training offer to providers.

Supporting the System

Market Position Statements (MPS) are being updated to support and develop the market accordingly. Market 'shaping' means the local authority collaborating closely with other relevant partners, including people with care and support needs, to encourage and facilitate the whole market in its areas for care, support and related services. The five MPS will make the Directorate's intentions explicit regarding the services we require, including how they will be funded and performance managed; allowing providers the opportunity to adapt. The MPS's will clearly communicate the

Directorates direction of travel, the expectations, and the promises to current and future providers. The Market Position Statements will cover the following five areas:

- Wellbeing & Prevention
- Support for Carers
- Discharge
- Care & Support in Your Home
- Accommodation with Care & Support

Strategic Commissioning (SC) will continue with the current oversight processes and feedback loops (at a local, regional, and national level) by engaging with the Care Home Hubs, the ADASS and the South East (SE) Ageing Well network. SC will also continue to champion the Capacity Tracker and Care Quality Commission (CQC) community care survey, with specific focus on promoting their importance as a source of data to local providers and commissioners.

The Adult Social Care Directorate Business & Planning team produced a full and detailed action plan to provide assurance of resilience planning to the Department of Health and Social Care. The ASC Directorate Action Plan for the DHSC: COVID-19 Winter Plan was approved by DMT in October 2020 and will continue to be monitored throughout winter 2020-21.

1.1.2 Operational Pressures Escalation Plan (OPEP)

The Operational Pressures Escalation Plan (see *Appendix A*) ensures the ASC Directorate responds appropriately to surges in demand across the Kent and Medway Health and Social Care System. The objectives of the OPEP are as follows:

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

The ASC Business and Planning Team have co-ordinated an update of the current Directorate's Operational Pressures Escalation Plan against the backdrop of COVID-19 Hospital Discharge Service Requirement and Hospital Discharge Service: Policy and Operating Model (see section [1.1.3](#) for more details). The OPEP also addresses

the Social Care Sector COVID-19 Support Taskforce recommendations², published on 18 September 2020 and the government's ambitions for the sector regarding safe discharge from NHS settings and preventing avoidable admissions.

1.1.3 Hospital Discharge Pathways

Chris McKenzie (Director of Adult Social Care for North and West Kent) has been identified as KCC’s Executive Lead along with Oena Windibank, Executive lead Kent and Medway CCG, and Pauline Butterworth, Executive Lead for Kent Health Care Foundation Trust (KCHFT). The leads are jointly responsible for the implementation of recommendations from the recent review of discharge arrangements in Kent. Five phase 1 deliverables have been identified for implementation and these are shown below. Discharge to Assess arrangements are already in place across the County in line with the national Discharge to Assess policy. These deliverables will further support the system to embed the Discharge to Assess approach, with a greater focus on supporting people back to their own home, resulting in a reduced reliance on short term community beds.

Maximising Innovation to Support ‘Home First’	Explore and implement innovative approaches to maximise the use of ‘Home First’ as the default position following a hospital stay
Single Point of Access and Triage	Implement a single point of access and triage to ensure better decision making that promotes “home first” and reduce duplication or hand-offs
Effective Integrated Multi-Disciplinary Team	Bring teams closer together through integrated multi-disciplinary teams to make better use of the resource available and improve outcomes for users
Trusted Assessor	Reduce the number of assessments a person receives by implementing a trusted assessor model
Dementia Pathway	Design and implement a hospital discharge pathway for people with dementia

Table 2: Discharge Pathway: Five deliverables

The programme of activity will be delivered jointly across organisations to ensure alignment of resources and deliver wraparound support to Kent residents in line with discharge guidance from the Department of Health and Social Care.

1.1.4 Demand and Capacity Plan for winter 2020

² <https://www.gov.uk/government/publications/social-care-sector-covid-19-support-taskforce-report-on-first-phase-of-covid-19-pandemic/social-care-sector-covid-19-support-taskforce-final-report-advice-and-recommendations>

The Strategic Commissioning Analytics team have been exploring ways to inform conversations around potential, future demand for ASC services. Various models have been created from looking at trends over the last four years (pre-COVID) in demand for services (in terms of usage rates per 10,000 population) and population projections, to produce modelled figures for what demand might look like if current trends in usage rates continued (overlaid onto the projected population change).

Several methodological approaches have been explored, but a recommendation is provided in each case on what is felt to be the most appropriate approach given the framework (i.e. that current trends will continue).

The Strategic Commissioning Analytics team are also investigating the following:

- Forecasting the likely demand over the winter, identifying possible gaps, and determining what the financial impact could be.
- Scenario Planning for COVID-19 second wave and run actual data through modelling to determine likely outcome.

Using the Clinical Commissioning Group data available to them, Strategic Analytics have identified an anticipated increased demand for social care arising from activity in the acute sector during the winter period. The average rate of admissions to acute hospitals was below capacity for the early part of 2020, averaging approximately 70% (or 30% below “usual”). This is now increasing and is predicted to reach a peak of extra demand by up to 20% above “usual” in the lead up to and after Christmas.

Plans to meet the additional anticipated demand in winter 2020-21 are being progressed by Strategic Commissioning. These are:

- To fund up to 60 discharges a week in West Kent under the D2A model, in line with Winter 2019-20 (an increase from 42 discharges a week at present). The additional cost to raise to 60 discharges per week is £251,305 for the remainder of the 2020-21 financial year. Additional discharges will run until 31 March 2021.
- The implementation of Sustainability Blocks in MSOAs where there is no dominant contracted provider. Block contracts would be put in place in these areas, enabling providers to recruit staff via a block contract and create latent capacity.
- The implementation of Flow Blocks in cluster areas where non-contracted providers are currently being utilised. This will create latent capacity across whole clusters and will work hand in hand with Sustainability Blocks to strengthen the framework market.
- Both Sustainability Blocks and Flow Blocks will require guaranteed hours to be paid to providers. Both block types would have a proportion of the clients costed at the price of the package of care under the contract so would not be seen as an ‘extra cost’ however any percentage of the block being latent

would have a cost impact which needs to be closely monitored. An illustration of the potential cost suggested that six months usage of Sustainability and Flow blocks could be associated to a cost of approximately £350,000.

- The implementation of a Live in Care model. Currently there is not a specific 'live in' care model in place and instead round-the-clock support is provided under Care and Support in the Home and Supported Living contracts. Health and social care colleagues agree that a live in model would better support people with a high level of need. Sixteen weeks of support for 30 clients at an approximate cost of £1,000 per week would total £480,000.

Strategic Commissioning will also implement the directive from the Department of Health and Social Care to identify designated settings for COVID positive discharges. Designated settings will be nominated by the Local Authority and will have passed an Infection Prevention and Control inspection by the Care Quality Commission. These settings will use a separate staff team and zoning to deliver the care for COVID positive discharges for the remainder of their required isolation period. Once settings are approved by the Care Quality Commission, payment, contracts and implementation of COVID positive settings will be managed by Strategic Commissioning.

Winter planning actions across the Directorate have identified a number of staffing requirements to meet the anticipated demands of winter 2020-21:

County Placement Team

The County Placement Team will be resourced to deliver weekend and bank holiday working to support reduced length of stay in hospital for people medically fit for discharge. The predicted cost of this is £7,786.

Short Term Pathway Team and KEAH

Assessment requirements have increased post September 2020 and it is anticipated that demand will continue to rise over winter. To manage this demand, an additional 15 qualified social workers will be employed to enable care act assessments to be conducted in a timely manner. These workers will be able to be deployed flexibly across Adult Social Care teams based on demand.

The predicted cost of this proposal is £310,800, based on locum workers being employed at a rate of £28 per hour until 31 March 2021.

3 additional Occupational Therapists will be employed to support the delivery of assessments and increase independence for people in their own homes. The predicted cost of this proposal is £77,700 based on locum workers being employed at a rate of £35 per hour until 31 March 2021.

This proposal will support the work being delivered by Strategic Commissioning to deliver Home First by ensuring that people can be discharged to their homes with the right level of care and support in place.

In-House Services

Dedicated Older Persons In-House provision has been identified as COVID positive provision to facilitate hospital discharge where a person no longer requires an acute bed. To facilitate this, there will be a requirement for a higher ratio of staff to patients, additional training and additional medical costs. The estimated cost of this proposal is approximately £100,000.

Area Referral Management Service (ARMS)

The ARMS service is performing to a level within its current accepted tolerance. To ensure this is maintained throughout winter 2020-21, recruitment to all current vacancies will be progressed and it is proposed that additional cover is provided until 31 March 2021. The predicted cost of this proposal is £44,000.

Kent Enablement at Home (KEaH)

To respond to the pandemic through the winter months, the weekly sit-rep will identify pressures within the service. If staff levels within KEaH reduce to below 75%, staff within other functions in the Directorate will be redeployed to support critical functions. If staffing levels reduce to below 50%, the Director and Assistant Director will facilitate sharing of resource across the Directorate to support service delivery. Where a critical major incident occurs, the Business Continuity Plan will be activated.

1.1.5 COVID-19 Response & Recovery – Infection Control Fund

The Department of Health & Social Care published the 'COVID-19: Our Action Plan for Adult Social Care³' on Wednesday 15 April 2020, which set out how the government and other parts of the system are supporting people who receive adult social care, both at home and in other settings, so that the spread of COVID-19 can be controlled in care settings, maintain care for people who need it, and save lives.

On Friday 15 May 2020, the government published the details of a new £600 million adult social care infection control fund to tackle the spread of COVID-19. Under the Infection Control Fund grant condition, local authorities must allocate 75% of the first round of funding straight to care homes within the local authority's geographical area on a 'per beds' basis that met certain criteria. The remaining 25% was allocated at the Councils discretion and the Council worked with the 2 key trade associations, the

³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-plan.pdf

Kent Integrated Care Alliance (KICA) and the National Care Association (NCA), to co-produce how this money could be spent to best effect. The details of the steps taken are set out in the Kent Local Care Homes Support Plan which was published on 29 May 2020. Most of the money was shared amongst community providers who deliver Kent County Council commissioned care hours, namely care and support in the home, supported living and extra care housing. As of 30 September 2020, the Council had passed Round 1 (£18m) of Infection Control funding to 505 Care homes, 233 Domiciliary Care providers and 49 other adult social care providers and services.

On Monday 21 September 2020, the government advised that the Fund was being extended until 31 March 2021, with an extra £546m of funding for Round 2 of the Infection Control Fund. Kent County Council's proportion is £16.6m, half of which was received on Friday 02 October 2020 and comes with revised conditions. In particular, passing 80% of the funding to care providers that meet certain criteria and who are care homes within the local authority's geographical area on a 'per beds' basis and to CQC-regulated community care providers (domiciliary care, extra care and supported living) within the local authority's geographical area on a 'per user' basis. The other 20% of the Round 2 funding must be used to support care providers to take additional steps to tackle the risk of COVID-19 infections but will be allocated at the local authority's discretion. The second instalment is due to be received in December 2020, which will be re-distributed at that time in line with the above.

A project group is set up to administer the Infection Control Fund which includes representation from Portfolio and Project Management, Commissioning, Finance and Legal; and aims to administer the fund and meet the requirements set out by government to pass the funding to care providers as soon as possible and complete regular monitoring and reporting to notify the government on what the fund has been used for.

For the high-level project plan timeframe, please see *Appendix D*.

1.1.6 Other activity to ensure Directorate resilience

The Directorate are also ensuring that multiple, additional activities are in place to remain resilient this winter. Steps have been taken to identify and embed notable practice from the 'response phase' of the first COVID-19 wave into planning for the inevitable wave two. Internal Audit are currently reviewing the Directorate's response and an early draft has highlighted key strengths of the Directorate's response, which can be summarised as follows:

- Extensive business continuity planning
- Increased frequency of the Directorate Resilience Group to act as a crucial channel between operational teams and senior management
- Daily situation reporting

- Quickly highlighting and escalating PPE concerns
- The Directorate's response was well integrated into both the Kent Resilience Forum and KCC response structures

The Directorate will continue to work with internal and external providers, to increase resilience over the coming months. Workstreams have been established to ensure:

- Frequent review of service Business Continuity Plans
- Continuation of Directorate Resilience Group
- Launch of the ASC Incident Management Toolkit (designed to save time, improve decision making and increase transparency)
- Further develop MOSAIC Outage Operational Procedures
- Development of training and exercise package for operating effective and safe response plans
- Continuation and development of Situation Reporting (SitReps) to support decision making.
- Redeployment of resources from the Directorate's Portfolio & Project Management (PPM) Team who convert issues (highlighted by DMT for resolution) into assigned tasks with completion dates.

The ASC Resilience Assurance Report (*Appendix F*) summarises the Directorate's additional preparations for the winter and future challenges.

Strategic Commissioning are also working with Kent's social care providers to deliver actions to ensure their preparedness and resilience for the challenges in winter 2020-21. These actions are based on guidance from the Department of Health and Social Care and will ensure that providers are aware of their duties to prepare for winter and that Strategic Commissioning can provide oversight and assurance of actions being delivered.

2 Winter Pressure Funding 2020-21

KCC receives Winter Pressures funding of £6.1m, £1.4m of which is used to support on-going schemes, leaving £4.7m to fund 2020/21 winter pressures.







The proposals for additional in-house staffing costs to meet demand in winter 2020-21 outlined in Section 1.1.4 total £540,286.

Remaining funding will be used to fund additional activity costs, associated with the likely increase in overall activity identified through the modelling work outlined in section 1.1.4. This increased activity is expected to include new and additional support for residents resulting from hospital admissions, as well as new community support to prevent hospital admissions.

Central government has made national funding of £588m available to Clinical Commissioning Groups nationally to support the implementation of Discharge to Assess and it is anticipated that this funding will be used to fund additional activity that supports the implementation of the new national Discharge to Assess Policy, with a focus on supporting people back to their own home. This includes funding of designated COVID positive settings. Discussions are taking place with the CCG to agree the schemes that will be funded through this including the new arrangements described in section 1.1.4.

3 Appendices

The following section contains all relevant Appendices to the ASC Winter Pressure Plan 2020-21 document.

Appendix Title / Description	Embedded Document
Appendix A – Operational Pressures Escalation Plan	 Operational Pressures Escalation
Appendix B – Kent & Medway Winter Operating Model	 K&M Winter Operating Model 20
Appendix C – Hospital Discharge Pathway: October Communications	 Discharge Pathway Communications - 16
Appendix D – Infection Control Fund: High-level project timeframe	 Infection Control Fund High Level Project
Appendix E – Strategic Commissioning Actions for Providers	 Strategic Commissioning Actions
Appendix F – ASC Resilience Assurance Report	 ASCH Resilience Assurance Report 07

-END-

Adult Social Care and Health

Page 91 Winter Pressure Plan 2020-21

Winter Plan Components

HSC Adult Social Care COVID-19 Winter Plan 2020-21

Adult Social Care Winter Pressure Plan

ASC Directorate
Action Plan for
the DHSC:
COVID-19
Winter Plan

Operational
Pressures
Escalation Plan

Hospital
Discharge
Pathways
Programme

Demand and
Capacity Plan
for Winter 2020

Infection Control
Fund

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ASC Directorate Action Plan for the DHSC

Preventing and controlling the spread of infection in care settings

- Managing staff movement
- Guidance for providers on redeploying staff via the Care Home Hub Cell
- 'Provider Newsletter' containing guidance from DHSC and PHE
- Weekly SitRep including Care Home Tracker data
- PPE shortages identified and escalated
- Skills for Care and Design and Learning Centre delivering learning reviews after outbreaks

Collaborating across health and care services

- Senior Commissioners, Strategic Commissioning Analytics and ASC Performance establishing requirements for Winter 2020-21
- Joint commissioning of support packages for NHS discharges
- Continuing Health Care assessments and Multi-Disciplinary Team panels being delivered
- Recruitment for additional 12 social workers to manage assessment backlog

Technology and digital support

- Kent and Medway Winter Operating Model in place – oversight of whole-system, multi-agency surge management and escalation plans
- Care homes aligned to a Primary Care Network
- Ensures the delivery of Enhanced Health in Care Homes requirements
- Clinical Commissioning Groups will support care providers to collaboration, remote consultations and a risk-based approach to elective care admissions

Supporting people who receive social care, the workforce and carers

- Continuation of respite support
- Case by case support where day centres are closed
- Voluntary Care Sector is supported by ASC to deliver COVID-secure services
- Design and Learning Centre working with Skills for Care to promote induction training to providers

Supporting the system

- Market Position statements updated to support market shaping
- KCC collaborating with partners and people with care and support needs to facilitate the market
- Strategic Commissioning engaging with Care Home Hubs, ADASS and the South East Ageing Well network
- Strategic Commissioning championing the Capacity Tracker and Care Quality Commission community care survey to obtain data

Operational Pressures Escalation Plan (OPEP)

Objectives of the OPEP

Provide information about national operating frameworks and service requirements

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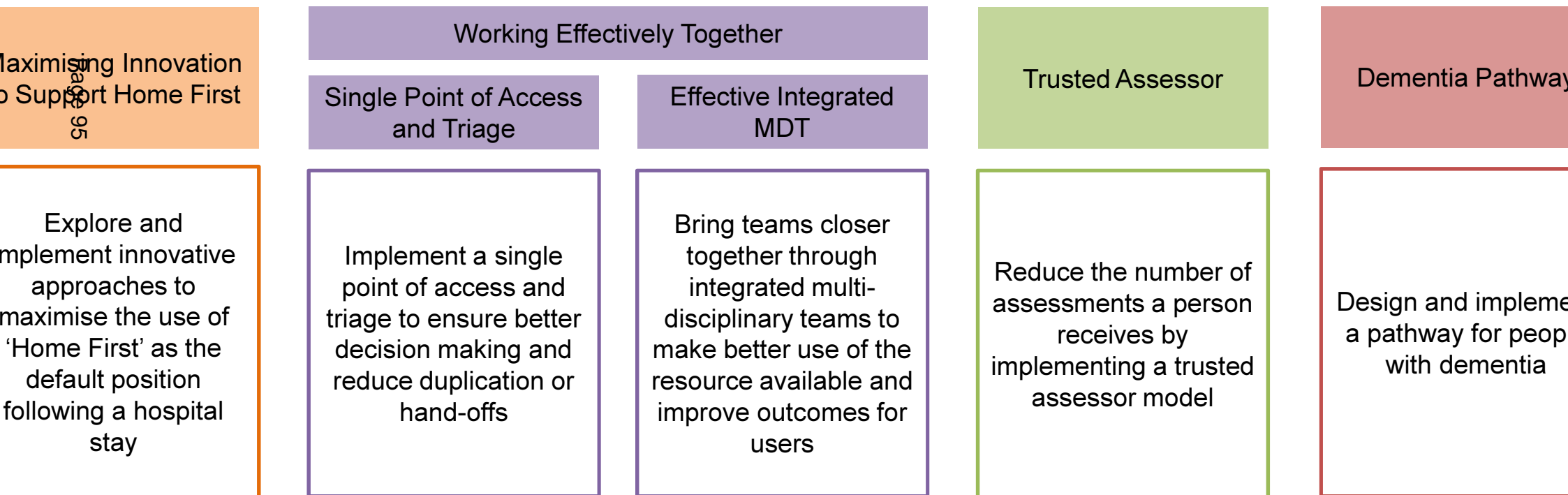
Identify roles and responsibilities for services, teams and individuals

Describe monitoring and reporting arrangements, provide early warning of surge pressures

Outline arrangements for responding to a surge in demand

Hospital Discharge Pathways

Directors from Kent County Council, Kent Community Health Foundation Trust and Kent and Medway CCG have agreed to lead on the hospital discharge pathway work for Winter 2020-21. The Leads have agreed a number of deliverables to be implemented in time for Winter 2020-21 and their organisations will work collaboratively to deliver these priorities. Underpinning these deliverables, each organisation will contribute resource to provide operational expertise, project management and analytics.

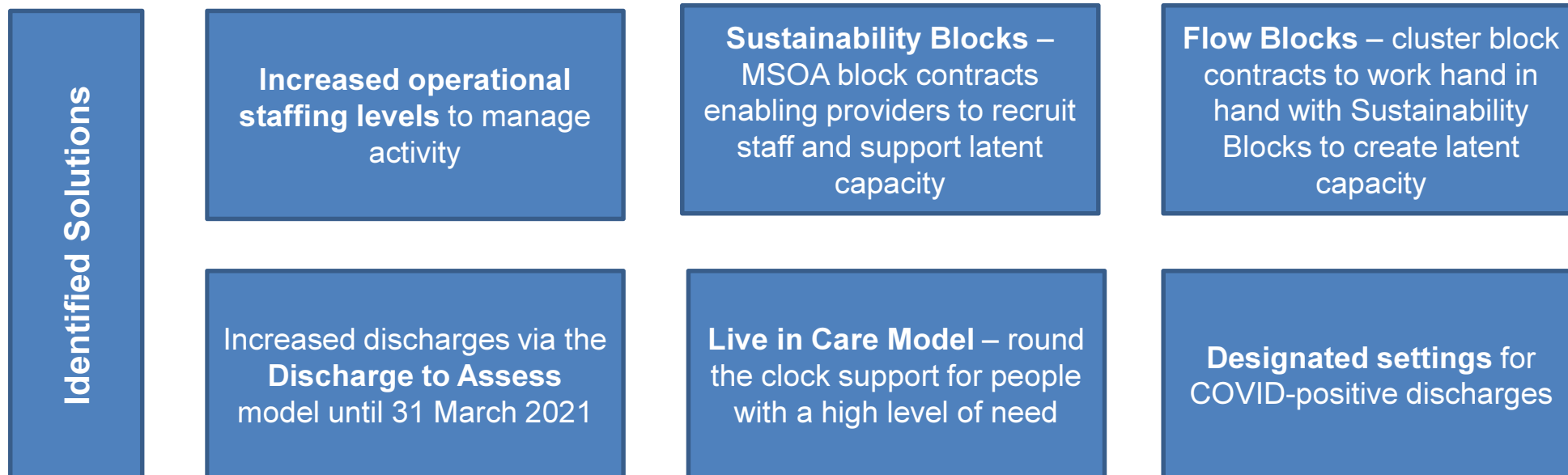


Demand and Capacity Plan for Winter 2020



Strategic Analytics have identified an anticipated **increased demand** for social care arising from activity in the acute sector during the winter period. The average rate of admissions to acute hospitals was below capacity for the early part of 2020, averaging approximately 70% (or 30% below “usual”). This is now increasing and is predicted to reach a **peak of extra demand by up to 20%** above “usual” in the lead **up to and after Christmas**.

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Infection Control Fund

On 15 May 2020, the government published details of a £600 million adult social care infection control fund to tackle the spread of COVID-19. Local authorities have been responsible for the allocation of these funds.

First round – May 2020
Page 97

Kent allocated **£18 million**

75% of funds provided directly to care homes

Funds provided on a 'per bed' basis and providers were required to deliver reporting of their spend on supporting infection control measures

25% allocated at KCC's discretion

KCC worked with Kent Integrated Care Alliance (KICA) and National Care Association (NCA) to distribute to community providers

Second round –
extended to 31 March
2021

Kent allocated **£16.6 million**

80% of funds provided directly to care homes

Funds provided on a 'per bed' basis to care home providers
Funds provided to community care providers on a 'per user' basis

20% allocated at KCC's discretion

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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 - 25 November 2020

Subject: **ADULT SOCIAL CARE AND HEALTH ANNUAL COMPLAINTS REPORT 2019/20**

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Directorate Management Team – 21 October 2020

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This report provides Members with information about the operation of the Adult Social Care and Health Complaints and Representations' Procedure between 1 April 2019 and 31 March 2020.

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

1. Introduction

1.1 This report provides an overview of the operation of the complaints and representation procedure for Adult Social Care and Health during 2019/20. The report includes summary data on the complaints, enquiries and compliments received during the year in Appendix 1. It also provides examples of the lessons learned from complaints which are used to inform and improve future service delivery.

2. Policy Context and Procedures

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

2.2 Associated with the Regulations, guidance was issued which outlines the three key principles of the procedure, **Listening** – establishing the facts and the required

outcome; **Responding** – investigating and making a reasoned decision based on the facts/information and **Improving** – using complaints data to improve services and inform the business planning and commissioning processes.

2.3 To ensure that the Regulations are complied with, a Customer Care and Complaints team is dedicated to managing feedback, including complaints, enquiries, compliments and informal concerns. The team aims to ensure that the good complaints handling principles for Local Authorities are followed, these are endorsed by the Local Government and Social Care Ombudsman (LGSCO):-

- **Getting it right:** do the simple things well - by complying with the law and following our own policies.
- **Being customer focused:** be clear - make the complaints process easy to find, use and keep complainants informed.
- **Being open and accountable:** there should be no surprises - our processes should be transparent and be honest when things have gone wrong.
- **Acting fairly and proportionately:** explain the thinking - base decisions on sound evidence and explain clearly why they were made.
- **Putting things right:** make amends - if something has gone wrong, apologise and take steps to put right any injustice caused.
- **Seeking continuous improvement:** complaints are a great learning tool - put systems in place to capture the lessons, which will help improve services.

2.4 Complaints should be encouraged and we should take the opportunity to listen to this direct feedback from our service users and their families. We must ensure a robust investigation and clear response is prepared, and then seek to learn from the experience and put the service user at the heart of our process.

2.5 A quote from the Local Government and Social Care Ombudsman, Michael King, in July 2020: “In the best authorities, complaints are never a back-office customer service function. They put public concerns right at the heart of their corporate governance to ensure the voice of the citizen is firmly embedded in their risk management and accountability systems.”

2.6 Complaints provide the opportunity to review how teams and systems are working and allow us to put things right if a mistake has occurred. The voice of the service user or their family is therefore valuable feedback which should be embraced in order to resolve the problem for the individual, but also allow a wider look into how we are delivering services. Adult Social Care is provided to vulnerable people, often at a time of crisis and we need to ensure that their experience of our services is as positive as it can be to support them with their particular social care need. Feedback should therefore be taken seriously and acted upon appropriately.

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

3.1 A total of 1,072 complaints were received during 2019/20 about services delivered or commissioned in relation to ASCH. Appendix 1 contains information about the number and type of complaints.

3.2 The figures show an increase in the number of **Complaints** received, year on year

Year	Complaints received	% increase	Clients receiving a service	% of clients or their representative raising a complaint
April – Sept 2020	389			
2019/20	1,072	41%	36,455	3%
2018/19	780	24%	35,385	2.2%
2017/18	637	0%	33,598	1.8%

3.3 Although the number of complaints received is rising, this should be viewed against the number of service users receiving a service from ASCH which amounts to 3% of complaints received from service users or their representatives.

3.4 One of the main reasons for the increase in complaints in 2019/20 was due to the increase in complaints relating to the Blue Badge Service. The reason for this was a change in the criteria set out by the Department of Transport, in August 2019, which extended eligibility to those with hidden disabilities, such as those suffering with dementia, autism and mental health issues in addition to those affected with a physical disability. There was a significant and immediate rise in applications which created a delay in processing. Complaints were received about the delay and also the decisions. Unfortunately, many people with hidden disabilities assumed they would be eligible, given the extension of the scheme, but did not meet the criteria and complained about the outcome. A total of 298 complaints about the Blue Badge service were received during 2019/20, an increase of 292% from the previous year when 76 complaints were received. Without this additional number of complaints received, the annual number of complaints received would be approximately 850.

3.5 A total of 379 **Enquiries** were received in 2019/20. The majority of these Enquiries were from an MP or Member on behalf of a constituent about an aspect of the service they received. Enquiries can also include instances where someone does not want to make a complaint but does want to formally raise an issue. This represents a steady increase in the last three years.

Year	Enquiries received	% increase / decrease
April – Sept 2020	197	
2019/20	379	10%
2018/19	345	25%
2017/18	276	- 23%

3.6 In 2019/20, 518 **compliments** were received. The compliments provide useful feedback where people have written to ASCH with positive comments about their experience of using the service. Compliments are usually received via the operational teams and staff are encouraged to complete a form with details of the message and staff associated with the good work.

Year	Compliments received	% increase / decrease
April – Sept 2020	254	
2019/20	518	8%
2018/19	480	- 5%
2017/18	507	18%

A few quotes from compliments received:-

- **Promoting and Supporting Independence and County Placement Teams:** “I wanted to say thank you to you all for your compassion, empathy and negotiating skills. I am thrilled that my Mum can stay at xx, I just couldn't bear the thought of moving her as she is so fragile mentally and I am sure any move would also affect her physically as well. Thank you so much to everyone who was involved, I really appreciate your hard work behind the scenes.”
- **Safeguarding :** “I have had a lot of help from XXX she has supported me a lot and made me feel happy. She helps me when I get worried and anxious and tries to sort things out with me. I am happy where I am at the moment thanks to XXX”
- **Kent Enablement At Home:** - “The whole family wanted to share their appreciation of the service and how lovely all the girls have been with a special mention to xxx. The family feel the service has had a really positive impact on all their lives.”
- **Mental Health Team:-** “.. And to be honest YOU are a massive ★ as you've listened, and I admit it took you some time lol but you gone way beyond your job, and yes I'm saying this with tears rolling down, good tears mind you ...”

- **Blue Badge team:-** “Thank you for your informative e-mail regarding the delay in renewal of a Blue Badge, I appreciate the volume of applications your team receive for this service”
- **Area Referral Management Service:** “I contacted Social Services on behalf of xxxx to see what help Social Services could offer this dear lady. I was attended by a lovely lady called xxxx she was so gentle and caring and went through the possible help that could be on offer. Her attitude throughout was compassionate and professional and left me full of hope that help was available if xxx wanted to go ahead. I compliment her and say well done. Thank you!”
- **Short Term Pathways Team:-** “Just a quick line to thank you for all the care and support that you both afforded to my Mother. Your professionalism and expertise has got her back on the road to recovery and without your help she would not be in a position that she is now. All your hard work over the last few weeks is greatly appreciated”
- **Autism Team:** - “There is a significant change to my life after my time with XXX and she was a brilliant worker who I had a great laugh with, I will miss XX. I honestly think this is an invaluable service and should be available more. The Service is doing amazingly. Funding should be made more available so more can be helped”
- **Sensory:-** “I just wanted to say thank you so much for all your help and everything you have put in place for my Nan has really helped her. I have really appreciated your help and you have been very supportive and done a wonderful job”
- **Lifespan Pathway 26+ Team** - “Mrs X and YY asked me to pass on their well wishes to you and to thank you for all you have done for YY. YY says that she is grateful for your helping her and wants you to know that she is doing very well. Both YY and her mum feel you are a very good Social Worker and are very grateful for all you have done”
- **Promoting and Supporting Independence Team:** “I spoke to a lady called XXX at the adult social care team this morning - she spoke to me for over an hour about a complicated and stressful situation to do with my mum and brother. She was down to earth, positive and incredibly helpful with good ideas and suggestions. Thank you so much x”

3.7 In 2019/20, 298 **informal concerns** were received; these are concerns that were locally resolved within a short period of time, usually within 24 hours, by the Customer Care and Complaints Team, in consultation with the operational service. Someone raising an informal concern does not wish this to be logged as a formal complaint and is happy for their concern to be resolved via this route.

3.8 An example would be if someone called to explain that their mother’s carer had not turned up that morning which would need a quick call to the agency or social worker to find out what happened and resolve the issue in a swift manner. The person raising the concern is informed about the more formal complaints procedure if they wish to access this. It is recognised that local resolution is taking place in operational teams on a regular basis and this is part of the case work in trying to address concerns before they turn into formal complaints. This work undertaken at operational level is not at present consistently recorded.

Year	Informal concerns	% increase / decrease
April – Sept 2020	119	
2019/20	298	146%
2018/19	121	17%
2017/18	103	- 52%

4. Complaint outcomes

Year	Complaints closed	Upheld + partially Upheld	Not upheld	Withdrawn/ suspended/ another procedure
April – Sept 2020	381	47%	33%	20%
2019/20	1,063	66%	26%	8%
2018/19	716	66%	30%	4%
2017/18	633	72%	25%	3%

4.1 Each complaint response provides an explanation of the findings and outcomes and is individually prepared to take into account the audience and nature of the concerns raised. Sometimes there might be a misunderstanding of a situation and an explanation is required, on other occasions, an error has occurred which needs to be rectified and lessons learned. A summary of the outcome of each complaint is therefore recorded in the table above. The number of complaints upheld or partially upheld has consistently been at 66% for the past two years. We aim to respond in an open and transparent way, recognising if a failure has occurred or a service was not delivered in an efficient manner. An explanation is always provided and apologies offered in recognition of the impact on the service user or their family. Lessons are often identified as part of the investigation and these are listed to offer reassurance that we have taken the issue seriously and learned from the error.

5. Performance against timeframes

- 5.1 KCC aims to respond to complaints within 20 working days and although there is no requirement in the Regulations, for ASCH complaints, the benchmark of 20 working days is used within which to respond. Sometimes complaints can be complex and therefore additional time is required to either meet with the complainant or liaise with other agencies; when this happens and with the agreement of the complainant, an extension to the deadline is agreed.

Year	Complaints closed	% responded to within 20 days
April – Sept 2020	381	57%
2019/20	1,063	60%
2018/19	746	61%
2017/18	637	72%

6. Methods of engagement

- 6.1 All forms of communication are accepted and encouraged for people to make a complaint in the way they feel most comfortable. There has been a decline in the receipt of posted complaints with only 10% being received, with both email, 36% and telephone, 35%, being the most common forms of communication with the self-service via the website and online methods equating to 11% and the Contact Centre sending through 8%.

7. Themes identified arising from complaints

- 7.1 The themes from complaints are recorded under the following set headings:-

Problem Category	Total	% of total	Upheld + partially Upheld	% upheld
Communication or information	308	28%	201	65%
Equalities and regulatory	6	0%	5	83%
Issues with service	21	2%	17	81%
Policy and procedure	110	10%	48	44%
Service failure	342	31%	245	72%
Service quality	92	8%	64	70%
Staff conduct cause	68	7%	44	65%
Disputed charges / value for money	142	13%	98	69%

- 7.2 **Communication** continues to be one of the main themes of complaints received and occurs across all services, examples are when a Case Officer did not keep in contact with a service user after her initial assessment and did not return telephone calls. Another example is when the family of a service user was left confused after they were not informed when a change in a domiciliary agency resulted in an increase in their mother's charge when the same care hours were provided.
- 7.3 A **service failure** is listed when an issue occurs which results in the service failing for some reason. An example is when a care provider gave notice of ending their care provision and an internal breakdown of communication occurred between the Client Support Service and the Community Purchasing Support Service, resulting in the family not being informed of the care ending and what alternative arrangements had been put in place. A further example of service failure relates to the delays in processing the Blue Badge applications. Additional resources were put in place to handle the increase, but this did not adequately address the backlog of applications which lead to delays in processing the applications within the expected timeframe.
- 7.4 Some complaints raise issues about the **quality of service** and these often relate to the quality of care provision. One was raised about a Kent Enablement at Home worker who did not adequately support the service user in their home. Other examples would be of care that is commissioned and provided by private Care Homes not meeting the expected standard.
- 7.5 Complaints were received about the change in **Policy** following a review of the Non-Residential Charging Policy which resulted in some service users having to pay more for their care. A "better off" calculation had previously been used when financially assessing service users and under this arrangement an individual's financial contribution towards their care was calculated, both as an individual calculation and a separate calculation by taking their partner's finances into account. Whichever of the two assessments resulted in the individual being "better off" was previously used as their financial contribution. The Care Act does not however permit a "better off" calculation being made and states that every person must be assessed as an individual. Any increase in contribution has however been brought in gradually to minimise the impact.
- 7.6 Issues relating to the **conduct of staff** are contained in some complaints and this includes comments about the behaviour of staff and how they present themselves. Where the complaint is upheld or an individual found to be at fault, then this is addressed by the manager through supervision and training.

8. Learning the Lessons – creating opportunities

- 8.1 A complaint provides an opportunity to resolve an issue where the service might not have been to the standard required or expected. Complaints provide valuable insights into some team practice issues to enable an improvement in the overall

service performance. It is important to encourage an open culture, that is receptive to feedback, recognising that things can go wrong at times for a variety of reasons, but this creates learning opportunities.

- 8.2 Whenever a complaint is upheld or partially upheld a lesson or further action is often identified to provide a remedy or put the person back into the position, they would have been in prior to the error occurring. Sometimes the feedback will be reminders to staff of practice issues and sometimes the lessons will lead to wider changes.
- 8.3 Regular lessons learned meetings took place during 2019/20 with managers from the services to discuss the points from complaints that could be used as learning opportunities and managers then cascaded these messages to their teams.
- 8.4 Some of the lessons/issues arising from complaints received in 2019/20 are as follows:
 - A letter was sent to a service user with a learning disability who was unable to read with a request to agree or amend her care and support plan following a review three months previously. This led to a review in the way care and support plans were sent out by the Lifespan Pathway 26+ teams, including the need to consider visiting people to share and discuss their plans if they are unable to access this independently or without support. Staff were reminded to send plans out in a timely manner and use the correct letter templates to support this activity and to consider individual's needs.
 - The son of a service user complained that his mother's period of respite care needed to be extended for a specific reason due to making adaptations to the home, to make it safe for her return and staff were not understanding the difficulties the family was encountering. The son also raised concerns that the OT assessment was inadequate, contained incorrect information and was not shared with the Housing Department. A full investigation was undertaken and agreement to extend the respite care was made. Staff were reminded to listen carefully to requests for respite and note all the details so appropriate consideration is given to individual cases. Staff were also reminded of the correct process to follow regarding Housing Needs Assessments to prevent delays in adaptations. The son was pleased with the resolution and was keen to be a voice for carers in similar situations and his details were passed to the Stakeholder Engagement Team.
 - A request for an urgent assessment, support and respite care, due to carer breakdown was not picked up by the Area Referral Management Service for over two weeks. The service user was admitted to hospital in the meantime. This was addressed during a senior staff meeting and a consistent process was developed to ensure all requests are appropriately screened and communication takes place in a timely way.

- Following a number of complaints and comments about queries on invoices and calls not being answered by the Client Financial Services Team (CFS), the call handling in CFS has been reviewed to increase the number of Officers available to take calls following the week when invoices are issued. The Contact Centre was also briefed in order to prepare for the additional calls following the issue of invoices.
- A complaint about the Approved Mental Health Professional (AMHP) service highlighted a delay in sending a “Nearest Relative” letter out after an assessment. Staff were reminded of the need to keep up to date with sending out “Nearest Relative” rights letters the day after the assessment and of the need to complete the relevant document in respect of the “Nearest Relative” during the assessment.
- A complaint about the delay and lack of support being provided to a service user after their discharge from hospital led to a review of the referral process from the Rapid Response team where a request for enablement support was made. This led to a new process being trialled, which has now been extended across the County, where the referrals are being sent directly to the Kent Enablement at Home (KEaH) service rather than waiting for a Contact Assessment via the Area Referral Management Service (ARMS). This has improved the efficiency and speed of the response.

8.5 A new series of lessons learned meetings will be arranged with the four new operational Areas, in addition to other service areas to review and share lessons from complaints.

9. Financial

9.1 In 2019/20 a total of £37,799.65 was paid to complainants as gesture of goodwill payments, financial settlements or adjustments. Gesture of goodwill payments are made in recognition of errors or where a delay had occurred that resulted in some injustice to the service user or family. The financial adjustments relate to where errors had occurred over charges, a lack of communication about a charge or an overpayment and it was considered appropriate to waive the charge as part of the resolution to the complaint.

9.2 This figure includes payments recommended as part of the Local Government and Social Care Ombudsman (LGSCO) enquiries. Most of the gesture of goodwill payments are under £500 and are in line with the financial remedy guidance set out by the LGSCO as part of complaint resolution.

10. Complaints received via the Local Government and Social Care Ombudsman (LGSCO)

10.1 Responding to enquires from the Local Government and Social Care Ombudsman is a significant aspect of the process and is the second stage of the procedure. Where a complainant is not satisfied with the response, they can contact the LGSCO to ask for their complaint to be independently investigated. The LGSCO will contact the Council to ask a number of questions and request copies of key documents such as complaint correspondence, assessments and care and support plans. Although the number of enquiries is not particularly high, each enquiry that is being investigated requires a considerable amount of time and effort to ensure a thorough and robust response from the council. The LGSCO gives the Council four weeks to respond to a full investigation request.

Year	Complaints received	Complaints closed that progressed to LGSCO	% of cases progressed	Not upheld (no further action / no maladmin.)	Upheld (maladmin./ injustice / no further action)	Other outcome (closed after enquiries/ premature/ withdrawn/	% of upheld against those cases investigated
2019/20	1,072	53	5%	7	15	31	28%
2018/19	780	38	5%	7	16	15	69%
2017/18	637	42	4%		11		

10.2 The table above explains that the LGSCO raised an investigation on 53 cases during 2019/20. This represents approximately 5% of complaints that progress to the LGSCO each year. The LGSCO found fault and upheld the complaints in 15 of these cases. This is an increase from previous years. There is further detail on page 6 of Appendix 1.

10.3 A summary of the faults found by the LGSCO that lead to injustice:-

- A lack of detail was found in a service user's care plans and the plans were not sufficiently updated to reflect changing needs. A personal budget was not provided and information on charging and invoicing was found to be inadequate. Charges were made for care that was not received and a failure to monitor whether the care agency was providing the care.
- The quality of care delivered to a service user by a provider commissioned by ASCH was found to be inadequate which resulted in injustice to the resident.
- A delay of two months occurred in arranging a Direct Payment, this resulted in a lack of support to the service user during this period.

- A Care Home commissioned by the Council did not treat the service user with respect and did not follow all of the details in the care plan. This caused distress for the service user and injustice.
- A service user's charges for care were not dealt with properly when backdated charges were applied that could not be afforded. The service user's needs were not reviewed prior to their Direct Payment being stopped.
- Insufficient advice and information was provided to the family of a service user in respect of the 12-week property disregard. As a result of this investigation action will be taken to prevent this situation from re-occurring and staff are reminded of their duties under the Care Act to provide information and advice in a timely manner.
- The recording of information as part of a safeguarding investigation was found to be irrelevant, unnecessary and uncorroborated. Staff have been reminded of the importance of only taking account of and recording information that is relevant within a safeguarding enquiry. A delay was also found in the response to the complainant's concerns occurred which was unacceptable and caused unnecessary distress.

10.4 Remedies are issued by the LGSCO that need to be taken forward which include sending apology letters to the service user or family, offering financial remedy, reviewing policies or procedures in recognition of the error and staff training. All recommendations have been taken forward in a timely manner.

10.5 The Customer Care and Complaints Team has reviewed the way the LGSCO requests are handled for ASCH and implemented a change to the process from 5 October 2020 to improve the response times and quality of submission. In addition, the LGSCO activity will be reported to managers on a weekly basis via the Active Complaint and Enquiry report. This will include all LGSCO cases and ensure senior management oversight as the report is also presented to DMT.

11. Changes to the management of complaints and enquiries

11.1 A number of changes have taken place during the past six months to improve the response times and the quality of the responses. The Customer Care and Complaints Team continues to work with and support the operational teams to aim to deliver an efficient service in response to complaints and ensure that the learning from complaints is fed back into the services to complete the complaint cycle. The changes include:-

- A review of responses leading to amended template letters and guidance notes being issued
- A reduction in the team deadline for preparing responses to improve timescales

- Introducing a clearer process for managing LGSCO enquiries
- Extending the use of the Icasework complaints database
- Consistent approach to the logging of compliments
- Confirming the arrangements for the quarterly lessons learned sessions
- Refining the reporting of active cases and corrective actions
- Developing an area on Knet for Customer Care and Complaints to include reports, procedures and policies, templates, guidance notes, LGSCO Decisions and other useful information
- Training sessions to be developed and continue to be delivered for operational staff.

11.2 There is clearer senior management oversight with a weekly slot at the Departmental Management Team to consider any issues on complaints or enquiries to ensure the voice of the service user is at the heart of the investigation. Consideration is given to any cases that are overdue or due within the next week and provides an opportunity for discussions on those that require a joint approach to ensure clear management of the investigation. This regular discussion allows increased senior management ownership of the process and individual cases.

11.3 The service will continue to seek improvements to the complaints and enquiry response times. It is recognised that Managers dealing with complaints are often balancing several priorities however it is important that complaints are responded to within timescales. It is important that follow-up actions are completed after a complaint is closed, for example making payments or undertaking assessments in a timely manner. A list of corrective actions is issued to Managers on a monthly basis.

12. Report Conclusion

12.1 In 2019/20 the Directorate continued to operate a robust and effective complaints procedure to meet its obligations under the statutory regulations. The Customer Care and Complaints team has logged, administered and managed complaints, enquiries and compliments and has managed the communication with the Local Government Ombudsman to ensure the Directorate is effectively represented and defended.

12.2 The changes implemented to the management of complaints and enquiries will continue to develop, as the Customer Care and Complaints Team works with Managers to provide an efficient journey through the complaint's procedure.

13. Recommendations

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

14. Background Documents

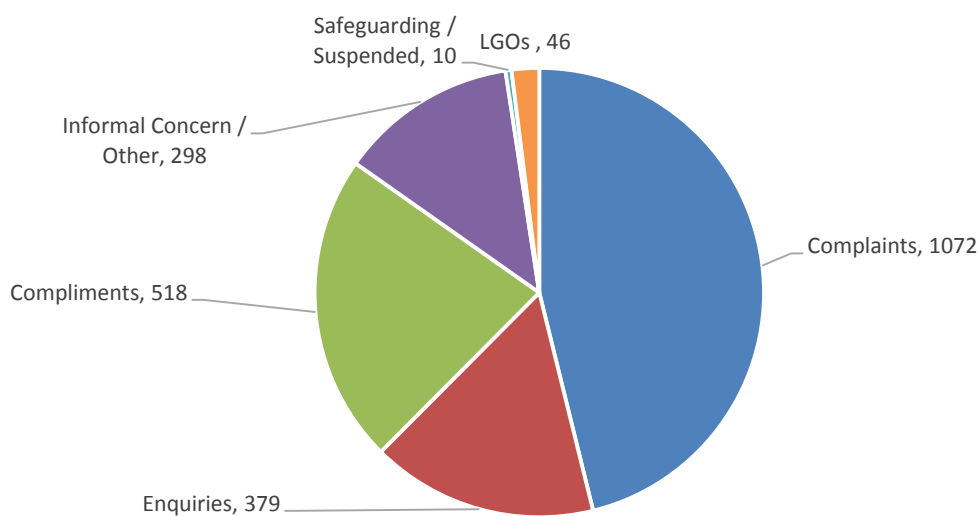
None

15. Report Author

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03000 415627
Debra.davidsoin@kent.gov.uk

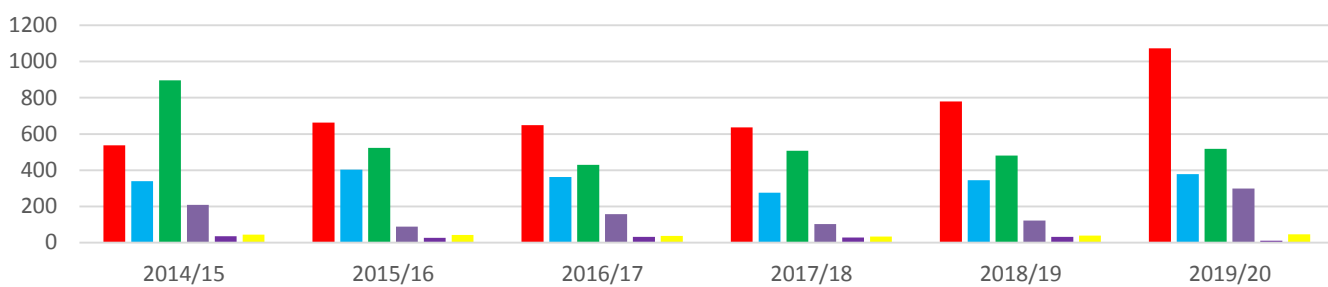
APPENDIX 1 - DATA FOR ANNUAL COMPLAINTS REPORT 2019/20

Complaints and Enquiries Received 1 April 2019 to 31 March 2020



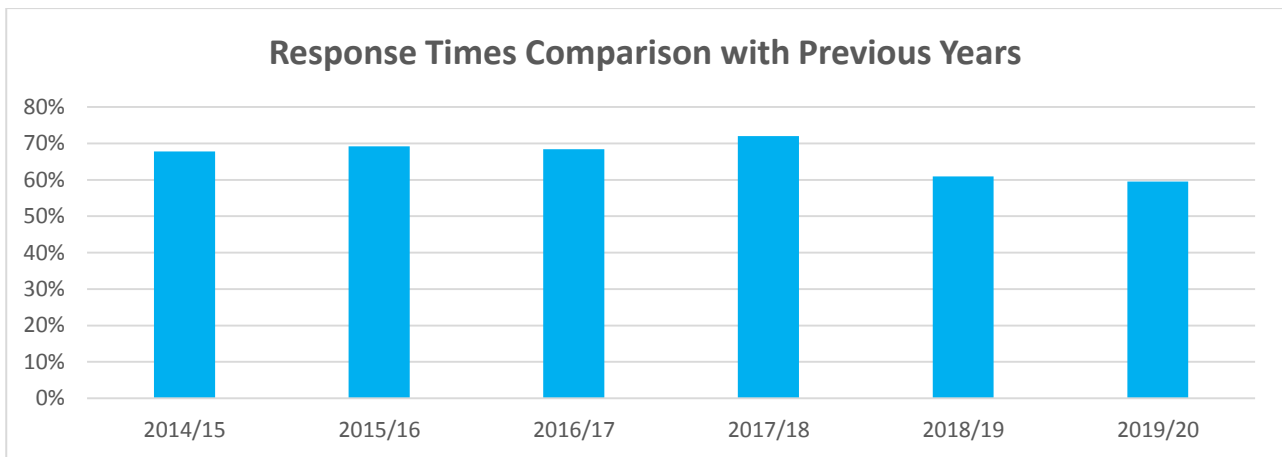
Complaints	1072
Enquiries	379
Compliments	518
Informal Concern / Other	298
Safeguarding / Suspended	10
LGOs	46

Comparison with Previous Years



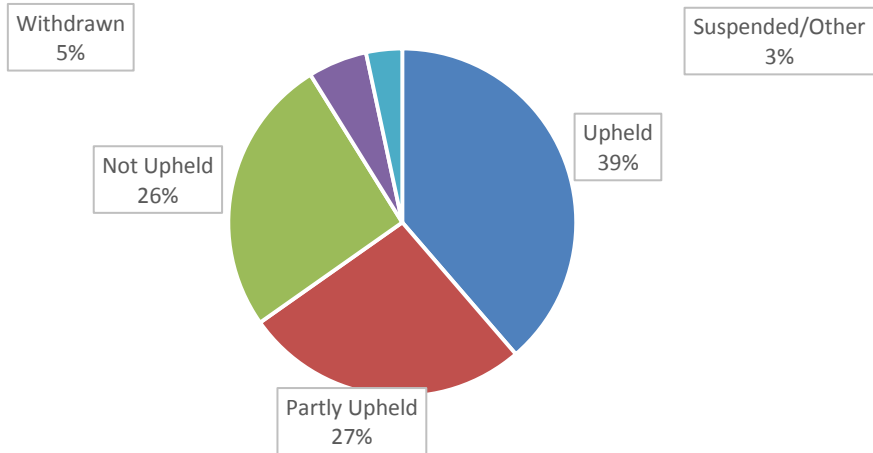
Year	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Complaints	538	662	649	637	780	1072
Enquiries	340	403	362	276	345	379
Compliments	896	523	430	507	480	518
Informal Concern / Other	208	89	157	103	121	298
Safeguarding / Suspended	36	26	31	29	31	10
LGOs	44	42	37	34	38	46

Responses for Closed Cases in 2019/20	Total
Response within target	639
Late Response	424
Open/Suspended	10
Total	1073
Percentage Within Target	60%



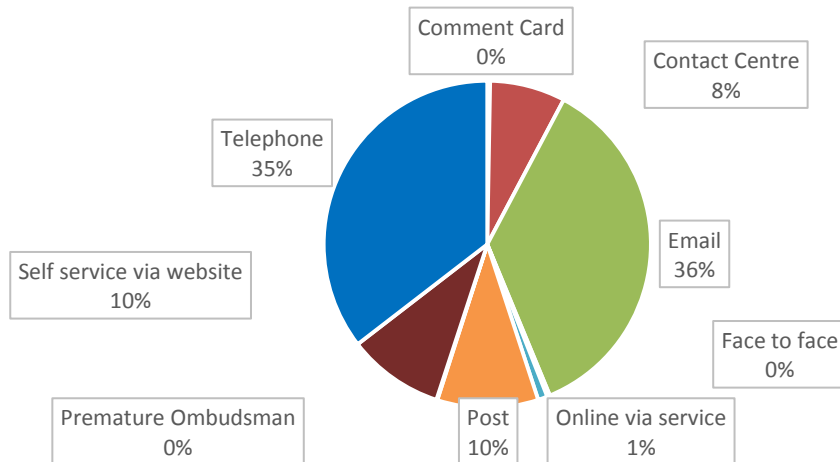
2014/15	67.8%
2015/16	69.2%
2016/17	68.4%
2017/18	72.0%
2018/19	61.0%
2019/20	60.0%

Complaints Outcomes



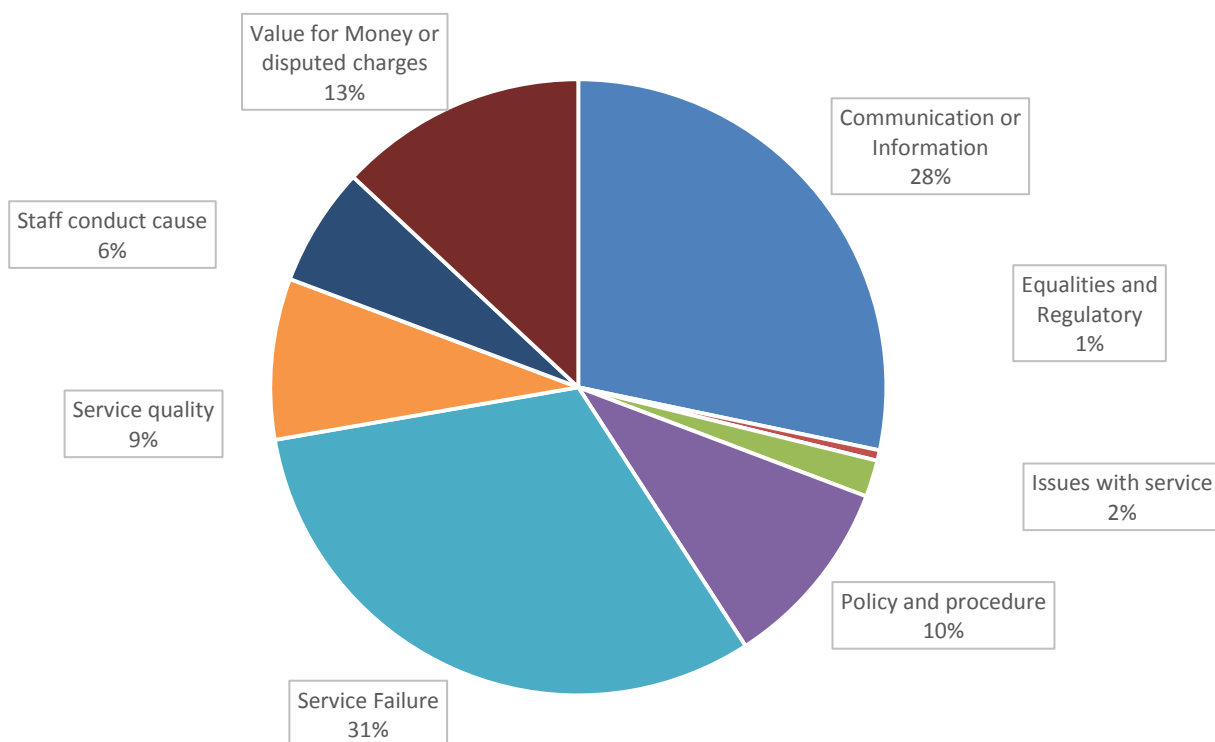
Decision	No of cases	%
Upheld	415	39%
Partly Upheld	285	27%
Not Upheld	278	26%
Withdrawn	59	6%
Suspended/Other	36	2%

Methods of Contact for Complaints



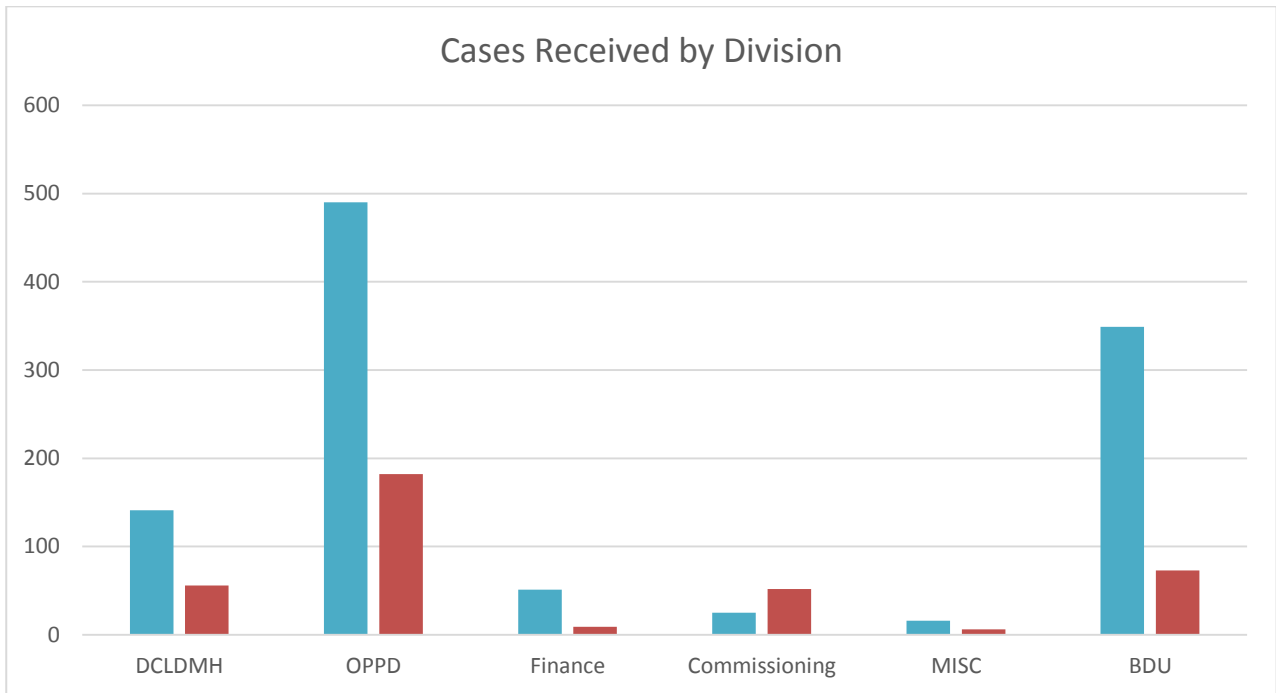
Method	Volume
Comment Card	3
Contact Centre	80
Email	386
Face to face	3
Online via service	10
Post	107
Premature Ombudsman	1
Self service via website	102
Telephone	380

Main themes arriving from complaints



Problem Category	Total	%	Upheld/ partly upheld	% Upheld / partly upheld
Communication or Information	308	28%	201	65%
Equalities and Regulatory	6	0%	5	83%
Issues with service	21	2%	17	81%
Policy and procedure	110	10%	48	44%
Service Failure	342	31%	245	72%
Service quality	92	8%	64	70%
Staff conduct cause	68	7%	44	65%
Value for Money or disputed charges	142	13%	98	69%

*Some complaints have multiple problem categories.

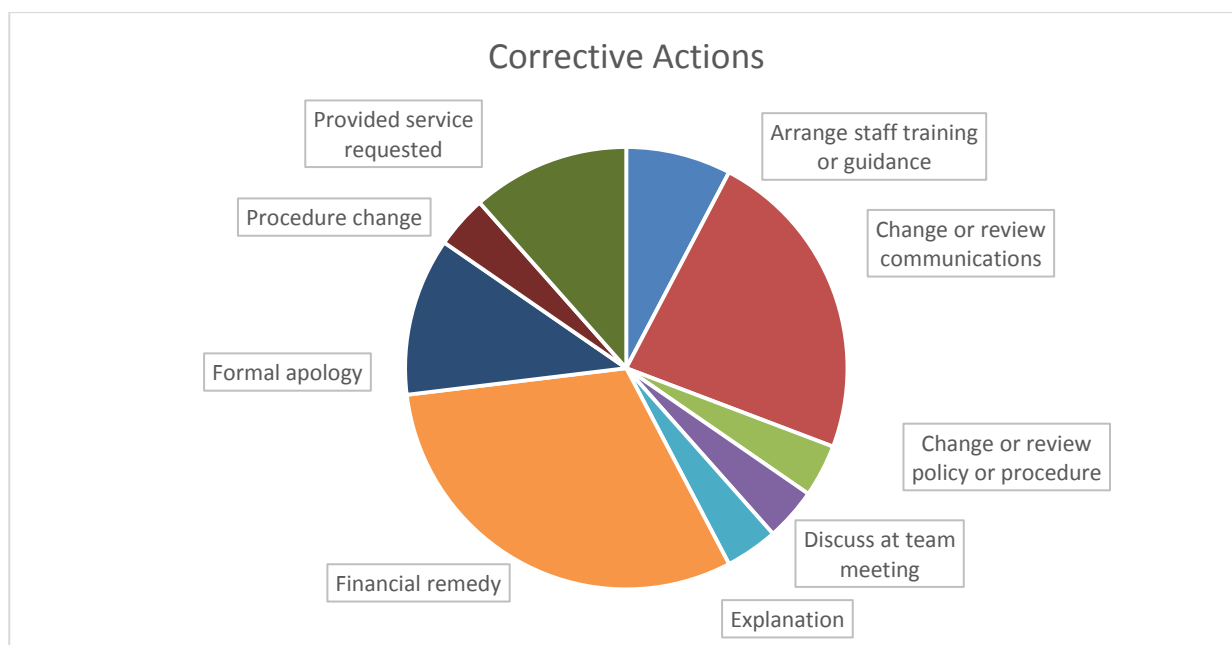


	Complaints	Enquiries
DC/LD/MH	141	56
OPPD	490	182
Finance	51	9
Commissioning	25	52
MISC	16	6
BDU	349	73
Total	1072	378

Local Government Ombudsman

Details for Cases CLOSED in the 1 April 2019 to 31 March 2020

Decision	Cases
Closed after initial enquiries - no further action	12
Closed after initial enquiries - out of jurisdiction	6
Not upheld: No further action	2
Not upheld: No Maladministration	5
Referred back for local resolution	13
Upheld: Maladministration and Injustice	14
Upheld: Maladministration, No Injustice	1
Total	53



Corrective Actions	Cases
Arrange staff training or guidance	2
Change or review communications	6
Change or review policy or procedure	1
Discuss at team meeting	1
Offer an explanation	1
Financial Remedy	8
Formal apology	3
Procedure change	1
Provided service requested	3
Total	26

*Please note some cases may record more than one corrective action.

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 - 25 November 2020

Subject: Adult Social Care Performance Q2 2020/21

Classification: Unrestricted

Previous Pathway of Paper : Adult Social Care Directorate Management Team – 18 November 2020

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides Adult Social Care Cabinet Committee with an oversight of Adult Social Care performance during the first two quarters of 2020/21.

Of the five targeted Key Performance Indicators (KPIs), three were RAG Rated Green. The proportion of older people who were still at home 91 days after hospital discharge having received reablement/rehabilitation services, the proportion of adults with a Learning Disability who live in their own home and the proportion of KCC clients in residential or nursing care where the CQC rating is good or outstanding.

The two remaining KPIs were RAG Rated Amber having exceeded the floor target. 1 KPI is on a downward trend, this measure, the proportion of clients receiving a Direct Payment, experienced a decrease into Q2 2020/21.

Adult Social Care services continue to work within an environment affected by the Coronavirus Pandemic which was reflected by a decrease in contacts and long term service activity in Q1 2020/21, however these are beginning to return to previous activity levels in Q2 2020/21.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of Services in Q2 2020/21.

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 Kent County Councils (KCC) Adult Social Care (ASCH) services; it includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR).

1.2 Appendix 1 contains the full table of KPIs and activity measures with performance over previous quarters, against agreed targets.

2. Overview of Performance

2.1 There are five targeted KPIs, in Q2 20/21, two were RAG rated Amber having not achieved the agreed target but were still within expected levels. Three were RAG rated Green having met and exceeded the target.

2.2 The majority of activity measures were showing increases in activity or delivery into Q2 20/21 following the impact of the Coronavirus Pandemic in Q1 20/21.

3. Adult Social Care Key Performance Indicators and Activity Measures

3.1. The proportion of people who have received short term services for which the outcomes were either support at a lower level or no ongoing support has been decreasing since January 2020. However, it should be noted that since January, there has been a significant increase in the number of clients receiving services through short term pathways including those being discharged from hospitals due to the Coronavirus Pandemic. This increase indicates that clients with a wider range of needs are now accessing short term pathways which impacts on the overall performance of this indicator. Clients with more significant social care needs are likely to require long term services even after a successful period of short-term care.

3.2 The number and proportion of clients in ASCH receiving Direct Payments decreased in Q2 20/21. Adult Social Care and Health Services are keen to promote the use of Direct Payments to ensure clients benefit from the choice and control over the support they receive. Our 'Making a Difference Every Day' programme will therefore include work to promote the use of Direct Payments

3.3 The proportion of adults with a Learning Disability who are living in their own home or with their family remains stable and in Q2 20/21 was at 79%, just above the target of 77%.

3.4 The proportion of KCC clients in residential or nursing care where the CQC rating is Good or Outstanding was 76% in Q2 20/21 and is in line with the previous quarter and above the target of 75%.

3.5 Where KCC have clients in homes which Requires Improvement or is Inadequate, steps are taken by commissioners to risk assess the situation and use a proportionate contact management approach. For example, a number of providers who have been rated as Requires Improvement will have contract sanctions until evidence of improvement is provided. For those rated as Inadequate, the Council will consider issuing Poor Practice 3 (the contract is suspended and no further placements are made). During Quarter 2, the Council served notice on one provider who was unable to improve the quality of care required by the Council.

3.6 When care homes close or KCC ends a contract, the commissioners work in close partnership with the provider and stakeholders including the CCG, CQC and family members. Family members are given explanations for the closure and KCC work in partnership with residents and their next of kin to decide upon

which care home they will move to, all residents receive an assessment to ensure there is an up-to-date understanding of needs and requirements and options of care homes are based on this.

- 3.7 In Q2 20/21, ASCH experienced an increase in people contacting our services, the number of residents receiving enablement services, the number receiving long term services and the number of carers being identified. This was following the initial decrease shown in activity during Q1 20/21 due to the full lockdown as a result of the Coronavirus Pandemic.

4. Conclusion

- 4.1 Performance of ASCH Services in Q2 2020/21 predominately increased in delivery or activity; where the measures were performing below target or moving in a downward trajectory, ASCH Directors and Senior Management Team are closely monitoring the service area and implementing actions internally or with partners and providers where needed.

5. Recommendations

5.1 Recommendation: The Adult Social Care Cabinet Committee is asked to NOTE the performance of services in 2020/21.

6. Background Documents

None

8. Report Author

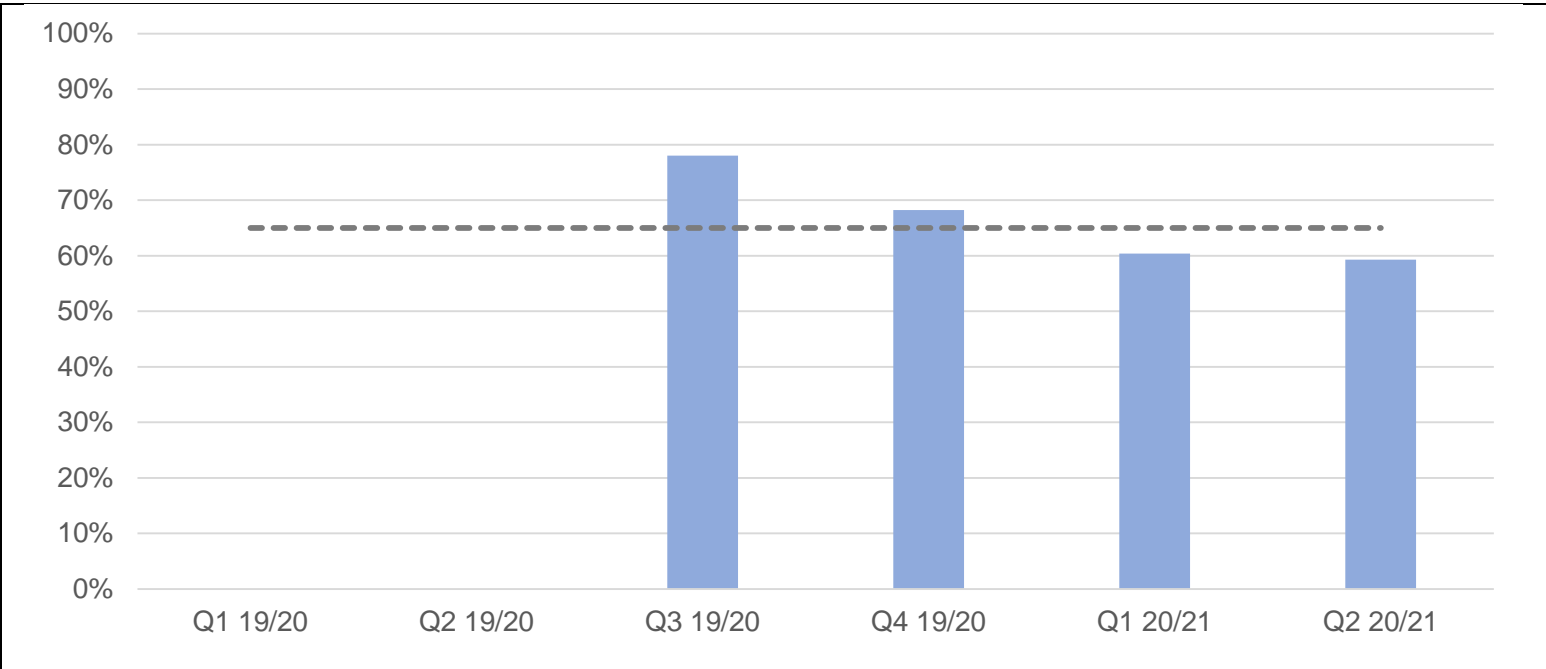
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Appendix 1: Adult Social Care KPI & Activity Performance Q2 2020/21

ASC1: Proportion of people who have received short term services for which the outcomes were either support at a lower level or no ongoing support **AMBER**
↔



Technical Notes:

Target set at 65% (dotted line)

The direction of travel is not significant

Short term services include Short term Beds and Enablement services.

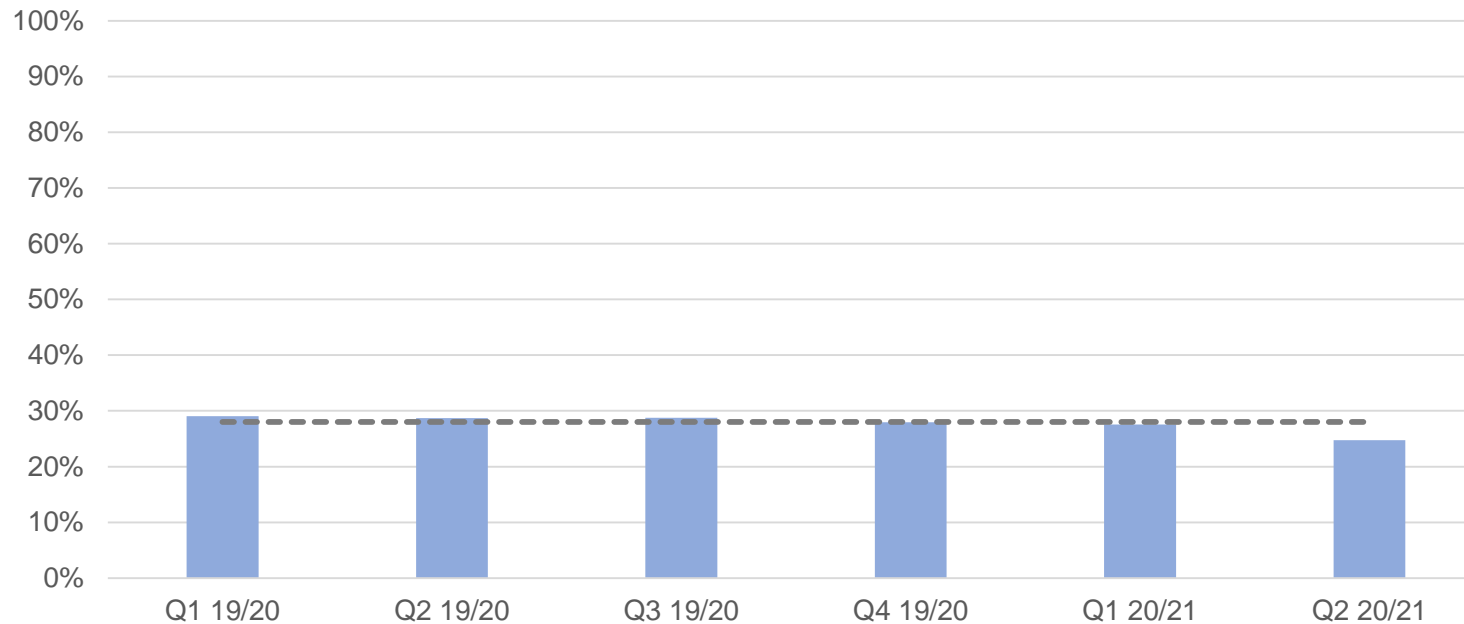
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Commentary:

The number of people accessing short term services increased from Q1 to Q2 20/21 by 13%. Although the numbers of those no longer needing ongoing support or requiring it at lower levels increased as well, it was not in line with the increase in those accessing short term services. The numbers of people accessing enablement services is expected to increase further.

The data indicates that over the last quarter there are increases in people moving from short term services to long term services.

Work continues with NHS colleagues and partners on short term pathways to ensure the implementation of the new discharge processes and national policy.

ASC2: Proportion of clients receiving Direct Payment**AMBER****Technical Notes:**

Target set at 28%
(dotted line)

The direction of travel
is on a downward
trajectory

Currently does not
include Learning
Disability clients aged
18-25 with CYPE

Commentary:

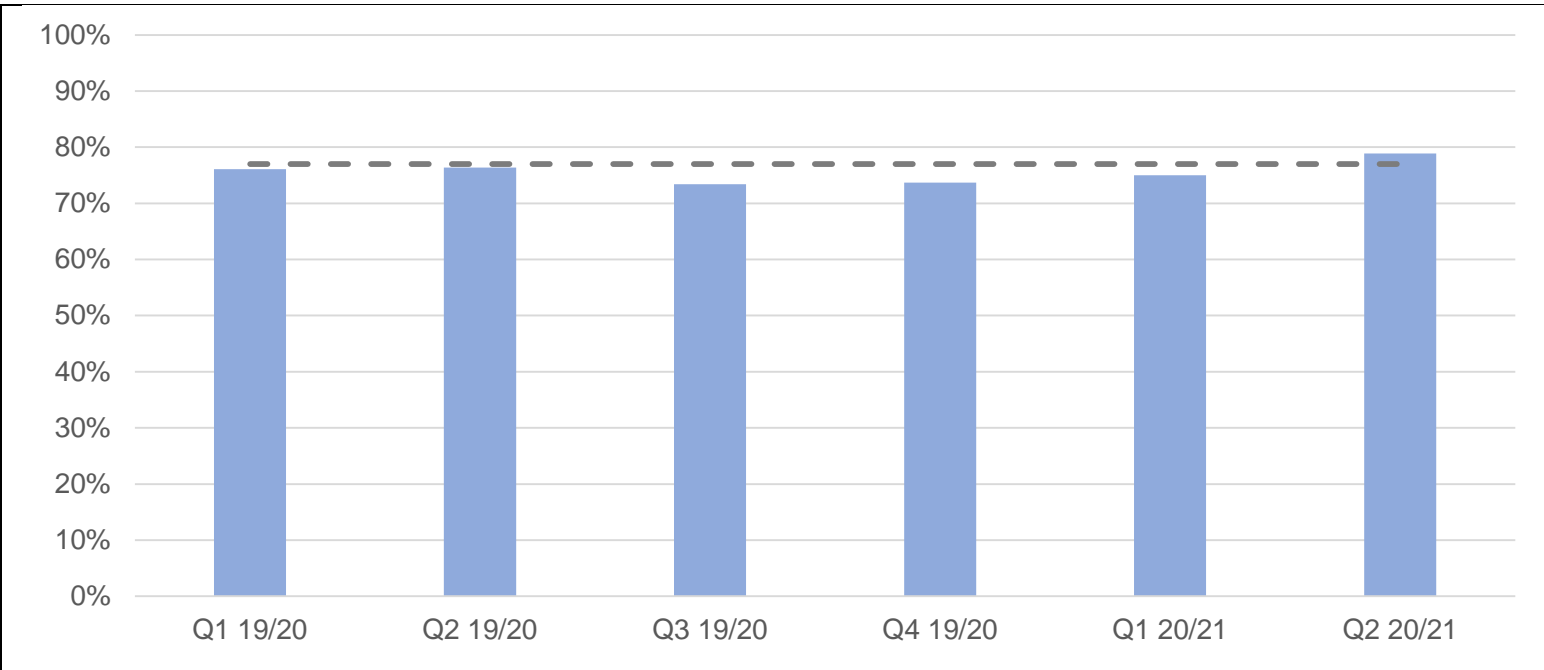
The number of people receiving direct payments decreased by 13% from Q1 to Q2 20/21 and is now just under 2,800.

The number of people receiving Direct Payments has been affected by the Coronavirus Pandemic, where people have needed or chosen to self-isolate and they have not wanted PA's or other workers in their home.

This measure did not achieve the target; however, it remains within expected levels and is above the floor target.

ASC3: The proportion of adults with a learning disability who live in their own home or with their family

GREEN



Technical Notes:

Target set at 77% (dotted line)

The direction of travel is not significant

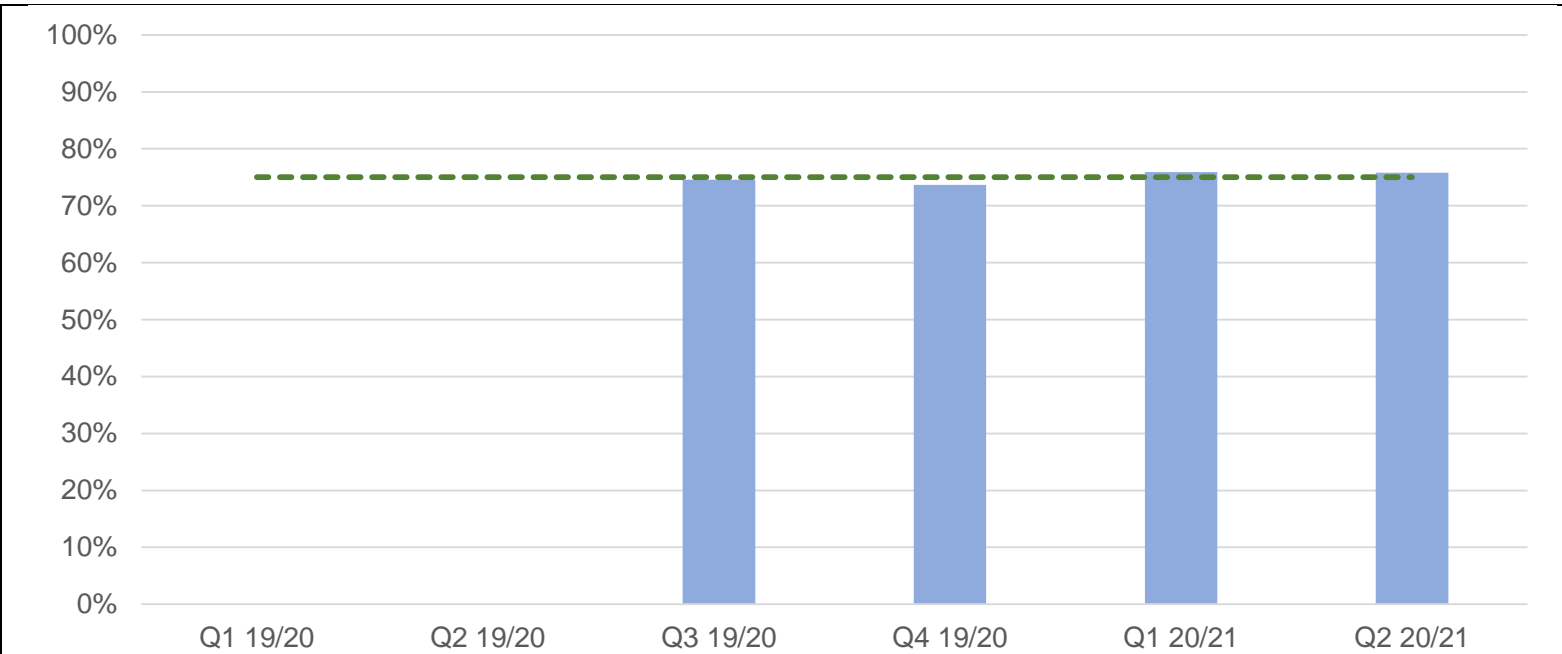
Commentary:

The number and proportion of adults with a Learning Disability who live in their own home or with family increased in Q2 20/21 to 79%.

This is a key outcome measure, having those with learning disabilities in settled accommodation is important not only in keeping them safe, but also reducing social exclusion, promoting choice, and preventing admissions to residential, nursing care or hospital.

ASC4: Proportion of KCC clients in residential or nursing care where the CQC rating is Good or Outstanding

GREEN



Technical Notes:

Target set at 75% (dotted line)

The direction of travel is not significant

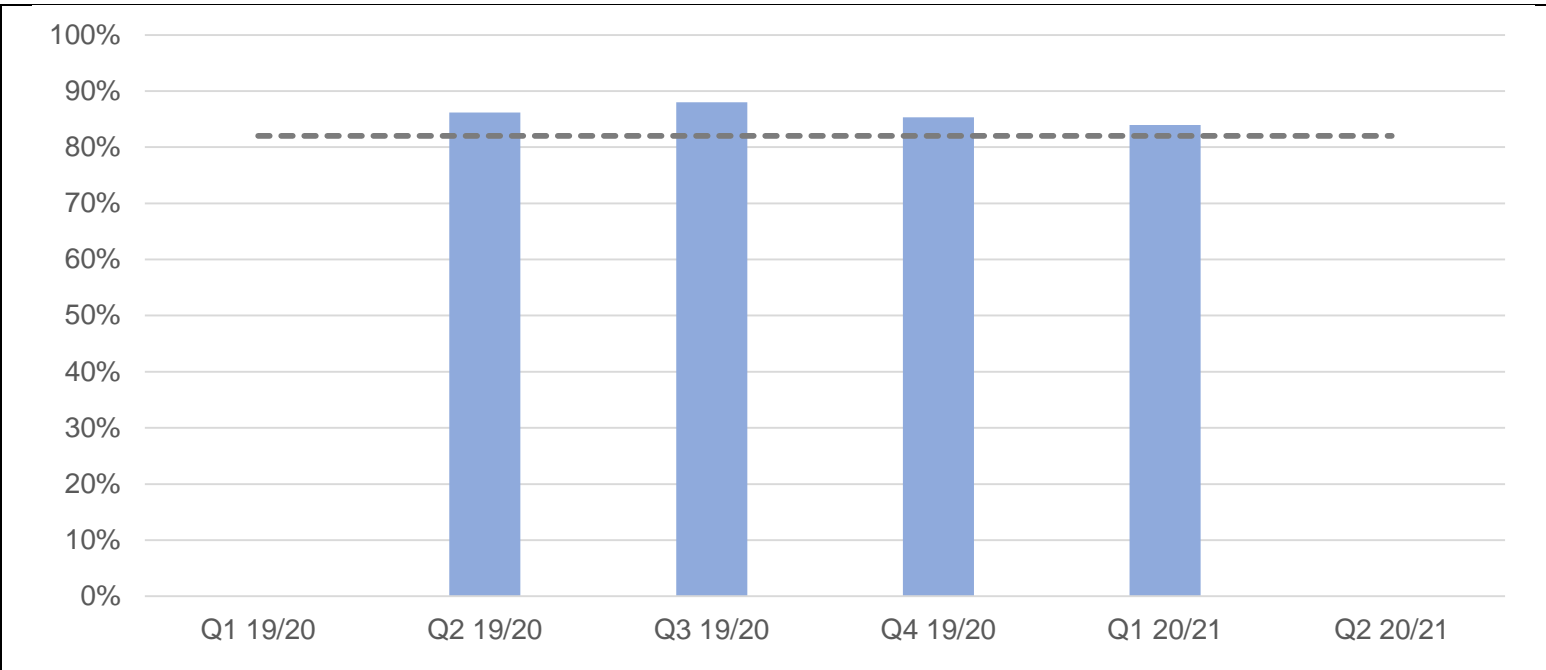
Commentary:

76% of KCC clients are in residential or nursing care where the CQC rating is Good or Outstanding.

In Q2 2020/21, 129 people or 3% of those in residential or nursing care, were in homes that had not yet been inspected.

ASC5: Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

GREEN



Technical Notes:

Target set at 82% (dotted line)

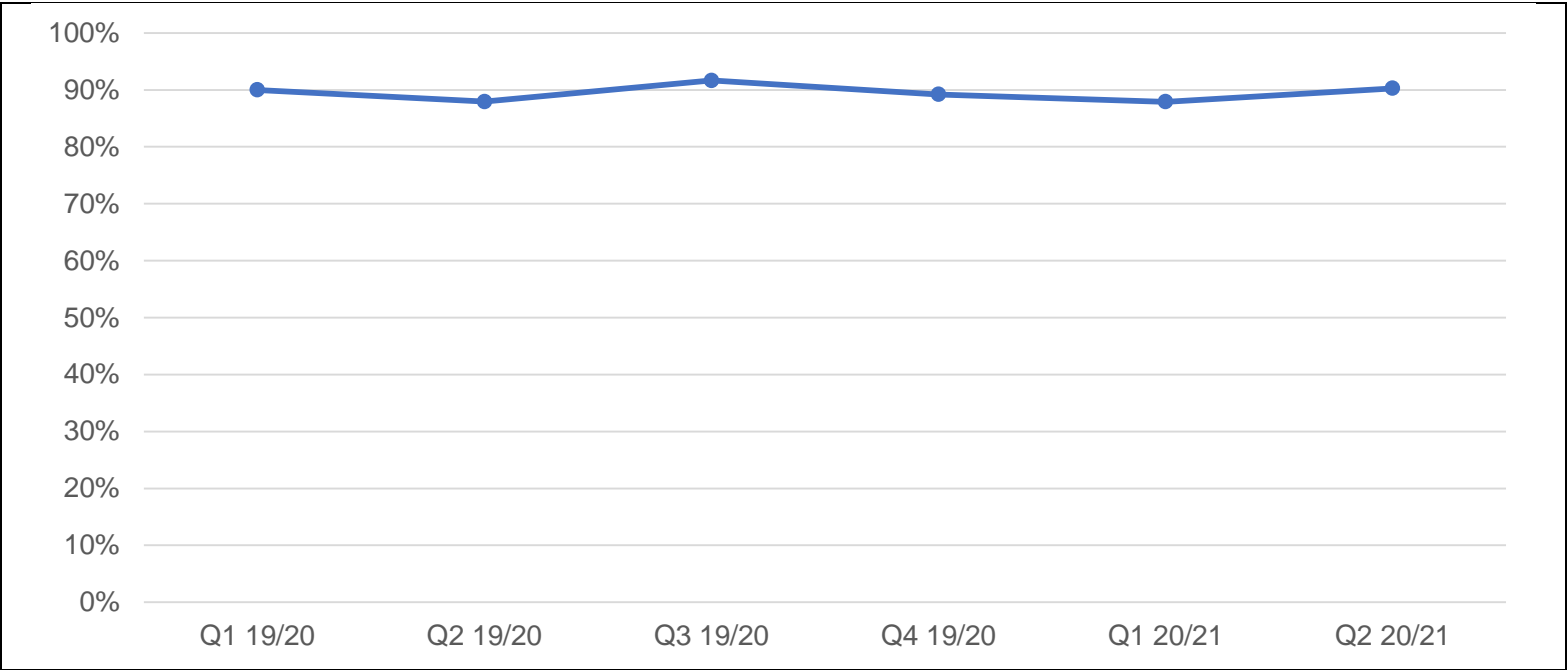
The direction of travel is not significant

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

Commentary:

The number of older people being discharged from hospital into reablement / rehabilitation services decreased into Q2 20/21 with 19% fewer people compared to Q1 20/21; the number of people remaining at home also decreased when compared to Q1 however this measure remains above target.

ASC6: % of safeguarding enquiries where a risk was identified and the risk was either removed or reduced

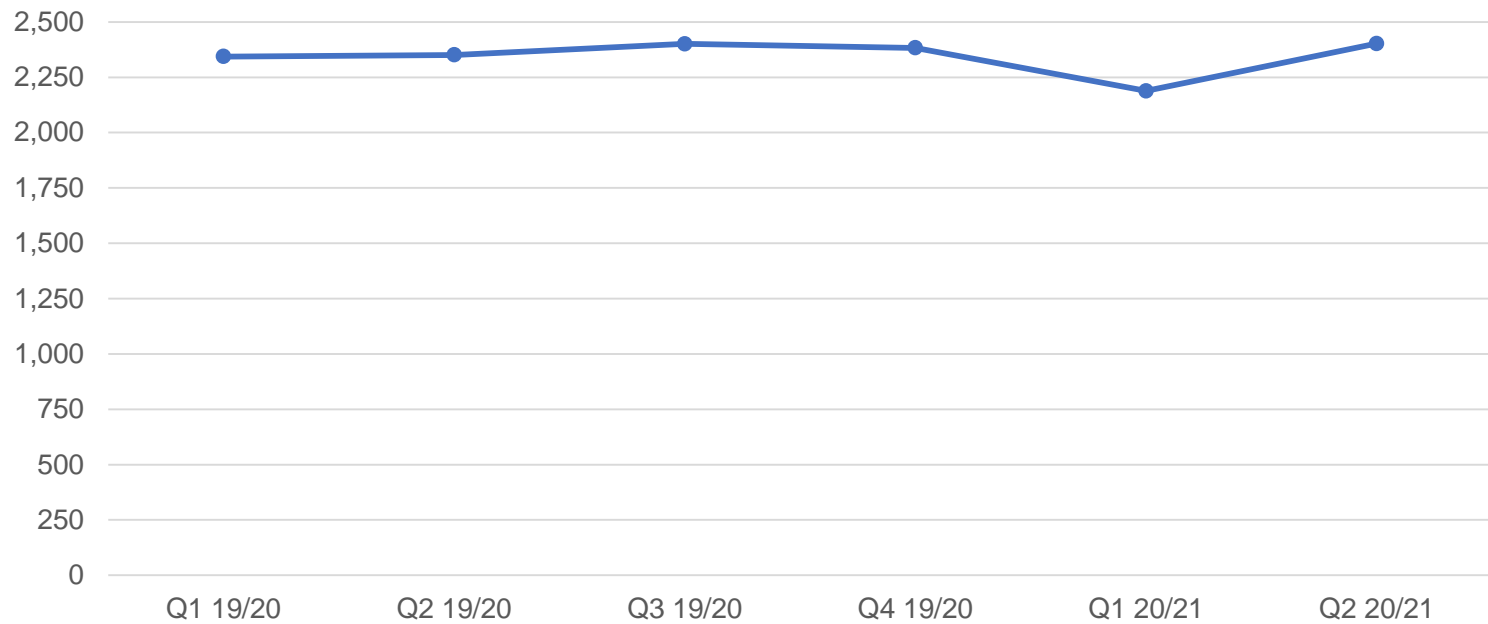


Technical Notes:

Activity measure, no specified target

Commentary:

The measure continues to deliver at high levels with 90% of safeguarding enquiries with a risk identified having the risk removed or reduced in Q2 20/21. Delivery of this measure has varied between 88% and 92%.

ASC7: Number of carers**Technical Notes:**

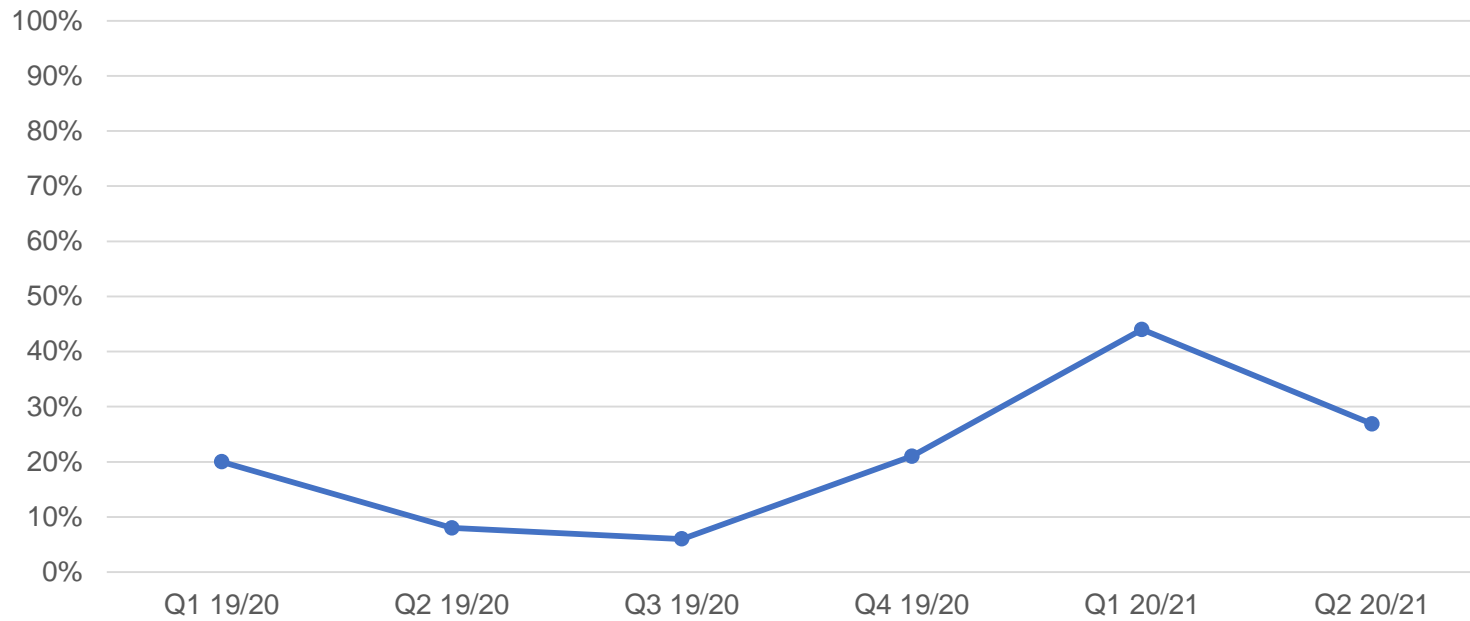
Activity measure,
no specified target

Carers with an
open carer
relationship where
the cared for is in
receipt of service

Commentary:

Following a decrease in the number of carers recorded with KCC ASC in Q1 20/21, the numbers have returned to previous levels in Q2 20/21.

ASC8: % of carers who are receiving service, and who had an assessment or review during the year



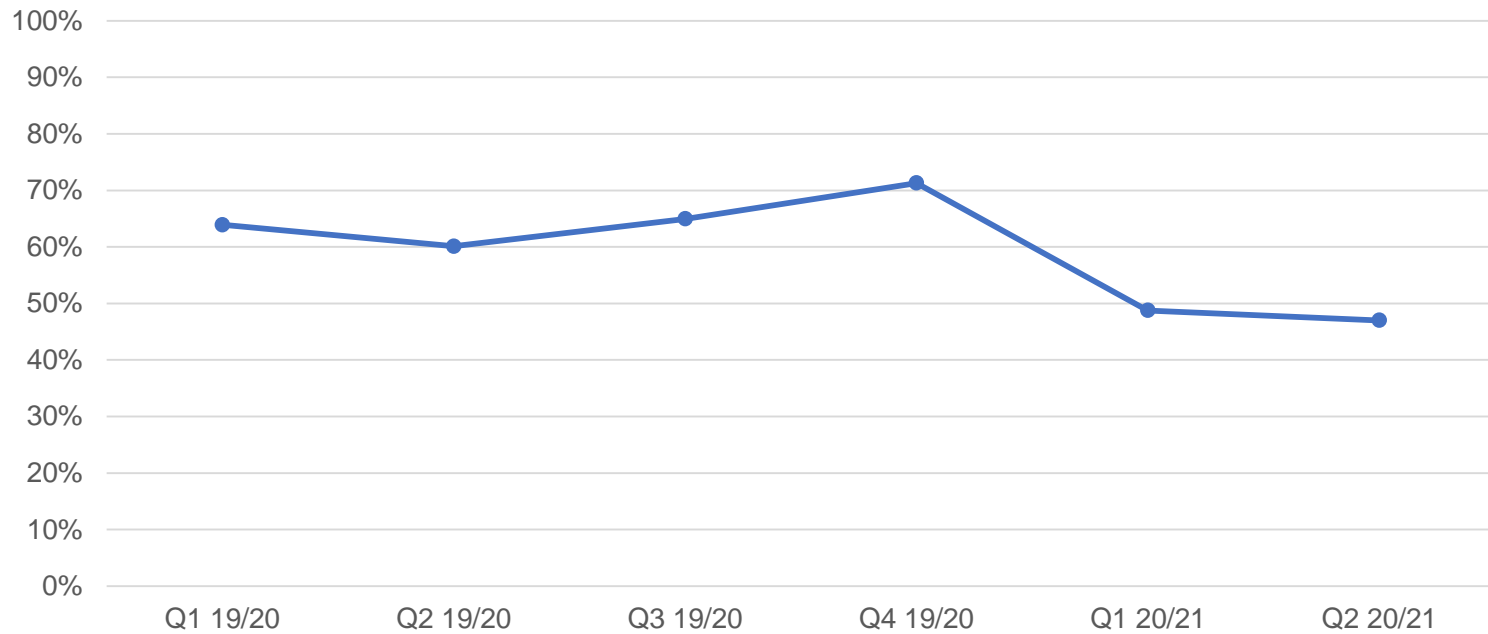
Technical Notes:

Activity measure,
no specified target

Commentary:

Overall, there have been increases in the proportion of carers receiving an assessment or review during the previous 12 months, with Q2 20/21 at 27% up from just 8% in Q2 the previous year.

ASC9: Proportion of complaints upheld (upheld and partially upheld)



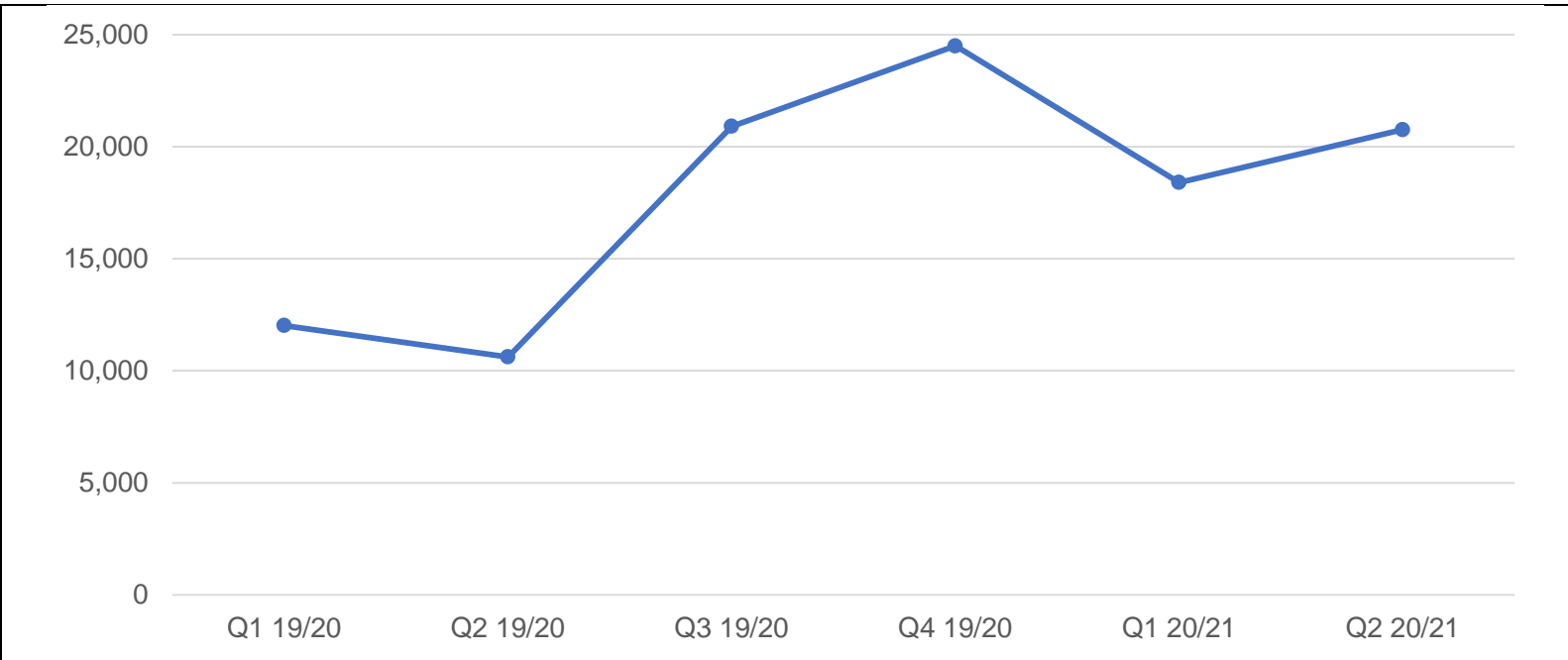
Technical Notes:

Activity measure,
no specified target

Commentary:

In Q2 20/21, 102 complaints were either fully or partially upheld, out of 217 complaints investigated. The number of complaints investigated has averaged around 240 each quarter, with 147 on average being either partially or fully upheld.

Each complaint is investigated and reported in an open and transparent way, recognising if a failure has occurred or a service was not delivered in an efficient manner; and an apology is offered, a remedy suggested and lessons learned identified. Please refer to the Cabinet Committee Paper Complaints Annual Report.

ASC10: Number of people making contact with ASC**Technical Notes:**

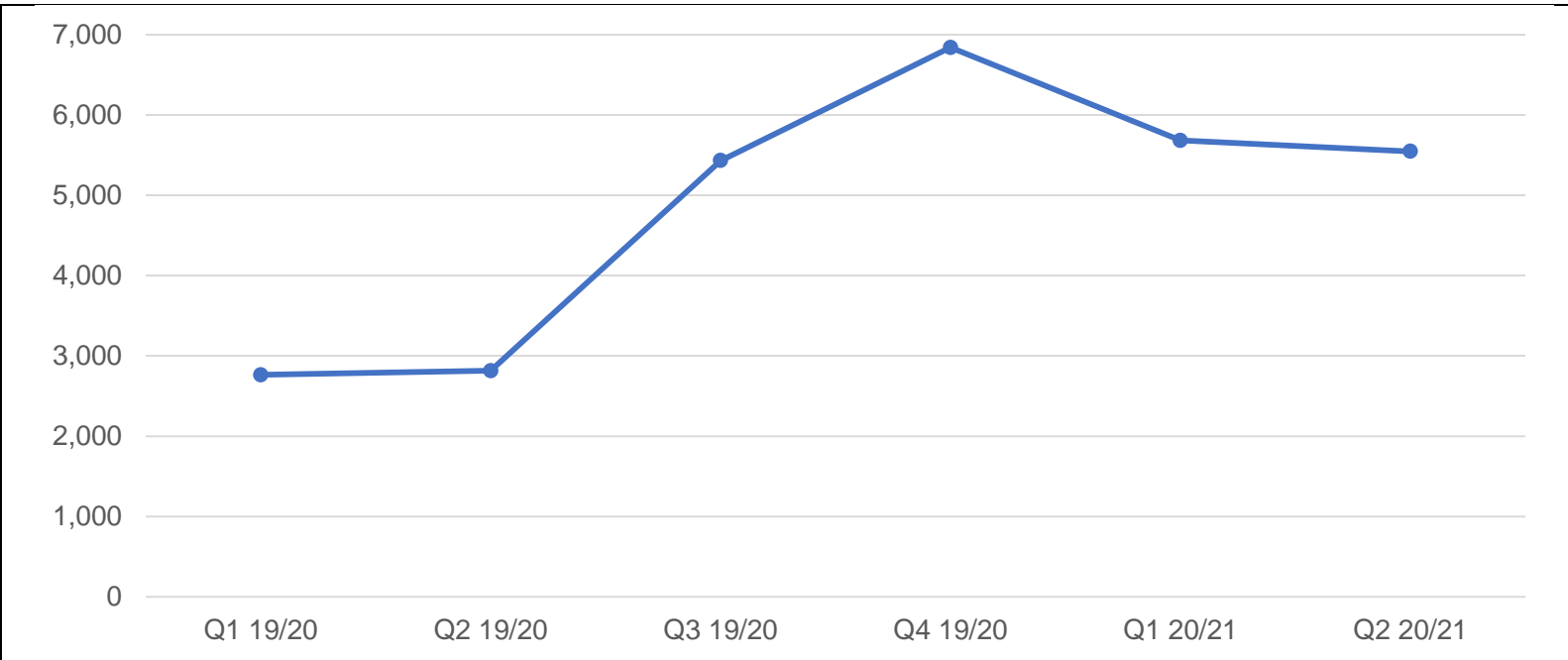
Activity measure,
no specified target

Pre Q3 2019/20
data was recorded
on Swift and is
showing an under-
reporting.

Includes all forms
of contact

Commentary:

Following a decrease in the number of people making contact with ASC during Q1, the number increased to over 20,000 in Q2 20/21.

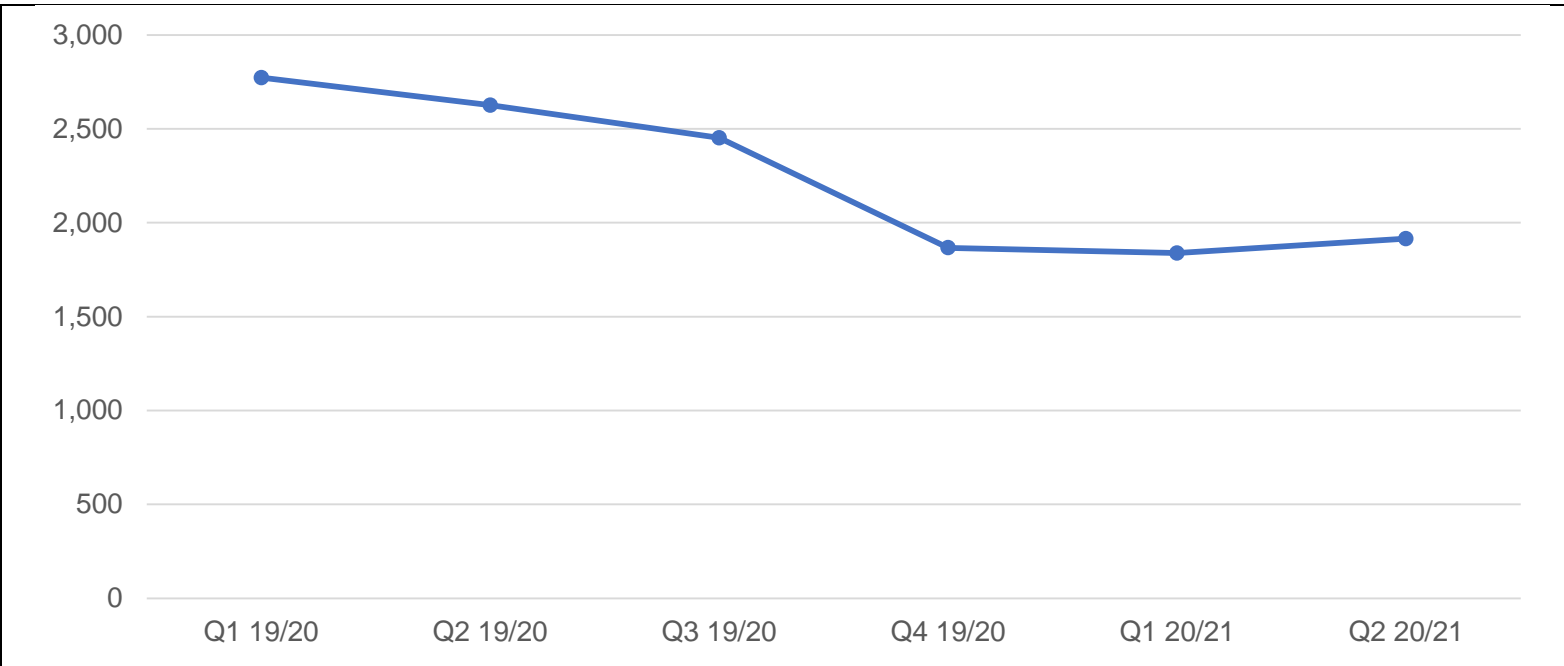
ASC11: Number of assessments delivered (care needs assessments)**Technical Notes:**

Activity measure,
no specified target

Pre Q3 2019/20
data was recorded
on Swift and is
showing an under-
reporting.

Commentary:

The number of care needs assessments delivered in Q2 20/21 was over 5,500. On average over 5,800 assessments were delivered each quarter over the past 12 months.

ASC12: Number receiving enablement**Technical Notes:**

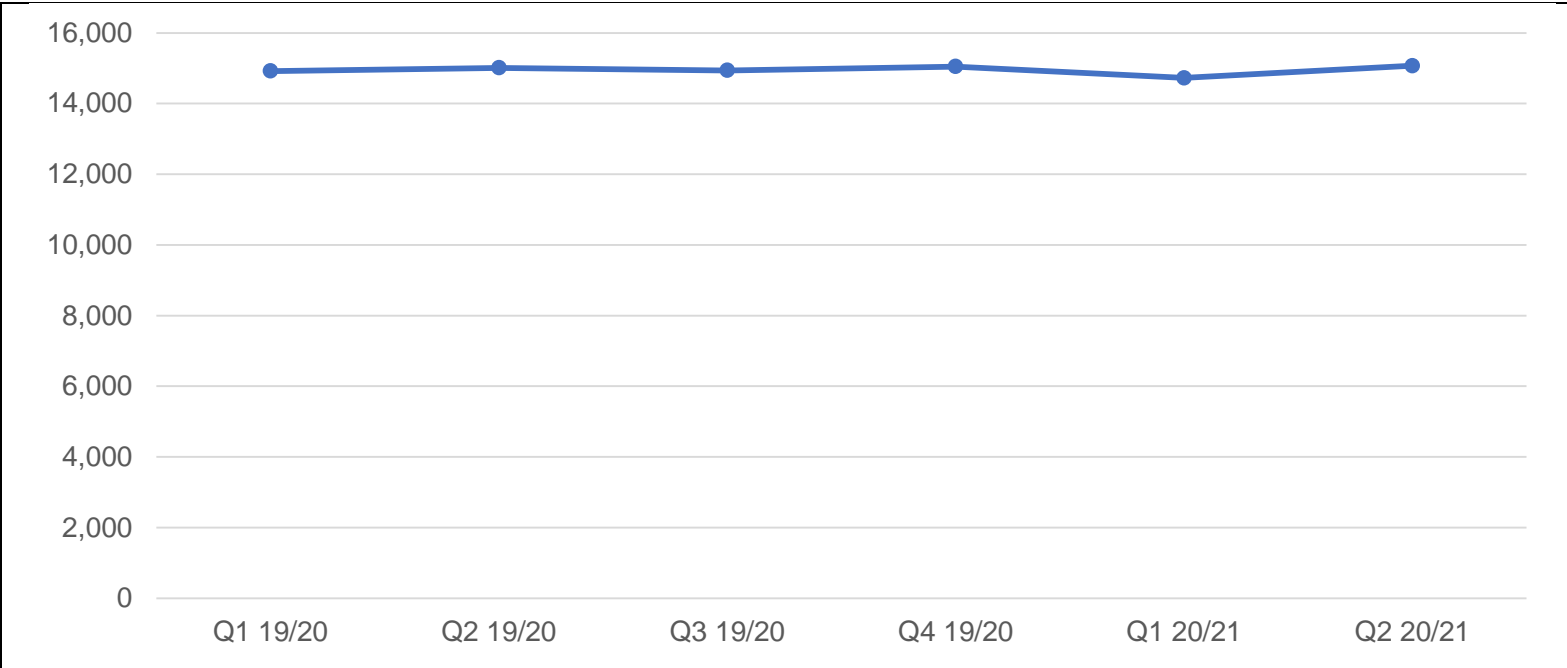
Activity measure, no specified target

People receiving services with Kent Enablement at Home (KEaH)

Commentary:

Nearly 2,000 people received enablement services with the KEaH service in Q2 20/21. This was an increase on the two previous quarters.

ASC13: Number receiving long term services



Technical Notes:

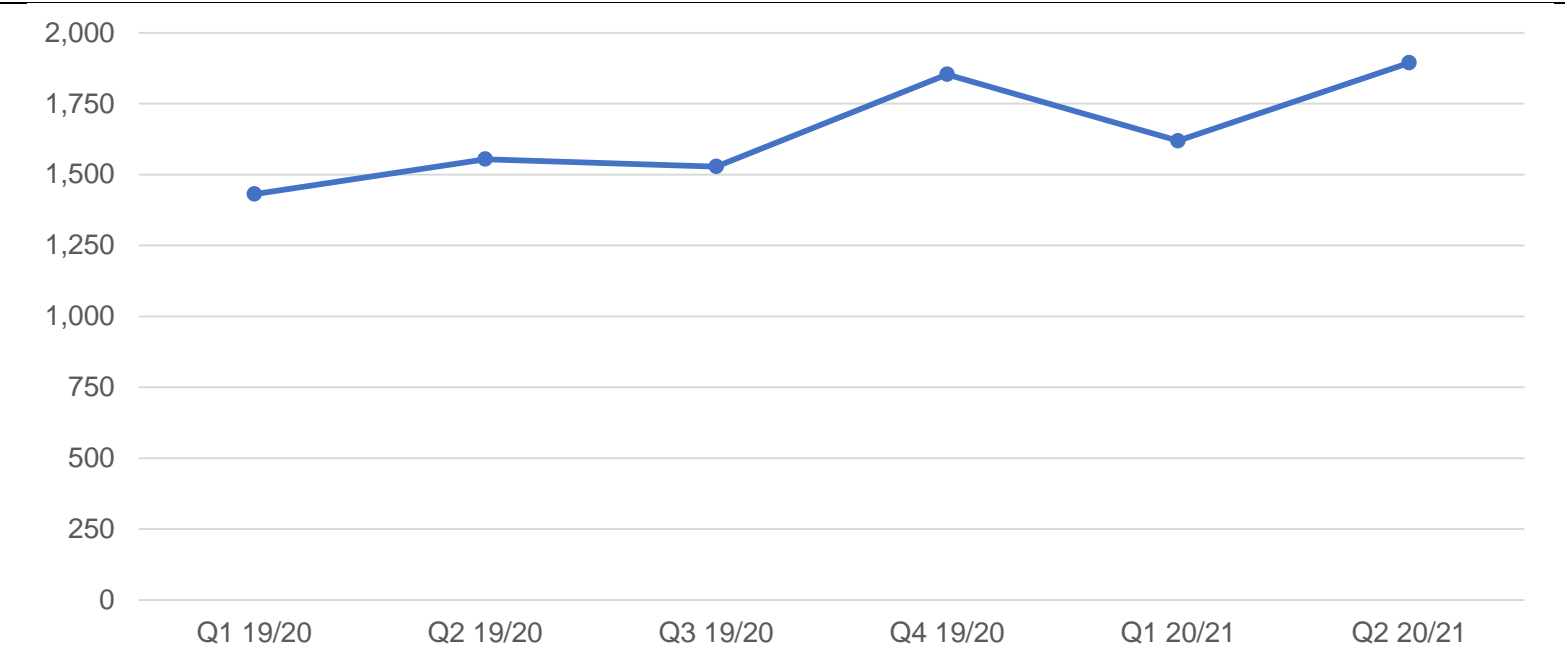
Activity measure, no specified target

Long term services are long term residential, long term Nursing, Homecare, Direct Payment, Shared Lives, Supported Living/SIS & Day Care

Commentary:

Following a decrease experienced in Q1 20/21 during the main Covid-19 lockdown period, the number of those receiving long term services has returned to previous levels. Whilst the numbers of people in residential and nursing services have decreased, the numbers accessing Homecare has increased.

ASC14: Number of DoLS applications received



Technical Notes:

Activity measure, no specified target

Commentary:

Overall, the number of DoLS applications continues to increase and is on an upward trajectory. The number of applications received in Q2 20/21 is an increase of 22% on Q2 19/20. KCC received nearly 1,900 applications in Q2 20/21.

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From: Ben Watts, General Counsel
To: Adult Social Care Cabinet Committee – 25 November 2020
Subject: **Work Programme 2021**

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 2021.

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

2. Terms of Reference

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

3. Work Programme 2021

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 asked to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics 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 2021.

6. Background Documents

None.

7. Contact details

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ADULT SOCIAL CARE CABINET COMMITTEE - WORK PROGRAMME 2020/21

WEDNESDAY 20 JANUARY 2021

• Update on service recovery following covid-19	
• In-house review	
• Update on Road Mapping and MADE programme (Making a Difference Everyday)	
• 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	Standing Item

FRIDAY 5 MARCH 2021

• Update on service recovery following covid-19	
• Community Grants update (review the timing of this item in November)	
• Rates Payable and Charges Levied for Adult Social Care	Annual Report
• Annual Equality and Diversity Report	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	Standing Item

THURSDAY 17 JUNE 2021

• 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	Standing Item

Last updated on: 16/10/2020

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