ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 1st December, 2021

2.00 pm

Council Chamber, Sessions House

Kent County Council
kent.gov.uk

AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 1 December 2021 at 2.00 pm
Council Chamber, Sessions House

Ask for: **Hayley Savage**
Telephone: **03000 414286**

Membership (16)

Conservative (12): Mr A M Ridgers (Chairman), Mr S Webb (Vice-Chairman),
Mrs P T Cole, Mr N J Collor, Ms S Hamilton, Mr J Meade,
Mr D Ross, Mr T L Shonk, Mr R J Thomas, Mr A Weatherhead and
Ms L Wright

Labour (2): Ms K Grehan and Ms J Meade

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

Green and
Independent (1): Mr S R Campkin

Webcasting Notice
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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 2021 (Pages 1 - 8)

5 Verbal Updates by Cabinet Member and Corporate Director (Pages 9 - 10)

6 21/00091 - Making a Difference Every Day: Our Strategy for Adult Social Care in
Kent, 2022 - 2027 (Pages 11 - 58)

<u>EXEMPT ITEMS</u>

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

Benjamin Watts
General Counsel
03000 416814

Tuesday, 23 November 2021

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care Cabinet Committee held at online on Wednesday, 29th September, 2021.

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

ALSO PRESENT: Clair Bell

IN ATTENDANCE: Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Richard Smith (Corporate Director of Adult Social Care and Health), Chris McKenzie (Director of Adult Social Care and Health North and West Kent), Michael Thomas-Sam (Strategic Business Adviser, Social Care), Matt Chatfield (Operational Analytics and Systems Manager), Akua Agyepong (Assistant Director (Countywide) Adult Social Care and Health), Serine Annan-Vetch (Policy Advisor), Lisa Clinton (Stakeholder Engagement Manager), Helen Gillivan (Head of Business Delivery Unit), Maureen Stirrup (Head of Deprivation of Liberty Safeguards), Jeanette Young (Head of Commissioning, Adult Social Care (Interim)), Theresa Grayell (Democratic Services Officer) and Hayley Savage (Democratic Services Officer)

UNRESTRICTED ITEMS

12. **Introduction/Webcasting Announcement**
    (Item. 1)

    The Vice-Chairman of the Committee, Mr S Webb, said he was chairing today's meeting at the request of the Chairman, Mr A Ridgers, who was unwell but in attendance. Mr Ridgers expressed his gratitude to Mr Webb.

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

    There were no apologies for absence and no substitutes.

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

    There were no declarations of interest made by Members.

    Later in the meeting, Mrs Wright declared an interest under Item 9 – *Local Government and Social Care Ombudsman Public Report on Deprivation of Liberty Safeguards (DOLS)* – as an appointee for a family member.

15. **Minutes of the meeting held on 22 June 2021**
    (Item. 4)

It was RESOLVED that the minutes of the meeting held on 22 June 2021 were correctly recorded and they be signed by the Chairman when this can be done safely.

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

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

      Consultation for Adult Social Care Strategy - The consultation was launched on 13 September 2021 and would close on 24 October 2021. This was the five-year vision and overarching strategy of the Making A Difference Every Day (MADE) programme. There were three main themes – putting the person at the centre, innovation and measuring outcomes.   There would be an additional focus consultation shortly on a carers' strategy.

      Consultation for Community Mental Health and Wellbeing Services – The consultation was launched on 23 August 2021 and would close on 3 October 2021. A wide range of local charities and organisations currently delivering these services were jointly commissioned by KCC and Kent & Medway Clinical Commissioning Group. Direct contracts with two strategic partners delivering services directly, and subcontracting to other providers, were coming to an end on 31 March 2023. Four services were included in the consultation, Live Well Kent Medway, Mental Health Housing Related Support, 24-7 Telephone and Online Support Service for Kent and Medway, and Activity Programme for Young People aged between 14-35 who have suffered from a first episode of psychosis.

      Government Plans for Health and Social Care – Mrs Bell said she was speaking to colleagues and Officers in the Adult Social Care and Policy Teams to understand the proposals and potential implications for the Council, and how this may impact on budget, demand, and the delivery of services.

      Digital Social Care Project - KARA – Mrs Bell said she was pleased to attend the KARA Video Carephone Celebration Event on 14 September 2021 and that, so far, 1,700 video phone devices had been deployed to vulnerable residents. The video phone devices were initially used to keep people safe but had since been used for assessments, medication reminders, online classes, bingo and to connect with friends and family. Feedback received had reflected the success of the device and how it was supporting health and wellbeing.

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

      Kent Care Awards 2021 – Mr Smith attended the Kent Care Awards ceremony, supported by KCC and other organisations, where awards were made to direct care staff who had worked tirelessly throughout the pandemic providing essential services.

      Staff Update – The recruitment of two directors, Director of Adult Social Care and Public Health and Director of Adult Social Care for East Kent, were being finalised and would complete the Operational Senior Leadership Team.

Equality – The Equality Forum held a session, facilitated by Mr McKenzie and Ms Agyepong and supported by external speakers, to encourage Officers to think differently about equality and to look at different ways of working with, and supporting, communities. Conversations on this would continue including the consideration of equality statements.

ADASS Care Conference – Mr Smith attended the ADASS Conference on 21 September 2021 which recognised the challenges adult social care currently faced nationally. Mr Smith said Officers were working on a paper highlighting the challenges the Council faces over the winter period and this was likely to come to County Council in November.

Prevent Team - The Prevent Team was a statutory service providing support to young people at risk of radicalisation. A positive peer review report had been received from the Home Office highlighting the exceptional work of the team. The report set out opportunities to involve the wider workforce in identifying individuals at risk of radicalisation.

3. It was RESOLVED that the verbal updates be noted, with thanks.

17. **Adult Social Care and Health Performance Q1 2021/22**
     (Item. 6)

1. Mr Chatfield introduced the report and highlighted the key areas of performance.

2. Mr Chatfield and Mr McKenzie responded to comments and questions from the committee, including the following:

    (a) asked about trends in the continued increase of mental health issues and Deprivation of Liberty Safeguards (DOLS), and how Kent residents could be supported, Mr McKenzie said teams were under pressure to deal with the increase in demand and the strategic approach of the Make a Difference Every Day (MADE) programme was one way in which this demand would be met. The increase in awareness of Deprivation of Liberty Safeguards (DOLS) had increased applications, and performance had significantly improved in the last year with the undertaking of a higher number of applications; and

    (b) asked about the coordination of services between Social Services and community work in the district, Mr McKenzie said the long term strategic MADE programme would develop a locality-based approach where services were joined up within communities. In addition, Adult Social Care Directors' responsibilities were defined by geographical area, and this was enabling stronger relationships to be formed with district councils and partner agencies. Mr McKenzie said he was happy to discuss any specific issues directly with Members.

3. It was RESOLVED that the performance of services in quarter 1 of 2021/22 and the addition of the Mental Health activity measure for 2021/22 be noted, with thanks.

18. **Domestic Abuse Update Including Strategy Addendum**
(Item. 7)

1. Ms Agyepong, Ms Annan-Veitch and Ms Westlake introduced the report which set out the Council's new responsibilities under the Domestic Abuse Act 2021 and its progress against these new duties. These new responsibilities included the creation of a Local Partnership Board, commissioning activity in relation to accommodation-based services and the publication of a Domestic Abuse Strategy by October 2021. The Council had been allocated over £3.1m in new funding for 2021/22 in relation to the new statutory responsibilities under the Act and the progress being made on proposals to use the new funding effectively and compliantly through the Kent Integrated Domestic Abuse Service (KIDAS) was highlighted.

2. Ms Agyepong, Ms Annan-Veitch and Ms Westlake responded to questions and comments from the committee, including the following:

   (a) asked whether funding and support followed a person who was placed outside of Kent, Ms Westlake said under the Domestic Abuse Act 2021 each tier 1 local authority had their own allocation of funding and a duty to help survivors fleeing Kent who required support in safe accommodation. Communication with neighbouring authorities was taking place to promote geographic equitability;

   (b) asked about accessibility and what was being done to reach out to survivors of domestic abuse, Ms Westlake said the KIDAS providers were proactive in raising awareness and there were numerous ways in which survivors could access support, for example, through telephone, text, email, or website. Safe contact routes were used following a referral;

   (c) asked how Members could help in raising awareness Ms Westlake said she would contact Members regarding the communication plan across Kent and Medway so that Members could share information within their areas. Ms Agyepong added that the Local Partnership Board had recommended that Members be provided with more insight and Officers were preparing a briefing to take place in due course;

   (d) asked whether support networks were available for men, Ms Westlake said the KIDAS offer of support was inclusive and meeting the needs of a diverse range of survivors. Support was tailored to individual needs and there were specialist Independent Domestic Violence Advisers (IDVA) workers for male and LGBT survivors;

   (l) asked whether family pets of survivors could be accommodated, Ms Westlake said this depended on the refuge and other residents. KIDAS providers were currently liaising with the Dogs Trust to see what arrangements could be made for pets of domestic abuse survivors. Members offered their support in this regard and Ms Westlake would make contact;

   (e) asked how survivors of domestic abuse could seek help, Ms Westlake said the Ask for ANI scheme with pharmacies enabled survivors to ask for help in

a discreet way and a response system had been set up in covid testing and vaccination sites. The need for a national or Kent and Medway scheme with a recognisable sign or logo was discussed. Ms Agyepong said she would take this forward with the Communication Group to look at how this could be progressed and would feed back to Members.

Ms Annan-Veitch said as part of the partnership work there was a Partnership and Social Media Communications Group which focussed on a consistent message and brand, providing clear messaging across the partnership. Ms Westlake said posters were available and she would send these to Members;

(f) asked whether signposting was available in schools Ms Agyepong said the obligations under the Domestic Abuse Act 2021 sat alongside the safeguarding obligations of the Council and schools were being briefed and updated within the broader safeguarding offer; and

(g) asked why survivors were often forced to move away from their homes, Ms Annan-Veitch said most survivors stay in their homes and most perpetrators were not prosecuted making it hard to find routes to force them out of the family home. Perpetrator programmes were in the process of being developed with the intention of reducing abusive behaviours. Ms Westlake said the Sanctuary scheme fell within the definition of safe accommodation and there was current scoping, working closely with police and local districts and boroughs, to enable survivors to remain in their own homes with enhanced security measures.

3. It was RESOLVED that the progress in relation to the Domestic Abuse agenda be noted, with thanks.

19. **Making A Difference Every Day - Our Strategy For Adult Social Care In Kent 2022 To 2027: Consultation**
(Item. 8)

1. Mr Thomas-Sam introduced the report and summarised the progress that had been made towards the development of the new Adult Social Care Strategy and the related engagement and consultation process.

2. An animation video explaining the development work of the Making a Difference Every Day (MADE) strategy was shown to Members.

3. Mr Thomas-Sam and Ms Clinton responded to comments and questions from the committee, including the following:

(a) asked how Kent residents who do not speak or read English could access the consultation information, Ms Clinton said early engagement had taken place with community organisations around the provision of information in different formats including different languages and sign language. Ms Clinton said colleagues and experts from learning disabilities and autism groups had been consulted on the design of materials and an easy read version was available online; and

(b) asked how this strategy would link in with the new Carers' Strategy Mr Thomas-Sam said the Carer's Strategy would support the MADE overarching document. Work on achieving this, including the formation of a planning group, was underway.

4. It was RESOLVED that the content of this report and the attached 'Making a Difference Every Day, Our Strategy for Adult Social Care in Kent 2022 to 2027 Consultation Document' be noted, with thanks.

20. **Local Government And Social Care Ombudsman Public Report On Deprivation Of Liberty Safeguards (DoIs) In Kent**
(Item. 9)

Mrs Wright declared an interest as an appointee for a family member.

1. Mr McKenzie and Ms Agyepong introduced the report and provided an overview of the Council's proposed response to a report published by the Local Government and Social Care Ombudsman (LGSCO) on 2 September 2021 about a complaint received from a Kent resident. The LGSCO upheld the complaint, and a public report was issued highlighting the Council's failings in response to the matter concerned and made recommendations. Ms Agyepong summarised the actions that the LGSCO had recommended the Council undertake, including those where work in achieving them had commenced and those where Officers believed it was not possible for the Council to comply with the LGSCO's recommendations. Ms Agyepong highlighted the reasons why the Council was unable to comply with these recommendations including the limited availability of Best Interest Assessors (BIAs).

2. Ms Agyepong said there would be ongoing scrutiny for the work undertaken by the DOLS team involving regular engagement with the Kent and Medway Adult Safeguarding Board, and the DOLS work would remain on the Council's risk register.

3. Ms Agyepong said since the Cheshire West Judgment the Council had invested £1.54 million into services to ensure DOLS work was carried out in accordance with legislation. Continued investment along with wider service improvement driven by the MADE programme would result in an increase in the number and quality of assessments undertaken.

4. Ms Stirrup said that performance data indicates that the Council has moved from 11th to 3rd in ranking against its CIPFA neighbours.

5. Mr McKenzie, Ms Agyepong and Ms Stirrup responded to comments and questions from the committee, including the following:

(a) asked whether a precedent existed where LGSCO had made unachievable recommendations, Mr McKenzie said he was aware of a report in relation to Staffordshire County Council where recommendations were less punitive on the local authority and more time was given to comply;

(b) asked about the repercussions of a second report from LGSCO stating the Council had failed to comply, Ms Agyepong said there was a reputational

risk for the Council and there was a need to weigh this risk against operational risk. Ms Agyepong said a large number of additional BIA's would be required to meet the recommendations and, along with the prioritisation of historical cases, would have an impact on the system including new applications;

(c) Mr Smith said since the Cheshire West judgment meeting demand had been a challenge for NHS and local authorities nationally. The replacement of the DOLS scheme with Liberty Protection Safeguards (LPS) would reduce demand and pressure on local authorities as assessments would last longer and there would be fewer authorisations made to the Council. Ms Stirrup said local authorities were still waiting for the Code of Practice which had not yet been published;

(d) asked about additional resources required to meet the recommendations, Mr McKenzie estimated an additional 96 Full Time Equivalent (FTE) BIAs would be required and said the DOLS team currently had 6.5 FTE BIAs with approximately 44 who worked within community teams and undertaking one assessment per month. Therefore, twice as many BIA's would need to be recruited on a full-time basis to undertake the work. Mr McKenzie said the workforce did not exist and, if attempted, would mean pulling workers away from other local authorities. In addition, some applications require assessment by Section 12 Doctors who were externally contracted and there would be resource implications for the advocacy service;

(e) asked how long it would take to train a BIA and whether this training could be promoted through the Council, Ms Stirrup said BIAs needed to be formally qualified as a nurse, occupational therapist, or social work practitioner. They would then undertake a formal BIA qualification involving a week's contact time with a university and support from the DOLS team in building a portfolio. Currently there was one cohort per year of 15 trainee BIAs and achieving the qualification took six months from end to end. Under the forthcoming LPS framework the BIA role would be replaced by the Approved Mental Capacity Professional (AMCP) role, and the new Code of Practice would advise further on the assessment process. Ms Stirrup said the Council was regularly advertising for BIAs but finding suitable candidates with the required qualifications and experience was a challenge;

(f) asked whether people could choose a medical assessor including a power of attorney, Ms Stirrup said following the assessment there was independent level scrutiny involving family members. In the event of family members challenging the assessment, the complaint system could be used and those with Power of Attorney could become involved; and

(g) asked about the 15,000 cases highlighted by the LGSCO as needing to be reviewed and when this would happen, Ms Stirrup said cases in the pending cohort were reviewed on a quarterly basis. Where circumstances had changed these cases were moved through the system. Ms Stirrup said cases were not left without oversight and where there were no family members the advocacy service was engaged.

6. Mrs Bell thanked Members for their questions and comments.

7. It was RESOLVED that the Local Government and Social Care Ombudsman report be noted, with thanks.

21. 21/00081 - Care And Support In The Home Service Phase 2 - Supported Living
(Item. 10)

1. Mr Stephen introduced the report, about which there were no questions.

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

    (a) Award contracts to additional providers as detailed in EXEMPT Appendix 1; and

    (b) Delegate authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contract or other legal agreements, as necessary to implement the decision, be endorsed.

22. Decisions Taken Outside Of The Cabinet Committee Meeting Cycle
(Item. 11)

The Committee NOTED that decisions *21/00063 – Kent Integrated Domestic Abuse Service (KIDAS) Contract Extension* (this decision was noted under Item 9) and *21/00078 – Princess Christian's Farm* had been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution.

23. Work Programme - 2021/22
(Item. 12)

The Democratic Services Officer said that since the work programme had been published an additional item – *Dynamic Purchasing System Update* - was added to the agenda for the December committee meeting.

It was RESOLVED that the committee's work programme for 2021 be noted.

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 – 1 December 2021**

Subject: Verbal updates by the Cabinet Member and Corporate Director

Classification: Unrestricted

Electoral Divisions: All

Verbal updates will be made by the Cabinet Member and the Corporate Director at the meeting.

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From:	Clair Bell, Cabinet Member for Adult Social Care and Public Health
	Richard Smith, Corporate Director Adult Social Care and Health
To:	Adult Social Care Cabinet Committee – 1 December 2021
Subject:	**MAKING A DIFFERENCE EVERY DAY – OUR STRATEGY FOR ADULT SOCIAL CARE IN KENT 2022 TO 2027**
Decision Number:	21/00091
Classification:	Unrestricted
Past Pathway of report:	Making a Difference Every Day Programme Board – 27 November 2021 Adult Social Care Cabinet Committee – 22 June and 29 September 2021

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Summary: This report informs Members of the outcome of the consultation on the draft 'Making A Difference Every Day – Our Strategy for Adult Social in Kent 2022 to 2027'. The strategy has been updated to reflect the outcome of the consultation.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix 1) to:
a) **ADOPT** the Making A Difference Every Day – Our Strategy for Adult Social in Kent 2022 to 2027';
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to refresh and/or make revisions as appropriate during the lifetime of the strategy; and
c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contract or other legal agreements, as necessary to implement the objectives of the strategy.

1. Introduction and background

1.1 The Adult Social Care core purpose and the strategic direction is described in the draft *'Making A Difference Every Day – Our Strategy for Adult Social Care in Kent 2022 to 2027'*. Cabinet Committee considered previous papers on the

development of a new Adult Social Care Strategy on 22 June 2021, and a consultation report on 29 September 2021.

1.2 There is a need for a new strategy for adult social care to be developed as the existing 'Your Life, Your Wellbeing' strategy will expire at the end of 2021.

1.3 Due to a decade of difficult financial pressures on the council's budget and the huge social, economic and public service delivery impact of the Covid-19 pandemic, the operating environment has fundamentally changed. A new strategy must be developed that is in line with the council's corporate objectives and guided by the principles of the Care Act 2014.

1.4 The Interim Strategic Plan which sets out the action KCC will prioritise was approved by County Council in December 2020 and work is in progress to develop a new Five-Year Plan as KCC's Strategic Statement and the Adult Social Care Strategy objectives will contribute towards achievement of the outcomes that will be set out in the Strategic Statement.

1.5 The draft 'Making A Difference Every Day- our strategy for Adult Social Care in Kent 2022 to 2027 (attached as Appendix A) has been developed to set out the strategic direction for, and help to enable delivery of, adult social care services over the next five years in Kent.

1.6 The work of the Adult Social Care and Health Directorate takes place in a rapidly changing world, where people we support have increased expectations in terms of access, quality of services and the outcomes that matter to them. As a result, we plan to publish a new strategy that describes our strategic direction, vision and the core principles, which provide a foundation for how we work in practice. It is intended to be a high-level plan that unifies the approach across our workforce to deliver more person-centred, flexible and responsive support. The strategy will help us to articulate this to Kent residents.

2. Consultation process and outcome

2.1 The strategy which has been subject to consultation, and it has been designed to explain in plain English, and in an engaging way, the overall draft vision, the idea of three core principles (putting the person first, improving all the time and measuring what matters) and new ways of working model, which keeps the person at the heart of everything we do and will help us continuously improve the services we offer. Together, these describe our 'Making a Difference Every Day' approach to helping the person we support, and carers achieve the outcomes they see as most important. The consultation on the strategy opened on 18 September 2021 and it closed on 24 October 2021.

2.2 The consultation process identified the main stakeholders with interest in the strategy, and this included people supported by the service, carers, Kent County Council (KCC) staff, KCC Members, voluntary sector organisations, Healthwatch, NHS trusts, Kent and Medway Clinical Commissioning Group, and social care providers, as well as the public. Full details of the consultation

process and responses are included in the Adult Social Care Strategy Engagement and Consultation Outcome Report (Appendix B).

2.3 In the pre-consultation and engagement period, we involved several groups; people we support, members of the public, carers, our staff, county councillors, and partners to co-produce this strategy. As a result, the draft strategy has benefited from many different perspectives in its creation even prior to going out to consultation. Both the learned experiences of our staff, and the lived experiences of the people we support, carers and partner organisations have been discussed and have shaped the core document. It should be noted that findings from the consultation on the Carers Strategy and its related aims will also contribute to the delivery of the Making a Difference Every Day Strategy.

2.4 It is important to note that the revised draft strategy addresses all the main issues from the consultation responses. The revised strategy emphasises the role of preventative services, the necessity for KCC to comply with its statutory obligations and contribute to the priorities of members and also includes information as to how the strategy will be implemented through a number of delivery plans, including the Carers Strategy.

3. Financial Implications

3.1 The implementation of the new strategy will be taken forward based on the budget allocation to the Adult Social Care and Health Directorate. Service delivery arising from this strategy for future years will be determined by the approved budget and the Medium Term and Financial Plan requirements.

4. Legal Implications

4.1 The implementation of the strategy will be in line with Kent County Council's adult social care responsibilities, set out in relevant legislation such as the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983.

5. Equalities implications

5.1 As part of the planning process for the strategy development work, an initial equalities impact assessment was developed. This has subsequently been updated and is attached as Appendix C.

5.2 Comments were made as part of the response to the consultation which have implications for practice and delivery of services. It is intended that these comments would be taken on board and acted on.

6. Conclusion and next steps

6.1 There is a need for a new strategy for adult social care to be developed as the existing 'Your Life, Your Wellbeing' strategy will expire at the end of 2021.

6.2 The draft 'Making A Difference Every Day- our strategy for Adult Social Care in Kent 2022 to 2027, has been developed to set out the strategic direction for,

and help to enable delivery of, adult social care services over the next five years in Kent.

6.3 A formal launch of the strategy is planned to take place. The various delivery plans and activities which have been started to support the implementation of the ambitions and the objectives of the strategy will be monitored, and their progress measured against the high-level outcomes described in the strategy. Reporting on progress towards the goals of the strategy will form part of the routine cycle of reporting to Members.

7. Recommendations

7.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix 1) to:

a) **ADOPT** the Making a Difference Every Day – Our Strategy for Adult Social in Kent 2022 to 2027';

b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to refresh and/or make revisions as appropriate during the lifetime of the strategy; and

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

8. Background Documents

None

9. Report Authors

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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: 21/00091

For publication

Key decision: YES

Title of Decision: MAKING A DIFFERENCE EVERY DAY – OUR STRATEGY FOR ADULT SOCIAL CARE IN KENT 2022 to 2027

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
a) **ADOPT** the Making A Difference Every Day – Our Strategy for Adult Social in Kent 2022 to 2027';
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to refresh and/or make revisions as appropriate during the lifetime of the strategy; and
c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contract or other legal agreements, as necessary to implement the objectives of the strategy.

Reason(s) for decision: There is a need for a new strategy for adult social care to be developed as the existing 'Your Life, Your Wellbeing' strategy will expire at the end of 2021.

Due to a decade of difficult financial pressures on the council's budget and the huge social, economic and public service delivery impact of the Covid-19 pandemic, the operating environment has fundamentally changed. A new strategy must be developed that is in line with the council's corporate objectives and guided by the principles of the Care Act 2014.

The Interim Strategic Plan which sets out the action KCC will prioritise was approved by County Council in December 2020 and work is in progress to develop a new Five-Year Plan as KCC's Strategic Statement and the Adult Social Care Strategy objectives will contribute towards achievement of the outcomes that will be set out in the Strategic Statement.

The draft 'Making A Difference Every Day- our strategy for Adult Social Care in Kent 2022 to 2027, has been developed to set out the strategic direction for, and help to enable delivery of, adult social care services over the next five years in Kent.

The work of the Adult Social Care and Health Directorate takes place in a rapidly changing world, where people we support have increased expectations in terms of access, quality of services and the outcomes that matter to them. As a result, we plan to publish a new strategy that describes our strategic direction, vision and the core principles, which provide a foundation for how we work in practice. It is intended to be a high-level plan that unifies the approach across our workforce to deliver more person-centred, flexible and responsive support. The strategy will help us to articulate this to Kent residents.

The strategy which has been subject to consultation, and it has been designed to explain in plain English, and in an engaging way, the overall draft vision, the idea of three core principles (putting the person first, improving all the time and measuring what matters) and new ways of working model, which keeps the person at the heart of everything we do and will help us continuously improve the

services we offer. Together, these describe our 'making a difference every day' approach to helping the person we support, and carers achieve the outcomes they see as most important.

Financial Implications: The implementation of the new strategy will be taken forward based on the budget allocation to the Adult Social Care and Health Directorate. Service delivery arising from this strategy for future years will be determined by the approved budget and the Medium Term and Financial Plan (MTFP) requirements.

Legal Implications: The implementation of the strategy will be in line with Kent County Council's adult social care responsibilities, set out in relevant legislation such as the Care Act 2014, Mental Capacity Act 2005 and the Mental Health Act 1983.

Equalities implications: As part of the planning process for the strategy development work, an initial equalities impact assessment was developed. Comments were made as part of the response to the consultation which have implications for practice and delivery of services. It is intended that these comments would be taken on board and acted on. The EQIA will be updated and a final version will be drafted to support the proposed decision.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 1 December 2021 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Pre-consultation engagement activity that informed the draft strategy took place from September 2020 to August 2021. In addition to the engagement activity, link was established with colleagues and partners carrying out any similar engagement activity with any key stakeholder groups to understand the views and perceptions of people accessing similar support such as learning disability and autism services, carers support services, mental health services and older people's services.

137 attendees that attended pre-consultation engagement/co-production workshops. Attendees were made up of people with lived experience of adult social care, carers, family members, voluntary, community and provider organisation representatives.

The public consultation on the draft strategy ran from 13 September to 24 October 2021 and was promoted in the following ways - promotion of the consultation via a paid and organic social media campaign, direct emails and reminders to our social care stakeholder contact databases, regular staff communications and provider communications via our bulletins, intranet and updates, press release distributed to media outlets, Kent County Council Residents' Newsletter, posters and flyers in KCC libraries and advertising on digital screens,

In addition, two organisations took up the offer of a virtual consultation workshop with their community groups; a standalone consultation workshop with self-advocates with a learning disability or Autism and carers was conducted; and a standalone consultation workshop people with lived experience of mental health support services was carried out.

Any alternatives considered and rejected: The existing strategy expires at the end of 2021, as a result a new strategy for adult social care is required.

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

....
signed   date

Page 16

Making a difference every day

Our strategy for Adult Social Care 2022 to 2027

Draft revised document

Adult Social Care and Health

Kent County Council
kent.gov.uk

Our strategy

This strategy sets out our vision for how we plan to make changes working with people in Kent and all our partners. We have worked with people we support and their carers to develop our new 'Making a difference every day' strategy, as the bedrock for turning our ambitions into reality.

Specific action plans will be developed to support the delivery of the outcomes of the Adult Social Care Strategy. A Carers' Strategy has been developed alongside this, as one of the supporting strategies linked to this document.

This Strategy should be read alongside other strategic plans such as, Kent County Council's Interim Strategic Plan and 5-year Plan, Kent and Medway Integrated Care System's Five-year Plan and the national health and care integration policies. These can be found on our website.

Our vision driving what we do

We have agreed an overall vision for adult social care, which will guide and help us achieve the ambitions of our 'Making a difference every day' approach which is described in this strategy

Adult Social Care is about social work, personal care and practical support for younger and older adults over 18 with a physical disability, learning disability, physical or mental illness. It also includes safeguarding for those at risk of harm and abuse, as well as support for unpaid carers. For more detail, visit www.kent.gov.uk/localaccount..

Our vision for adult social care in Kent

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

Our core purpose and vision

Our core purpose is supporting people to lead the lives they want to live, and in a place they call home, by putting people at the heart of everything we do.

This means carrying out and complying with the duties of Kent County Council's adult social care responsibilities that are described in several laws and regulations. This includes promoting individual's well-being, preventing, reducing or delaying the development of the need for care and support. Our role as adult social care has not changed – but you will start to see that we will be working differently during the lifetime of this strategy, with the changes delivered within the allocated budget for adult social care.

How we can achieve this

We can achieve our ambitions if we work together with the people we support, and carers differently, this means:

Putting the person first – always starting our conversation with the voice of the person, focusing on what the person can do and keeping them at the heart of everything we do; developing working relationships people can trust and helping them to achieve outcomes that are important to them.

Improving all the time – finding innovative ways of helping people and making sure that any support offer is tailored to the individual; learning from feedback from the people we support and building continuous improvements together.
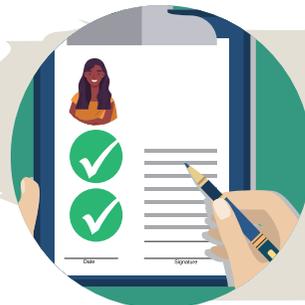
Measuring what matters – understanding how we are making a difference to the life of the person we support by working with them, our staff and partners.

What will it feel like for the people we support?

The way we want to work, shown in the diagram opposite will mean that, people we support including carers, will make more informed choices about what support is right for them. Our support will be more personalised, easy to access, more joined-up and consistent for the people we support, improving their overall outcomes and experience of adult social care and how we link with our partner organisations. The voices of the people we support will be heard as individuals, making sure we focus on equality, diversity and inclusion as we work with people, as a guide towards continuous improvement.

We will work with communities early on to help people feel empowered, resilient and develop their independence and access trusted support - this could mean informal support arranged by the person, or support that is arranged by the voluntary sector or adult social care. To do this, we will need to have the support of our workforce, both within the council and in the wider care sector.

People will experience more flexible ways of arranging support, promoting a balance of choice for the people we support, quality and value.

4

Adult social care as part of an empowered and resilient Kent community

Wider public services • Enabling support • Support providers •

Health • Our support offer • Other partners

Personal support

Family • Friends • Carers

Promoting wellbeing • Safeguarding • Enabling independence

Digital technology • Commissioned services • Information and advice

These examples, based on our social care model, give an idea of how our strategy should make a difference in people's lives in the future.

Community

Working with communities to help people earlier. Empowering people to find trusted help and support locally from a range of sources.

Amanda, is a carer for her husband who has multiple sclerosis and feels isolated.

Amanda found information about local community support on the adult social care website. Amanda now attends a local carers group with her husband, and is aware of carer support and entitlements.

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

Initial contact

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

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

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

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

Our support

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

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

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

Positive support

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

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

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

Commissioning

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

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

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

Your voice

Why not sign up to our **Your voice** network?

You can join one of our focus 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 in adult social care.

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.

Visit www.kent.gov.uk/yourvoice to find out more, register to receive our latest updates and hear about opportunities to share your views with us and our partners in Kent.

Working on our strategy together

This strategy has been developed with input from people we support, carers and the public. To deliver our plans, we will need to continue to find innovative ways to improve our services, respond to change and work with and listen to people in Kent. Our plans for delivering the strategy are shown below:

Outcomes from this strategy

These outcomes will help us monitor our progress in making a difference. Here's what we expect to see when we get things right.

Our core purpose and vision

1. There is a positive relationship with the people we support, carers and partners organisations.

2. How we work, and our practice model are implemented successfully.

3. Kent County Council's adult social care responsibilities are met.

Putting the person first

1. Making a difference to the lives of the people we support and to carers.

2. The people we support feel listened to and able to shape what we do and how we do it.

3. People at risk of abuse or harm are protected at the right time.

Improving all the time

1. There is proof that we are learning all the time.

2. Innovation is part of the day-to-day approach of what we do.

3. Kent County Council enthusiastically embraces digital and adopts technology that enables us to improve upon our service delivery.

Measuring what matters

1. Feedback from the people we support, carers, staff, providers, and partners is a key part of improving what we do.

2. How well we are doing to support people compares positively with other local authorities.

3. There is good quality information and evidence of the cycle of continuous improvement.

Get in touch with Kent Adult Social Care and Health

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

This booklet is available in alternative formats and can be explained in other languages.

Telephone: 03000 41 61 61 or
Text Relay: 18001 03000 41 61 61

Draft revised strategy

Appendix B

Adult Social Care Strategy

Engagement and Consultation Outcome Report

November 2021

Contents

Executive summary

Introduction

Our draft strategy for Making a difference every day, Adult Social Care in Kent 2022 to 2027, is being developed to set out the strategic direction for, and help to enable delivery of, adult social care services over the next five years in Kent.

Due to a decade of difficult financial pressures on the council's budget and the huge social, economic and public service delivery impact of the Covid-19 pandemic, the operating environment has fundamentally changed. In response, an Interim Strategic Plan which sets out the action KCC will prioritise was approved by County Council in December 2020. Work is in progress to develop a new Five Year Plan as KCC's Strategic Statement and the Adult Social Care Strategy objectives will contribute towards achievement of the outcomes set out in the Strategic Statement.

To fulfil the need for a new strategy for adult social care it is no longer a case of building on the existing 'Your Life, Your Wellbeing' strategy when it expires at the end of 2021, but ensuring that a new strategy is developed that is in line with the council's corporate objectives, guided by the principles of the Care Act 2014.

The work of the Adult Social Care and Health Directorate takes place in a rapidly changing world, where people we support have increased expectations in terms of access, quality of services and the outcomes that matter to them. As a result, we plan to publish a new strategy that describes our strategic direction, vision and the core principles, which provide a foundation for how we work in practice. It is intended to be a high-level plan that unifies the approach across our workforce to deliver more person-centred, flexible and responsive support. The final strategy will help us to articulate this to Kent residents.

Work began on the development of the updated five-year strategy in 2020, to ensure that the principles were designed with early and iterative input from stakeholders. The project started at a time when the impact of the Covid-19 pandemic was at its most serious and continued for the duration of the stringent government measures to control the virus and protect the public.

For this more co-productive approach to developing the strategy, officers had to rely on virtual and digital methods to do so for the majority of the time. This provided both challenges and opportunities to involve different groups of people in our early engagement, co-production and consultation stages.

Our approach

We involved several groups; people we support, members of the public, carers, our staff, county councillors, and partners to co-produce this strategy. As a result, the draft strategy has benefited from many different perspectives in its creation even prior to going out to consultation. Both the learned experiences of our staff, and the lived experiences of the people we support, carers and partner organisations have been discussed and have shaped the core document.

The document has also been influenced by what we learned during the pandemic in responding innovatively in delivering services alongside our partners such as the NHS, care providers and district councils. Likewise, our commitment to equality and diversity is embedded in this strategy as we focus on the needs of the individual, reflecting this in our service offer and everything we do.

The themes that arose in the development of the Adult Social Care Strategy have been informed, not only by the discussions we have had in our workshops and co-production sessions, but by additional insights from a number of different engagement exercises such as a dedicated carers research study, an adult social care engagement roadshow in libraries, interviews with staff and people that access our services, workshops with our People's Panel and by other insights from complementary discussions and shared learning from partner organisations such as Healthwatch, the NHS and community organisations.

Summary of the draft strategy aims

The strategy document for consultation has been designed to explain in plain English, and in an engaging way, our **overall draft vision**, the **idea of our three core principles** (putting the person first, improving all the time and measuring what matters) and our **draft new ways of working model**, which keeps the person at the heart of everything we do and will help us continuously improve the services we offer. Together, these describe our 'making a difference every day' approach to helping the person we support, and carers achieve the outcomes they see as most important.

Based on adult social care diagnostic work and staff engagement to recalibrate how we do things, we are now making a concerted effort to move away from our current process-led approach to one that is much more rooted in social care practice that further focuses on and prioritises the person and their strengths.

We describe our approach for supporting people and improving their lived experience of adult social care in our 'new ways of working model'. We intend that our vision, the three principles and the new ways of working model, together, will influence everything that we do. There is also now a renewed emphasis on and commitment and the extent to which we consider equality, diversity and inclusion in all our practices. We do recognise that there is still much to do in this area both for our staff and those we support.

Our core purpose is to carry out the duties of Kent County Council's adult social care responsibilities that are described in several laws and regulations. The main adult social care legal responsibilities are found in the laws and related regulations such as, the Care Act 2014, Mental Capacity Act 2005, Mental Health Act 1983, and associated guidance. Our role as an adult social care organisation has not changed – but we hope to be approaching our work differently during the lifetime of this strategy.

The person-centred approach and the ambitions we described in the Strategy provide Adult Social Care in Kent with firm foundations to respond to the broad outcomes set out in the central government's *'Building Back Better – plan for health and social care'* and the indicated high-level policy aims of the forthcoming White Paper on social care.

Kent County Council decision making and governance process

Governance milestone	Date
Pre-consultation engagement and co-production activity	September 2020 to August 2021
Revision of the draft strategy following Adult Social Care Programme Board meeting	27 August to 3 September 2021
Public consultation opens	13 September 2021
Progress report to the Adult Social Care Cabinet Committee	29 September 2021
Public consultation closes	24 October 2021
Present outcomes to Cabinet Committee meeting	1 December 2021

Engagement process prior to consultation

Stakeholder groups identified and targeted

Pre-consultation engagement activity summary that informed the draft strategy from September 2020 to August 2021

- Public early engagement workshops

- Learning disability workshops

- Public co-production workshops

- People's Panel workshops

- Workshop with County Councillors

- Attendance and presentations at partnership meetings

- Formal meetings and updates at boards and committees

- Face to face library roadshow

- Regular staff updates

- Carers research study with a range of carers, carers support organisations and support staff

- In addition to the activity led by the strategy development project team, we linked with colleagues and partners carrying out any similar engagement activity with any key stakeholder groups to understand the views and perceptions of people accessing similar support such as learning disability and autism services, carers support services, mental health services and older people's services.

- Desktop research was also carried out to see what our neighbouring and statistically similar councils' approaches have been and to identify any existing relevant sources of information or insights gathered.

Summary of themes from pre-consultation workshops

From 137 attendees that attended pre-consultation engagement/co-production workshops. Attendees were made up of people with lived experience of adult social care, carers, family members, voluntary, community and provider organisation representatives.

Discussion outputs focused around the three core principles		
Putting the person first	**Improving all the time**	**Measuring what matters**
Trust – to build a good relationship with the person **Listening, understanding and responding** – not just talking, taking positive action and working with the person to really get to know them **Language** we use has to be simple and positive **Promote choice** – so people are informed to make the best decisions for them **Clear information** is needed about what support is available **Carers** – importance of involving and supporting carers **Consistency** – people want to have some continuity, even in the midst of change it can be reassuring when you know exactly who to contact to get support **Safeguarding** needs to be highlighted in the strategy **Direct payments** - can help	**Everyday innovations** – including small and large improvements, thinking outside the box **Flexibility** – adjusting to the person and developing the right approach together where possible **Accessibility** - right support, right time, right place **Take the time to nurture change** - go at the speed of what the person feels comfortable (change can be disconcerting even when positive) **Good conversations** - communicate as much as possible in a two-way conversation and always go back to people if you say you will. If you work with the person, then you can improve things together **Single point of contact** - one responsible lead and easy routes into support **Sharing data** across organisations is important to make things seamless for people and improve their	**Ongoing monitoring -** regular feedback on how things feel for people, their experiences and what the outcomes are for them (incl. carers) **Independent monitoring -** ask a third party to regularly help monitor performance **Close the feedback loop** – report our performance and updates back to people we support. Action - not just words. People want to hear how change might affect them. **Measure people's perception and attitudes towards** social care to work on improving this **Provide outcome reports** – both at an individual and population level to show any positive changes **Resources –** measure use of resources in social care and with partners **Stable workforce** is a good measure for the future. People want to see an improvement on retention

people have choice and control	experiences	and enough staff to undertake the work.
Control - some people want/need more support to arrange and manage their care	**Improving processes** – to create "invisible mechanisms" that are built for people not machines	**People understanding their rights –** measure the level of awareness and work on improving this
Partnership working - joined up working, links with the voluntary sector and community involvement are very important	**Inclusion at all times** – adjust approach to include people and respond to their needs	**Reflect the diversity** of the needs of groups of individuals within your monitoring
		Ask people 'are you living your life better the same or worse than before?' and 'do you feel listened to?'

Summary of themes from pre-consultation roadshow interviews

Top 20 themes from a sample of 123 members of the public in Kent: "What's important to you?" with regards to social care.

What's important to you?	Frequency
Support to remain independent	17
Spend money and funding appropriately	12
One consistent contact	10
Easy contact methods	8
Accessible services	8
Person-centred approach	8
Knowledgeable contact	7
Equality	7
Empathy	6
Someone who listens	6
Safety and security	4
Personal choice	3
More groups at libraries	3
Reliability	3
Equipment	3
Activities	3
Confidentiality	3
24-hour support	3
More resources	3

Transport support	3

Consultation process

Promoting the consultation

The public consultation on the draft strategy ran from 13 September to 24 October 2021 and was promoted in the following ways:

- Promotion of the consultation via a paid and organic social media campaign throughout the consultation period, with additional targeted social media boost part way through the consultation period.

- Direct emails and reminders to our social care stakeholder contact databases including contacts from health organisations, care sector, voluntary sector and community organisations, members of KCC's engagement and consultation portal, 'Let's talk Kent', and our adult social care Your voice network members (4000+ contacts in total)

- Regular staff communications and provider communications via our bulletins, intranet and updates

- Press release distributed to media outlets, uploaded to the Kent Media Hub website and shared on KCC social media channels

- Kent County Council Residents' Newsletter

- Kent County Council Provider Bulletin content to care sector businesses

- Posters and flyers in KCC libraries and advertising on digital screens

- Kent County Council staff communications via newsletters and intranet content

- Multiple digital adverts and content on websites including Kent.gov.uk homepage, multiple Adult Social Care web pages and also picked up on partner websites such as Healthwatch and parish council websites

- Printed materials distributed to all Kent libraries

- Printed promotional materials sent via post via our recent adult carer national survey mailout (1000+ people).

- In addition to this, two organisations took up the offer of a virtual consultation workshop with their community groups; a standalone consultation workshop with self-advocates with a learning disability or Autism and carers was conducted; and a standalone consultation workshop people with lived experience of mental health support services was carried out.

Making information accessible

Information was provided on the Kent County Council engagement and consultation platform and on multiple pages of the Kent County Council website where people accessing adult social care information usually visit. This content is subject to government accessibility standards.

The information developed was intentionally drafted in plain English, with a mix of images and text. Any imagery used in the designed version was described in words as part of the plain text version of the draft strategy document. A specific easy read version was created for the strategy consultation portal along with supporting information.

In the pre-consultation engagement workshops a short animation with voiceover and written transcript was used to highlight the key principles and information in an engaging and accessible way.

Standalone consultation workshops were also offered for anyone who preferred facilitated discussions over filling in the consultation questionnaire. This offer was taken up by two groups including people with learning disabilities, autism, carers and people with lived experiences of mental health support.

Printed materials including flyers, consultation documents, questionnaires, an easy read consultation document and freepost envelopes that were made available on request and to pick up in KCC libraries, as well as promoting the details to request alternative formats to ensure that people were not excluded from taking part.

A number of general comments were received on social media about the fact that come people did not want to have to register for the Kent County Council Let's Talk Kent portal, and we responded to those comments to outline the alternative options available to people via telephone, paper copies or by emailing the responses direct to the relevant team for inclusion.

Respondents

A summary of the activity on the KCC Consultation portal can be found in the table below.

Total visits to the webpage	5220
Document downloads	1800
Questionnaire completions	286

The above table shows the number of downloads of the strategy documents (1800), the number of visits to the strategy consultation page (5220). The total number of responses recorded in this report is 286, however in addition to this there were additional responses that were received after the end date of the consultation to take the overall total to 308 participants, whose views and comments have also been taken into account.

Number of online responses and demographic information

Type of respondent	Number of respondents
Unknown	12
KCC employee and resident	11
Kent business owner or representative	2
Kent resident	251
On behalf of a charity, voluntary or community sector organisation (VCS)	5
On behalf of a Parish / Town / Borough / District Council in an official capacity	1
Parish, District or County Councillor	1
Local community group or residents' association	1
Resident from outside Kent	1

Postcode area	Responses
CT	95
TN	77
ME	73
DA	22
BR	2
CB	1

Gender	Respondents
Female	160
Male	60
Prefer not to say	8
Gender different from birth	1

Carer (unpaid)	Number of respondents
No	129
Yes	95
Prefer not to say	6

Age group	Number of respondents
16-24	3
25-34	8
35-49	28
50-59	56

60-64	35
65-74	61
75-84	29
85 and over	3
Prefer not to say	6
Unknown	57
Disability	**Number of respondents**
No	155
Yes	67
Prefer not to say	8

Sexuality	**Number of respondents**
Heterosexual/straight	193
Prefer not to say	17
Gay woman/lesbian	5
Bi-sexual	3
Gay man	3

Ethnicity	**Number of respondents**
White English	189
White other	10
White Scottish	6
White European	3
White Welsh	4
Mixed White & Asian	2
Asian or Asian British Indian	2
Mixed Black, Asian, White	1
White Northern Irish	1

Religion and belief	**Number of respondents**
Spiritual	2
Buddhist	1
Christian	111
Hindu	1
Jewish	1
Muslim	1
Prefer not to say	3

Disability / impairment	**Respondents (may have more than one condition)**
Learning disability	3
Longstanding illness	10
Mental health condition	14
Hearing and/or sight loss	15
Physical impairment	41

Consultation responses

Question 4 – clarity of language used

How easy or difficult was the draft strategy wording to understand?	
Very easy	115
Quite easy	99
Quite difficult	12
Neither easy nor difficult	53
Very difficult	5
No answer	2
Total	286

The main feedback from the majority (214 out of 286) of respondents was that the language was either quite easy or very easy to understand. 17 people found the wording either quite difficult or very difficult to understand and there were minimal comments related to this, but they varied from it being too wordy, to not detailed enough.

In terms of responses from people from protected characteristic groups, people with a learning disability noted that they had accessed the easy read version of the strategy, but there were comments made about the need to further simplify the questionnaire to make it more accessible.

Feedback about vocabulary used, has been taken on board to ensure a final check of clarity of language. We are aiming towards addressing any final improvements that can be made in this area to make sure it is as accessible as it can be, and we may also take up the opportunity to apply for a crystal mark for plain English.

Question 5– clarity of diagrams used

How easy or difficult were the draft strategy visuals to understand?	
Quite easy	108
Very easy	105
Quite difficult	11
Neither easy nor difficult	59
Very difficult	2
No answer	1
Total	286

A similar question was asked of the visual style of the strategy. Since a different approach had been taken to setting out the overarching direction for adult social care, through pictorial information, it was necessary to test this.

At the pre-consultation co-production workshops, this approach was popular, and this is reflected in the above consultation feedback, with 213 out of 286 people having the view that the visuals were either quite easy or very easy to understand. 11 said it was quite difficult and 1 said it was very difficult.

The explanations for this varied, but the main point was that some people would benefit from further definition of some of the terms used in the 'ways of working' model. This feedback will be reviewed so that the relevant changes recommended by respondents can be built into the final version of the strategy.

Question 6 – our proposed vision

Our draft vision is: "Making a positive difference every day, and supporting you to live as full and safe a life as possible and make informed choices." **To what extent do you agree or disagree with our draft vision?**

To what extent do you agree or disagree?	
Strongly agree	111
Mostly agree	115
Neither agree nor disagree	32
Strongly disagree	11
Mostly disagree	12
Don't know	4
Blank	1
Total	286

The draft vision was shaped with significant input from people and carers at pre-consultation co-production workshops and there were many comments about making sure it was easy to understand and that it should focus on the whole person's quality of life and support people's independence, choice and control.

In the consultation responses, 226 people out of 286 agreed with the proposed vision and 32 neither agreed nor disagreed. Of the small group of people that disagreed, the issues raised included:

- the need for better social care and voluntary sector funding;
- the need for more support for carers;
- and there were three comments requesting more detail about how the vision would be implemented.

Themes to consider are shown below. Comments relating to the proposed vision with a frequency of 2 and over are included.

Theme	Frequency
Costs for the person / funding of social care could be a barrier	5
Trained, qualified staff are essential	3
The need to involve carers/family	2
More detail needed on how this vision will be delivered	3
People commented negatively about having to seek support alone	2
Political issues need addressing (funding and resources)	2

Several quotes from people's responses have been included to accompany the points below to illustrate the themes that have been raised. For the following questions, the feedback invited was qualitative, and expressed as free text answers. This allowed for flexibility so that the most prominent themes could emerge, as led by the comments themselves.

Question 7 - core principles of the strategy

Question 7a - Please tell us if you have any comments on our three core principles described below:

*"**Putting the person first** - and always starting our conversation with the voice of the person, focusing on what the person can do and keeping them at the heart of everything we do; developing working relationships people can trust and helping them to achieve outcomes that are important to them."*

Top themes (frequency over 5) 160 out of 205 mentions	Frequency
Supportive of the principle 'putting the person first'	191
Put this principle into action	29
Need detailed plans about how to achieve the principle	24
Listening to / involving the person is essential	24
Funding of social care could be a barrier	21
The need to involve carers/family	16
Choices/control should be promoted	10
Make sure that there are enough staff to manage demand	7
High quality training is needed for staff	6
Having a trusted contact is important	6
Involve professionals and listen to their views	6
Easy contact points and access	6
A full life should be promoted - not just basic activity but choice of social activities and community links	5

Out of those 224 people that commented on this, 191 said that they agreed with what was proposed as a core principle for adult social care. 68 out of the 95 carers (72%) who answered the question said they agreed with the principle compared to 122 out of 191 (64%) of those who did not identify themselves as a carer.

People identifying on the survey as male were less likely to agree with the principle, with 65% of men answering yes compared to 71% of women answering yes to agreeing with the 'putting the person first' principle.

Among the comments were reflections on how this approach needs to be adopted in practice to improve future support, the importance of workforce capacity and a trusted and easily accessible contact for people to have when accessing social care.

"I agree with this although this doesn't say how you are going to do this. E.g. Telephone? Face to face? Internet? I am an ex manager. Telephone and internet does not work for vulnerable adults.

There were 24 mentions supporting the need to truly listen to and involve both people accessing social care and 16 mentions of involvement of carers and families in every stage of people's support. Common themes were to promote the elements of choice and control and the need to support people to live a "full and satisfying life".

"This is fundamental - having seen my parents go through this turmoil when he was ill and needed support as he wished to stay in his home for as long as possible before moving into a care home. My husband has had Parkinson's for 5 years now so we realise he will get worse as time goes on so we may need to avail ourselves of these services too hence my desire to be involved in this."

"Meeting the person face to face, listen to them if they have problems responding making sure that you request support from a person who does not have financial control of the persons wellbeing. If necessary employ an independent advocate to support the person"

"Agree talking to the person concerned, with views from their closest relatives. Ideally both together."

People were supportive of the approach, and requested more information on resources, costs and joint working amongst providers and other organisations to be able to understand how the ambitions would be achieved."

"Excellent. However, if the person is supported by more than one agency, it's important to ensure that the agencies communicate with one another."

"I agree - but what if the person is unable to voice their opinion? My father has dementia and relies on his closest family to help him with his voice. The "voice of the person" needs defining."

In addition to the main themes, the need for consistency of practice across social care in Kent was highlighted, as well as quality of support and consideration for family members and carers. Direct payments and the use of new technology were listed as suggested ways of being flexible and responsive to people's needs.

"Whilst putting the individual first is important there also needs to be consideration for other family members. EG an individual might wish to return or remain in the family home and the primary carer may no longer be able to cope."

"Highly important to be doing this. But also important to be outcome focussed and to show service users what is available. Modern digital technology is often not put in place because it is not considered."

"when they do get care it needs to be quality of care and second thing we need to give direct payment users more freedom to use that money what it does help their disability like Equipment if it does help their disability they can use that money on that Equipment or hydrotherapy like anything to help their disability it is good reason around their disability they can use that direct payment that things"

A number of people, although agreeing with the principle of putting the person first, were keen to know more about how this shift in focus would be delivered and what the implications would be in terms of funding and resources in Kent.

"Will adequate staffing and funding resources be available to deliver this vision?"

"Very important, how will you do this and how will you make it easy for the individual to express their needs?"

Question 7b - Please tell us if you have any comments on our three core principles described below:

"Improving all the time - finding innovative ways of helping people and making sure that any support offer is tailored to the individual; learning from feedback from the people we support and building continuous improvements together."

Top themes (frequency over 5) 160 out of 205 mentions	Frequency
Supportive of the principle 'improving all the time'	134
Want to see detailed plans to achieve innovation	22
Listening to / involving the person is essential	21
Investment needed / Funding of social care could be a barrier	19
Impactful changes and innovation are both needed	13
Put this into action	13
Choice of communications is very important	10
Monitor and evaluate regularly	9
Be responsive – get back to people when you say you will	7
Knowledge sharing and experience	7
Joined-up working within social care and other organisations	7
Aim for consistency across the county	7
Learning culture - learning from past experiences and when things do not go well	7
A full life should be promoted - not just basic activity but choice of social activities and community links	5
Value staff and make sure there are enough of them	5
High quality training is needed for staff	5
Do the simple things well	5
Arrange regular check ins with people	5

Out of the 212 respondents who gave their comments on this principle, 134 of them said that they agreed with this approach, with common themes arising around, again, the essential involvement of people in the planning and decision making about their own support, ongoing learning opportunities to keep improving – that included making the most of the existing assets and resources available by sharing knowledge across the different organisations.

> *"In agreement with this principle. In addition to finding new innovative ways of helping people, increasing awareness of other services and offers/support that is already available to help achieve outcomes for individuals is important…"*

> *"Improving isn't just about finding innovative ways. There are already good ways to help people which can be improved by improving resources e.g. hours of help, quality of staff training, paying for a specific service that already exists."*

There was wide agreement of the overarching approach however, people expressed a need to hear more about the practical steps that lead to a successful outcome:

> *"The ideas are great but the people on the receiving end of all this want to have measures which are actually going to work as opposed to ideals which may not come to fruition when trying to put the goals in place."*

> *"This is an admirable objective but totally reliant on a range of complex services being available so making it an objective in this instance may need to be qualified better otherwise it risks becoming meaningless."*

The need for organisational memory and recording of lessons learned came up regularly, but it was also recognised that in pulling together feedback and insights to inform new ways of doing things, there will undoubtedly be the need to work in a more innovative and digital way.

> *"The outcomes of actions need to be stored so as to learn from successes and mistakes. Not sure how this can be achieved. Sounds like a job for artificial intelligence. The alternative involves generating masses of data which nobody will easily be able to analyze. It is also important not to put too great a burden on people reporting outcomes, wasting limited time and resources"*

> *"Treating everyone as a sensible individual will unearth new specific requirements from tome to time. New, tailored solutions may be needed and devised. That knowledge then becomes part of the core knowledge base for the future."*

Comments were made about how health and social care could work together more innovatively and smoothly, in particular around funding care and support. There were ideas about challenging the status quo of the traditional 'care package' to focus more on the person's needs and wishes.

> *"Looking at non traditional ways of supporting people to meet their needs not necessarily just putting in a care package. Avoiding arguments about who funds what-NHS or Social care. 1 budget for the person based on the persons identified needs and their wishes"*

> *"Sounds good. It would help to have more information on who the partner organisations are, and what they do. My personal feedback is that the tailoring discussions have to be*

> *clear about any financial or logistical constraints, which may make an "ideal" support outcome difficult or impossible."*

> *"Yes - and getting "best- practice" to be shared throughout organisations and also listening to the individuals who are being supported - ask them often "how could we support you better"*

A choice of how to interact and communicate with social care when looking for support, or requesting information about a service came high on the list for people that responded to this question.

> *"Excellent. However many, especially the elderly and some disabled, have to rely on traditional postal services/letters. How will contact be made to those who don't have access to or the skills to use the internet?"*

> *"Many of the resources are not accessible to those with specific communication needs. Symbol/sign supported documents should also be avaibale to individuals that need it to support their understanding."*

> *"There needs to be better communication and engagement earlier in the process. There should be face to face assessments for elderly vulnerable people and these should be done quickly."*

> *"Make large print available and BSL"*

Question 7c - Please tell us if you have any comments on our three core principles described below:

"Measuring what matters - understanding how we are making a difference to the life of the person we support by working with them, our staff and partners."

Overall, people were less likely to overtly agree with this principle, with 92 people agreeing out of 204 people answering the question. As the question was in a free text format, this could simply mean that people felt less strongly about the principle of measuring the delivery of social care.

Top themes (frequency 5 and over - 223 out of 293 mentions)	Frequency
Supportive of the principle 'measuring what matters'	92
Listening to / involving the person regularly	25
You said, we did (so people can see change)	21
Effective, evidence-based measures/framework - not relying on comparison with other local authorities	23
Track impact/ outcomes	19
Put it into action	19

Transparency needed / reporting	15
Involve and support carers/family	15
Honest /constructive feedback	12
Value staff (including pay)	9
Robust process for collecting feedback is needed	8
Independent / objective feedback	8
Learning culture - learning from past experiences and when things do not go well	8
Listen to professionals / staff	7
Proportionate actions – don't spend too long on administrative tasks and ticking boxes	6
Measure what is relevant	6
Monitor and evaluate regularly	6
Resources needed	5
Be responsive – get back to people when you say you will and run a good service	5

The broad themes that have the highest frequency of mentions are similar to the previous question, but with some specific new themes emerging relating to the practicalities of measuring outcomes. There were mentions made to suggest that benchmarking results against other local authorities should be treated with caution so as not to limit possible improvements.

"I'd think it would be more compelling to measure what matters by comparing to the best evidence-based research you can find, rather than other local authorities, because in that case you're just trying to be a little bit better than things that are already bad. This might be a better place to mention SMART goals, and in this section, you can actually give an example of one."

"Yes, feedback from all of the above is crucial, as is the evidence of continuous improvement. I am not sure how relevant the performance relative to other authorities is as local authorities have different demographics, pressures and ethnicity. It can be difficult to be able to compare like with like."

"Yes I have given feedback as a carer on behalf of my mother who receives care from KCC. I think that KCC support clients very well compared to other local authorities"

As well as helping to define the context around measuring meaningful outcomes, some comments recommended the use of a general framework to make sure that the approach could be rolled out to providers of social care in a consistent way.

"Will there be a framework from which everyone involved can work? Some simple guidance on how to measure, within data protection guidelines, may be needed when working with partners who are not experienced in this sort of approach."

"There will need to be a clear workable model designed to achieve this."

The variety of themes raised in response to this question were numerous in comparison with other questions. The feedback included suggestions to make sure that the proportionality of resource invested and time taken to gather and collate performance measures and indicators was taken note of so as to avoid overloading staff.

The comments were steered towards ensuring that indicators chosen as key measurements have the ability to track impact and real outcomes for the people supported by social care.

"Good joined up data systems/ good analytics stack so you can review effectiveness of different ways of addressing a particular need in real time; cost benefit, service user satisfaction and staff resource."
"Let's not get into a cycle of self congratulations, let's find out what people want from adult social care, including what they want to see in our workers and let's be genuine in seeing what can be done to move towards real coproduction of services."
"I have experienced feedback to KCC Social Services resulting in change - so I am hopeful that this will be successful."
"Positive outcomes for individuals are what matter most"

Question 8 – proposed outcomes of the strategy

Question 8a - Please tell us if you have any comments about the proposed outcomes from this strategy. The outcomes are listed below and will help us to monitor our progress over the next five years:

"Putting the person first –
- Making a difference to the lives of the people we support and to carers.
- The people we support feel listened to and able to shape what we do and how we do it.
- People at risk of abuse or harm are protected at the right time."

This question received 172 comments that focused on the broad feedback themes below, with some new themes emerging such as the importance of safeguarding and the need to ensure that staff are valued as part of putting the individual first.

Providers were also mentioned a number of times in terms of making sure that the organisations that KCC commissions act with integrity and follow the same principles.

"All safeguarding issues must be reported to safeguarding, reviewed, and acted upon."
"This is absolutely key and your partners - care agencies need to take this on board. There

is a care force out there who are under trained and under valued - this directly affects how they respond to the concerns of clients and implementing care plans."

"I think that making a difference to the lives and supporting carers is vital to improve the service. Carers need to be supported too as they are important to the service users life.

"The people who are supported by KCC need to be listened to as services can only be changed with the input from service users."

"People who are at risk from abuse and harm should be protected in a timely manner because it might be quite dangerous to leave them too long without support."

Top themes (frequency 5 and over) - 146 out of 223 mentions	Frequency
Put this into action	29
Safeguarding duty of care is key – how will this improve?	17
Listening to / involving the person	17
Involve and support carers/family	14
Investment/funding needed	14
Resources needed	11
Be responsive – get back to people when you say you will and run a good service	10
Measure what is relevant	7
Track impact/ outcomes	6
Staffing pressures may be a barrier	6
Improve processes	5
Value staff (including pay)	5
Providers need to follow this strategy too	5

In terms of being more responsive, comments aligning to this theme included the following statements which outline the need for a timely service and communications channels:

"Communication is central.   Phones answered, a contact person/name. Not having to speak to different people and tell same story over and over."

"Individuals at risk and alerted as vulnerable should be dealt with speedily and if necessary as a family unit and not individually."

"individuals need to know that any concerns they have will be acted on."

Question 8b - Please tell us if you have any comments about the proposed outcomes from this strategy. The outcomes are listed below and will help us to monitor our progress over the next five years:

"Improving all the time
There is proof that we are learning all the time.
Innovation is part of the day-to-day approach of what we do.
Digital and technology changes are used to improve how we work with the people we support."

Top themes (frequency 5 and over) - 66 out of 129 mentions	Frequency
Balance of technology and personal contact needed	20
Supporting people to access digital technology and information (inclusion) - giving a choice of virtual or in person services	18
Put this into action	12
Clear targets needed	6
Resources needed	5
Choice of communication methods is important	5

This particular outcome was focused on improving all the time and the use of innovative methods, technology and new ideas to promote person-centred support for people. There was a clear trend to show that people commenting felt strongly about the need for technology-based social care to be balanced carefully with the traditional, face to face approach.

"Great news, but please avoid the use of technology as the "be all and end all" a computer is not a person."

"Digital works in some aspects but a lot of (people with additional) needs do not understand or want to use digital services this is dis cluding them from making the decisions or taking part"

"Digital and technology changes are indeed important and critical but are not a substitute for face to face contact for many people requiring support."

Another key theme is the need to support digital inclusion and helping people to use new and digital technology when they need assistance, as well as giving a choice of access for those that do not choose digital as their preferred way of communicating.

"How can we promote more people living with dementia to engage with the Kara technology."

"Digital and technology definitely offers another way of reaching out to support and check in on individuals, but this is not an open door to some individuals and it must be remembered that because of reasons known to the individuals they are not comfortable with this method"

"Invest in technology for sure but don't forget the generation that may not be "au fait" with it, or are sceptical because of scams."

Additional themes raised	Frequency
Learning culture - learning from past experiences and when things do not go well	4
Track impact/ outcomes for the people being supported	4
Monitor and evaluate regularly	4
Make sure staff and people being supported have enough time to implement the strategy principles	3
System integration with partner organisations is a key factor for improvement	3
No 'change for change's sake'	3
Robust process for data/information will be needed to show progress	3

Question 8c - Please tell us if you have any comments about the proposed outcomes from this strategy. The outcomes are listed below and will help us to monitor our progress over the next five years:

"Measuring what matters
Feedback from the people we support, carers, staff, providers, and partners is a key part of improving what we do.
How well we are doing to support people compares positively with other local authorities. There is good quality information and evidence of the cycle of continuous improvement."

This question focused on how adult social care can meaningfully measure the progress it make towards achieving the outcomes set out in the draft strategy. The main themes that emerged from the responses included caution on over-measuring and adding to the workload for frontline staff. The key messages were to avoid comparing performance against other local authorities, and to ensure that a robust and balanced framework of measurement be implemented.

"Good joined up data systems/ good analytics stack so you can review effectiveness of different ways of addressing a particular need in real time; cost benefit, service user satisfaction and staff resource."

"Let's not get into a cycle of self congratulations, let's find out what people want from adult social care, including what they want to see in our workers and let's be genuine in seeing what can be done to move towards real coproduction of services."
"Regular reviews for client carers and other organisations"
"If you can find the staff to do the collecting/processing of feedback, make comparison tables, and check up on improvements, then this is a very important outcome to achieve"
Feedback from service users is one of the most important measures of how well you are doing, but this cannot be reduced to a number, and is very subjective which is the only real measure of what is happening. *I'm not sure how useful it is to compare KCC with other councils, as in my experience no council gets it all right or all wrong. It would only be natural to ignore the parts that other councils are getting right and to point to all the things they are getting wrong.*
"Listening to and acting upon feedback is essential"
"I have experienced feedback to KCC Social Services resulting in change - so I am hopeful that this will be successful."
"Positive outcomes for individuals are what matter most"

The need to involve the person and carers in the development of any measures, came out as being very important for respondents. There was support for taking a 'you said, we did' approach to reporting progress to the public and people that are supported, so that people can see that their feedback has been acted upon or where it cannot be acted upon, the reasons have been explained.

Top themes (frequency 5 and over - 223 out of 293 mentions)	Frequency
Listening to / involving the person regularly	25
Effective, evidence-based measures/framework (not comparing with other local authorities)	23
You said, we did (so people can see change)	21
Track impact / outcomes for the people being supported	19
Put this into action	19
Transparency needed / reporting	15
Involve and support carers/family	15
Honest /constructive feedback	12
Value staff (including pay)	9
Robust process for collecting feedback	8
Independent / objective feedback	8
Learning culture- learning from past experiences and when things do not go well	8
Listen to professionals / staff	7
Proportionate – don't spend too long on administrative tasks and ticking boxes	6
Measure what is relevant	6
Negative experience of social care	6
Monitor and evaluate	6
Resources needed	5
Be responsive	5

Other themes raised in the consultation	Frequency
Understand the real struggles people are experiencing	4
Choice of accessible communications is important	4
Make sure that people's experiences are tracked	4
Should aim for value for money for the council and individual	4
Consistency and high-quality support and services are needed	4
Investment and funding needed	4

Question 9 - additional suggestions from respondents

Themes below are to be fed into the draft strategy document and/or further emphasised if a reference to the theme is already included.

Theme	Frequency
Funds are in short supply	18

Accessibility means that people can get involved and get informed	17
More staff are needed in Kent	11
Joined-up services are needed	7
More detail needed for the plans to deliver what is in the strategy	7
Action needs to be taken on the plans, not just words	6
Listening to the person so they can influence things	6
Trusted point of contact helps to build good relationships with social workers	5
Joined-up working is needed within social care and other organisations – especially care providers	4
Person-centred support is good practice	4
Integration with health – how does this impact social care?	4
Carer and family support is so important	3
Choice and control over my support	3
Involve me in decisions about my support	3
Involve carers in support and services	3

Cross-cutting themes identified

Co-production and involvement

- Listening to the person being supported
- Involve the person in decision making and strengthen independence, choice and control
- Respect, dignity and empathy
- Choice of communication methods to get in touch with services
- Involving carers and family as appropriate
- Realistic targets for co-producing and involving people

Putting ideas into action

- High quality support - consistency is needed
- Clear plan of practical delivery for the strategy
- Monitor and evaluate regularly and check in with people/stakeholders
- Identify people that have a vulnerability and support them early (don't forget them – see equality groups mentioned in additional table)
- Clear information needed about costs for social care

Workforce and culture

- Honest, constructive and independent feedback
- Learning culture – learning from past experiences
- More staff and resources needed
- Training and valuing staff
- Staff to look for solutions, not pass to different teams
- Providers to follow the same principles and see they are adhered to
- Allow enough time to achieve things (small and large)

How things are done

- Balance between digital and in person interactions (choice given)
- Be honest and transparent if goals are not going to be achieved
- Partner organisations should have compatible systems
- Joined-up services within social care
- Integration should increase with the NHS
- Trusted contact for information and guidance
- Awareness of what support and services are available to people (including community providers and voluntary organisations)
- Be responsive
- Value for money and proportionality of activities

Final EQIA Submission Form
Information collected from the EQIA Submission
Updated following the public consultation

EQIA Submission – ID Number
Section A

EQIA Title	Our strategy for Making a difference every day - Adult Social Care in Kent 2022 to 2027
Responsible Officer	Michael Thomas-Sam - ST SPRCA

Type of Activity

Service Change	No
Service Redesign	No
Project/Programme	No
Commissioning/Procurement	No
Strategy/Policy	Strategy/Policy
Details of other Service Activity	No

Accountability and Responsibility

Directorate	Adult Social Care and Health
Responsible Service	ASCH Business Delivery Unit
Responsible Head of Service	Helen Gillivan - AH BDU
Responsible Director	Richard Smith - AH CDO

Aims and Objectives

The strategy has been informed and shaped by engagement with key stakeholders including ASCH staff, people we support including carers, partner organisations, community and voluntary groups. Key engagement activities include a behavioural study into carers in Kent conducted by a third party and, at a later stage, a formal public consultation.

This equality analysis was revisited during the strategy development work. It has been updated following the public consultation which took place from 13 September 2021 to 24 October 2021. In addition to the main themes of the consultation responses, the need for consistency of practice across social care in Kent was highlighted, as well as quality of support and consideration for family members and carers. Direct payments and the use of new technology were suggested ways of being flexible and responsive to people's needs. The final impact assessment has been produced to support the decision-making on the strategy.

The strategy sets out the vision for adult social care in Kent over the next 5 years and identify priorities for the people we support, our workforce, and other key stakeholders, making commitments to work that the ASCH directorate will undertake to deliver them. It will also set out the detail of how we deliver, design and commission services. This was one of the main consultation feedback points, because people wanted to see information about how the strategy will be delivered included in the revised draft strategy.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?	Yes
It is possible to get the data in a timely and cost effective way?	Yes
Is there national evidence/data that you can use?	Yes
Have you consulted with stakeholders?	Yes
Who have you involved, consulted and engaged with?	

- Roger Gough, Leader of Kent County Council
- Clair Bell, Cabinet Member for Adult Social Care and Public Health

- Richard Smith, Corporate Director, Adult Social Care and Health	
- KCC Engagement and Consultation Team Co-production events	
- KCC ASCH MADE Workstream 4: ASCH Wide	
- KCC ASCH Equality Board	
- KCC Staff Groups	
- Adult Social Care Cabinet Committee	
- Public	

Has there been a previous Equality Analysis (EQIA) in the last 3 years?	No
Do you have evidence that can help you understand the potential impact of your activity?	Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients	Service users/clients
Staff	No
Residents/Communities/Citizens	Residents/communities/citizens
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?	Yes

Details of Positive Impacts

Kent County Council's Adult Social Care Strategy describes what we want to achieve for all adults receiving social care in Kent, their carers (both formal and informal), and the ASCH workforce. It also defines how we want to work with our partners and community and voluntary organisations.

The strategy is a high-level document that is intended to be ambitious and positive about making a difference every day to the lives of the people we support and or works for adult social care services in Kent. Therefore, it has county-wide application and will have county-wide impacts.

There is also potential for the strategy to have a positive impact on people from all protected groups by aiming to improve their outcomes in relation to adult social care. We are not expecting any adverse impacts from the strategy itself. However, during the engagement and consultation process, respondents have commented that there is potential for some adverse impacts on the following protected groups:

- People with a visual or auditory disability,
- People who live in a household where English is not the main spoken language (e.g. refugees).

The strategy project team Directorate Management Team (DMT) and Programme Board leadership will set the expectation that any specific proposals or changes arising from the delivery of the strategy will be subject to equality analysis and consideration of equality impacts.

Analysis suggests that there is a low risk of negative impact to the protected characteristic groups: disability and race/ethnicity. Negative impacts will be mitigated as outlined in the action plan in this document. There is an anticipated medium positive impact as the strategy aims to create services that are responsive to the needs of each protected characteristic group and has the potential to set out objectives that promote equality for people with all protected characteristics.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?	Yes

Details of negative impacts for Age

1 in 4 people aged 85 and over are supported by adult social care services in Kent, meaning the strategy is likely to impact this group.

Over a third of the people using adult social care services are working age.

Over half of the ASCH workforce are aged between 45-64, meaning the strategy has a higher potential of impacting people in this age range

Mitigating Actions for Age

When conducting engagement for the strategy, we meet people aged 85 or over in the spaces that suit their lives and needs.
When conducted engagement for the strategy, we tailored engagement methods and timings to fit working life to ensure we capture the working age cohort of people who use adult social care services.
When conducted engagement for the strategy placing emphasis on reaching the 45-64 age group in the staff cohort.

As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider working towards building a more age-representative workforce.

Responsible Officer for Mitigating Actions – Age	Paula Parker

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?	Yes

Details of Negative Impacts for Disability

People with visual or auditory impairments may have reduced access to the online strategy document.

Proportionally, less people in the ASCH workforce have a disability (4.4%) than working age people in Kent with a disability (5.5%).

Mitigating actions for Disability

The strategy was published online in accessible formats such as an easy-read version and a plain text version. Animation videos was used will had subtitles and a transcript, as well as a screen reader for those with visual impairments.

As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider promoting the employment of people with disabilities in our workforce. Potential to collaborate with The Education People to bring the ASCH directorate up to Disability Confident Level 3 as an employer [8] [9].

Responsible Officer for Disability	Paula Parker

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex	Yes

Details of negative impacts for Sex
There are more females in older age groups (particularly over the age of 70) than males, meaning any changes to services which impact older people will also be more likely to impact females. Men are underrepresented in the forums we typically engage. The ratio of male to female staff is roughly 1:6, a much smaller proportion of males than in the population of Kent.

Mitigating actions for Sex
When conducted engagement with the people we support we placed emphasis on reaching women over the age of 70. We used a more innovative approach to engage men for the strategy, such as approaching men's sheds and sports groups. As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider working towards building a more gender-representative workforce.

Responsible Officer for Sex	Paula Parker

22. Negative Impacts and Mitigating actions for Gender identity/transgender

Are there negative impacts for Gender identity/transgender	Yes

Negative impacts for Gender identity/transgender
There is currently no data collected by KCC for the people we support on gender identity or pregnancy and maternity.   There is currently no data collected by KCC for the people we support on gender identity or pregnancy and maternity. There is also no data collected by KCC for our staff on carer's responsibilities, and no breakdown of specific disabilities or different ethnicities within Black, Asian or Minority Ethnic groups.

Mitigating actions for Gender identity/transgender
The implementation of the strategy will set a target to collect equalities data by default on all people we support and our staff for all 10 protected characteristics at point of entry into the adult social care system or employment

Responsible Officer for mitigating actions for Gender identity/transgender	Paula Parker

23. Negative impacts and Mitigating actions for Race

Are there negative impacts for Race	Yes

Negative impacts for Race
2.3% of people in Kent do not live in a household where English is the main spoken language and may therefore have more difficulty engaging with the strategy. Gravesham has the highest proportion of people in Black, Asian and Minority Ethnic groups, meaning the strategy is likely to have a larger impact on Black, Asian and Minority Ethnic people in Gravesham than any other district in Kent.

Mitigating actions for Race

The strategy consultation utilised translation services and produce documents in multiple languages wherever possible, particularly in areas such as Gravesham which have a higher ethnic diversity.

When we conducted engagement for the strategy we placed emphasis on reaching Black, Asian, and Minority Ethnic people in Gravesham to ensure the strategy is representative of their views on services.

Responsible Officer for mitigating actions for Race	Paula Parker

24. Negative impacts and Mitigating actions for Religion and belief

Are there negative impacts for Religion and belief	Yes

Negative impacts for Religion and belief

The proportion of different religions and beliefs in the ASCH workforce is not representative of Kent's population as a whole. The proportion of Muslim people in the ASCH workforce is 0.4% (less than half the proportion of Muslims in Kent).

Mitigating actions for Religion and belief

As part of the strategy development work and subsequent implementation phase, we will make a recommendation to the ASCH OD Group that as a directorate we should consider working towards building a workforce that represents the religion and belief of Kent's population.

Reassess workforce religion representativeness against the new 2021 Census data when it is published.

Responsible Officer for mitigating actions for Religion and Belief	Paula Parker

25. Negative impacts and Mitigating actions for Sexual Orientation

Are there negative impacts for Sexual Orientation	Yes

Negative impacts for Sexual Orientation

There are large gaps in the data collected by KCC for Sexual Orientation (50% unknown),

Mitigating actions for Sexual Orientation

Ensure staff continue to be trained to understand all 10 protected characteristics and feel comfortable asking the appropriate questions to collect this data.

During engagement and implementation phase of the strategy, explore people's comfort with reporting protected characteristic data of the people we support and our staff to understand the barriers to reporting and collecting this data.

Responsible Officer for mitigating actions for Sexual Orientation	Paula Parker

26. Negative impacts and Mitigating actions for Pregnancy and Maternity

Are there negative impacts for Pregnancy and Maternity	Yes

Negative impacts for Pregnancy and Maternity

2% of staff were on maternity / adoption leave as of 17th September 2020. We need to ensure people who are on maternity / adoption leave are included in engagement for the strategy.

Mitigating actions for Pregnancy and Maternity

When we conducted engagement for the strategy we placed emphasis on reaching staff who are on maternity / adoption leave, tailoring methods and timings of engagement to their lives to ensure this group is well represented.

Responsible Officer for mitigating actions for Pregnancy and Maternity	Paula Parker

27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships	
Are there negative impacts for Marriage and Civil Partnerships	Yes
Negative impacts for Marriage and Civil Partnerships	
A large proportion of the people who use adult social care services are married or in a civil partnership (over 1 in 4) and it is unknown how many are in relationships. Any changes to services are likely to impact on these groups, particularly couples where both partners have a care need.	
Mitigating actions for Marriage and Civil Partnerships	
When we conducted engagement and consultation on the strategy we sought to understand service requirements for couples, particularly where both partners in a marriage, civil partnership or relationship have a care need.	
Responsible Officer for Marriage and Civil Partnerships	Paula Parker
28. Negative impacts and Mitigating actions for Carer's responsibilities	
Are there negative impacts for Carer's responsibilities	Yes
Negative impacts for Carer's responsibilities	
We support just 1 in 60 of the people who have carer responsibilities in Kent. This is an opportunity for the strategy to engage with and better understand carers in Kent. There is currently no staff group in KCC for carers (informal or formal).	
Mitigating actions for Carer's responsibilities	
A behavioural research study into Carers has been conducted as part of the strategy development, to explore the perceptions, attitudes, and behaviours of carers in Kent about awareness of and access to support. Insight from this study has informed this strategy and it also shaped the Kent Adult Carers Strategy in development. As part of the strategy development work, we will make a recommendation to the ASCH OD Group that a staff group should be set up for both formal and informal carers.	
Responsible Officer for Carer's responsibilities	Paula Parker

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

                                       Richard Smith, Corporate Director Adult Social Care and
                                       Health

To: Adult Social Care Cabinet Committee – 1 December
                                       2021

Subject: **PEOPLE'S VOICE CONTRACT (INCLUDING
                                       HEALTHWATCH KENT)**

Key decision no: 21/00103

Classification: Unrestricted

Past Pathway of report: N/A

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: Kent County Council has a statutory duty to commission a local
Healthwatch organisation to carry out the eight statutory activities laid out in the
Health and Social Care Act 2012 and the Local Government and Public Involvement
in Health Act 2007, in an objectively reasonable way. The current contract
commenced in April 2015 with an initial five-year period. The contract has expanded
to include funding from the Kent and Medway Clinical Commissioning Group through
that time and has been extended a number of times. The current contract will expire
automatically on the 31 March 2022. It was extended using Procurement regulations
during the COVID19 pandemic.

To allow a procurement process to take place a further short contract is required for
six months (from 1 April 2022 to 30 September 2022). It is proposed to also have a
three-month notice period, should the procurement conclude in such times that
allows a transition to the new contract.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to
CONSIDER and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member
for Adult Social Care and Public Health on the proposed decision (attached as
Appendix A) to:
a) **APPROVE** procurement of a new People's Voice Contract, which includes the
delivery of Healthwatch Kent, for a maximum of five years (three years plus two
single year extensions);
b) **APPROVE** a direct award contract, to the current provider (EK360), for a
maximum of six months (1 April 2022 to 30 September 2022) to allow procurement to
progress; and
c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to
take relevant actions, including but not limited to finalising the terms of the contract
modification or other legal agreements, as necessary to implement the decision.

1. Introduction

1.1 **Healthwatch** is an independent champion for people who use health and social care. Their statutory role is to find out what people want from health and care and share these views with those running services to help make them better.

1.2 **Healthwatch England** play a vital role in helping NHS England understand where the public think any extra money should be spent.

1.3 **Kent Local Healthwatch** service provides people with information and advice about local services and support groups.

1.4 The Provider create opportunities so that people are empowered to become actively involved in service improvement. They do this by understanding peoples' experiences and what matters most to them.

1.5 They create innovative and transparent methods to ensure they reach out to people where they are in the community, for example living at home, in residential/nursing care homes, in supported living or in a hospital setting.

1.6 **People's Voice** - The Provider develops effective working relationships with the Older People and Mental Health User Forums and learn from operational and financial structures, priorities and concerns. They have developed outreach programmes to establish forums in areas which were not traditionally well represented, to ensure the optimum views of older people and people who are experiencing mental illness are considered.

1.7 The purpose of this report is to seek endorsement to extend the current contract (including the non-statutory People's Voice) until 30 September 2022 while a full tender and re-procurement of the full service is undertaken.

1.8 The aim of this service is to promote and empower Kent citizens to have a voice in influencing, developing and shaping health and care services in Kent and to provide information and advice as appropriate (in collaboration with other services). Giving people a greater say in relation to how health and care services operate is a key component of the reforms introduced as part of the Health and Social Care Act 2012.

1.9 The current provider of Kent Local Healthwatch is EK360. EK360 are engagement experts, who help organisations to hear from particular communities. They also provide the local Healthwatch Service in Medway.

1.10 The statutory service is funded by the Department of Health and Social Care (DHSC) and Kent County Council (KCC) has a statutory duty to commission a local Healthwatch service.

1.11 The various User Forums that are commissioned under this contract are non-statutory but are considered a supplementary model that aids engagement, involvement and the sharing of information and amplification of "The People's Voice".

1.12 The People's Voice service is jointly funded by KCC and the Kent and Medway Clinical Commissioning Group (KMCCG) to support a joined-up approach for seeking views from people across the county.

1.13 There is agreement from the KMCCG to continue funding the activity through to end March 2023 through a Section 256 agreement. KCC is currently seeking assurances that the agreement will continue beyond that date.

1.14 EK360 have met the requirements of the contract. They have also worked with the council during 2020 to provide additional support during the COVID-19 pandemic.

1.15 There is a need to undertake a formal tender to allow other potential providers to express an interest in providing this service, although research shows the market is limited.

1.16 Consideration was given to jointly commission with Medway Council however contract lifespans do not align. It would require permission to extend the current contract to end of December 2022. The current contract end date with EK360 is 31 March 2022.

1.17 A further six-month contract (1 April 2022 to 30 September 2022) is required to allow for the timescale of a full procurement process.

1.18 This contract has not been competitively tendered since it was first awarded in 2015. This is the first opportunity to test the market since that time.

2.   Financial Implications

2.1   The total budget of the People's Voice contract is made up from various sources:

Government Grant (for Statutory Healthwatch Service	£363,000
Adult Social Care	£345,700
Kent and Medway Clinical Commissioning Group	£78,129
Annual Contract Value	£786,829
Proposed Adult Social Care Cost Reduction	£34,570
New Annual Contract Value (pending Kent and Medway Clinical Commissioning Group) continuing to contribute beyond April 2023	£752,259

2.2   The contract value for the new procurement will be a maximum of £3,761,295 (a five-year contract term – three years plus two single year extensions).

2.3   The financial implications for the short contract extension 1 April 2022 to 30 September 2022 are £393,414.

2.4 Healthwatch Kent is the biggest local Healthwatch in terms of population served, and therefore has the largest local authority funding envelope, but as a per capita spend, we are in the lowest 10% of the national range.

3. Legal Implications

3.1 The provision of Healthwatch Kent is a statutory responsibility of the council.

3.2 The direct award of a short contract of six months is in line with PCR Regulation 32 (2) (c). Direct award due to urgency related to the ongoing impact of the COVID-19 pandemic and the inability to complete appropriate engagement with Kent residents and the Provider Market.

4. Equalities Implications

4.1 An Equality Impact Assessment was undertaken as part of the original tender process and will be refreshed as part of the extension. A copy is available on request.

5. Data Protection Implications

5.1 A DPIA has been completed.

6. Conclusions

6.1 The statutory service is funded by the DHSC (£363,000). KCC has a statutory duty to commission this.

6.2 The People's Voice Service is jointly funded by the KMCCG (£345,700 and £78,129 respectively). Permission is requested to commission this service again under the new contract.

6.3 There is a proposed cost saving of £34,570 (10% of the current Adult Social Care contribution) for the new contract.

6.4 The current contract will automatically expire on 31 March 2022. Approval is sought to direct award a further six-month contract (from 1 April 2022 to 30 September 2022) to allow for the timescale of a full tender procurement process.

7.   Recommendations

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

a) **APPROVE** procurement of a new People's Voice Contract, which includes the delivery of Healthwatch Kent, for a maximum of five years (three years plus two single year extensions);

b) **APPROVE** a direct award contract, to the current provider (EK360), for a maximum of six months (1 April 2022 to 30 September 2022) to allow procurement to progress; and

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

8.   Background Documents

None

9.   Report Author

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Clair Bell Cabinet Member for Adult Social Care and Public Health	21/00103

For publication

Key decision: YES
Expenditure in excess of £1m.

Title of Decision: PEOPLE'S VOICE CONTRACT (INCLUDING HEALTHWATCH KENT)

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
a) **APPROVE** procurement of a new People's Voice Contract, which includes the delivery of Healthwatch Kent, for a maximum of five years (three years plus two single year extensions);
b) **APPROVE** a direct award contract, to the current provider (EK360), for a maximum of six months (1 April 2022 to 30 September 2022) to allow procurement to progress; and
c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of the contract modification or other legal agreements, as necessary to implement the decision.

Reason(s) for decision: Kent County Council has a statutory duty to commission a local Healthwatch organisation to carry out the eight statutory activities laid out in the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007, in an objectively reasonable way. The current contract commenced in April 2015 with an initial five-year period. The contract has expanded to include funding from the Clinical Commissioning Group through that time and has been extended a number of times. The current contract shall expire automatically on 31 March 2022. It was extended using Procurement regulations during the COVID19 pandemic.

To allow a procurement process to take place a further short contract is required for six months (1 April to 30 September 2022). It is proposed to also have a three-month notice period, should the procurement conclude in such times that allows a transition to the new contract.

Financial Implications: The total budget of the People's Voice contract is made up from various sources:

Government Grant (for Statutory Healthwatch Service	£363,000
Adult Social Care	£345,700
Kent and Medway Clinical Commissioning Group	£78,129
Annual Contract Value	£786,829
Proposed Adult Social Care Cost Reduction	£34,570
New Annual Contract Value (pending Kent and Medway Clinical Commissioning Group) continuing to contribute beyond April 2023	£752,259

The contract value for the new procurement will be a maximum of £3,761,295 (a five-year contract term – three years plus two single year extensions).

The financial implications for the short contract extension 1 April 2022 to 30 September 2022 are £393,414.

Healthwatch Kent is the biggest local Healthwatch in terms of population served, and therefore has the largest local authority funding envelope, but as a per capita spend, we are in the lowest 10% of the national range.

Legal implications: The provision of Healthwatch Kent is a statutory responsibility of the council. The direct award of a short contract of six months is in line with PCR Regulation 32 (2) (c). Direct award due to urgency related to the ongoing impact of the COVID-19 pandemic and the inability to complete appropriate engagement with Kent residents and the Provider Market.

Equalities implications: An Equality Impact Assessment was undertaken as part of the original tender process and will be refreshed as part of the extension. A copy is available on request.

Data Protection Implications: A Data Protection Impact Assessment has been completed.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 1 December 2021 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:

....
signed

....
date

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

                   Richard Smith, Corporate Director Adult Social Care and
                   Health

To: Adult Social Care Cabinet Committee – 1 December
                   2021

Subject: **OLDER PERSONS RESIDENTIAL AND NURSING
                   CONTRACT EXTENSION AND VARIATION**

Decision Number: **21/00104**

Classification: Unrestricted

Past Pathway of report: Adult Social Care Governance Board - 26 October 2021

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: The Older Persons Residential and Nursing Contract will expire
automatically on the 31 March 2022 unless the Council exercise the right, by giving
written notice to the Provider, to extend the contract for a further two years from 1
April 2022 to 31 March 2024, giving up to 3 (three) Months' notice to the Provider (or
such other time agreed between the Parties).

A contract modification will enable a separate Lot to be added that enables the
purchasing of Pathway 3 Discharge Beds on behalf of NHS Kent and Medway
Clinical Commissioning Group.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to
CONSIDER and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member
for Adult Social Care and Health on the proposed decision (attached as Appendix A)
to:
a) **EXTEND** the current contract in line with contract conditions for a further two years
from 1 April 2022 to 31 March 2024;
b) **MODIFY** the contract to allow a separate Lot to be added that enables the
purchasing of Pathway 3 Discharge Beds on behalf of NHS Kent and Medway
Clinical Commissioning Group; and
c) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to
take relevant actions, including but not limited to finalising the terms of the contract
modification or other legal agreements, as necessary to implement the decision.

1. Introduction

1.1 The current Older Persons Residential and Nursing Contract commenced in April 2016 with an initial four-year contract period. The council may, by giving written notice to the Provider extend this contract for such further period or periods of up to 4 (four) years as agreed between the Parties.

1.2 The contract is by way of a Dynamic Purchasing System (DPS), that allows the council to add new providers during the lifetime of the contract having passed the relevant selection criteria and provide an indicative tender which meets the specification.

1.3 The contract includes five Lots that providers can tender for:

- Lot 1 CQC Registered Residential Homes or "Care Homes without nursing" for the provision of Long Term, Short Term and respite care services.
- Lot 2 CQC Registered Nursing Homes or "Care Homes with nursing" for the provision of Long Term, Short Term and respite care services.
- Lot 3 Providers of Bariatric care services.
- Lot 4 Call off Block Contract for the provision of multiples of two beds for short term Respite care services across Kent; and
- Lot 5 Residential or Nursing Care Home providers able to offer 'day' services.

1.4 The current contract will automatically expire on 31 March 2022 unless it is extended. It is proposed to extend the current contract, by giving written notice to the provider, for a period of two years from 1 April 2022 to 31 March 2024.

1.5 Extending the contract by two years to 31 March 2024 will provide the necessary time and resource to consider the integration of the health and social care system and new models of care that ensure the right residential accommodation is available for the people of Kent.

1.6 Kent County Council (KCC) and Kent and Medway Clinical Commissioning Group (KMCCG) have been working together to support people requiring discharge from hospital into a residential bed, for a four-week assessment period following National Pathway 3 guidance. The beds are currently sourced by health partners from the Older Person Residential and Nursing provider market.

1.7 The ambition is to work more collaboratively across health and social care and with providers to support sustainability and efficiency within the sector. The new model will continue to ensure that people and families are placed in the most appropriate provision based on the level of care need and support timely discharge from hospitals.

1.8 The intention is for the council to place a modification notice and work with KMCCG to develop a specification, which will be placed as an additional Lot to the current contract DPS Agreement. This will enable providers to bid and provide beds to KMCCG. The plan is to have this in place from 1 April 2022. Hospital discharge teams will take responsibility for management of placements of people.

1.9 Contract management improvements continue to be made, and new tools introduced to allow for better management of contracts and potential risks.

- Updated processes and systems for the administration of the DPS
- The development of a dashboard that includes spend and cost
- The development of a risk matrix that independently RAG rates each home based on a range of quality factors
- Collection of data to determine homes at risk of market failure

1.10 The following options have been considered:

- **Option 1: Do Nothing: The contract will automatically end 31 March 2022.** This option is not viable as there will be no contract in place for Older Persons care homes leaving the council unable to fulfil its legal obligations as this is a statutory service.

- **Option 2: Extend the current contract without the additional Lot for KMCCG beds:** This will not fulfil the ambition to work more collaboratively across health and social care as well as with providers to support sustainability and efficiency within the sector and ensure the best care for residents discharged from hospital.

- **Option 3: Retender the service:** Although there is an option to retender the service earlier than 1 April 2024, it is felt that there needs to be significant work done to ensure that the new contract meets the demands and needs of the health and social care system. A two-year extension will enable the analysis of the market and a meaningful consultation with all stakeholders to ensure a service that is fit for purpose and outcome driven through collaborative coproduction with KMCCG and partners.

- **Option 4: Extend and modify the Contract to add an additional Lot for KMCCG beds:** This is the preferred option and the option put forward for consideration. The new model will ensure people are placed in the most appropriate provision based on the level of care need and support timely discharge from hospitals. The benefits include supporting the integration of health and social care and economies of scale. The extension to the contract will also allow for the appropriate planning and preparation for a retender of the contract.

2. Financial Implications

2.1 The total cost of the Older Persons Residential and Nursing Contract is approx. £100M per annum with a total of £200M for period of the contract extension.

2.2 The guide price for the beds will be reviewed as part of the annual bed price review and implemented in April 2022.

2.3 No financial implications are foreseen for the addition of KMCGG to the Council's DPS arrangement.

3.   Legal Implications

3.1   Although the council has set its Guide Prices, the design of the contract is for the market to set an indicative (not to exceed) price when joining. Underlying sustainability of the social care market for older people is a key factor when analysing the costs of care.

3.2   No legal implications are foreseen for extending the DPS arrangement as the contract term including extensions were advertised within OJEU when the opportunity was contracted for.

3.3   Both internal and external legal advice has been sought in relation to KMCCG joining the council's DPS arrangement as a new LOT. The CCG were named in the original procurement advert and the advice provided from Trowers & Hamlins LLP is that KMCCG can be included within our contracted contractual arrangement. The council would need to place a Modification Notice within **Official Journal of the European Union and the UK's Find a Tender Service** using Regulation 72(C) 1 of the Public Procurement Rules, ideally at same time as extending the contract.

4.   Equalities Implications

4.1   An Equality Impact Assessment was undertaken as part of the original tender process and will be refreshed as part of the extension. A copy is available on request.

5.   Conclusions

5.1   Unless the Older Persons Residential and Nursing Contract is extended the contract will automatically end on 31 March 2022. Therefore, it is recommended that the contract is extended for a further two years from 1 April 2022 to 31 March 2024.

5.2   It is recommended that as part of the extension that a contract modification notice is made that allows an additional Lot to be added to the current contract DPS Agreement which will enable Providers to bid to provide beds to KMCCG from 1 April 2022.

6.   Recommendations

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

a) **EXTEND** the current contract in line with contract conditions for a further two years from 1 April 2022 to 31 March 2024;

b) **MODIFY** the contract to allow a separate Lot to be added that enables the purchasing of Pathway 3 Discharge Beds on behalf of NHS Kent and Medway Clinical Commissioning Group; and

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

7.   Background Documents

None

8.   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: 21/00104

For publication

Key decision: YES
Expenditure in excess of £1m

Title of Decision: Older Persons Residential and Nursing Contract Extension and Variation

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
a) **EXTEND** the current contract in line with contract conditions for a further two years from 1 April 2022 to 31 March 2024;
b) **MODIFY** the contract to allow a separate Lot to be added that enables the purchasing of Pathway 3 Discharge Beds on behalf of NHS Kent and Medway Clinical Commissioning Group; and
c) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of the contract modification or other legal agreements, as necessary to implement the decision.

Reason(s) for decision: The current Older Persons Residential and Nursing Contract commenced in April 2016 with an initial four-year contract period. The Council may, by giving written notice to the Provider extend this Contract for such further period or periods of up to 4 (four) years as agreed between the Parties.

The current contract will automatically expire on 31 March 2022 unless it is extended. It is proposed to extend the current contract, by giving written notice to the provider, for a period of two years from 1 April 2022 to 31 March 2024. Extending the contract will provide the necessary time and resource to consider the integration of the health and social care system and new models of care that ensure the right residential accommodation is available for the people of Kent.

The intention is for the council to place a modification notice and work with KMCCG to develop a specification, which will be placed as an additional Lot to the current contract DPS Agreement. This will enable Providers to bid and provide beds to KMCCG. The plan is to have this in place from 1 April 2022. Hospital discharge teams will take responsibility for management of placements of people.

Financial Implications: The total cost of the Older Persons Residential and Nursing Contract is approx. £100M per annum with a total of £200M for period of the contract extension.

The guide price for the beds will be reviewed as part of the annual bed price review and implemented in April 2022.

No financial implications are foreseen for the addition of KMCGG to the Council's DPS arrangement.

Legal Implications
Although the council has set its Guide Prices, the design of the contract is for the market to set indicative (not to exceed) price when joining. Underlying sustainability of the social care market for

older people is a key factor when analysing the costs of care.

No legal implications are foreseen for extending the DPS arrangement as the contract term including extensions were advertised within OJEU when the opportunity was contracted for.

Both internal and external legal advice has been sought in relation to KMCCG joining the council's DPS arrangement as a new LOT. The CCG were named in the original procurement advert and the advice provided from Trowers & Hamlins LLP is that KMCCG can be included within our contracted contractual arrangement. The council would need to place a Modification Notice within **Official Journal of the European Union and the UK's Find a Tender Service** using Regulation 72(C) 1 of the Public Procurement Rules, ideally at same time as extending the contract.

Equalities Implications: An Equality Impact Assessment was undertaken as part of the original tender process and will be refreshed as part of the extension. A copy is available on request.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 1 December 2021 and the outcome included in the paper which the Cabinet member will be asked to sign.

Any alternatives considered and rejected:
The following options have been considered:

- **Option 1: Do Nothing: The contract will automatically end 31 March 2022.** This option is not viable as there will be no contract in place for Older Persons care homes leaving the council unable to fulfil its legal obligations as this is a statutory service.

- **Option 2: Extend the current contract without the additional Lot for KMCCG beds:** This will not fulfil the ambition to work more collaboratively across health and social care as well as with providers to support sustainability and efficiency within the sector and ensure the best care for residents discharged from hospital.
- **Option 3: Retender the service:** Although there is an option to retender the service earlier than 1 April 2024, it is felt that there needs to be significant work done to ensure that the new contract meets the demands and needs of the health and social care system. A two-year extension will enable the analysis of the market and a meaningful consultation with all stakeholders to ensure a service that is fit for purpose and outcome driven through collaborative coproduction with KMCCG and partners.
- **Option 4: Extend and modify the Contract to add an additional Lot for KMCCG beds:** This is the preferred option and the option put forward for consideration. The new model will ensure people are placed in the most appropriate provision based on the level of care need and support timely discharge from hospitals. The benefits include supporting the integration of health and social care and economies of scale. The extension to the contract will also allow for the appropriate planning and preparation for a retender of the contract

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

....
signed   date

From:	Clair Bell, Cabinet Member for Adult Social Care and Public Health
	Richard Smith, Corporate Director Adult Social Care and Health
To:	Adult Social Care Cabinet Committee – 1 December 2021
Subject:	**Adult Social Care Technology Enabled Care Build and Test**
Non-Key decision:	**21/00105**
Classification:	Unrestricted
Past Pathway of report:	Adult Social Care Governance Board – 22 September 2021
Future Pathway of report:	Cabinet Member decision
Electoral Division:	Dover, Folkestone and Hythe and Thanet

Summary: This report seeks to provide delegated authority to the Corporate Director Adult Social Care and Health to award the contract following the outcome of the procurement activity for the Adult Social Care Technology Enabled Care build and test approach.

The Technology Enabled Care project is a key area of the Making a Difference Every Day approach which is the main driver of change within Adult Social Care. The programme and this project aligns with KCC's Strategic Reset Programme and will contribute towards the delivery of the key ambitions of the Authority.

This is a new approach for the Authority and looks to utilise assistive technology that goes beyond traditional Telecare provisions. Technology Enabled Care will be delivered in two parts; an initial one-year build and test approach with the knowledge and outcomes from this used to inform the options for a longer-term contract and provision.

There are potential benefits to the Authority, people and the wider health and social care system through the adoption and use of assistive technology.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision *(*attached as appendix A) to **PROVIDE DELEGATED AUTHORITY** to the Corporate Director Adult Social Care and Health to award the contract following the outcome of the procurement activity for the Adult Social Care Technology Enabled Care build and test approach.

1. Introduction

1.1 The Technology Enabled Care project is a key area of the Making a Difference Every Day approach which is the main driver of change within Adult Social Care. The programme and this project aligns with Kent County Council's Strategic Reset Programme and will contribute towards the delivery of the key ambitions of the Authority.

1.2 Through the vision and direction of travel being set by the Making a Difference Every Day approach, there is an ambition for Kent County Council (KCC) to become 'Best in Class' in terms of its adoption and application of assistive technology to support people.

1.3 There have been significant developments in social and health care apps and wearables in recent years, and growth in the popularity and uptake of these devices. They provide people with convenience and control to integrate technology into their lives; they also afford people the ability to share their data with who they want to.

1.4 Technology Enabled Care has been identified as one of the key digital priorities to support new and innovative ways to work and support people.

1.5 As Technology Enabled Care is a new concept in Kent, the Making a Difference Every Day Programme Board have agreed to undertake an initial one year build and test. The build and test will provide the opportunity to harness and fully exploit the full benefits of Technology Enabled Care and help the Authority to understand its longer-term requirements for the future.

2. Business Need

2.1 Social care and health services across Kent face significant challenges as the population is living longer and with more complex needs, which is increasing demand on the health and care sector. Further pressures are added due to a workforce shortage in the care sector.

2.2 The consumer technology / smart home market is rapidly crossing over into the care technology sector. There is undoubtedly an opportunity for KCC to encourage the use of mainstream technology to empower and support people to achieve the outcomes they want and support demand.

2.3 Basic care technology solutions have been in use in people's own homes for decades, enabling older people and those with a long-term condition or disability, to continue to live independently. In recent years, it has been recognised nationally the potential role care technology can play in providing care, early detection and prevention.

2.4 The digital switchover, due by 2025, will be a significant catalyst to the telecare industry, making many of the existing analogue solutions obsolete.

2.5   There will need to be a change in approach relating to how people are Informed
        of, assessed for and prescribed the provision across all of the social care
        pathway (Practice), flexibility on what is available to meet people's needs
        (Innovation) and utilising data to help shape future commissioning approaches
        and any cycles of improvement (Meaningful Measures).

2.6   A number of other local authorities have already or are beginning to invest in
        assistive technology as an integral tool for social care professionals to use
        when providing information, advice and guidance as well as arranging care and
        support.

3.   Benefits and Risks
3.1   The expected benefits will be as follows:
        * Non-Financial – Demonstrable delivery of outcomes to people through
          Technology Enabled Care.
        * Financial – Demonstrable delivery of financial benefits through cost
          avoidance, such as escalation of need or at initial assessment, and
          reduction in existing provision.
        * Culture Change – baseline of foundation level for workforce - measure
          the incremental increase in knowledge, awareness and confidence in
          Technology Enabled Care. This will also be explored for the person
          receiving the provision as well as the wider health and social care
          system.
        * Design model on how to deploy Technology Enabled Care at a
          countywide level for Kent Adult Social Care and Health.
        * Design model on how to deploy and demonstrable benefits across the
          wider health and social care system.
3.1.1   As part of implementation and onboarding of this contract, a full benefits plan
        will be developed in conjunction with the provider and the Authority's Analytics
        Team.

3.2   The most notable risks associated with the project, along with mitigating
        actions, include:

Main Risk	Counter Measures
Culture Change required – workforce, partners, providers and people.	- Robust communication and engagement plan. - Seek advice and input from operational teams when transitioning through the stages of the project. - Build referral mechanisms into existing social care procedures, practice guidance and processes. - Capture feedback, issues and good news stories and ensure Kent based examples are shared to demonstrate value and obtain buy-in. - Robust training programme implemented

Budget constraints due to digital solutions being more costly than analogue	• Undertake procurement exercise to deliver build and test to determine opportunities and potential full cost of an all-digital provision on a countywide basis • Seek alternative opportunities for private purchase /self-sourcing through information, advice and guidance • Build into strengths-based practice to ensure a conversation is taking place around people's own solutions which are readily available. • Continued engagement with Financial Business Partner to maintain oversight of budget spend and future forecasted spend.
Kent Commissioned Providers	• Utilise lessons from existing projects and provisions such as Kara and Telecare • Clear communications and engagement • Identify benefits for them in embracing change. • Work with Adult Social Care and Commissioning to review charging system to allow for technology to be incorporated. • Build referral mechanisms into existing social care Procedures, practice guidance and processes. • Share lessons, benefits and future approach for Technology Enabled Care with commissioning colleagues to help shape and plan for future commissioning approaches
Strategic Reset Programme (SRP) (Risk and opportunity)	• Link with Strategic Reset Programme leads and provide updates on progress • Link with Infrastructure to ensure it aligns with technology strategy and other initiatives in progress • Link with Digital Inclusion and Capability work to help shape and influence the project and the direction of travel in digital for Adult Social Care. • Cross reference dependencies to avoid duplication of approach and share lessons learnt.
Partner Commissioning Strategies are not aligned	• Robust communication and engagement plan. • Liaise with Health colleagues to understand appetite for sharing opportunities to integrating contract which benefits both organisations • Seek to understand wider social care and health benefits as part of build and test • Share findings and benefits of Technology Enabled Care with the Authority, partners and providers in Kent. • Utilise senior leadership relationships within the council and partners to obtain buy-in to the change in approach.

Fixed budget for build and test activity	• Keep project contained to small area to maximise benefit opportunities and learn for wider countywide deployment • Score providers on Price Per Quality (PQP) during procurement process

4. Options

4.1 As part of the Technology Enabled Care project, several options have been considered:

- Option 1 - Continue with current provision of Telecare and not implement Technology Enabled Care
- Option 2 - Test 1 or 2 individual products in isolation for people with particular types of needs with culture change activity to build into social care workforce practice for a particular cohort of people
- Option 3 - Test 1 or 2 individual products that can supports the whole social care and health pathway in certain districts with culture change activity to build into social care workforce practice for a particular cohort of people
- Option 4 - Test a range of approaches and assistive technology solutions that supports the whole social care and health pathway in certain districts with culture change activity to build into social care workforce practice for a particular cohort of people
- Option 5 - Implement a long-term countywide contract with a range of approaches and assistive technology solutions that supports the whole social care and health pathway with culture change activity to build into social care workforce practice for a particular cohort of people

4.2 An options appraisal with advantages and disadvantages of each option can be found under appendix 1.

4.3 Based on this, the preferred solution is Option 4 – test a range of approaches and assistive technology solutions that supports the whole social care and health pathway in certain districts with culture change activity to build into social care workforce practice for a particular cohort of people. As this is a new approach for the Authority, it would be a risk to commit to a longer-term approach (Option 5) until the scale of the benefits and opportunities to achieve outcomes for people are understood.

5. Procurement

5.1 In order to achieve the objectives of this project and the outcomes associated to the Making a Difference Every Day approach, the build and test for Technology Enabled Care will need to be sourced from the market. This provides the Authority with the access to the technology available, the installations and onboarding, and the culture change activities to support a change in approach.

5.2 A market engagement event took place in February 2021 in order to determine the opportunities available and help shape the requirements. It provided an insight into the large number of providers in this space and vast number of

products that could meet a mixture of care and support needs for both health and social care.

5.3 Following engagement with Adult Social Care teams, people we support and the Adults Commissioning team, the specification and procurement documents have been drafted.

5.4 It is proposed the Authority undertakes a 2-stage restricted process in order evaluate providers effectively based on the requirements.

5.5 Timelines for the procurement activity are as follows:

Procurement Stage	Date
Call for Competition and SQ issued to Tenderers	**23rd September 2021**
SQ returned by Tenderers	**12th November 2021**
Evaluation and tender list approval	**24th November 2021**
ITT Issued	**25th November 2021**
ITT Deadline	**6th January 2022**
Evaluation and Moderation Begins	**7th January 2022**
Evaluation and Moderation Ends	**26th January 2022**
Post Evaluation Clarification Meeting	**TBC**
Contract Award Notification	**3rd February 2022**
Standstill Begins	**3rd February 2022**
Standstill Ends	**17th February 2022**
Provider/Supplier Planning Meeting	**18th February 2022**
Anticipated Contract Start Date	**21st February 2022**

5.6 It is proposed the contract is put in place for 12 months with no option to extend. This is to ensure this activity is focused on assessing the benefits of Technology Enabled Care which can be used to inform a countywide procurement exercise.

6. Financial Implications

6.1 The build and test phase of this project has a defined budget of £750,000 identified through the Adult Social Care Governance Board. This funding will be used to determine the scale of the future Technology Enabled Care offer on a countywide basis as well as the opportunities it creates in terms of non-financial and financial benefits to the people in receipt of support, to the Authority and the wider health and social care system.

6.2 Of the £750,000 total budget for this work, it is proposed that £675,000 is for the contract itself and £75,000 for other associated costs to deliver the project e.g., legal advice, communication and engagement activities, and events etc.

6.3 The funding for the project will be harnessed from the Contain Outbreak Management Funds until March 2022. Thereafter, there are a number of potential funding streams that are being explored, including those recently

announced as part of the Spending Review. The market sustainability fund is also available to fund this initiative.

6.4 For the Contain Outbreak Management Funds, approximately £100,000 - £200,000 would be spent should the contract start in February 2022, before the March 2022 spend deadline. The remaining £550,000 – £650,000 would then be spent in the 2022/23 financial year.

7.   Legal implications

7.1 The delivery of Technology Enabled Care build and test will be separate to existing arrangements and will not impact on other provisions already in place with people. The use of technology supports the Authority's compliance under legislation, such as the Care Act 2014, in driving strengths-based and person-centred practice.

8.   Equalities implications

8.1 An Equalities Impact Assessment has been undertaken and published for the Technology Enabled Care build and test.

8.2 The assessment identified that the project is not expected to have a significant negative impact on any of the protected characteristics as this will be provided based on a need's assessment and will become another tool of many for social care professionals to support the people of Kent.

8.3 Other actions identified is to ensure communication and engagement of Technology Enabled Care is made available and accessible to all individuals.

9   Data Protection Implications

9.1 A Data protection impact assessment is required following the completion of the initial screening. The full data protection impact assessment is currently being created to support this project, however, some of the mechanisms on how the data will be processed will not be known until the preferred provider is selected.

9.2 Due to the nature of technology and the volume of data and analytics it can collect, it is expected that formal legal advice will be sought as to ensure any associated risks are mitigated and managed accordingly.

10.   Conclusions

10.1 In conclusion, having access to a wider range of technology solutions will enable the Authority to be more person centred in its approach and empower people whilst providing more choice and control over their care and support arrangements.

10.2 This proposed Technology Enabled Care build and test approach enables the Authority to assess the benefits and value of assistive technology before committing to a longer-term contract.

10.3 Understanding the benefits of technology will not only support the Authority, but it will also support partnerships and identify further opportunities across the health and social care sector.

11   Recommendations

11.1. The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision *(*attached as appendix A) to **PROVIDE DELEGATED AUTHORITY** to the Corporate Director Adult Social Care and Health to award the contract following the outcome of the procurement activity for the Adult Social Care Technology Enabled Care build and test approach.

12.   Background Documents

None

13.   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: 21/00105

For publication

Key decision: No

Title of Decision Technology Enabled Care Build and Test

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
a) **DELEGATE** authority to the Corporate Director Adult Social Care to award the contract following the outcome of the procurement activity for the Adult Social Care Technology Enabled Care build and test approach.

Reason(s) for decision: The Technology Enabled Care project is a key area of the Making a Difference Every Day approach which is the main driver of change within Adult Social Care. The programme and this project align with KCC's Strategic Reset Programme and will contribute towards the delivery of the key ambitions of the Authority.

There have been significant developments in social and health care apps and wearables in recent years, and growth in the popularity and uptake of these devices. They provide people with convenience and control to integrate technology into their lives both when well and when ill; they also afford people the ability to share their data with who they want to. For example, the devices can support people in assessing health signs and symptoms, keeping them healthy and managing long term conditions. This in turn can provide value in supporting independent living.

Technology Enabled Care has been identified as one of the key digital priorities to support the delivery to work in new and innovative ways, as a result, the Making a Difference Every Day Programme Board agreed to undertake a one year build and test. The build and test will provide the opportunity to harness and fully exploit the full benefits of Technology Enabled Care and help the Authority to understand longer-term requirements for the future. The expected benefits will be as follows:

- Non-Financial – Demonstrable delivery of outcomes to people through Technology Enabled Care.
- Financial – Demonstrable delivery of financial benefits through cost avoidance, such as escalation of need or at initial assessment, and reduction in existing provision.
- Culture Change – baseline of foundation level for workforce - measure the incremental increase in knowledge, awareness and confidence in Technology Enabled Care. This will also be explored for the person receiving the provision as well as the wider health and social care system.
- Design model on how to deploy Technology Enabled Care at a countywide level for Kent Adult Social Care and Health.
- Design model on how to deploy and demonstrable benefits across the wider health and social care system.

Social care and health services across Kent face significant challenges as the population is living longer and with more complex needs, which is ~~Page 88~~ ncreasing demand on the health and care sector.

Further pressures are added due to a workforce shortage in the care sector.

The consumer technology / smart home market is rapidly crossing over into the care technology sector. There is undoubtedly an opportunity for KCC to encourage the use of mainstream technology to empower and support people to achieve the outcomes they want and support demand.

Through the vision and direction of travel being set by the Making a difference every day approach, there is an ambition for Kent County Council to become 'Best in Class' in terms of its adoption and application of assistive technology to support people.

In order to meet this ambition through assistive technology, there will need to be a change in approach relating to how people are informed of, assessed for and prescribed the provision (Practice), flexibility on what is available to meet people's needs (Innovation) and utilising data to help shape future commissioning approaches and any cycles of improvement (Meaningful Measures).

The digital switchover, due by 2025, will be a significant catalyst to the telecare industry, making many of the existing analogue solutions obsolete.

Financial Implications: The build and test phase of this project has a defined budget of £750,000 identified through the Adult Social Care Governance Board. This funding will be used to determine the scale of the future Technology Enabled Care offer on a countywide basis as well as the opportunities it creates in terms of non-financial and financial benefits to the people in receipt of support, to the Authority and the wider health and social care system.

Of the £750,000 total budget for this work, it is proposed that £675,000 is for the contract itself and £75,000 for other associated costs to deliver the project e.g., legal advice, communication and engagement activities, and events etc.

The funding for the project will be harnessed from the Contain Outbreak Management Funds until March 2022. Thereafter, there are a number of potential funding streams that are being explored, including those recently announced as part of the Spending Review. The market sustainability fund is also available to fund this initiative.

For the Contain Outbreak Management Funds, approximately £100,000 - £200,000 would be spent should the contract start in February 2022, before the March 2022 spend deadline. The remaining £550,000 – £650,000 would then be spent in the 2022/23 financial year.

Legal implications: The delivery of Technology Enabled Care build and test will be separate to existing arrangements and will not impact on other provisions already in place with people. The use of technology supports the Authority's compliance under legislation, such as the Care Act 2014, in driving strengths-based and person-centred practice.

Equalities implications: An Equalities Impact Assessment has been undertaken and published for the Technology Enabled Care build and test. The assessment identified that the project is not expected to have a significant negative impact on any of the protected characteristics as this will be provided based on a need's assessment and will become another tool of many for social care professionals to support the people of Kent. Other actions identified is to ensure communication and engagement of Technology Enabled Care is made available and accessible to all individuals.

Data Protection Implications: A Data protection impact assessment is required following the completion of the initial screening. The full data protection impact assessment currently being created to support this project, however, some of the mechanisms on how the data will be processed will not be known until the preferred provider is selected. Due to the nature of technology and the volume of data and analytics it can collect, it is expected that formal legal advice will be

sought as to ensure any associated risks are mitigated and managed accordingly.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 1 December 2021 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

As part of the Technology Enabled Care project, several options have been considered:
- Option 1 - Continue with current provision of Telecare and not implement Technology Enabled Care

- Option 2 - Test 1 or 2 individual products in isolation for people with particular types of needs with culture change activity to build into social care workforce practice for a particular cohort of people

- Option 3 - Test 1 or 2 individual products that can supports the whole social care and health pathway in certain districts with culture change activity to build into social care workforce practice for a particular cohort of people

- Option 4 - Test a range of approaches and assistive technology solutions that supports the whole social care and health pathway in certain districts with culture change activity to build into social care workforce practice for a particular cohort of people

- Option 5 - Implement a long-term countywide contract with a range of approaches and assistive technology solutions that supports the whole social care and health pathway with culture change activity to build into social care workforce practice for a particular cohort of people

Based on this, the preferred solution is Option 4 – test a range of approaches and assistive technology solutions that supports the whole social care and health pathway in certain districts with culture change activity to build into social care workforce practice for a particular cohort of people. As this is a new approach for the Authority, it would be a risk to commit to a longer-term approach (Option 5) until the scale of the benefits and opportunities to achieve outcomes for people are understood

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

....
signed

....
date

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Appendix 1 – Options Appraisal

Option	Advantages	Disadvantages
Option 1 Continue with current provision of Telecare and not implement Technology Enabled Care	• No outlay cost to purchase new technology. • No changes required to existing ways of working in relation to technology.	• Does not support future digital switch over plans for December 2025. • Does not support the outcomes and identified benefits of the Making a difference every day approach or Strategic Reset Programme. • Does not enable alternative care and support planning methods to support the outcomes of people through the enhancement of assistive technology
Option 2 Test 1 or 2 individual products in isolation for people with particular types of needs with culture change activity to build into social care workforce practice for a particular cohort of people	• Supports the outcomes and identified benefits of the Making a difference every day approach or Strategic Reset Programme. • Smaller pilot for the build and test which is easier to measure targeted outcomes for the 1 or 2 individual solutions. • Smaller cohort for the build and test which is easier to measure targeted outcomes for the particular cohort of people. • Culture change required to support prescribing and utilisation of solutions, deploying technology in isolation will result in not achieving desired outcomes. • Ability to assess the impact a Technology Enabled Care offer before committing to a longer-term contract requirement for the Authority	• Technology Enabled Care is vast and 1 or 2 solutions in isolation will not meet the vision and outcomes of Making a difference every day approach, particularly being person centred. • Technology Enabled Care can support a range of different needs and targeting a specific cohort will not enable the Authority to capture all of the benefits and opportunities available. • May result in the assistive technology being fit to the person rather than having access to a wider range of solutions to achieve individual outcomes. • People outside of build and test are not harnessing the assistive technology offer available due to undertaking an approach to assess the scale and opportunities first before committing to a longer-term contract

Option	Advantages	Disadvantages
Option 3 Test 1 or 2 individual products that can supports the whole social care and health pathway in certain districts with culture change activity to build into social care workforce practice for a particular cohort of people	• Supports the outcomes and identified benefits of the Making a difference every day approach or Strategic Reset Programme. • Smaller pilot area for the build and test which is easier to measure targeted outcomes for the 1 or 2 individual solutions • Technology Enabled Care can support a range of different needs and targeting opening this up to certain districts rather than cohorts makes it easier to manage and enable the Authority to capture all of the benefits and opportunities available. • Culture change required to support prescribing and utilisation of solutions, deploying technology in isolation will result in not achieving desired outcomes • Ability to assess the impact a Technology Enabled Care offer before committing to a longer-term contract requirement for the Authority	• Technology Enabled Care is vast and 1 or 2 solutions in isolation will not meet the vision and outcomes of Making a difference every day approach, particularly being person centred. • May result in the assistive technology being fit to the person rather than having access to a wider range of solutions to achieve their outcomes. • People outside of build and test are not harnessing the assistive technology offer available due to undertaking an approach to assess the scale and opportunities first before committing to a longer-term contract
Option 4 Test a range of approaches and assistive technology solutions that supports the whole social care and health pathway in certain districts with culture change activity to build into social care workforce practice for a particular cohort of people	• Supports the outcomes and identified benefits of the Making a difference every day approach or Strategic Reset Programme. • Having access to a range of solutions enables the Authority to assess and understand what types of products can achieve the most benefits or opportunities for people. • Technology Enabled Care can support a range of different needs and targeting opening this up to certain districts rather than cohorts makes it easier to manage and enable the Authority to capture all of the benefits and opportunities available. • Culture change required to support prescribing and utilisation of solutions, deploying technology in isolation will result in not achieving desired outcomes • Ability to assess the impact a Technology Enabled Care offer before committing to a longer-term contract requirement for the Authority	People outside of build and test are not harnessing the assistive technology offer available due to undertaking an approach to assess the scale and opportunities first before committing to a longer-term contract

Option	Advantages	Disadvantages
Option 5 Implement a long-term countywide contract with a range of approaches and assistive technology solutions that supports the whole social care and health pathway with culture change activity to build into social care workforce practice for a particular cohort of people	• Having access to a range of solutions enables the Authority to assess and understand what types of products can achieve the most benefits or opportunities for people. • Technology Enabled Care can support a range of different needs and targeting opening this up to certain districts rather than cohorts makes it easier to manage and enable the Authority to capture all of the benefits and opportunities available. • Culture change required to support prescribing and utilisation of solutions, deploying technology in isolation will result in not achieving desired outcomes • People across the county can benefit from Technology Enabled Care	• Does not allow the Authority to assess the impact a Technology Enabled Care offer before committing to a longer-term contract, which may result in an inappropriate or an ineffective offer.

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

                     Richard Smith, Corporate Director Adult Social Care and
                     Health

To: Adult Social Care Cabinet Committee – 1 December
                     2021

Subject: **Development of a Micro Provider Market in Kent**

Non Key Decision: **21/00106**

Classification: Unrestricted

Past Pathway of report: Adult Social Care Governance Board 25 August 2021
                              and 22 September 2021

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: The report outlines the proposal to develop a micro-provider market in Kent that can help meet the outcomes of Making a Difference Everyday approach by increasing the choice that people have to receive their care and support, and by developing resilient communities that are able to support people to remain independent.

The report outlines the expected benefits of such an approach as well as the intention to commission a skilled and experienced external provider to work with Kent to develop this market.

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** a contract to a provider who can support the development of a micro-provider market in Kent; and
b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

1.   **Introduction**

1.1   This report details the intention of Adult Social Care and Health to develop a
      micro-provider market in Kent that can deliver greater choice and control for the
      people that we support.

1.2   A new Adult Social Care Strategy: Making a Difference Everyday has been open for public consultation. The strategy describes our ambition to work differently during the lifetime of the strategy.

1.3   Specifically, we will work with people to help them achieve the outcomes that are important to them. Ensuring that any support offer is tailored to the individual, delivering flexible and creative ways of arranging support and providing a balance between choice, quality and value.

1.4   The strategy also describes our ambition to work differently with communities so that people feel empowered to access support from within their communities, for example through the voluntary sector.

1.5   The Wellbeing and Prevention Market Position Statement outlines some of the key challenges that the social care and health system will face over the coming years, including increased demand for wellbeing support for older people, mental wellbeing issues related to isolation, support for people living with dementia because of Covid -19 pandemic.

1.6   Key aims identified within the market position statement include: reduce duplication and commissioning to fill in the gaps and understanding locality pressures and ensuring adaptive contracting methods.

1.7   Research undertaken by the University of Birmingham suggests that micro-providers can offer more personalised support and better value for money than large care providers and are more able to innovate. They can be instrumental in building social connectedness, supporting community infrastructure, and growing creativity, resilience, and diversity within the care sector. Importantly they can also address both geographic and service gaps within the care market as well as supporting recruitment and retention in social care.

1.8   By micro-providers we mean individual, sole traders or organisations that employ less than five people.

1.9   We believe that micro-providers can play a key role in enabling adult social care to fulfil our vision.

2.   Background

2.1   This is a completely new approach in Kent which aims to diversify the way we deliver care and support in the community and people's homes, increasing choice and enabling greater flexibility in how people receive care and support.

2.2   The development and increased use of a micro-provider market has the potential to release both qualitative and non-qualitative benefits, including

- Non-Financial – demonstrable improved outcomes for individuals
- Financial – Demonstrable delivery of financial benefits through cost avoidance (using community rather than commissioned services) and financial savings from using micro-providers and direct payments in comparison to commissioned services,

- Economic - increased retention within the social care workforce and employment opportunities through sole traders
- Culture Change – greater use of direct payments as a mechanism to fund care

2.3 The approach is being implemented in several other Local Authorities across the country, including Thurrock, Wiggan, Wrexham, Cambridgeshire, and most notably Somerset.

2.4 In Kent, we want to focus the development of this market in the Care and Support in the Home market through delivery of non-regulated care and support in people's homes. Secondly, we want to increase and develop the range of activities and services delivered in community settings that prevent and delay people entering the social care system or into higher levels of support, such as residential care.

2.5 It is important to note that micro-providers will not replace our existing markets, but are expected to work alongside them, diversifying our provider base, filling gaps in provision and offering people more choice about how, where and when they access care and support.

2.6 Having spoken to other Local Authorities who have implemented this approach, we have identified the following key areas of activity required to support the development of micro-providers in Kent:
- Identifying gaps within local areas
- Identifying people to set up micro-providers
- Provision of advice and support to enable people to set up micro-providers
- Provision of support and training to new micro providers
- Development of a register of micro-providers and a quality assurance process
- Engaging with stakeholders to promote and communicate this approach
- Signposting people to micro-providers to receive care and support.
- Building an evidence base to demonstrate impact
- Delivering a plan to promote sustainability and up-scaling of the approach.

2.7 This is a new approach in Kent. As a result, we propose commissioning an external organisation that has a proven track record in developing micro-providers in other areas to work collaboratively with Kent to achieve this ambition.

2.8 This approach was agreed by the Adult Social Care Governance Board on 25 August 2021.

3. Procurement Process

3.1 To understand the market of organisations that could support the development of micro-providers we published a Prior Information Notice on both Kent

Business Portal and UK Find a Tender Service between 20 July 2021 and 2 August 2021.

3.2 All providers who expressed an interest were sent a draft version of the service specification and invited to meet with us.

3.3 As a result of the Prior Information Notice and subsequent meetings, six of the 22 providers that registered an interest in relation to the PIN have demonstrated the necessary understanding of the specification to apply for a contract.

3.4 Based on this and in recognition of the contract value, we are following a light touch regime using competition and negotiation. We will use a standard selection questionnaire (SSQ) to down-select providers. Those providers who pass the SSQ stage will be invited to tender (ITT) for the contract.

3.5 Using the light touch regime allows us to reduce both the SSQ and ITT from 30 days each to 10 days each. This approach risks limiting our market and the number of providers who apply for the contract. However, given that we have previously published a PIN to the market, shared a draft specification and met with interested providers, we believe that we have mitigated this risk.

3.6 This approach was agreed by the Adult Social Care Governance Board on 22 September 2021.

3.7 The contract will be let for two years. Based on conversations with other local authorities, this is an adequate time to implement the approach and embed it as business as usual within the Council.

3.8 The contract will focus on the development of a micro-provider market.

3.9 It will recognise the different legal entities that are available to micro-providers, such as sole traders and Community Interest Companies.

3.10 Based on feedback from providers during market engagement, the provider will also support individuals to constitute themselves less formally – if the overall objective of the organisation supports the outcomes identified in the contract. This would, for example, enable informal community groups to constitute themselves more formally, but without requiring them to become registered businesses.

3.11 The contract will require a provider to work alongside adult social care to promote the use of micro-providers, develop an action plan to implement the approach at pace and scale, develop a plan for longer term sustainability and provide a final impact assessment to demonstrate achievement of benefits.

3.12 The procurement timetable is outlined below:

Activity	Timelines
Standard Selection Questionnaire issued	20 October 2021
Standard Selection Questionnaire returned	3 November 2021
Evaluation and shortlisting	4–5 November 2021
Invitation to Tender (ITT) issued to shortlisted providers	8 November 2021
Invitation to Tender (ITT) returned by shortlisted providers	19 November 2021
Tender evaluation and moderation, including potential clarification and negotiation meetings	22-25 November 2021
Potential issue of Invitation to submit Final Tender	26 November 2021
Potential Final tender return	3 December 2021
Potential Final tender evaluation and moderation	6-7 December 2021
Issue award letters	8 December 2021
Governance	8-17 December 2021
Contract award	20 December 2021
Mobilisation	January to April 2022
Service Commencement	2 January 2022

4. Financial Implications

4.1 Contain Outbreak Management Funding (COMF) has been sought and agreed for this project. Due to the requirements that this funding is spent by 31 March 2022, the project and associated contract will be funded by COMF until that date. There are several potential funding streams that are being explored to meet the remainder of the costs, including those recently announced as part of the Spending Review. The market sustainability fund is also available to fund these initiatives.

4.2 The project costs include costs associated with the contract, seed funding and marketing / promotional activity.

4.3 The contract costs are £633,000 for a two-year contract. This is the full value of the contract.

4.4 Seed funding has been identified as an enabler for the development of micro-providers. Criteria for this fund will be developed with the commissioned provider, but is likely to focus on purchasing of equipment, license or registration fees, initial rental of venues and other factors that might create a barrier for micro-providers within the first six months of being established.

4.4 Funding has been allocated to marketing and promotional activity. In areas, such as Somerset, where micro-providers have developed and grown significantly, there has been a corresponding focus from the Council on raising awareness of the approach and actively communicating it. Allocating funding to these efforts will raise the profile of this approach, both with people and small groups who would like to establish themselves as a micro-provider, but also people who would like to engage with their services.

4.5 Financial profile is outlined below:

Year	Year 1		Year 2	Total
Funding	COMF	Alternative funding		
Period	**Jan – Mar 22**	**April 22 – Dec 22**	**Jan – Dec 2023**	
Seed funding	£30,000	£90,000	£120,000	£240,000
Marketing budget	£8,000	£9,000	£12,000	£29,000
Contract costs	£134,508	£213,642	£284,850	£633,000
Sub - Total	**£172,508**	**£312,642**	**£416,850**	**£902,000**

4.6 As outlined above, the development of micro-providers in Kent has a total project cost of £902,000. The contract value is £633,000.

4.7 Return on investment in relation to the development of micro-providers in Kent has been profiled using information provided by Somerset Council.

4.8 Somerset Council invested £160k in the development of micro-providers over two years, with an additional investment of £70k for a third year. They focused on the provision of regulated care and support in the home and started in 2014.

4.9 An evaluation undertaken in June 2020 highlighted the following:

- On average, micro-enterprises in Somerset are delivering 33 hours of? care per week, supporting 6 people at an average cost of £15.68 per hour. 30.4% of micro-enterprises are funded via direct payments.
- Somerset now has 867 micro-enterprises supporting 5,895 people per week and seen 43.6% increase uptake in direct payments.

4.10 In relation to financial benefits, the evaluation noted that:

- Through 32 micro providers Somerset achieved an annual saving of £134,712.
- This figure was then scaled up across all 223 micro-providers in the county to produce an estimated annual savings of £1,464,226 against commissioned services and using direct payments.
- Based on 797 micro-enterprises they have achieved £5,470,608 annual savings against commissioned services and £2,299,174 savings from direct payment recipients compared to commissioned services.
- This is based on commissioned services being on average £19.68 and people who use micro providers receive a direct payment of £14.15.

4.11 Using the above, we have identified several ambitious targets for Kent as follows:

- Year 1 (from April '22): 60 micro-enterprises and if based on the same assumptions as Somerset potential savings **£269,424.**
- Year 2 (from April '23): 223 micro-enterprises and if based on the same assumptions as Somerset potential savings **£1.4 million.**
- Year 3: 416 micro-enterprises and if based on the same assumptions as Somerset potential savings **£4 million.**

4.12 Based on the above, we would expect to see a significant financial return on our initial investment.

5. Legal implications

5.1 Given that this is a new approach for Kent, legal advice is being sought to clarify that the existing terms and conditions for adult social care contracts are adequate for this new model. These conditions would be applied both to the provider contracted to work with the Council to develop this market, and micro-providers who deliver services through a direct contracting relationship with adult social care.

6. Equalities implications

6.1 A full Equalities Impact Assessment has been undertaken.

6.2 The assessment identified opportunities for positive impacts across all protected characteristics. This is due to the ability of micro-providers to develop, small, locally based services that reflect local need across all demographic groups. Removing barriers that people might experience in joining mainstream services due, for example, to transport issues, language or cultural issues. For example, adults living in rural areas, adults with sensory issues.

6.3 As a result, micro-providers will offer care and support to all adults living in Kent, with a particular focus on groups most at risk of requiring further support from statutory agencies, reflecting their diversity and range of needs and aspirations. This will include those disproportionately impacted by Covid, such as the black, Asian and minority ethic communities, adults living with dementia who have experienced cognitive decline due to isolation.

6.4 One of the key actions identified from the EQIA was to make sure we communicate and promote the benefits of micro providers through a range of communication channels, including both digital and non-digital methods. To achieve this we have identified funding within the project budget for marketing and promotional activity to raise awareness of this resource.

7. Data Protection Implications

7.1 A full Data Protection Impact Assessment has been undertaken and is currently with Data Protection Office for comment. No data will be collected until this assessment has been signed off by the Corporate Director of Adult Social Care and Health.

8. Conclusions

8.1 The Making a Difference Everyday approach outlines a commitment from adult social care to put the person at the centre of their care. Providing innovative and flexible care and support that enables people to achieve *their* outcomes and goals.

8.2 At the same time, adult social care is facing challenges in relation to demand that have been acerbated by the impact of the Covid-19 pandemic on peoples mental and physical wellbeing.

8.3 Adult social care believes that the development of a micro-provider market in Kent can offer people more choice about how, when and where they receive their care and support, as well as helping to manage demand by diversifying the existing care and support market.

8.4 Specifically, micro-providers have increased ability to be flexible, innovative and demand led in the care and support that they can provide, operating on a more local footprint and responding to local needs.

8.5 This is a new approach in Kent and, as such, we want to work with an organisation that is skilled and experienced in developing this type of market. We are currently tendering for such a provider with an aim to have a contract in place for 2 January 2022.

9. Recommendation

9.1 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** a contract to a provider who can support the development of a micro-provider market in Kent; and
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

10. Background Documents

Wellbeing and Prevention Market Position Statement
https://www.kent.gov.uk/__data/assets/pdf_file/0003/123762/KCC-Wellbeing-Prevention-Market-Position-Statement.pdf

University of Birmingham - Does Smaller Mean Better? Evaluating Micro-Enterprises in Adult Social Care
https://www.birmingham.ac.uk/research/activity/micro-enterprises/index.aspx

11. 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: 21/00106

For publication Yes

Key decision: No

Title of Decision Development of a micro-provider market in Kent

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
a) **AWARD** a contract to a provider who can support the development of a micro-provider market in Kent; and
b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

Reason(s) for decision: Adult social care and health is seeking to develop a micro-provider market in Kent.

As part of Making a Difference Everyday approach, this market will support the development of resilient communities by increasing the type of local, community-based activities that support adults to maintain their wellbeing and independence. This market can also alleviate market pressures within the Care and Support market in the longer term by delivering non-regulated care. Micro-providers are especially useful in developing services to fill niche service gaps that are unattractive to larger organisations due to lack of scale, operating at a very local level and can also be used to fill gaps in geographic provision, especially in rural areas.

This is a new approach in Kent and will support a diversification of the community-based care and support market, enabling greater choice for people in the type of care and support available to them.

To support Kent to achieve this ambition, we are seeking to commission an external provider who is experienced in developing a care related micro-provider market. The focus of the contract will be:
•   to undertake an analysis of gaps and opportunities to form an action plan.
•   Identifying, training and developing micro-providers
•   Developing a robust quality assurance process and register for approved providers
•   Undertaking a full impact assessment to recognise the benefits of the approach
•   Developing a plan for the longer-term sustainability of the approach

The proposed decision meets the objectives of 'Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement (2015-2020)' by ensuring that older and vulnerable residents are safe and supported with choices to live independently. Specifically,

•   Those with long-term conditions are supported to manage their conditions through access to good quality care and support

- Older and vulnerable residents feel socially included
- More people receive quality care at home avoiding unnecessary admissions to hospital and care homes
- The health and social care system works together to deliver high quality community services
- Residents have greater choice and control over the health and social care services they receive

Ensuring that people have access to flexible, creative and tailor-made care and support is a key outcome of the Making a Difference Everyday approach. The development of a micro provider market is a key enabler in developing that approach.

Financial Implications: £940,000 Contain Outbreak Management Funding (COMF) has been sought and agreed for this project. Due to the requirements that this funding is spent by 31 March 2022, the project and associated contract will be funded by COMF until that date. There are several potential funding streams that are being explored to meet the remainder of the costs, including those recently announced as part of the Spending Review. The market sustainability fund is also available to fund these initiatives.

Financial profile is outlined below:

Year	Year 1		Year 2	Total
Funding	**COMF**	**Alternative funding**		
Period	Jan – Mar 22	April 22 – Dec 22	Jan – Dec 2023	
Seed funding	**£30,000**	**£90,000**	**£120,000**	**£240,000**
Marketing budget	**£8,000**	**£9,000**	**£12,000**	**£29,000**
Contract costs	**£134,508**	**£213,642**	**£284,850**	**£633,000**
Sub - Total	£172,508	£312,642	£416,850	£902,000

To summarise, the development of micro-providers in Kent has total project cost of £902,000. The contract value is £633,000.

Legal Implications: Legal advice is being sought to ensure that the existing terms and conditions for adult social care contracted services is adequate in relation to this new approach. We will also establish a register of approved providers with agreed checks, terms and conditions and monitoring process to ensure quality.

Equalities implications: A full Equalities Impact Assessment has been completed. Key finding is the positive impact related to ability of micro-enterprises to respond to demand at a local level. This means greater flexibility for people in terms of the community and home-based care and support they have access to. It also means that barriers some groups experience in accessing mainstream, traditional services can be addressed by developing activities and services that specifically meet their needs. One key issue identified was how people are made aware of these services with a key risk being dependence on digital platforms to raise awareness and therefore information being inaccessible to people who are digitally excluded. Mitigating action is to raise awareness with social workers and signposting professionals, such as Community navigators, who can talk to people about the micro-provider provision in their local area.

Data Protection implications: A full Data Protection Impact Assessment is required. This has been submitted to the Data Protection Officer for comment. No data will be processed until this has been signed off.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 1 December 2021 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:

....
signed   date

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

Richard Smith, Corporate Director Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 1 December 2021

Subject: **Adult Social Care Pressures Plan 2021-2022**

Classification: Unrestricted

Previous Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Divisions: All

Summary: The report will provide an overview of the current pressures faced by Adult Social Care and Health and the mitigating actions in place to ensure service continuity and resilience. The report focuses on outlining the strategic and operational response to a range of factors including COVID-19, vacancies in the health and social care workforce, waiting lists for care and support, winter pressures and budgetary pressures. The full Adult Social Care Pressures Plan 2021-2022 identifies the component elements of the directorate's response to the unprecedented pressures on the health and social care system and identifies owners for each of the response elements.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** and **CONSIDER** the content of the report and the Adult Social Care Pressures Plan 2021-2022.

1. **Introduction**

1.1 The Adult Social Care and Health Directorate has continued to operate in an extremely challenging environment throughout 2021, as it manages the COVID-19 recovery amidst a range of local and national challenges. Throughout winter 2020-2021 the key focus for the directorate was on managing the COVID-19 response, aligned to guidance from the Department of Health and Social Care. Whilst managing COVID-19 remains a priority as we head into winter 2021-2022, the vaccination programme has enabled a significant return to normality, which has resulted in a broader range of factors and pressures that the Adult Social Care and Health Directorate must manage.

1.2 The Adult Social Care Pressures Plan 2021-2022, attached as Appendix 1, identifies the factors which are likely to impact the operating environment in the coming months, and the strategic and operational actions which are being taken to ensure directorate resilience.

1.3 The plan will be maintained as live document which will enable Adult Social Care and Health to continually review its business processes and escalation procedures, ensure that risks and issues are addressed at an early stage and implement appropriate mitigations to support service continuity.

2. Context

2.1 Adult Social Care and Health has historically faced system pressure during the winter period due to its interdependencies with the NHS, the need to support hospital discharges and increased demand for care and support during winter. In 2021-2022, challenges which pre-date COVID-19 have been compounded by the impact of the pandemic and result in a particularly difficult set of challenges for the months ahead.

2.2 Local authorities have seen increased budget pressures in recent years, which has impacted on the funding available for adult social care services. This is in the context of increased demographic pressures, with an aging population and people living longer with more complex needs. Spend on adult social care has inevitably increased during the pandemic to manage the increased costs of services, staffing and equipment including PPE, as well as increased levels of demand and complexity of need particularly as restrictions are lifted.

2.3 At the same time, the directorate is managing increased waiting lists for services due to the workforce pressures which are being seen across multiple sectors but which are particularly acute in health and social care. Skills for Care figures from October 2021 indicated a vacancy rate of 105,000 jobs in adult social care services, which represents approximately 6.8% of the total adult social care workforce in England. Turnover rates across the sector also remain high, at 28.5% in 2020-2021 and with employers reporting that retention is now more difficult than before the pandemic.

2.4 Whilst the government's 'Build Back Better: Plan for Health and Social Care' acknowledges the challenges that the health and social care sector faces and plans to make an extra £36 billion available over the next three years to address these issues, the Local Government Association has raised concerns about what proportion of this money will be allocated to adult social care. The Local Government Association also identifies a remaining funding gap of £1.5 billion required to stabilise the care provider market.

2.5 The market faces additional pressure from the impact of compulsory vaccination for front line care workers. This requirement took effect from 11 November 2021 and will be monitored by the Care Quality Commission. Data held in September 2021 indicated that 90% of the social care workforce affected by this requirement had been vaccinated, however this left 1700 workers unvaccinated who may exit the social care workforce. Additionally, the government is currently consulting on a proposal to extend the requirement to be fully vaccinated to all health and social care workers, which may cause further workers to leave the sector.

2.6 In addition to financial and workforce pressures, there are concerns about the ongoing high COVID-19 infection rate and the impact this will have on health and social care services when combined with normal seasonal illnesses. During winter 2020-2021 rates of seasonal illnesses such as flu, respiratory viruses and noroviruses were extremely low due to lockdown and social distancing. It is anticipated that these illnesses will rise significantly during winter 2021-2022 and that people's resilience to infections will be lower. As well as increasing hospital admissions and demand for discharge and social care services, staff sickness is likely to impact health and social care workforce capacity during the winter months.

2.7 The totality of the challenges outlined above mean that Adult Social Care and Health faces a period of sustained pressure and must be proactive and agile in managing its response. The Adult Social Care Pressures Plan identifies a range of activities which will support both the directorate's own staff and services and Kent's provider market to ensure they have appropriate business continuity plans and risk mitigations in place to sustain service delivery.

3. Components of the Adult Social Care Pressures Plan 2021-2022

3.1 The Adult Social Care Pressures Plan 2021-2022 collates several component plans which outline the operational and tactical preparations and response to pressures, the strategic activities and the collaborative working being progressed with partner organisations and the provider market.

3.2 The Resilience and Emergency Planning section of the plan identifies a number of tools and mechanisms to support directorate resilience and business continuity, including the Operational Pressures Escalation Plan. Many of these tools were tested throughout winter 2020-2021 and lessons learned from this period have been incorporated in the updated versions. The plans will be maintained as live documents throughout winter 2021-2022 and the Adult Social Care and Health Senior Management team will maintain oversight of their implementation and any required escalations to the Corporate Director.

3.3 The System Discharge Pathways Programme was established in autumn 2020 and has worked with a range of partners to improve discharge services, embed a discharge to assess approach and manage demand and capacity in discharge services. The programme will continue to deliver services in a more integrated way and ensure services are aligned to the needs of Kent residents in the coming months. The programme works with Kent Community Health Foundation Trust, Kent and Medway Clinical Commissioning Group and representatives from Kent's Integrated Care Partnerships to ensure a holistic, system-wide approach to decision making and the utilisation of resources in Kent.

3.4 The Operational Capacity Management Plan for Winter 2021-2022 identifies the recruitment activities, extended working arrangements and staff redeployment contingency arrangements that will be implemented for Adult Social Care and Health teams throughout the winter period. These arrangements will enable continuity of service and will also ensure that extended working arrangements

support partners in the health system to manage demand on their services and hospital discharges.

3.5 The plans for Adult Social Care's Commissioned Services encompass work with Kent's provider market to support their short-term preparedness and resilience and seek to encourage long-term sustainability through market development. Activities under the Commissioned Services offer are aligned to preventative actions to keep people safe and well at home, supporting safe and timely discharge from hospital and helping people to recover and thrive in their own home. The System-Wide Market Pressures Action Plan also implements additional capacity in services and identifies dedicated commissioners for locality areas to ensure providers receive targeted, timely support.

4. Financial Implications

4.1 A number of funding streams have been made available to support the Adult Social Care Pressures Plan and winter resilience activities. Both the Infection Control Fund and Hospital Discharge Funding will continue until 31 March 2022 and will be used to support Kent's provider market and provide additional capacity in services. To date, KCC has received £10.3m for 1st April 2021 – 30th June 2021 and £7.7m for 1st July 2021 to 30th September 2021. Central government have made £11.9m available for 1st October to 31st March.

4.2 Central government has recently announced a further £4.2m to Kent from the Workforce Recruitment and Retention Fund. The purpose of this allocation is to support local authorities to address adult social care workforce capacity pressures in their geographical area through recruitment and retention activity this winter.

4.3 Further detail of the planned use of funds is available in the full 'Adult Social Care Pressures Plan'.

5. Equalities implications

5.1 An EQIA is in draft for the Adult Social Care and Health Pressures Plan 2021-2022.

6. Other corporate implications

6.1 The delivery of the Adult Social Care Pressures Plan 2021-2022 builds on the 'Adult Social Care and Health Winter Pressure Plan 2020-2021' and the lessons learned from partnership working, joint commissioning and contingency planning in that period. Lessons learned from the delivery of the Adult Social Care Pressures Plan 2021-2022 will be owned by the owners of the component plans and will be shared corporately where appropriate.

7. Conclusions

7.1 The challenges facing Adult Social Care and Health in the coming months are unprecedented in terms of the collective impact of financial, workforce and

health stressors on the system. Whilst robust plans have been tested and put in place to manage pressures across the health and social care system, there is a high level of concern about the level of pressure that services will face. The Directorate will need to maintain an agile, collaborative and creative approach to respond to this unique set of circumstances and will continue to work closely with its partners to prioritise the health and wellbeing of Kent residents.

8. Recommendations

8.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **NOTE** and **CONSIDER** the content of the report and the Adult Social Care Pressures Plan 2021-2022.

9. Report Author

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Adult Social Care & Health

Adult Social Care Pressures Plan 2021-22

Author: Chris McKenzie

Owner: Richard Smith

Version No: 10.0

Purpose:

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

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
Draft 1.0	14.09.21	First draft	Elizabeth Blockley
Draft 2.0	15.09.21	Second draft – incorporating service resilience updates	Elizabeth Blockley
Draft 3.0	15.09.21	Third draft – incorporating formatting changes and updates to appendices	Elizabeth Blockley
Draft 4.0	20.09.21	Fourth draft – incorporating updates from Short Term Pathways team and update to Appendix A – Operational Pressures Escalation Plan	Elizabeth Blockley
Draft 5.0	27.09.21	Fifth draft – incorporating feedback from SMT, DMT Extended Working recommendations, ASC Risk Registers	Elizabeth Blockley
Draft 6.0	11.10.21	Sixth draft – incorporating further amendments to the Introduction and Context, Financial Implications and Operational Capacity Management Plan for Winter 2021-22	Elizabeth Blockley
Draft 7.0	15.10.21	Seventh draft – incorporating further amendments from Strategic Commissioning	Elizabeth Blockley

Version	Date Issued	Brief Summary of Change	Owner's Name
Draft 8.0	15.10.21	Eighth draft – incorporating further amendments from Adult Social Care and Health Director of North and West Kent	Elizabeth Blockley
Draft 9.0	01.11.21	Ninth draft – incorporating updates to the Finance section	Elizabeth Blockley
Draft 10.0	19.11.21	Tenth draft – incorporating additional figures within 'Operational Capacity Management Plan Winter 21-22' and 'Financial Implications'	Elizabeth Blockley

Contents

1 Introduction and Context

Current Context

Adult Social Care and Health has managed an extremely challenging period throughout 2021; as recovery from the COVID-19 pandemic has begun, the Directorate and its partners have continued to respond to challenges on several fronts in an unprecedented environment. Whilst the COVID-19 vaccination programme has enabled a return to more normal life, Adult Social Care and Health continues to operate in the context of high demand for services, budget pressures and workforce issues, the pressures of which mean that robust contingency planning and an agile response is more critical than ever.

Local authorities have seen increased budget pressures in recent years, which has impacted on the funding available for Adult Social Care services. This is in the context of increased demographic pressures, with an aging population and people living longer with more complex needs.. Spend on Adult Social Care has inevitably increased during the pandemic to manage the increased costs of services, staffing and equipment including PPE, as well as increased levels of demand and complexity of need particularly as restrictions are lifted.

Adult Social Care now faces a significant budgetary challenge for 2021/22 and 2022/23, whilst simultaneously managing increased waiting lists for services due to the workforce pressures which are being seen across multiple sectors but are particularly acute in health and social care.

The health and social care workforce and system is under significant strain as a result of the pandemic; the NHS has significant backlogs of people waiting for elective surgeries and there are large vacancy rates in both workforce populations. Skills for Care figures from October 2021 indicated a vacancy rate of 105,000 jobs in adult social care services, which represents approximately 6.8% of the total adult social care workforce in England. Turnover rates across the sector also remain high, at 28.5% in 2020-21 and with employers reporting that retention is now more difficult than before the pandemic. NHS Digital statistics also showed that as of June 2021 there were 93,806 vacancies across the NHS in England; an increase of 23% since March 2021.

Given the high vacancy rates and difficulties in recruitment across the social care sector, there is inevitably concern about the impact on service delivery and provision of care this winter. Adult Social Care and Health are already seeing the impact of these workforce challenges; waiting times have increased across several services and are

particularly visible in Care and Support in the Home, where the number of people waiting for care and support has increased by over 500% since May 2021.

The government's 'Build Back Better: Plan for Health and Social Care' acknowledges the historic challenges in funding social care and seeks to address the current inequity between funding for the NHS and social care. The Health and Social Care Levy will make an additional £12 billion per year available for health and social care and will focus on the preventative agenda to support health and wellbeing through behavioural change. Additionally, the plan will cap care costs for individuals at £86,000 to prevent people from having to sell their home to fund their care.

However, the Local Government Association has expressed concern regarding the lack of clarity about what proportion of the funds raised will be allocated to adult social care and identifies a remaining funding gap of £1.5 billion required to stabilise the care provider market.

These factors are all being faced in the context of the wider workforce, cost of living and supply chain issues that are being seen at a national level. As of October 2021, UK job vacancies have reached a record high, and many sectors are struggling to meet demand for goods which is resulting in rising costs. This is combined with the removal of the £20 Universal Credit uplift, rises in National Insurance and Council Tax which will take effect from April 2022, and increased costs of utilities. These increased living costs will be particularly impactful for people on lower wages, which includes a large proportion of the adult social care workforce. This workforce is historically mobile and likely to seek opportunities in other sectors where wages will be equitable or higher, such as retail and hospitality.

Winter 2021-22 Challenges

On Tuesday 14 September 2021, the Department of Health and Social Care (DHSC) published the 'COVID-19 Response: Autumn and Winter Plan 2021'. The plan sets out the key elements of the contingency plans that will be implemented in the event of a significant rise in COVID-19 cases during the winter. The plan also identifies how the government will continue to manage the COVID-19 response through the vaccine programme; the Test, Trace and Isolate infrastructure; and continuing to provide public advice and guidance on how people can protect themselves.

Throughout 2021 there has been a slow return to normality, as the COVID-19 vaccine programme has supported a reduction in serious illness and hospitalisations as a result of coronavirus. National data shows that despite cases of COVID-19 increasing during the summer months, hospital admissions and deaths remained far below the levels of

previous waves of the pandemic. As of 23 September 2021, an average of 84.7% of all adults in England had received both doses of the vaccine, and the NHS had commenced the rollout to 3 million children aged 12 to 15. Additionally, invitations for booster jabs were distributed to around 1.5 million eligible people, including frontline health and social care workers, from 21 September 2021.

Despite the success of the vaccine programme and its associated benefits, there are a significant number of factors which may result in winter 2021-22 being particularly challenging.

Experts anticipate that cases of COVID-19 could increase throughout the autumn as schools and universities re-open, more people return to the office, and people socialise more indoors than during the summer. Additionally, people's resilience to usual seasonal illnesses and infections is low, and there is concern that the impact of flu, respiratory illnesses and norovirus could be greater than usual and result in significant pressure on health and social care services throughout the winter period.

Additionally, health and social care services are already managing large backlogs and waiting lists for care and support services. In the NHS, elective procedures are being delayed and people continue to report challenges in accessing primary care services, which historically results in increased pressure on Accident and Emergency services.

The workforce sustainability issues highlighted above are likely to be compounded by the requirement for all care home workers and other visiting professionals to be fully vaccinated against COVID-19, unless they have an exemption. This will become a duty from 11 November 2021 and will be monitored by the Care Quality Commission.

Intelligence held by Kent County Council's Strategic Commissioning function indicated in September 2021 that approximately 90% of the social care workforce had been fully vaccinated, but there remained a minority of the workforce who were resistant to receiving the vaccine. Given the historically high turnover rates in the social care workforce and high level of job vacancies across other sectors, there is the potential that workers will choose to leave their roles in social care rather than be vaccinated. Based on September 2021 data, this could result approximately 1,700 workers exiting the social care workforce in Kent.

The government is also currently consulting on a proposal to extend mandatory vaccination to all frontline health and care staff. The consultation, which launched on 9 September 2021 and will close on 21 October 2021, could result in further numbers of staff electing to exit the health and social care workforce.

Overall, there is a high level of concern about the level of pressure that health and social care services will face in the winter 2021-22 period. Modelling undertaken in autumn 2020 to anticipate demand ahead of winter 2020-21 fell significantly short of the actual level of need and pressure that was experienced in the system, and demonstrated the challenges in modelling scenarios based on such a diverse and changeable range of factors.

The following plan sets out the ASC Directorate's own escalation plans and contingency actions, to ensure that high-quality, safe and timely support is provided to everyone who needs it, whilst maintaining systems that can react quickly to a range of variables and rapidly changing circumstances. Adult Social Care will need to draw on lessons from winter 2020-21, maintain an agile and responsive approach and continue to work collaboratively with health partners to make best use of resources across the system.

The purpose of the 'ASC Pressures Plan 2021-22' is to provide a clear and concise summary of all the key activities in place, as the Directorate prepares to manage ongoing pressure on health and social care services. The main elements of the plan have been outlined in the table below. This plan will be kept under review during the coming months and updated as appropriate as arrangements are continually reviewed in response to changing circumstances. In line with the review of the Winter Plan 2020-21 which was published in June 2021, the effectiveness of this plan will be reviewed to ensure that lessons learned are built into future plans.

Section	Activity Title	Description	Activity Lead(s)
2	Resilience and Emergency Planning, including the Operational Pressures Escalation Plan	The Emergency Resilience and Planning section outlines the tools and plans in place to respond to incidents or surges in demand across the Kent and Medway Health and Social Care System.	John Callaghan Paul Bufford
3	System Discharge Pathways Programme	This programme of work seeks to work collaboratively with health partners to jointly commission services, promote a whole-system approach to decision-making and improve value for money for Kent residents, underpinning Government hospital discharge policies.	Chris McKenzie
4	Operational Capacity Management Plan for Winter 2021-22	The Operational Capacity Management Plan for winter aims to: • Assess 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.	Service Managers
5	Commissioned Services	This section lays out the Strategic Commissioning activities which have been identified to support and build the resilience of the adult social care provider market, including the System-Wide Market Pressures Action Plan.	Jeanette Young
6	Financial Implications	This section lays out the funding streams which have been made available to KCC to support the Winter Plan and resilience activities.	James Mackintosh
7	Risk Management	This section identifies the risk management protocols that are in place, how they will be kept under review during the winter period and the risk owners.	ASC Directorate Management Team

Table 1: ASC Pressures Plan 2021/22

2 Resilience and Emergency Planning

The ASC Directorate Business and Planning team have identified a number of tools and mechanisms which will be implemented to support directorate resilience for Winter 2021-22, as outlined below:

Deliverable	Objective	Timeline
'Grab-bag' for senior / on-call managers	- Lesson from recent ICT outages - Paper copies of response plans held by key personnel at home - Improve response to future incidents	Completed August '21
Operational Pressures Escalation Plan	Plan updated to reflect UK Government policy issued July 2021	Complete August '21
ASCH Incident Management Plan	- Provide overarching framework to cover all eventualities - Improve response to future incidents - Accessible document	Complete August '21
New version of service Business Continuity Plan	- Learning from COVID / ICT disruption - Reflecting hybrid working model - Accessible document	Roll out from September '21
Crisis Communications Exercise	- Test ASCH emergency contact arrangements / cascade - Provide opportunity for rehearsal	September '21
Service Business Continuity Plan exercising programme	- Validate new process / procedure - Provide opportunity for rehearsal - Engage broader staff group	Roll out from October '21
ASCH Pandemic Plan	Assimilate learning from COVID response into generic plan for future pandemic response scenarios	Due October '21
KCC Exercises	ASCH to engage in a range of KCC exercises to test our plans and links with KCC and multi-agency plans; (1) flooding, (2) Reservoir inundation, (3) Pandemic	From October '21

Table 2: Resilience and Emergency Planning arrangements

The ASC 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 Innovation and Delivery Team who convert issues (highlighted by DMT for resolution) into assigned tasks with completion dates.

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 Operational Pressures Escalation Plan are as follows:

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

The Operational Pressures Escalation Plan was originally developed for Winter 2020-21 and was successful in managing system pressures during this period; it has been updated to reflect the latest Government policy and guidance and will be maintained as a live document throughout the coming months.

Work was also undertaken in 2020-21 to understand where service continuity should be prioritised and staff redeployed in the event of the health and social care system experiencing extreme pressure or disruption; these plans will be maintained and kept under review throughout the winter 2021-22 period.

Teams also have individualised continuity plans which will be activated in the event of a serious or catastrophic incident. These act in accordance with KCC's legal duties under the 'Civil Contingencies Act 2004' and are aligned to corporate business continuity plans.

3 System Discharge Pathways Programme

In summer 2020, ASCH and partner organisations carried out a review of Kent's hospital discharge pathways and services. The review found Kent did not have a whole-system, holistic approach to delivering effective discharge pathways and set out recommendations for the delivery of consistent, needs-based services aligned to the developing Integrated Care System.

Senior leaders from KCC, KCHFT and KMCCG formed the Hospital Discharge Pathways Programme in autumn 2020. The Programme was designed to improve discharge services for winter 2020-21 and embed a Discharge to Assess approach, to support people back to their own home as quickly as possible and assess their ongoing needs in their home environment. This aimed to reduce reliance on short term community beds and free capacity in hospital beds.

Phase 1 of the Programme focussed on ensuring that discharge services had sufficient capacity, robust referral routes between services to improve flow, and identified gaps in the discharge pathway, including the need to provide better support for people with dementia. The Programme also provided a forum for Kent's strategic response by increasing engagement with health partners and enabling improved oversight of discharge services, including short-term bed management. This response was critical in ensuring that hospitals could achieve timely discharges during the period of huge pressure from December 2020 until February 2021.

In March 2021, senior leaders reviewed achievements of the Programme and planned Phase 2, which continues to work towards delivering services in an integrated way, centred around the needs of Kent residents. Phase 2 will increase jointly commissioned services, promote a whole-system approach to decision-making and improve value for money for Kent residents.

Phase 2 workstreams and deliverables are as follows:

Working Effectively Together	Implement a **single point of access and triage** to ensure better decision making and reduce duplication or handoffs
	Reduce the number of assessments a person receives by implementing a **trusted assessment model**
	Bring teams closer together through **integrated multi-disciplinary teams** to make better use of the resource available and improve outcomes for users
Pathway Design	Design and implement a **pathway for people with dementia** and complex behaviours

Commissioning	Deliver a system-based **Bed Brokerage** model
	Review and redesign the **Pathway 1 discharge** service offer
System Enablers	Understanding and reporting **patient experience** in discharge pathway services
	Developing effective **data sharing and reporting** mechanisms to support 'one version of the truth' and understand the impact of change

Table 3: System Discharge Pathways Programme deliverables

The programme of activity is 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.

4   Operational Capacity Management Plan for Winter 2021- 22

Winter planning actions across the Directorate have identified a number of staffing requirements and initiatives to meet the anticipated demands of winter 2021-22:

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.

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

In direct response to the current market pressures several actions are being taken:

1. The weekly sitrep completed by all KEAH teams will identify pressures within the service for staffing and capacity

2. The number of people who stay with the service for longer than the six-week enablement period will be monitored via Power BI and shared with commissioning partners on a weekly basis

3. Market Pressures Escalation Plan for KEaH is being developed and will form part of the winter monitoring and escalation plan

4. Additional funding is being secured via the Better Care Fund to create additional capacity with short term staffing solutions during the winter months

5. Staff within Provider Services not currently fulfilling their contractual hours will be considered for redeployment into KEAH workforce on a temporary basis

6. Recruitment campaign is underway to fill all permanent and short term vacant/available hours

7. Call to volunteers has been activated.

Risk assessments will continue to be completed for all staff and service users. Where a critical major incident occurs, KEaH will activate their Business Continuity Plan.

Operational support to hospital discharge pathways

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

Additional resources are being funded through the Better Care Fund to manage expected levels of activity and to ensure that people are in receipt of the right support at the right time.

6 Occupational Therapy Assistants (OTA) will be recruited across the county to support referrals to KEaH and to review packages of support to ensure most effective use of available home care support. The predicted cost of this additional resource is £180,000.

An additional Case Officer will be recruited to East Kent Short Term Pathways to support the increase in activity for pathway one at a cost of £30,000.

An additional 5 OTA's will be recruited to support people being placed in care homes when discharged from hospital. The purpose is to prevent deconditioning and ensure people return home with the appropriate levels of support with the emphasis on enablement and not for people to remain or move into long term placements. The predicted cost of this additional resource is £150,000.

East Kent - 3x Registered Practitioners/ Social Workers have been recruited via agency staffing to provide additional support with increased demand at a cost of £20,000 per month.

West Kent – 1x Occupational Therapist has been recruited via agency staffing to provide additional support with increased demand at a cost of £7,500 per month.

The Early Discharge Planning team is in the process of recruiting two additional Social Work Assistants for a six-month secondment. They will be deployed to support hospital reach-in and discharge and will provide practical support to enable people to return back into the community after a hospital admission.

In addition to the recruitment of additional resources outlined above, a range of different initiatives are being used to ensure best outcomes for individuals are achieved. This includes:

- West Kent trusted assessor model to continue facilitating direct referrals to KEaH
- North and West Kent - Hilton Discharge to Assess Service – Ongoing review of capacity and demand in order to flex commissioning requirements
- Co-ordinator role for Swale residents to support discharges into care homes
- DGSS and Swale – to commence social care decision making support to pathway one via Virgin Care single point of access
- Ongoing monitoring of the potential need to re-establish designated beds and provide operational management if required
- Provision of daily sitrep updates to ensure transparency across the system, especially at times of pressure.

Area Referral Management Service (ARMS)

The ARMS service continues to receive high volumes of referrals including an increase in urgent referrals to Adult Social Care. To ensure that whole system resilience is maintained the ARMS team will remain at 100% staffing (including recruiting cover for long term leave), with additional capacity created through overtime hours where required. An additional Senior Contact Assessment Officer (KR8) post will be provided for a period of six months to support the continued urgent referrals being received.

The predicted cost of this proposal is £50,000.

Approved Mental Health Professionals (AMHP)

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

A number of newly qualified AMHPs are due to start in post on 4 January, and in order to meet anticipated levels of demand the recruitment of an additional interim AMHP until the end of March is planned.

Occupational Therapy

Kent County Council's Occupational Therapists (OTs) provide a core skillset that underpins the Adult Social Care Making a difference every day approach and supports the aspiration to support people to maintain their independence and manage risk. OTs are experts in recommending just the right amount of support people, supporting the preventative agenda, underpinning the Enablement offer and supporting discharge from hospital.

Short-term acting up management capacity is planned to ensure that the OT workforce (of over 100 full time equivalent staff) is deployed in the most effective way in response to current and emerging pressures.

5   Commissioned Services

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

This approach is based on three key themes:
- Keep people safe and well at home
- Support safe and timely discharge from hospital
- Help people to recover and thrive in their own home.

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

Keep people safe and well at home	Support safe and timely discharge from hospital	Help people to recover and thrive in their own home
Preventative services are in place to promote and support physical and mental wellbeing: • **Wellbeing offer** - supporting people to live independently • **Support for carers** – short breaks, assessment and support services • **Live Well Kent** – community-based mental health and wellbeing support • **One You Kent** – support and advice on healthy lifestyles including weight, activity, smoking cessation, NHS health checks • **Postural Stability**	• Support to ward staff with discharge options • Pilot discharge grants • Help to settle at home • Appropriate discharge services • **Supported homecare capacity** – prioritising regulated provision only where needed; giving support to the market in more complex cases • **Develop micro providers** to reduce the pressure in homecare and deliver non-regulated support	• **Kent Enablement at Home** - reablement in the community • **Trusted Reviewer Programme** – supported programme to enable providers to conduct prompt reviews • **Voluntary and community sector support** – befriending, community-based activities • **One You Kent** - support and advice on healthy lifestyles including weight, activity, smoking cessation, NHS health checks

- digital and community-based service to reduce risk of falls	• **Secure step down beds** for those who cannot go directly home from hospital • **Complex beds** ensure the right beds are available for those with more complex needs	
Clear and timely communication in place for residents, carers and professionals		

System-Wide Market Pressures Action Plan

Strategic Commissioning are working with colleagues across Adult Social Care and health partners to identify and implement activities to support the provider market and enable flow through health and social care services.

The provider market in Kent is already under pressure due to the identified workforce challenges across adult social care. The number of individuals awaiting support through a package of domiciliary care support as of 27 September 2021 was 316, increased from a weekly average of 46 up to May 2021. This represents a 587% increase in the number of people awaiting support, which is illustrative of the significant workforce pressure that is being reported across the market in Kent and at a national level.

Care and Support in the Home services are critical to supporting other parts of the health and social care system by enabling flow from short-term discharge and enablement services. The significant level of pressure that the market is already under is indicative of the need to intervene to support the market and ensure that the challenges it faces do not result in adverse impacts to other parts of the health and social care system.

The System-Wide Market Pressures Action Plan identifies a broad range of activities to reduce overall pressure on the market and system. The action plan supports demand management through utilising equipment and technology to manage lower-level needs and support a preventative approach. Commissioners are working with the providers for the Integrated Community Equipment Services (ICES) to implement an equipment recycling campaign and ensure that equipment, once used, can quickly be re-integrated within the supply chain to enable hospital discharge.

The group is also implementing a number of actions to increase capacity in services:

- Discharge services will have additional capacity in acute trusts in both the East and West of the county
- Settle at Home services provided by the Red Cross have been extended to provide discharge support until 31 March 2022
- Discharge to Assess services provided by Hilton have been extended to the end of March 2022.
- Exploring additional discharge capacity for mental health services with KMPT
- Staffing capacity in services such as Extra Care Housing and step down units may be repurposed to support Pathway 1 hospital discharge
- KEaH will recruit additional staff to support hospital discharge and system flow
- The exploration of the use of 'micro providers' to deliver non-regulated activities will free up capacity in Care and Support in the Home services to address the waiting list for this service and support flow in the discharge process.

There is also a focus on delivering activities which will support recruitment and retention within the care sector workforce:

- The Care Friends app rewards care workers if they successfully recruit friends and family into the workforce
- Strategic conversations are taking place between health and social care to support a joint recruitment approach
- Mental health and wellbeing offers are being developed to provide support to care workers
- A Kent and Medway People Board Care Sector Steering Group has been established
- Work is taking place with Job Centre Plus to target vacancies in social care
- A Social Care Programme has been established with the Prince's Trust.

Additionally, Strategic Commissioning will work with acute trusts to ensure that each hospital has a system which enables access to household cleaning and repairs services. This will support hospitals in providing the right services to people in the community to enable safe and timely discharge.

Furthermore, Strategic Commissioning will implement dedicated Commissioners to each Place Based Partnership location, which will enable improved collaborative working with health and providers to support the Care and Support in the Home market. The local intelligence of these Commissioners will also support the development of the micro provider market and enable an approach that is responsive to the needs of different localities.

Dedicated Place Based Partnership Commissioners will also work in partnership with a new Quality team to provide support to providers who receive a CQC rating of 'Requires improvement' or 'Inadequate'. This will provide assurance that providers

are rapidly taking the appropriate steps to remedy their issues and improve quality without reducing capacity in the provider market.

The plan also lays out how system-wide messaging and communications will be managed. Strategic Commissioning will work with corporate communications teams to manage public messaging and manage reporting into other governance forums. Messaging will focus on what people can do to support their family members this winter, and the need to manage resources so that resources can be targeted to best meet the needs of people requiring care and support.

6   Financial Implications

Central government has confirmed that the Infection Control Fund will continue until the end of March 2022. Funding will continue to be used to provide tactical support to the provider market. To date in 2021-22 KCC has received three rounds of Infection Control Monies (Infection Protection and Control Fund, (Rapid) Testing Fund and for October to March Vaccine Fund).

These were:

- £10.3m for 1st April 2021 – 30th June 2021,
- £7.7m for 1st July 2021 to 30th September 2021, and
- £11.9m for 1st October to 31st March (only 60% received, balance will be paid in January 2022).

The majority of monies were passed to care providers within Kent, that meet certain criteria and who are;

- Care homes on a 'per beds' basis, and
- CQC regulated community care providers (domiciliary care, extra care and supported living on a 'per user' basis.

The balance of these funds was made available to non CQC regulated care providers to allow them to tackle the risk of COVID-19 infections.

Central government have recently announced a further £4.2m to Kent from the Workforce Recruitment and Retention Fund. The purpose of this allocation is to support local authorities to address adult social care workforce capacity pressures in their geographical area through recruitment and retention activity this winter

Additionally, a bid for funding for winter arrangements has been submitted to the CCG which seeks support for the below activities:

Hospital Discharge Funding to continue until the end of March 2022. This will allow KCC to continue to commission the increased Discharge to Assess capacity we have provided for first 6 months of the year, which will support flow out of hospital and

enable people to be discharged back to their home setting. We are also negotiating with the CCG to identify funding for additional discharge capacity to specifically meet increased need throughout winter period. Additionally, we are looking at potential need for the provision for "Designated Covid Positive" beds for the Winter period.

Plans will be made to step down the additional Discharge to Assess capacity by the end of the funding period; step down plans will be linked to the development of 'micro providers' to deliver unregulated care and support needs.

The Council allocates a Winter Pressures budget to fund additional levels of anticipated activity and additional resource requirements. This will be used to deliver the additional staff capacity identified in the Operational Capacity Management Plan for Winter 2021-22. KCC and KMCCG are also exploring opportunities to jointly finance some of this increased staffing. This is in recognition of the fact that increased staffing and capacity in many services is implemented to maintain hospital discharge flow and ensure that KCC can deliver to short timescales for assessments and care and support.

This interdependency between health and social care demonstrates the importance of taking a whole-system approach to the commissioning and funding of discharge services across the system. The System Discharge Pathways Programme will continue to work collaboratively with KMCCG to ensure best value for money and use of resources across the system.

The Market Sustainability Fund will continue to be used to drive activities including our tactical commissioning response, such as block contracts and workforce payments, and will also support the development and testing of new opportunities such as the 'micro provider' market.

7   Risk Management

The ASC Directorate Management Team (DMT) maintain risk registers at a Directorate and Operational levels to oversee risks to service delivery and ensure that appropriate mitigations are put in place. Risk registers are maintained centrally and reviewed regularly by DMT to ensure actions have been implemented and monitor the outcomes.

The Directorate risk register will oversee actions relating to: budget pressures, workforce recruitment and retention, information governance, systems management, business continuity and service improvement.

The Operational risk register will oversee actions relating to: recruitment and retention of specialist staff in the Approved Mental Health Professionals (AMHP)

service, demands on the Deprivation of Liberty (DoLs) assessment service and systems management for Mental Health Act Assessments (MCAs).

The risk registers will be maintained as live documents throughout the winter period and updated with newly identified risks and mitigating actions. DMT will retain responsibility for their oversight and for assuring that actions have been implemented by the identified risk owners.

The full risk registers can be reviewed in Appendices B and C.

8   Conclusion

The challenges facing Adult Social Care and Health in the coming months are unprecedented in terms of the collective impact of financial, workforce and health stressors on the system. Additionally, modelling demand for services is challenging due to the high level of uncertainty about the level of COVID-19 infections, the level of impact they will have on a population that is well protected by vaccines and the potential impact of a bad flu season.

Whilst Adult Social Care and Health has had the opportunity to learn from the extreme pressures it operated under in winter 2021-22 and has confidence in its business continuity plans and mitigations in place to manage risk, it will need to maintain an agile approach to respond to this unique set of circumstances. The provider market is already experiencing significant disruption and has not yet dealt with what is typically its most difficult period of the year.

However, the collaborative approach Adult Social Care and Health has undertaken with its partners in both the health and the provider market since March 2021 puts us in a strong position to meet these challenges. Partnership working across the system has already demonstrated its efficacy in ensuring that resources can be targeted to where they are most needed, and that Adult Social Care and Health is able to continue to prioritise the health and wellbeing of Kent residents.

9   Appendices

The following section contains all relevant Appendices to the ASC Winter Pressure Plan 2021-22 document.

Appendix Title / Description	Embedded Document
Appendix A – Operational Pressures Escalation Plan	KCC Operational Pressures Escalation P
Appendix B – ASC Directorate Risk Register	Directorate 29.09.21.pdf
Appendix C – ASC Operations Risk Register	Operations 29.09.21.pdf

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Adult Social Care and Health

Operational Pressures Escalation Plan

Operational procedure reflecting Operational Pressures Escalation Level Framework and COVID-19 Hospital Discharge: Policy and Operating Model

Version: 1.1, June 2021
Security Classification: **OFFICIAL (PROTECT)**

Contents

Page 134

Version Control

Version Number	Revision Date	Status	Summary of Changes	Reviewed / Approved By
0.1	21/09/2020	Draft	1) Draft Plan published for consultation	Head of Directorate Business and Planning
0.2	25/09/2020	Draft	1) Draft Plan updated for presentation to ASCH Senior Management Team	ASCH Senior Management Team
0.3	01/10/2020	Draft	1) Updated to reflect feedback from ASCH Senior Management Team	
0.4	12/10/2020	Draft	1) Updated to reflect feedback from Kent & Medway Winter stress test	
1.0	28/10/2020	Approved	1) Draft prepared for presentation to ASCH Directorate Management Team	ASCH Directorate Management Team
1.1	18/06/2021	Approved	1) Update to section 3 reflecting financial support and funding flows (April 2021 to 30 September 2021) 2) Minor revision to section 6.2 accounting for potential staffing pressure in summer 2021	

PART 1: Background

1. Introduction

In October 2016 NHS England published the Operational Pressures Escalation Levels (OPEL) Framework with the aim of establishing a consistent approach to managing day to day variations in demand across the health and social care system as well as the procedures for managing significant surges in demand. Since this date, Kent County Council (KCC), Adult Social Care and Health (ASCH) Directorate has put in place plans to ensure that the Local Authority is prepared to respond to the increased needs and/or service demands as result of operational pressures and other periods of escalation across the Kent and Medway Health and Social Care System. Local plans are well established and embedded within day-to-day practice, building on operational experience from application of NHS England (South) Surge Management Framework which predates OPEL.

On 19th March 2020, NHS England published COVID-19 Hospital Discharge Service Requirement with the aim of maintaining enough capacity to support people who have acute healthcare needs due to coronavirus (COVID-19) in hospitals. These requirements were subsequently revised by the Hospital Discharge Service: Policy and Operating Model which was published on 21st August 2020. These sets of guidance set out actions to be taken immediately to enhance discharge arrangements and the provision of community support to enable faster rates of appropriate discharge from NHS beds for the foreseeable future. The Hospital Discharge Service Requirements acknowledge that supporting and sustaining social care will never be more vital to these efforts.

KCC ASCH Directorate responded to COVID-19 Hospital Discharge Service Requirement and subsequent Hospital Discharge Service: Policy and Operating Model by transforming the way Local Authority teams operate to support the safe and rapid discharge of those people who no longer need to be in a hospital bed.

This Plan describes how KCC continues to operate with the OPEL Framework against the backdrop of COVID-19 Hospital Discharge Service Requirement and Hospital Discharge Service: Policy and Operating Model.

This Plan addresses the Social Care Sector COVID-19 Support Taskforce recommendations published on 18th September 2020 and the government's ambitions for the sector with regard to safe discharge from NHS settings and preventing avoidable admissions, as set out in the Department of Health and Social Care, Adult Social Care Winter Plan 2020/21.

This Plan will continue to be updated as the end of the EU transitional period approaches, the Kent Operating Model and local multi-agency planning become clearer.

2. Aim and Objectives

2.1 Aim

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

2.2 Objectives

The objectives of this Plan are;

- To provide information about the national operating frameworks and services requirements
- To describe the monitoring and reporting arrangements in place to provide early warning of surge pressure

- To inform staff about the national, regional, and local processes and procedures to be used to manage a surge in demand
- To identify roles and responsibilities for services, teams, and individuals
- To describe the actions required in response to surge in demand

3 National Operating Framework

3.1 Operational Pressures Escalation Levels (OPEL) Framework

The OPEL Framework provides a consistent approach in times of pressure, specifically by:

a) Enabling local systems to maintain quality and patient safety

b) Providing a nationally consistent set of escalation levels, triggers and protocols for local leadership forums to align with their existing escalation processes

c) Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level (providers, commissioners and local authorities), by Directors of Commissioning Operations (DCO) and NHS Improvement sub-regional team level, regional level and national level

d) Setting consistent terminology

Table 1: Operational Pressures Escalation Levels (National)

Operational Pressures Escalation Levels	
OPEL One	The local health and social care system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. The Local A&E Delivery Board area will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated.
OPEL Two	The local health and social care system is starting to show signs of pressure. The Local A&E Delivery Board will be required to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Local systems will keep NHS England and NHS Improvement colleagues at sub-regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements should also be agreed locally if needed.
OPEL Three	The local health and social care system is experiencing major pressures compromising patient flow and continues to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all A&E Delivery Board partners and increased external support may be required. Regional teams in NHS England and NHS Improvement will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. National team will also be informed by DCO/Sub- regional teams through internal reporting mechanisms.
OPEL Four	Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS England and NHS Improvement will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

It is expected that local areas will operate Operational Pressures Escalation Level (OPEL) 1 when operating within normal parameters. At OPEL 1 and 2, operations and escalation are

Page 139

delegated to the relevant named individuals in each organisation across the region. At OPEL 3 and 4 however, it is expected that there will be executive level involvement across the Area.

Local leadership forums are expected to;

- identify named senior individuals to lead on and manage the escalation and de-escalation processes at local level.
- establishes escalation triggers for each OPEL level appropriate to local environment
- ensure partner organisations maintain robust, up-to-date local escalation plans signed off at Board level which dovetail into up-to-date overarching system-wide plans and focus on early warning triggers
- ensure escalation planning forms an integral part of system resilience and winter planning for all partner agencies

3.2 Hospital Discharge Service: Policy and Operating Model

The Hospital Discharge Service: Policy and Operating Model apply to;

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

The Hospital Discharge Service: Policy and Operating Model place the responsibility on acute and community hospitals to discharge all patients as soon as they are clinically safe to do so. Transfer from the ward should happen within one hour of that decision being made to a designated discharge area. Discharge from hospital should happen as soon after that as possible, normally within 2 hours.

The Government has agreed the NHS will fully fund the cost of new or extended out-of-hospital health and social care support packages.

The Hospital Discharge Service: Policy and Operating Model introduced a discharge to access model across England. This model assumes that:

- 95% of people can go straight home on discharge:
  - 50% can go home with minimal or no additional support (Pathway 0)
  - 45% can go home with a short or longer-term support care package (Pathway 1)
- 5% of people will require residential or nursing care setting:
  - 4% require rehabilitation support (Pathway 2)
  - 1% require nursing home care (Pathway 3).

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

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

Within two hours of arriving in the discharge lounge, transport home, any volunteer and voluntary sector support and immediate practical measures, such as shopping and the heating turning on, is organised by the discharge co-ordinators for those who have no one else to do this.

Page 140

A lead professional or multidisciplinary team, as is suitable for the level of care needs, visit patients at home on the day of discharge or the day after to arrange what support is needed in the home environment and rapidly arrange for that to be put in place. If care support is needed on the day of discharge from hospital, this is arranged prior to the patient leaving the hospital site, by a care coordinator.

Whilst acute and community health providers focus on discharge pathways Adult Social Care Services are expected to;

- Redeploy social work staff from the hospital setting to community settings to support discharged patients.
- Suspend need for funding panels for hospital discharge during the level 4 incident
- Establish 7-day working for community social care teams
- Deploy adult social care staff flexibly in order to avoid any immediate bottlenecks in arranging step down care and support in the community

Funding

In May 2021, the UK government published Hospital discharge and community support: Finance support and funding flows. A national discharge fund has been provided via the NHS, for quarters 1 and 2 of 2021/22 (1 April 2021 to 30 September 2021), to help cover some of the cost of post-discharge recovery and support services / rehabilitation and reablement care following discharge from hospital. These financial arrangements apply for patients discharged or using discharge services during that time period.

Local systems must be in place to ensure adequate health and social care discharge services, operate seven days a week during quarters 1 and 2 of 2021/22, to ensure people receive the most appropriate care at home where possible. The national discharge fund can be used to fund discharge services covered by the hospital discharge programme seven days a week in quarters 1 and 2.

The government has agreed to fund, via the NHS, new or extended packages of care on discharge from hospital starting on or before 30 September 2021.

Mental Capacity

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

Page 141

PART 2: Response Plan

4. Activation and Escalation

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

All local escalation plans should have clearly defined escalation triggers including (but not limited to) the triggers included in the OPEL Framework. Kent County Council has agreed the following indicative descriptions of pressure on Social Care services for each escalation level.

Table 2: KCC Escalation Levels

Operational Pressures Escalation Levels for Kent County Council	
OPEL One	- The number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is within normal expected level - KCC Short-term Pathway staffing levels are sufficient to meet current referral rate - KCC Short-term Pathway Service appropriately represented at Bed Management/Pathway 3 meetings were emerging issues can be discussed and actions agreed - There is capacity in the residential and nursing home market to accommodate the current demand for placements - There is capacity in the home care market to accommodate the current demand for care packages - There is capacity within the Kent Enablement at Home service for all eligible clients after discharge from acute or community hospital settings - Supporting Independence reviews are taking place at the end of Kent Enablement at Home service - There is capacity within the existing Assessment Bed service for all eligible clients at discharge from Community Health provision - The number of cases in the Promoting Independence triage workflow is within business as usual capacity - All Continuing Health Care Decision Support Tool Assessments are taking place within agreed policy timeframe - The number of referrals from rapid response / ICT is within normal expected level - All Care Act assessments following discharge from an acute or community health setting are completed within 3 to 6-weeks of discharge date - All reviews following KCC community Assessment Bed placement or short-term care package are taking place with 6-weeks of start date - All cases coming through Client Support Service that cannot be resolved at first contact are being review within an acceptable timeframe - Scheduled case reviews are completed as planned
OPEL Two	- In some areas number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is above the normal expected level - In some areas, KCC Short-term Pathway staffing levels are not sufficient to meet current referral rate - KCC Short-term Pathway Service is not appropriately represented at Bed Management / Pathway 3 meetings were emerging issues can be discussed and actions agreed - In some areas there is insufficient capacity in the residential and nursing home market to accommodate the current demand for placements - In some areas there is insufficient capacity in the home care market to accommodate the current demand for care packages - In some areas there is insufficient capacity within the Kent Enablement at Home service for all eligible clients after discharge from acute or community hospital settings - In some areas, Supporting Independence reviews are not taking place at the end of Kent Enablement at Home service - In some areas there is insufficient capacity within the existing Assessment Bed service for all eligible clients at discharge from Community Health provision - In some areas the number of cases in the Promoting Independence triage workflow is above the normal expected level - In some areas, Continuing Healthcare Decision Support Tool Assessments are taking place outside agreed policy timeframe

Page 143

	• In some areas, the number of referrals from rapid response / ICT is above the normal expected level • In some areas, Care Act assessments following discharge from an acute or community health setting are not being completed within 3 to 6-weeks of discharge date • In some areas, reviews following KCC community Assessment Bed placement or short-term care package are not taking place with 6-weeks of start date • In some areas, not all cases coming through Client Support Service that cannot be resolved at first contact are being review within an acceptable timeframe • In some areas, scheduled case reviews have been de-prioritized
OPEL Three	• County-wide number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is above the normal expected level • County-wide, KCC Short-term Pathway staffing levels are not sufficient to meet current referral rate • KCC Short-term Pathway Service is not appropriately represented at Bed Management / Pathway 3 meetings were emerging issues can be discussed and actions agreed • County-wide there is insufficient capacity in the residential and nursing home market to accommodate the current demand for placements • County-wide there is insufficient capacity in the home care market to accommodate the current demand for care packages • County-wide there is insufficient capacity within the Kent Enablement at Home service for all eligible clients after discharge from acute or community hospital settings • County-wide, Supporting Independence reviews are not taking place at the end of Kent Enablement at Home service • County-wide there is insufficient capacity within the existing Assessment Bed service for all eligible clients at discharge from Community Health provision • County-wide the number of cases in the Promoting Independence triage workflow is above the normal expected level • County-wide, Continuing Healthcare Decision Support Tool Assessments are taking place outside agreed policy timeframe • County-wide, the number of referrals from rapid response / ICT is above the normal expected level • County-wide, Care Act assessments following discharge from an acute or community health setting are not being completed within 3 to 6-weeks of discharge date • County-wide, reviews following KCC community Assessment Bed placement or short-term care package are not taking place with 6-weeks of start date • County-wide, not all cases coming through Client Support Service that cannot be resolved at first contact are being review within an acceptable timeframe • County-wide, scheduled case reviews have been de-prioritized
OPEL Four	• The number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is beyond business as usual capability County-wide • KCC Short-term Pathway is experiencing a critical staff shortage and is unable to meet current referral rate • Available capacity in the residential and nursing home market across Kent and Medway is exhausted • Available capacity in the home care market in Kent and Medway in exhausted • The Kent Enablement at Home service is unable to take on any new clients County-wide • There are currently no Assessment Beds available and the situation is unlikely to improve • The number of cases in the Promoting Independence triage workflow is beyond business as usual capability County-wide • Continuing Health Care Decision Support Tool Assessments have been suspended • The number of referrals from rapid response / ICT is beyond business as usual capability County-wide • All actions to ensure Care Act assessments following discharge from an acute or community health setting are completed within 3 to 6-weeks of discharge date have been exhausted • Reviews following KCC community Assessment Bed placement or short-term care package have been suspended • Supporting Independence reviews at the end of Kent Enablement at Home service have been suspended • Cases coming through Client Support Service that cannot be resolved at first contact are not being review within an acceptable timeframe; risks to client safety remain unresolved. • Scheduled case reviews have been suspended

4.1 Status and Monitoring System

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

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

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

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

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

Work is ongoing to develop indicators to support the implementation of this Plan including the number of people waiting for a Care Act assessments following discharge from an acute or community health setting 3 weeks after discharge date.

4.2 Indicators

The KCC indicators currently reported using SHREWD are:

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

4.3 Triggers

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

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

Staffing of Short-term Pathway Team

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

Integrated Care Centre / In House Provision Assessment Bed Availability
Assessment Bed availability is a product of the total number of beds at each location minus the current number of beds occupied.

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

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

Referrals
Trigger levels for the Referrals indicator are currently under development.

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

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

Discharge to Assess Pathway One: number of patients discharged yesterday
The following trigger levels are indicative and apply to West Kent only.

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

Discharge to Assess Pathway One: Total availability remaining against week capacity
The following trigger levels are indicative and apply to West Kent only.

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

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

5.1 Multi-Agency Groups
Whole System Escalation Teleconference Calls
Multi-agency System Resilience / Whole System Escalation Teleconference Calls are established to anticipate and mitigate risk caused by operational pressures across each Health economy particularly those relating to capacity and transfers of care.

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

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

Whole System Escalation Teleconference Calls are attended by the Short-Term Pathway Service Manager and / or Short-Term Pathway Team managers during office hours, Monday to Friday. Out of office hours, during evening, weekends and public or bank holidays, a decision will be made by the Capacity Manager on Call as to whether the Senior On Call should attend at OPEL 3. At OPEL 4 the Capacity Manager on Call will join the call.

Local A&E Delivery Boards

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

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

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

Operational Pressures meeting the criteria for OPEL 2, 3 and 4 are escalated to the respective A&E Delivery Board:

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

Discharge to Assess (D2A) Teleconference Calls

Multi-agency Discharge to Assess (D2A) Teleconference Calls (sometimes referred to as DTOC Calls) are business-as-usual for health and social care services. The frequency of these teleconferences are agreed locally according to the operational pressures being faced by each site. The aim of the teleconferences is to maximise throughput and prevent bridging.

During office hours, Monday to Friday D2A Teleconference Calls are attended by Kent Enablement at Home, Purchasing, Social Care Discharge Co-ordinator and D2A Provider(s). Out of office hours, during evening, weekends and public or bank holidays, KCC is not represented at OPEL 1 or 2. Where the OPEL status is 3 or 4 a decision will be made by the Capacity Manager On Call as to whether the Senior On Call should attend.

5.2 KCC Operational Pressures Escalation Group

On occasions when despite the application of local actions the pressure on capacity and the need to mitigate against the possibility of compromising patient care, requires additional

support from other service providers, including those which cross locality boundaries, the KCC Operational Pressures Escalation Group may be initiated.

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

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

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

6. Capacity and Demand Management Measures

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

6.1 Reducing Demand

Cold Weather and Heatwave Actions

KCC Adult Social Care and Health has a well-established set of Plans designed to reduce the avoidable impact on health from periods of extreme weather. These Plans cover:

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

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

Flu Vaccination

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

All frontline health and social care workers should receive a vaccination this season. This should be provided by their employer, to meet their responsibility to protect their staff and service users and ensure the overall safe running of services. Employers should commission a service which makes access easy to the vaccine for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes.

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

To support this, DHSC has procured additional national supply of the adult vaccine and will issue guidance in September on how and when this can be accessed.

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

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

NHS 111 Directory of Service (DoS) Capacity Management Protocol

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

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

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

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

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

Admission avoidance

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

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

6.2 Increasing Capacity

Resource Planning

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

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

Staff Redeployment Process

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

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

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

Page 149

Extended Access

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

Teams supporting discharge pathways operate extended access working 8:00am - 18:00pm Saturdays, public and Bank Holidays. Staff working out of hours are supervised by the Senior On Call and Capacity Manager On Call. On Sunday's the Capacity Manager On-Call is available.

The tasks of the Capacity Manager On-Call and Senior On-Call take a higher priority than any other work or social commitments. Staff on call, if contacted, must be able to devote their time and attention immediately.

Staff on call are eligible for Standby Duty Allowance in line with Terms and Conditions.

The County Placement Team, Business Delivery Unit provide a normal service during all public and Bank Holidays.

Supervisors in the Kent Enablement at Home Service are on duty on Saturdays, Sundays, public and Bank Holidays. They are able to reduce or close clients during the weekend thereby creating capacity.

Contracts outside framework

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

Supporting the Market

The Authority continues to provide support to the market by:

- Circulating and promoting guidance to all social care providers, the voluntary and community sector
- Promoting the use of the PPE portal
- Providing access to emergency PPE through the Kent Resilience Forum
- Working with partners to encourage those who are eligible to access free flu vaccine
- Supporting providers to develop, review and update visiting policy in line with visiting guidance issued by the Director of Public Health
- Distributing additional funding to support implementation of infection prevention and control measures
- Monitoring market position through the capacity tracker and CQC survey

The social care providers most likely to be impacted by the implementation of Operation Fennel in response to adverse volumes of freight that is unable to leave the county via the Port of Dover or the Channel Tunnel, have been identified. The Authority continues to work with these providers locally on developing and assuring their business continuity arrangements.

The Authority has identified a range of factors which have the potential to contribute to staffing pressures across the care and support in the home market during summer 2021:

- easing of travel restrictions may result in more staff taking the opportunity to holiday abroad during the summer months
- the hospitality industry may recruit staff from the care industry with more attractive pay and conditions

Page 150

- staff retention is a challenge due to exhaustion
- staff on zero hour contracts know they can gain employment easily again if they choose to take an extended break
- government workforce funding was lower than expected for the industry
- end of EU transition period may reduce the number of staff recruited from abroad.

The Authority maintains close working relationships with contracted and non-contracted providers to mitigate the potential risks identified in the short term. Partnership working between care providers to cover packages of care is well established.

6.3 Maintaining through-put

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

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

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

6.4 End of EU Transition
The Local Authority has developed and maintains a range of measure designed to respond to the UK governments Reasonable Worst-Case Scenario (RWCS) for the end of EU transition. These measures sit outside this Plan but remain intrinsically linked:

- People in receipt of social care services who live in the areas most likely to experience transport disruption have been identified
- Providers of homecare services to these areas will co-operate to ensure those most in need receive care services
- Social Care staff will complete Care Act assessments within their own communities during significant periods of transport disruption
- Contingency planning forms part of individual care planning drawing on family, friends and neighbour support networks.

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

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

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

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

Page 151

The roles and responsibilities of local leadership forum(s), Clinical Commissioning Group and NHS England are provided at Appendix 3: Local, Regional and National Roles and Responsibilities for ease of reference.

7.1 Directors of Adult Social Care (East / West)

The leads for Operational Pressures Escalation are the Directors of Adult Social Care (East / West). The role and responsibilities of the Directors of Adult Social Care for Operational Pressures Escalation are fulfilled by the Capacity Manager on Call out of office hours.

The Directors of Adult Social Care (East / West) will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive updates provided by Assistant Directors, Short Term Pathway Service Managers and Team Managers
- seek assurance that actions required are implemented in accordance with agreed procedures
- where required, consider use of additional resources, or redeployment of existing resources in line with agreed Business Continuity arrangements
- initiate the KCC Operational Pressures Escalation Group, as and when required
- initiate discussions with health partners on use of available beds at community hospitals or funding options to support spot purchase of short-term placements.

7.2 Capacity Manager on Call

The role and responsibilities of the Directors of Adult Social Care (East / West) regarding Operational Pressures Escalation are fulfilled by the Capacity Manager on Call from 17:00 on Friday to 08:00 on Monday, and during public and Bank Holidays.

The Capacity Manager on Call will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive updates provided by Assistant Directors, Short Term Pathway Service Managers and Team Managers
- seek assurance that actions required are implemented in accordance with agreed procedures
- where required, consider use of additional resources, or redeployment of existing resources in line with agreed Business Continuity arrangements
- activate the NHS Directory of Service (DoS) Capacity Management Protocol
- contact another manager and agree to exchange if they are unable to fulfil their rota slot

At OPEL 3 the Capacity Manager on Call will:

- decide if the Senior on Call should attend Discharge to Assess (D2A) Teleconference Calls
- decide if the Senior on Call should attend Whole System Escalation Teleconference Calls

At Opel 4 the Capacity Manager on Call will:

- attend Whole System Escalation Teleconference Calls

The Capacity Manager On Call can be contacted from 17:00 on Friday to 08:00 on Monday, and during public and Bank Holidays on the following telephone number: 03000 410200

7.3 Service Manager – Short Term Pathway

The Service Manager – Short Term Pathway will:

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

7.4 Short Term Pathway Team Manager

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

Short Term Pathway Team Managers will:

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

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

7.5 Social Care Discharge Co-ordinator

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

Social Care Discharge Co-ordinators will:

- ensure that actions are implemented in accordance with the current OPEL status
- attend Discharge to Assess Teleconference Calls as required
- escalate resourcing pressures to the Short-Term Pathway Team Manager
- escalate any delays in acquiring a Kent Enablement at Home care package to the Short-Term Pathway Team Manager
- explore alternative capacity to bridge the gap when a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home

Page 153

- consider the use of residential or nursing home placements from non-contracted providers and those in other areas were capacity is available
- alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput.

7.6 Senior on Call

The role of the Senior on Call is to provide management oversight of staff working during weekends and Bank Holidays.

The Senior on Call will:

- be informed of current OPEL status, capacity and demand through SHREWD
- ensure that actions are implemented in accordance with the current OPEL status
- authorise care packages above the recommended level of the Social Care Discharge Co-ordinator
- resolve any issues with regard to providers that may be experienced over the weekend
- escalate issues which remain unresolved including occasions when additional resources are required to the Capacity Manager on Call
- support the Capacity Manager on Call on Teleconference Groups by providing an up-to-date picture of the operational profile, pressures and actions taken
- oversee the initial investigation of any safeguarding concern raised by an Acute Trust or partners during the on-call period.

At OPEL 3 the Senior on Call will:

- attend Discharge to Assess (D2A) Teleconference Calls if directed to do so by the Capacity Manager on Call
- attend Whole System Escalation Teleconference Calls if directed to do so by the Capacity Manager on Call

7.7 Purchasing Teams

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

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

7.8 In-house Provision

In-house residential and domiciliary provision will:

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

Kent Enablement at Home will:

Page 154

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

Registered Managers of In-house establishments will:

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

7.9 Service Managers – Promoting and Supporting Independence (PISI)
Service Managers will use Mosaic and Power BI reports to identify pressure points in their workflows on a regular basis:

- Cases in the Promoting Independence triage workflow coming through ARMS, KEaH and other referral sources
- Continuing Health Care Decision Support Tool Assessments within agreed policy timeframe
- Referrals from rapid response / ICT
- Reviews following Assessment Bed placement or short-term care package within 6-weeks of start date transferred from Short-term Pathways
- Supporting Independence reviews at the end of Kent Enablement at Home service
- Contacts received via Client Support Service at Step 1 and those being moved to Step 2
- Case reviews for contacts through Client Support Service that cannot be resolved at Step 2
- Scheduled case reviews

In response to operational pressure Service Managers will liaise with Team Manager to:

- Re-allocate work / cases across the PISI workforce
- Risk assess and prioritise contacts / reviews through Client Support Service
- Draw in resources from Social Work for complex cases
- Draw in resources from other client group specialism for a time limited period
- Where Continuing Health Care Decision Support Tool Assessments are taking place outside agreed policy timeframe, escalate issue to senior management
- Request prioritisation though Purchasing for Rapid Response referrals
- Increase the frequency of panels where the speed of decision making is contributing to operational pressure
- When KEaH has very limited or no capacity and notification to decline is received within 4 hours, progress to Purchasing and request commencement of enablement package within 2-week timeframe dependent on capacity
- Encourage light-touch / virtual MCA assessment for less complex cases
- Prioritize face-to-face MCA assessment for most complex / unfriended cases
- Prioritize review of cases coming through Client Support Service which cannot be resolved at Step 1 or Step 2
- Deprioritize Supporting Independence reviews at the end of KEaH package

- Deprioritize scheduled reviews
- Ensure that the Risk Register is updated and escalate concerns to Senior Managers

8 De-escalation

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

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

The OPEL status of each Local A&E Delivery Board Area is a product of escalation triggers across all partner organisations. The high-level triggers provide an overview across Health and Social Care organisations and are included as Appendix 1: Overview of Operational Pressures Escalation Triggers. Movement between each status level occurs in response to at least five escalation triggers.

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

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

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

Role / Response	OPEL One	OPEL Two	OPEL Three	OPEL Four
Registered Managers / Team Leaders In-house Provision	Business as usual	Business as usual	• Consider the use of agency staff at in house residential units to increase capacity if necessary • Short Term Pathway residential provision to increase admission rate on a daily basis where it is safe to do so and escalate any issues for resolution. • Update vacant beds indicator twice daily. • Co-ordinate additional board rounds daily	• Continue with Level Three Actions.
Kent Enablement at Home Locality Organisers	Business as usual	• For all referral where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt. • Ensure that all eligible clients referred who cannot be accepted for a start date within 24 hours are followed up in the community	• Continue with Level Two Actions	• Continue with Level Three Actions
Short Term Pathways Senior Practitioner / Social Care Discharge Co-ordinator	Business as usual	• Work with families to identify suitable options to facilitate through-put. • Consider use of residential or nursing home placements from non-contracted providers and those in other areas were capacity is available. • When a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home explore alternative capacity to bridge the gap. • Where KEaH are unable to commit to a start date in next 24 hours, assess and refer to Purchasing for a care package. • Represent KCC at Length of Stay (LOS) meetings.	• Continue with Level Two Actions. • Alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput. • Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway. • Ensure Shrewd is updated twice daily by 10.30 am and again between 14:00 and 15:30	• Continue with Level Two and Three Actions. • Represent KCC at Multi-Agency Conference calls
Short Term Pathway Team Manager	Business as usual	• Represent KCC at Multi-Agency conference calls. • Represent KCC at Medically Fit / Length of Stay (LOS) meetings.	• Prioritise work to facilitate hospital discharge where it is safe to do so. • Consider use of residential or	• Continue with Level Two and Three Actions. • Represent KCC at Multi-Agency Conference calls.

Role / Response	OPEL One	OPEL Two	OPEL Three	OPEL Four
			nursing home placements from non-contracted providers and those outside Kent and Medway.	
Service Manager (Short Term Pathway)	Business as usual	• Consider temporary redeployment of staff across Area • Represent KCC at Multi-Agency conference calls. • Represent KCC at Medically Fit / Length of Stay (LOS) meetings • When KEaH has very limited or no capacity and notification to decline is received within 2 hours, progress to Purchasing	• Continue with Level Two Actions.	• Continue with Level Two and Three Actions. • Implement Service Business Continuity Plans as appropriate.
Service Manager (Promoting Independence, Supporting Independence)	Business as usual	• Re-allocate work / cases across the PISI workforce • Risk assess and prioritise contacts / reviews through Client Support Service • Draw in resources from Social Work for complex cases • When KEaH has very limited or no capacity and notification to decline is received within 4 hours, progress to Purchasing	• Increase the frequency of panels where the speed of decision making is contributing to operational pressure • Draw in resources from other client group specialism for a time limited period • Deprioritize Supporting Independence reviews at the end of KEaH package • Deprioritize scheduled reviews	• Continue with Level Two and Three Actions. • Implement Service Business Continuity Plans as appropriate.
Assistant Director / Capacity Manager on Call	Business as usual	• Consider temporary redeployment of staff from Adult Community Team to Short-Term Pathway to manage increased referrals or fill temporary gaps in staffing resource	• Consider the temporary redeployment of staff from across Area boundaries to manage increased referrals or fill temporary gaps in staffing resource • Represent KCC at Multi-Agency conference calls	• Continue with Level Two and Three Actions. • Represent KCC at Multi-Agency Conference calls.
Director of Adult Social Care (East / West)	Business as usual	Business as usual	• Discuss with health partners use of available beds at community hospitals or funding options to support spot purchase of short-term placements • Discuss with health partners joint funding opportunities to alleviate short-term pressures	

Appendix 1: Overview of Operational Pressures Escalation Triggers

Escalation Level	Acute Trusts	Community Care	Social Care	Primary care	Other issues
OPEL One	• Demand for services within normal parameters • There is capacity available for the expected emergency and elective demand. No staffing issues identified • No technological difficulties impacting on patient care • Use of specialist units/beds/wards have capacity • Good patient flow through ED and other access points. Pressure on maintaining ED 4 hour target	• Community capacity available across system. • Patterns of service and acceptable levels of capacity are for local determination	• Social services able to facilitate placements, care packages and discharges from acute care and other hospital and community based settings	• Out of Hours (OOH) service demand within expected levels • GP attendances within expected levels with appointment availability sufficient to meet demand	• NHS 111 call volume within expected levels
OPEL Two	• Anticipated pressure in facilitating ambulance handovers within 60 minutes • Insufficient discharges to create capacity for the expected elective and emergency activity • Opening of escalation beds likely (in addition to those already in use) • Infection control issues emerging • Lower levels of staff available, but are sufficient to maintain services • Lack of beds across the Trust • ED patients with DTAs and no action plan • Capacity pressures on PICU, NICU, and other intensive care and specialist beds • (possibly including ECMO)	• Patients in • community and / or acute settings waiting for community care capacity • Lack of medical cover for community beds • Infection control issues emerging • Lower levels of staff available, but are sufficient to maintain services	• Patients in community and / or acute settings waiting for social services capacity • Some unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) • Lower levels of staff available, but are sufficient to maintain services	• GP attendances higher than expected levels • OOH service demand is above expected levels • Some unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) • Lower levels of staff available, but are sufficient to maintain services	• Rising NHS 111 call volume above normal levels • Surveillance information suggests an increase in demand • Weather warnings suggest a significant increase in demand

Escalation Level	Acute Trusts	Community Care	Social Care	Primary care	Other issues
OPEL Three	• Actions at OPEL 2 failed to deliver capacity • Significant deterioration in performance against the ED 4 hour target (e.g. a drop of 10% • or more in the space of 24 hours) • Patients awaiting handover from ambulance service within 60 minutes significantly compromised • Patient flow significantly compromised • Unable to meet transfer from Acute Hospitals within 48 hour timeframe • Awaiting equipment causing delays for a number of other patients • Significant unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow • Serious capacity pressures escalation beds and on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO) • Problems reported with Support Services (IT, Transport, Facilities Pathology etc) that can't be rectified within 2 hours	• Community capacity full • Significant unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow	• Social services unable to facilitate care packages, discharges etc. • Significant unexpected reduced staffing numbers to under 50% (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow	• Pressure on OOH/GP services resulting in pressure on acute sector • Significant, unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow	• Surveillance information suggests an significant increase in demand • NHS111 call volume significantly raised with normal or increased acuity of referrals • Weather conditions resulting in significant pressure on services • Infection control issues resulting in significant pressure on services

Page 160

Escalation Level	Acute Trusts	Community Care	Social Care	Primary care	Other issues
OPEL Four Page 161	• Actions at OPEL 3 failed to deliver capacity • No capacity across the Trust • Severe ambulance handover delays • Emergency care pathway significantly compromised • Unable to offload ambulances within 120 minutes • Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety • Severe capacity pressures on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO) • Infectious illness, Norovirus, Severe weather, and other pressures in Acute Trusts (including A&E handover breaches) • Problems reported with Support Services (IT, Transport, Facilities Pathology etc.) that can't be	• No capacity in community services • Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety	• Social services unable to facilitate care packages, discharges etc. • Significant unexpected reduced staffing numbers to under 50% (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow	• Acute trust unable to admit GP referrals • Inability to see all OOH/GP urgent patients • Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety	

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

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

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

Appendix 3: Local, Regional and National Roles and Responsibilities

Local A&E Delivery Board

All providers should:

- Maintain timely updating of local information systems that monitor pressures in their patch
- Ensure all trust level pressures are communicated regularly to all local partner organisations, and
- communicate all trust level escalation actions taken (e.g. opening escalation beds)

Acute providers should:

- Investigate at a senior (executive or nominated deputy) level the reasons for diverts (last resorts) and identify and apply the lessons to prevent reoccurrence.
- Liaise with local ambulance services over pressure levels affecting EDs and address issues including increased ambulance handover times etc.

Clinical Commissioning Groups

CCGs should:

- Keep in touch with the day to day situation across the patch and be aware of any developing issues. This includes information on community services, mental health etc.
- Maintain oversight of the A&E Delivery Board area (including social care system) and monitor receipt of hot/ cold/ flooding alerts and ensure appropriate actions are taken in response.
- Agree the measures taken by commissioned partners to address increased demand for NHS services.
- Broker agreements across the patch and ensure mutual aid is available if required to re-balance pressures (e.g. acute and community services). If there is protracted failure to reach a conclusion favourable to patient care, NHS England may intervene to help reach a resolution.
- Liaise with bordering CCG/ CSUs on any issues which may impact upon their own pressures, and advise NHS England if there are any actions that cannot be taken locally in partnership.
- Commission additional resources (beds, staff etc.) and ensure local CCG demand management initiatives are working during times of surge.
- Ensure the NHS 111 Directory of Services (DoS) is kept up to date in respect of any changes to community capacity.
- Ensure a full investigation and debrief takes place following a system-wide escalation to level 4, share findings with all A&E Delivery Board partners, and ensure actions are implemented to prevent reoccurrence.

Joint NHS England / NHS Improvement Teams

- Maintain arrangements to review daily pressure across the NHS.
- Put a process in place to inform providers of relevant alerts.
- Provide advice and guidance to CCGs on the handling of escalating situations.
- Where applicable locally NHS England to be informed of any agreed diverts.
- Agree reporting requirements at a local level.
- Ensure that communication protocols are followed if pressures affecting Trusts outside of the local area are likely to impact across boundary and vice versa.
- Implement coordination arrangements as pressure levels increase across agreed thresholds (agree thresholds).

- Ensure that 'lessons learned' events are held locally and updated plans reflect the actions identified and agreed.
- Inform NHS England regional operations and communications colleagues of system pressures.
- Inform NHS England regional team regarding system-wide escalation to OPEL 3 or 4 and actions being taken.

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Risk Register - Adult Social Care and Health

Current Risk Level Summary

Current Risk Level Changes

Green	0	Amber	4	Red	2	Total 6

0	0	0	2	0
0	0	2	0	0
0	0	1	1	0
0	0	0	0	0
0	0	0	0	0

Risk Ref	*AH0005*	**Risk Title and Event**	Owner	Last Review da	Next Review

Continued pressures on public sector funding impacting on revenue and savings efficiencies
There continues to be a need to achieve significant efficiencies for the foreseeable future . KCC has had to find major savings and there has been considerable pressure on budgets with the Directorate. There continues to be an increase in the demographic across the county resulting in increased demand and there is an uncertainty of the impact of COVID and how this may affect demand and services this year.

Owner: Richard Smith
Last Review da: 07/07/2021
Next Review: 07/10/2021

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Page 167	Major funding pressures impacting on the delivery of social care services. Changes in demand due to COVID-19. Ability to deliver savings whilst also seeking to achieve a best in class service. The ability to accurately monitor and forecast activity and spend.	High 20 Serious (4) Very Likely (5)		• Making a difference every day approach and supporting activity established to oversee the implementation and delivery of future improvement in a comprehensive programme of activity. • Benefit realisation sub group of DMT has been established to oversee and plan the delivery of : Savings, recovery, medium term financial plan, pressures and sustainability. • Development of a programme of activity specifically under the meaningful measures pillar to encompass future development of analytics and financial modelling. Embedding a culture of curiosity and usage of tools and reports. • Monthly forecasting is in place to look at activity, demand and trends and escalating areas of concern for the directorate. • Implementation of geographical split and reduction of client silos improving system benefits. Fit for purpose operating model and development of locality models in our making a difference everyday approach .	Paula Parker Carl Griffiths Helen Gillivan Michelle Goldsmith ASCH Divisional Directors	A -Accepted Control Control Control Control		Medium 12 Serious (4) Possible (3)

				• Continue to work innovatively with partners, including health services, to identify any efficiencies across the wider sector. To build on Health and Social Care recovery cell action plan and partnership working arrangements as a result of COVID-19.	ASCH Divisional Directors	Control		

Review Comments	Reviewed at DMT 07/07 , agreed increase to likelihood due to uncertainty this year.
	07/07/2021

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0033	Risk Title and Event		Owner	Last Review da	Next Review
Adult Social Care Workforce The recruitment and retention of staff continues to be a challenge for Adult Social Care . There is a need to ensure that a suitably qualified and experienced workforce is in place to deliver services. This includes making sure critical roles are filled with staff who have the right skill set. Staff feel engaged and supported within the workplace.				Chris McKenzie	13/05/2021	13/08/2021

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Page 169	Without the right workforce in place there is a risk that statutory services will not be delivered and there will be gaps in care provision. Ability to attract staff to work in social care and provide a competitive employment offer. Lack of experienced staff with specialist skills such as Best Interest assessors, Approved Mental Health Professionals. Gaps in training and career pathways for staff to support growth and retention. Disenchanted staff due to change, affecting motivation and productivity.	**High** 20 Serious (4) Very Likely (5)		• To work with a external provider to develop a marketing approach and materials to support recruitment in to adult social care in Kent.	Sydney Hill	A -Accepted		**Medium** 9 Significant (3) Possible (3)
				• A process and guidance for staff is being drafted to supported the proposed legislation that all staff coming into CQC registered care homes must have 2 doses of COVID-19 vaccination unless they are exempt.	Kerena Hunter	A -Accepted	31/08/2021	
				• A baseline assessment has been undertaken and presented to the Organisational Development Group In June 2021. The ASCH Organisational Development group will lead the development of a Strategic workforce plan which aligns to our future ways of working and our future workforce requirements.	Chris McKenzie	A -Accepted	30/09/2021	
				• To investigate improved reporting mechanisms to develop workforce data for local management	Jade Caccavone	A -Accepted	30/09/2021	
				• From the baseline assessment establishment of a short term action plan to support effective recruitment and retention in the directorate that links to our future strategic workforce plan.	Jade Caccavone	A -Accepted	30/09/2021	
				• The resourcing sub group to be reinstated to oversee the recruitment activity and develop a coordinated programme of activity to support recruitment and retention.	Sydney Hill	Control		

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			• A communications plan is in place for the workforce to support increased engagement with teams on relevant matters and change activity. Internal team roadshows are underway. Regular all-staff virtual live briefing events are in place across the year which are based on themed activity. Open door sessions with the corporate director are held regularly and staff questions and answers are posted on the intranet and circulated. Communications channels include monthly Adult Social Care staff bulletins, intranet content and Making a difference every day bulletins	Lisa Clinton	Control
			• A reformed ASCH Organisational Development (OD) Group was established in Autumn 2020 to have oversight of all workforce issues affecting the Directorate.	Chris McKenzie	Control
			• The Kent Academy was launched on 3rd July 2020,this is a dedicated space where social care staff will be thoroughly supported and encouraged to better their knowledge, skills and practice, no matter what role they hold in the service. This will be a focal point in the approach towards social care development, making sure our staff have the resources available and feel supported in terms of both professional development and career progression.	Julie Davidson	Control
			• Availability of wellbeing resources on KNET across the organisation and a continued push in Adults with messaging and resources available to teams to encourage access and use of the tools available.	ASCH Directorate Manageme nt Team	Control

Page 170

Review Comments	Updated Action dates JC.
	13/05/2021

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0038	Risk Title and Event		Owner	Last Review da	Next Review
Information governance Responsibility of GDPR and Data Protection (2018) obligations are the responsibility of all ASCH staff and staff need to have a strong understanding of obligations, consequences and processes and working arrangements to ensure social care clients' data is looked after throughout their whole journey. It is paramount that strong Information Governance arrangements and working practices are in place to ensure social care clients' data is looked after throughout their whole journey. Adult Social Care & Health (ASCH) directorate are responsible for ensuring continued compliance with GDPR and Data Protection (2018) obligations. Failure to comply could lead to losses of information and data breaches which would have an impact on social care clients and cause reputational consequences. It could also mean a loss of access to data (e.g., health) and the success of this directorate is dependent on sharing information with multiple organisations to provide the best possible care and support to an individual. In significant circumstances failure to comply could also lead to fines or sanctions.				Richard Smith	17/08/2021	17/11/2021

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Page 171	Failure to comply with GDPR and Data Protection (2018) obligations could cause reputational damage to ASCH, impact negatively on a social care clients' support and care, lead to loss of access to data and ultimately lead to fines or sanctions.	Medium 12 Serious (4) Possible (3)		• Information Governance Lead to attend team meetings to raise awareness of GDPR and Data Protection (2018), regular newsletter and key briefings are scheduled for the next few months on specific topics for staff to attend and analysis on future briefings will take place.	Matt Chatfield	A -Accepted	20/12/2021	Medium 9 Significant (3) Possible (3)
				• Implement a governance structure to identify key contacts, roles, and remits for ASCH staff to use to ensure the right approval is sought, a process will be established and shared.	Matt Chatfield	A -Accepted	28/11/2021	
				• Review privacy notices to ensure continued transparency and identify a responsible officer for each ASCH team to maintain and monitor these in lieu of guidance, operational and legislative changes. Seeking representatives from each team to lead on the area privacy notices, and supported provided by Information Governance Lead.	Matt Chatfield	A -Accepted	31/12/2021	
				• Information Governance Lead is reviewing and updating the existing ROPA, input will be sought from key teams to ensure key information is captured.	Matt Chatfield	A -Accepted	31/12/2021	

Risk Register - Adult Social Care and Health

				• An information Governance action plan was agreed in December 2020 following an in-depth analysis of our current working arrangements and practices. This action plan initially set in place 22 actions to improve our compliance and working practices, the action plan is a live document and is reviewed at regular intervals throughout the year to monitor progress.	Matt Chatfield	Control		

Review Comments	Reviewed control and actions 17/08/21
	17/08/2021

Page 172

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	*AH0037*	Risk Title and Event		Owner	Last Review da	Next Review
Information Asset Management Fit for purpose configuration of ASC systems to enable data quality , consistency and trust of data.				Helen Gillivan	13/05/2021	13/08/2021

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Page 173	Systems failure resulting in either temporary or permanent loss of information and functionality. Poor data quality resulting in poor decision making and errors Systems unfit for purpose Data breaches	Medium 12 Significant (3) Likely (4)		• Escalation of system issues and service recived from cantium is being taken to Service review group which is led by Rebecca Spore.	Helen Gillivan	A -Accepted	31/07/2021	Medium 9 Significant (3) Possible (3)
				• Through the annual business continuity planning process , services were consulted on their requirements should the system be down . Following analysis the emergency client report has been updated and additional consideration is underway to develop the appropriate offline forms that are required.	Matt Chatfield	A -Accepted	30/12/2021	
				• Following an audit of all manual spreadsheets the performance team have been working with Safeguarding to ensure all information is recorded on and reported from MOSAIC. The team will revisit the initial audit to ensure that all teams are using MOSAIC for reporting purposes and take remedial access for any spreadsheets that are still in existence	Matt Chatfield	A -Accepted	31/12/2021	
				• The data flow for the Kent and Medway Care Record (KMCR) due to go live in October 2021. Ongoing discussion are taking place with Servlec regarding the installation of Graphnet to enable us to view data.	Matt Chatfield	A -Accepted	30/11/2021	
				• Digital Implementation Programme is in place to coordinate and oversee any systems activity. Work is happening to look at the improvement of Oracle and MOSAIC interface and appropriate links with the Strategic Reset Programme which will influence our direction.	Helen Gillivan	Control		

				Control	
			• Regular disaster recovery testing is in place with Cantium. Future arrangements will move to Servlec when the contract changes.	Matt Chatfield	Control
			• Monthly contract management meetings in place with Cantium and Servelec to improve performance of systems and resolve issues	Matt Chatfield	Control
			• Mosaic Systems Group operates on a monthly basis as a user group forum to discuss and escalate any matters of concerns to the Digital Implementation Board.	Matt Chatfield	Control
			• A data quality strategy has been published including an action plan which will be monitored by a sub group to plan and resolve high priority data quality issues.	Matt Chatfield	Control
			• Emergency client report is produced overnight every day and saved for restricted use should MOSAIC be down.	Matt Chatfield	Control
			• Internal processes and systems are in place as detailed in team business continuity plans for contact if telephone systems are down.	ASCH Directorate Management Team	Control

Page 174

Review Comments	Updated controls and actions
	13/05/2021

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	*AH0011*	Risk Title and Event		Owner	Last Review da	Next Review

Business disruption
Impact of emergency or major business disruption on the ability of the Directorate to provide essential services to meet its statutory obligations The potential of a multitude of business resilience measures impacting together .

| | | | | ASCH Divisional Directors | 09/06/2021 | 09/09/2021 |

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
 Page 175	Ability to deliver statutory services to member of the public. The potential for market failure of providers. Dealing with multiple factors of disruption within one period of time	Medium 12 Significant (3) Likely (4)		• A series of training specific to adult social care to support business resilience and bolster resource is underway testing scenarios of our incident response.	Wayne Gough	A -Accepted	28/11/2021	Medium 9 Significant (3) Possible (3)
				• Terms of Reference and membership of Directorate Resilience Group revised in light of current threats (COVID 19). Group Frequency adjusted regularly to respond to situations - currently monthly.	Wayne Gough	Control		
				• Management system in place to quality assure contingency arrangements including review and identification of lessons arising from the way incidents/exercises are managed. Lesson from COVID-19 are implemented into future arrangements and output of Internal audit review are embedded.	Wayne Gough	Control		
				• To review Service Level Business Continuity Plans as part of Service Realignment. Develop new Service Level Business Continuity Plans to fit new geographical structure. Service Managers to review Plans annually or in light of significant changes or events.	Wayne Gough	Control		
				• Revised Winter plan developed in November 2020 encompassing whole system plans . Live document to be revised ongoing basis.	Chris McKenzie	Control		
				• As part of the COVID 19 national pandemic technology and use of digital measures has been tested across the division, staff have been exposed to digital solutions. Ongoing development of digital solutions and functionality continues to be explored.	Helen Gillivan	Control		

				Business Impact Analysis and Risk Assessment to be undertaken for all services, reviewed annually or when substantive changes in policy, process or procedure occur.	Assistant Area Directors	Control		
				Resilience plans in place setting out how the Directorate is prepared to respond to a range of threats to business continuity including the increased needs and/or service demands as a result of seasonal pressures and other periods of escalations across the Kent and Medway Health and Social Care System.	ASCH Divisional Directors	Control		
				Good partnership working across KCC departments and multi-agency partners including joint planning with NHS organisations and increased district working.	ASCH Directorate Management Team	Control		

Review Comments   Reviewed with WG, JC and PB. Amended Risk rating due to changes of COVID wave and winter period.
09/06/2021

Page 176

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	AH0035	Risk Title and Event			Owner	Last Review da	Next Review
Making a Difference Every Day Approach Delivery of large scale change activity across both KCC and Adult Social Care and Health ensuring alignment of priorities and proportionality. Risk that Adult Social Care and Health work in silo and miss joint working opportunities .					Carl Griffiths	07/07/2021	07/10/2021

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Page 177	If the resources required to lead and drive the design elements at pace are not available the programme timescales may slip. Lack of staff engagement due to staff experiencing change fatigue and conflicting priorities. There is a risk that silo working will develop between workstreams, services, ASC and the strategic reset programme within KCC. There is a risk that if any other COVID-19 activity needs to be co-ordinated, planned and actioned, resource from existing project and Senior Responsible Officer's would need to be diverted and could reduce the overall availability of staff to deliver elements of the making a difference every day activity. There is a risk that budgetary constraints / savings targets will impact the viability of potential solutions.	Medium 9 Significant (3) Possible (3)		• A full communications plan has been developed and deployed. Ensuring that staff, partners and the people we support can shape the future of services. Team engagement roadshows are underway, collecting staff feedback to support our messaging and areas of activity as well as via the online form and through live staff events. Regular Making a difference every day bulletins are sent out and information is shared and promoted on the intranet, encouraging staff to get involved and give feedback on upcoming work areas.	Lisa Clinton	A -Accepted		Low 6 Significant (3) Unlikely (2)
				• Fortnightly dependency workshops are in place to help clarify any major interdependencies and manage shared resources; using them efficiently across the programme. Individual projects are working collaboratively where dependencies are known.	Paula Parker	A -Accepted		
				• The practice model is currently being rolled out into two test and build sites. The test and build will help to inform the future model.	Julie Davidson	A -Accepted		
				• Forward planning all Making a difference every day activity and assigning resource to areas of activity is ongoing and staggering where possible.	Paula Parker	Control		
				• Detailed project planning will be undertaken on each project to identify realistic timescales; There will be plans to flex and adjust based of changing circumstances	Paula Parker	Control		
				• A full range of options will be developed as potential solutions under each area of work with full investment appraisal	Paula Parker	Control		

				• Robust governance and reporting lines are in place to prevent silo working and that all Senior Responsible Officers are aware of any decision's made within each pillar of activity through weekly meeting and the Programme Board. Programme governance will ensure priorities are aligned across the whole piece.	Carl Griffiths	Control		
				• Joint working with children and young people teams and growth environment and transport Directorates to avoid silo working.	Carl Griffiths	Control		
				• Regular Reporting to Strategic Reset Programme Board	Carl Griffiths	Control		
				• Review of provider services is a key area of work within our activity to develop future options of service delivery.	Jennifer Anderton	Control		

Review Comments   Reviewed at DMT 07/07/21
                         07/07/2021

Full Risk Register

Kent County Council kent.gov.uk

Risk Register - Operations		Current Risk Level Summary	Green 0	Amber 0	Red 3	Total 3
		Current Risk Level Changes				

0	0	0	0	0
0	0	0	1	2
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0

Risk Ref	OPS0003	Risk Title and Event		Owner	Last Review da	Next Review
				Helen Burns	24/09/2021	24/12/2021

Recruitment and retention of AMHPs is a national and local challenge. Uptake for new staff to undertake AMPH training is relatively low and retention ca often be a challenge due to the demands of the role.
There is a risk that the AMHP service cannot allocate MHA assessments to AMHPs to coordinate and complete in a timely way
this puts service users and carers at risk. It also damages the reputation of the service and KCC

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Page 179	The failure to meet immediate and longer term statutory duties under the Mental Health Act could result in risks to service users and others. recruitment and retention of AMHPs is a national and local challenge.	High 20 Major (5) Likely (4)		• Assessments are carried out by mixed role AMHPs on a rota basis as well as dedicated AMHP within the service to support pressure across the AMHP service. Mixed role resource has been reduced due to capacity issues within the community teams. A report will be taken to SMT to request for an agreed date of increased rota capacity and agree minimum levels of resourcing. SMT will also be asked to identify future AMHP cohort for 22/23 to begin to prepare that cohort for their portfolio evidence.	Helen Burns	A -Accepted	26/11/2021	Medium 12 Significant (3) Likely (4)
				• Attendance of 11 employees at the recent AMHP information session will be tracked and followed up to identify the conversion into applications.	Helen Burns	A -Accepted	31/10/2021	
				• All referrals into the Kent AMHP Service are RAGed and allocated on need and timeframes left on any current detentions	Helen Burns	Control		
				• Information sessions take place twice a year to provide staff an overview on the AMPH training programme and encourage the right staff to undertake the training.	Helen Burns	Control		

					• The AMHP operational protocol advises staff of how to escalate if the number of AMHPs available cannot meet the demand	Helen Burns	Control		
					• Kent AMHPs are supported within their AMHP role through peer and group supervision and other quality assurance measures that allow AMHPs to feel supported in a demanding role.	Helen Burns	Control		
					• All vacancies have been recruited to in the dedicated service however 2 roles are on maternity that require back fill with additional shifts which can be sourced within the workforce and funded through budget.	Helen Burns	Control		
					• Existing AMHP renumeration was reviewed and increased in August 2020. There is currently a recruitment campaign underway to try and attract AMHPs to the Kent AMHP Service as the renumeration package is now more favourable in comparison with other local authorities	Helen Burns	Control		
					• There is a minimum number of AMHPs required for each shift. If the rota is not able to establish this number then extra work will be offered to AMHPs through either payment for additional shifts or payment for an additional assessment. Gaps in the rota are identified at the time of rota compilation and when any changes are made. This means that shifts can be covered in advance where possible	Helen Burns	Control		
					• Flexible working opportunities are provided to AMHPs to encourage their ongoing commitment to the role.	Helen Burns	Control		

Page 180

Review Comments   Reviewed with Helen Burns on 24/09/21. Whilst recruitment to vacancies has been positive the capacity issues in the mixed role rota continue to cause pressure in the service and planning for future mixed role capacity is underway.
24/09/2021

Adult Social Care and Health

Risk Register - Operations

Risk Ref	OPS0005	Risk Title and Event			Owner		Last Review da	Next Review

Deprivation of Liberty Assessments
Significant demand on the service to complete DoLs assessments following a Court decision impacting on all Councils. Delay of LPS until April 2022.
A risk that service users in community settings are not being assessed in accordance with statutory requirements .

Owner: Maureen Stirrup | Last Review da: 17/08/2021 | Next Review: 17/11/2021

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
      Page 181	Some services users may be living in circumstances where their liberty is being unreasonably restricted. Potential breach of 14 day assessment timeline, therefore leaving KCC open to legal challenge.	**High** 20 Major (5) Likely (4)		• Funding for 15 new best interest assessors has been agreed in adults with training to commence in December, those staff will be ready to practice at the end of March 22.	Maureen Stirrup	A -Accepted	31/03/2022	**High** 16 Serious (4) Likely (4)
				• Project planning for LPS is underway and a timeline of activity is set out. Project Manager is in place. Task and finish groups will be established as part of the project once code of practice has been issued, and it will report on progress to SMT.	Maureen Stirrup	A -Accepted	31/03/2022	
				• Volume and current processes for Community DOLS are being scoped to understand the implications this may have once the changes in legislation take effect.	Maureen Stirrup	A -Accepted	31/12/2021	
				• A business case was presented to the Director of north Kent summarising the requirements for additional resource following temporary provision. A bid was placed and approved under the contain outbreak management fund and £431k was awarded on 1 September 2021 and will go towards temporary resource and preparation for the legislation changes on 1st April 2022	Maureen Stirrup	A -Accepted	31/03/2022	
				• Twice a month performance meeting are in place to monitor the activity, forecast and align resources.	Maureen Stirrup	Control		

				• New Pathways have been introduced to support more proportionate assessment for service users and what was referred to a backlogged is now monitored on a quarterly basis to see if the circumstances for the person have changed. At this point cases can be re prioritised as necessary.	Maureen Stirrup	Control	
				• The capacity for authorisations has been expanded and all service managers are to be part of the rota system.	Maureen Stirrup	Control	
				• Project resource has been agreed to support implementation of recommendations from the Local Government Ombudsmen report .	Maureen Stirrup	Control	

Review Comments	Reviewed controls and actions on 12/08/21
	17/08/2021

Page 182

Risk Ref	*OPS0059*	Risk Title and Event				Owner	Last Review da	Next Review
Complex systems that Mental Health Act Assessments work within cause stress and delays.						Helen Burns	24/09/2021	05/11/2021
There is a risk that the delays and frustration of the systems that AMHPs work in add to the delays fore MHA assessments and increase stress levels for AMHPs								

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Mental Health Act Assessment is reliant on many partner organisations and systems to ensure that the assessment can be undertaken and many of these systems cause delays and additional stress for AMHPs	There is a risk that the system challenges will increase risk to service users and carers and lead to staff stress causing sickness and poor retention.	**High** 16 Serious (4) Likely (4)		• System challenges are logged each shift and raised individually with the appropriate partners. Escalation protocols are in place.	Helen Burns	Control		**Medium** 9 Significant (3) Possible (3)
				• Service user's waiting for assessment, particularly those in the community have a plan agreed with the referrer to assist the service user and carer whilst the Mental Health Act assessment is being scheduled.	Helen Burns	Control		
				• Daily Liaison calls are in place with the Mental Health Trust to review bed availability.	Helen Burns	Control		
				• All partners are included in a section 136 Improvement Group where system issues can be escalated as a whole system.	Helen Burns	Control		
				• A new forum to review individual cases and the delays across the system has been implemented and will be attended by Team managers to discuss and escalate issues.	Helen Burns	Control		
				• A new forum focusing on pathways has been created and is attend by Team managers to support partnership working.	Helen Burns	Control		

Page 183

Review Comments	Reviewed on 24/09 with Helen Burns. No movement in the system but new forums have been created to support pathway and individual case review. To monitor frequently any changes due to bed availability issues. 24/09/2021

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From: Ben Watts, General Counsel

To: Adult Social Care Cabinet Committee – 1 December 2021

Subject: **Work Programme 2021/22**

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 2021/22.

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 2021/22**

3.1 Following the most recent meeting of the committee, an agenda setting meeting was held at which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is asked to consider and note the items within the proposed work programme, set out in the appendix to this report, and to suggest any additional topics they wish to be considered for inclusion in agendas for future meetings.

3.2   The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the work programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.

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

4. Conclusion

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

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5. Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **NOTE** its work programme for 2021/22.

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6. Background Documents
None.

7. Contact details
Report Author: Lead Officer:
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Democratic Services Officer   General Counsel
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theresa.grayell@kent.gov.uk   benjamin.watts@kent.gov.uk

ADULT SOCIAL CARE CABINET COMMITTEE – WORK PROGRAMME 2021/22

<table>
<tr>
<td colspan="2" align="center">18 JANUARY 2022</td>
</tr>
<tr>
<td>
Key Decision item:

Community-based wellbeing next phase contract awards
Discharge services
Advocacy – pre-procurement discussion
21/00102 Residential Care Contracts for People with a Learning Disability, Physical Disability and Mental Health Needs

</td>
<td></td>
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<tr>
<td>•   Draft Revenue and Capital Budget and MTFP</td>
<td>Annual item</td>
</tr>
<tr>
<td>•   Strategic Delivery Plan (SDP) Monitoring reporting was suspended in 2020 due to covid-19 – awaiting notice of restart (25 11 20)</td>
<td>Requested by Corporate Board in July 2019 (to be brought as 6-monthly item)</td>
</tr>
<tr>
<td>•   Performance Dashboard</td>
<td>To be reported to every other meeting</td>
</tr>
<tr>
<td>•   Verbal Updates by the Cabinet Member and Corporate Director</td>
<td>Standing Item</td>
</tr>
<tr>
<td>•   Work Programme 2021/22</td>
<td>Standing Item</td>
</tr>
<tr>
<td>•   Update on DOLs project to follow decision discussed at June meeting, incl how KCC responds to significant changes in legal reqts, and update on backlog Review of past and looking ahead – JANUARY OR MARCH?</td>
<td>suggested by Mrs Cole at 22 June mtg</td>
</tr>
<tr>
<td>•   Social Prescribing</td>
<td>Arose at agenda setting meeting 29 September by Ms Hamilton. Mrs Bell has requested a report for January meeting (email from Clare Stewart 20/1/21)</td>
</tr>
<tr>
<td>•   TO BE RESOLVED Item on a Carers Strategy/renewal of charter</td>
<td>Added by Mr Thomas on 22 June to follow on from discussion at June mtg. Discussed at 29 Sept Agenda setting meeting, moved to January meeting.</td>
</tr>
<tr>
<td>•   TO BE RESOLVED Update on use of technology – major session</td>
<td>Follow on from discussion at June mtg. Discussed at 29 Sept Agenda setting meeting, moved to January meeting.</td>
</tr>
<tr>
<td>•   TO BE RESOLVED Safeguarding Board Annual Report</td>
<td>Arose at 5 March mtg. Discussed at 29 September agenda setting meeting. Not ready for December meeting (moved to January) but possibly going to County Council.</td>
</tr>
</table>

ADULT SOCIAL CARE CABINET COMMITTEE – WORK PROGRAMME 2021/22

9 MARCH 2022	
• Annual Equality and Diversity Report	Annual Item
• Rates Payable and Charges Levied for Adult Social Care	Annual Item – *in 2021 this was part of the regular budget setting and not a separate key decision*
• Risk Management: Adult Social Care	Annual Report
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item
21 JUNE 2022 *	
• Performance Dashboard	To be reported to every other meeting
• Verbal Updates by the Cabinet Member and Corporate Director	Standing Item
• Work Programme 2021/22	Standing Item

* future meeting dates are being reviewed