

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 15th March, 2023

2.00 pm

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



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 15 March 2023 at 2.00 pm
Council Chamber, Sessions House, County Hall,
Maidstone

Ask for: **Dominic Westhoff**
Telephone: **03000 412188**

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, Ms L Wright and
Vacancy

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

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 18 January 2023 (Pages 1 - 6)
- 5 Verbal Updates by Cabinet Member and Corporate Director
- 6 23/00022 Procurement of the Property Security element of the countywide SAFER Scheme (Pages 7 - 26)
- 7 23/00023 - Community Services Contract awards for Mental Health Assessment & Independent Advocacy Services (Pages 27 - 46)
- 8 23/00011 Framework for Interpreting and Communication Services for People who are D/deaf and Deafblind - Contract Award (Pages 47 - 62)
- 9 Risk Management: Adult Social Care and Health (Pages 63 - 88)
- 10 Adult Social Care and Health Performance Q3 2022/23 (Pages 89 - 114)

- 11 Revision of Rates Payable and Charges Levied for Adult Social Care Services in 2023-24 (Pages 115 - 124)
- 12 Decisions Taken Outside of the Cabinet Committee Meeting Cycle (Pages 125 - 126)
- 13 Work Programme (Pages 127 - 132)
- 14 Future Meeting Dates

All meetings will be held in the Council Chamber, Sessions House, Maidstone, Kent ME14 1XQ.

Wednesday 17 May 2023 at 2pm

Thursday 6 July 2023 at 2pm

Wednesday 13 September 2023 at 2pm

Wednesday 15 November 2023 at 2pm

Thursday 18 January 2024 at 2pm

Wednesday 13 March 2024 at 2pm

Wednesday 15 May 2024 at 2pm

Wednesday 3 July 2024 at 2pm

EXEMPT ITEMS

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

Benjamin Watts
General Counsel
03000 416814

Tuesday, 7 March 2023

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 Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 18th January, 2023.

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

ALSO PRESENT: Mrs C Bell and Mr P Oakford

IN ATTENDANCE: Richard Smith (Corporate Director of Adult Social Care and Health), Michael Thomas-Sam (Strategic Business Adviser, Social Care), Simon Mitchell (Senior Commissioner), Paula Parker (Transformation Lead), Jim Beale (Director of Adult Social Care for East Kent), Hayley Savage (Democratic Services Officer) and Dominic Westhoff (Democratic Services Officer)

UNRESTRICTED ITEMS

107. Apologies and Substitutes
(Item. 2)

There were no apologies or substitutes.

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

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

109. Minutes of the meeting held on 17 November 2022
(Item. 4)

RESOLVED that the minutes of the meeting held on 17 November 2022 are correctly recorded and a paper copy be signed by the Chairman.

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

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

(a) Mrs Bell said that Kent had experienced severe cold weather, with a level 3 warning issued for the southeast. Public Health had advised residents to help vulnerable families, friends, and neighbours, which included advice on how to keep warm inside, keep safe outside, and financial support.

(b) Mrs Bell provided details of services that supported health and wellbeing, which included the Release the Pressure helpline and text services. Further details about these services are available at:

<https://www.kent.gov.uk/social-care-and-health/health/mental-health>

(c) There had been efforts to raise awareness amongst parents of the symptoms of scarlet fever which could lead to Strep A. Director of Public Health, Dr Anjan Ghosh, had written to headteachers, nurseries, and children's centres to offer further information and advice.

(d) Between 25 November and 10 December 2022, the Kent Integrated Domestic Abuse Service (KIDAS) had run its '16 Days of Action Against Domestic Abuse' campaign. Over 2.4 million people per year were affected by domestic abuse in England and Wales, equating to between 75,000-80,000 adults in Kent and Medway. The cost-of-living crisis and the recent football World Cup had escalated the risk to those who experienced domestic abuse. Mrs Bell had taken part in a BBC Radio Kent interview to raise awareness and reminded residents to be vigilant, and recognise the signs of domestic abuse, and to direct victims to safety and to the help and support available.

2. The Corporate Director of Adult Social Care, Mr Richard Smith, gave a verbal update.

(a) Mr Smith provided an update on the recruitment process for the new Director for West Kent. Members had been involved in the process and a preferred candidate had been identified.

(b) Mr Smith noted that they were at the mid-point of the implementation of the Locality model, the appointment of community managers would happen soon.

(c) Mr Smith noted that there had been significant pressure on the NHS system, which had been compounded by the impact of industrial action. Mr Smith thanked Adult Social Care colleagues and the NHS workforce for their work over the challenging winter and Christmas period.

(d) The government had announced a commitment of £200million to support hospital discharge and the guidance was being reviewed. These funds would be used to purchase additional bed capacity in the community to move patients from hospitals for more appropriate care. It was noted that this was short-term funding, available until the end of March 2023.

RESOLVED the updates were noted.

111. Draft Ten Year Capital Programme, Revenue Budget 2023-24 and Medium Term Financial Plan 2023-26
(Item. 6)

Mr Peter Oakford, Ms Zena Cooke (Corporate Director Finance) and Ms Michelle Goldsmith (Finance Business Partner - Social Care, Health & Wellbeing) were in attendance for this item.

1. Mr Oakford introduced the report and noted that the Local Government Finance Settlement for Kent had been far better than anticipated, and included additional funding for Adult Social Care, but would still fall short of what the Council

needed. This was due to the large pressures which faced not just the Council but most Local Authorities and included inflation and demands in Adults and Children's Social Care. The growth spending demand for the next financial year was around £216million and an additional £40million of savings would be required. Increased charges to the services that were provided by the Council were expected to generate a further £16million.

Mr Oakford said the Council would need to draw from reserves to remain financially resilient. He said it was assumed that all planned savings would be delivered in 2023-24 and that the Council would approve the 4.99% Council Tax and Social Care precept increase. Mr Oakford said the Consultation on the Council's Community Asset base had been launched and explained that if the proposals outlined in the consultation were to go ahead it would lead to £6million of operational savings and £7million worth of maintenance savings. Mr Oakford also referred to the ongoing Safety Valve negotiations between the Council and the Department of Education.

2. Mrs Bell provided an update on the Adult Social Care budget and outlined the main growth pressures, which included £22.8million to fund the current year's budget pressures, £30million provision for prices for providers, who themselves faced challenges from workforce shortages and cost pressures, and £25.6million provision for demography.

Mrs Bell said the growth pressures would be dealt with through increased income from the uplift in Client Care Contributions of £8.5 million, £2.3 million increase in the Better Care Fund and just under £1 million in New Burdens Funding for domestic abuse. Mrs Bell gave an overview of savings including £3.5 million from a strategic review of in-house services, £0.2 million review of Private Finance Initiative (PFI) contracts, £2.3 million from the full year effect of the cessation of the homelessness contract and £4.3 million from a review of contracts and grants for discretionary services. It was noted that there were some savings that had not been achieved this financial year, due to delays in the procurement of new models of care, implementing the digital front door, technology-enabled care, and commissioning. The total savings target was in the region of £35 million.

Mrs Bell said the reforms of Adult Social Care would be important in the long term, but the postponement for two years would allow a refocus on the full-service redesign 'Making a Difference Everyday' programme, preparation for implementation of Care Quality Commission (CQC) assurance, and progress on the work on demand management, prevention, and innovation. To further develop the Council's working relationship with NHS partners within the Integrated Care System would be key in meeting the challenge of future demand and support and meet the needs of those who required social care. Mrs Bell said that the £4.3 million saving to discretionary services was a very difficult proposal and a review was ongoing into which services would be affected. The focus would be on the provision of statutory duties outlined under the Care Act and the Mental Health Act.

3. Mr Oakford, Mrs Bell, and Mr Smith responded to the following comments and questions from Members:

(a) Asked what efforts had been made with central government to obtain funding for the Council's statutory responsibilities, Mr Oakford said that lobbying of central government was a regular occurrence that would be ongoing.

(b) Asked about the increase in Council Tax for Kent residents, Mr Oakford said that central government expected local authorities to fund their services through Council Tax and this made up 75% of the budget. It was noted that savings of around £750 million had been made over the past 10 years whilst protecting front-line services.

(c) Asked about the reductions to funding for discretionary services and how this would affect vulnerable residents, Mr Oakford responded that difficult adjustments to discretionary services had to be made to maintain the provision of the Council's statutory responsibilities. Mr Smith said that details of savings made over previous years would be circulated after the meeting. He noted that the budget had recognised the growing pressures and complexity of care required in Kent and that the adoption of new models of care was urgently needed.

(d) Asked which preventative services would be affected by the savings in discretionary services, it was confirmed that work was ongoing within the directorate, in collaboration with providers and NHS partners, regarding this. When the information was available it would be reported back to the Cabinet Committee.

(e) Mr Oakford confirmed that the Fair Funding Review had been delayed and reforms to how the Council was funded were required to ensure a sustainable budget going forward.

(f) Asked about the status of the relationship between the Council and NHS partners, Mrs Bell said that the relationship was strong, with co-produced strategies and the Joint Delivery Plan, and there was a shared interest to put services on a sustainable footing.

(g) Asked if front-line staff had been consulted on proposed savings in the budget, Mrs Bell responded that Council staff were given the opportunity through a consultation to input into budget decisions. Mr Oakford confirmed that unions were fully briefed on the budget and that their views were considered.

RESOLVED that Members' comments on the draft capital and revenue budgets relevant to this committee, including responses to consultation, be noted, and reported to the Cabinet on 26th January 2023, before the draft was presented for approval at County Council on 9th February 2023.

Ms Meade and Mr Campkin asked for their abstentions to be noted in the minutes.

112. Kent and Medway Safeguarding Adults Board Annual Report April 2021 - March 2022
(Item. 7)

Mr Andrew Rabey was in attendance for this item.

1. Mr Rabey introduced the report and outlined his role as the independent chair, and the responsibilities of the Kent and Medway Safeguarding Adults Board (KMSAB). Mr Rabey gave an overview of the structure and content of the report. Prevention, awareness, and quality were identified as the three main themes.

2. Mr Rabey, Mr Smith, and Mr Beale then responded to comments and questions from Members:

(a) Asked how communication issues, which were a recurring theme in Safeguarding Adults Reviews (SARs), were resolved, Mr Rabey responded that improved engagement was key and very cost-effective. The role of charities and local community actions in the voluntary sector was highly valued.

(b) Asked about growth numbers and the difference between Medway and the rest of Kent, Mr Rabey said that mostly the numbers had returned to pre-pandemic levels. Any comparative data, and all other requested data, not in the report, would be shared with Members after the meeting.

(c) Asked about the withdrawal of funding from voluntary sector organisations and how this would impact strategy, Mr Rabey and the KMSAB would react and adapt to any challenges they faced and noted that funding was found not only from the Council but also from private sector organisations.

(d) It was confirmed that all districts had Safeguarding teams, and all took part in the SARs.

RESOLVED that the Kent and Medway Safeguarding Adults Board Annual Report 2021-2022 was noted.

113. Work Programme 2023
(*Item. 8*)

RESOLVED the Work Programme 2022-2023 was noted.

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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 – 15 March 2023

Subject: **Procurement of the Property Security element of the countywide SAFER Scheme**

Key decision: 23/00022

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: Kent County Council has a statutory responsibility under the Domestic Abuse Act 2021 to assess need, publish a strategy and commission support services for survivors of domestic abuse (adults and children) residing in ‘safe accommodation’, which includes refuges, Sanctuary Schemes, move-on and dispersed accommodation.

A Sanctuary Scheme is a property where security measures have been installed, enabling survivors to remain in their own homes safely if they chose to do so, where the perpetrator does not live in the accommodation. It also incorporates an element of specialist domestic abuse support to the individuals residing there.

Following engagement with stakeholders including district and borough councils’, survivors and the market, Kents Sanctuary Access for Eligible Residents (‘SAFER’) Scheme has been developed to deliver an equitable, countywide Sanctuary Scheme, which is a key area of the Kent and Medway Domestic Abuse Strategy and supports the council in meeting its new statutory duties.

The SAFER Scheme will be made up of three service elements. This paper is in relation the **Property Security** element. It is proposed that this is procured through a competitive procedure as detailed in this paper with the costs for this element being met in full by Domestic Abuse Act funding (awarded by the Department of Levelling Up Housing and Communities)

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** the procurement of the Property Security element of the countywide Sanctuary Access for Eligible Residents (SAFER) Scheme; and

b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions to facilitate the required procurement activity.

1. Introduction

- 1.1 The Crime Survey for England and Wales (CSEW) estimated that 5.0% of adults (6.9% women and 3.0% men) aged 16 years and over experienced domestic abuse in the year ending March 2022. When applied to the 2020 mid-year population estimates this equates to an estimated 64,135 adults that may have experienced domestic abuse in Kent.
- 1.2 The Domestic Abuse (DA) Act 2021 introduced new statutory duties to local authorities to assess need and commission services to support survivors of domestic abuse (adults and children) residing in 'safe accommodation' which includes refuges, Sanctuary Schemes, move-on and dispersed accommodation.
- 1.3 Since 2021, the Department of Levelling Up Housing and Communities (DLUHC) has awarded £12.4m in new Grant funding to Kent County Council (KCC), to support implementation of these duties until 2025.

2. Background

- 2.1 Across the county, support in accommodation such as refuges (which is now statutory) and community-based support for survivors of domestic abuse (16+) is provided through the Kent Integrated Domestic Abuse Service (KIDAS). This contract is multi-agency funded with the now statutory (refuge) element being met by the DA Act funding.
- 2.2 The DA Act requires the council to undertake an assessment to determine the level of need for support within 'safe accommodation' and commission services to meet that need. The 2021 Needs Assessment and 2022 refresh, identified a gap in statutory provision and finds that there is not a geographically equitable Sanctuary Scheme offer across the county.
- 2.3 As at August 2022, five of the twelve district and borough councils across Kent had a Sanctuary Scheme offer, whereby some security measures can be installed to individuals' homes, if necessary, available through district and borough councils. There was no offer available in Canterbury, Gravesham, Thanet and Dover. In West Kent, a local domestic abuse provider offers some low value home security items if required across Sevenoaks, Tonbridge and Malling and Tunbridge Wells.
- 2.4 The Needs Assessment evidenced that fewer private owner/occupiers are accessing refuge provision than expected and their tenure may be a barrier to fleeing domestic abuse. The Needs Assessment also evidenced that people with a disability experience additional barriers to reporting and accessing support including in refuge. Developing an equitable Sanctuary Scheme offer across the county will benefit both cohorts and maximise the council's safe accommodation support offer.

- 2.5 To comply with the definition of 'safe accommodation' under the DA Act and for a property to be classified as a Sanctuary Scheme, security measures are to have been installed following a property assessment, which has determined the measures required to enable a survivor and their children to remain in their own homes safely (if this is their preference) providing the perpetrator no longer resides there.
- 2.6 In line with the DA Act, KCC has a new statutory duty, and funding, to provide support to the survivors residing in a property that is classified as a Sanctuary Scheme. This support package includes the specialist property assessment, advice around safety, installation of the security items and specialist domestic abuse support for adults and children.
- 2.7 Currently the community-based support element of the KIDAS contract does not meet the requirements placed on the new DA Act funding as it is not delivered in 'safe accommodation'. The costs for this service are met by the KIDAS funding partners, which includes KCC Adult Social Care, Public Health, the Office for the Police and Crime Commissioner, Kent Fire and Rescue and district and borough councils.
- 2.8 In 2021-22 there were over 3500 adult survivors who accessed community-based support through KIDAS, who may have benefited from a Sanctuary Scheme. Should a Sanctuary Scheme have been in place, the costs for their support needs could have been met through the new funding.
- 2.9 The countywide Sanctuary Access for Eligible Residents (SAFER) Scheme, has been developed to address the findings of the Needs Assessment and support the council in meeting its statutory duties. It will be funded in full by DA Act monies.
- 2.10 Delivery of this proposal supports maximisation of the council's safe accommodation support offer, in line with the DA Act, and may create future savings to adult social care base budget (which contributes towards the community-based element of KIDAS)

3. Commissioning options considered and disregarded

3.1 The following commissioning options have been identified and an Options Appraisal undertaken.

3.2 A summary of the findings for these options is set out in the table below

Option 1	Do nothing	The Needs Assessment has shown that there is not a consistent offer of sanctuary across the county, resulting in an inequitable offer of support to survivors and their children. Doing nothing will not address this identified gap in services and therefore the council will not be meeting its statutory duties.
Option 2	Delegate funding and responsibility for delivery of Property Security measures to district and boroughs across Kent and commission support for adult survivors residing in properties where measures have been applied.	It is recognised that this would likely result in multiple procurements and the opportunity for efficiencies through collaborative commissioning would be lost. There would be 12 separate sanctuary offers across the county with separate referral routes, making pathways unclear for survivors and referrers.
Option 3	Procure a Sanctuary Scheme (Property Security measures and support for adult survivors) for areas where there is not currently a provision in place only. (Canterbury, Gravesham, Thanet, Dover, Sevenoaks, Tonbridge and Malling and Tunbridge Wells)	It is recognised that this would likely result in 7 separate sanctuary offers across the county with separate referral routes, making pathways unclear for survivors and referrers. All offers would need to ensure a clear pathway for the provision of support for adults and new support service for children (due to be procured in April 2023) It is viewed that option 3 would be challenging to implement and deliver geographic equity and the opportunity to achieve full efficiencies through collaborative commissioning would be lost.
Option 4	Procure a countywide Sanctuary Scheme including Single point of access, Property Security and support package for adult survivors.	This is the preferred option. It will support the council to address the findings of the needs assessment and meet its statutory duties by maximising the opportunities and offer of support within safe accommodation. In turn removing barriers to underserved groups in accessing existing safe accommodation and improving the council's offer to survivors of domestic

		<p>abuse. Developing one service offer will create geographic equitability and clear referral pathways. One contract and procurement exercise will create economies of scale and efficiencies. There is also the opportunity to utilise existing contractual arrangements in place which will create further efficiencies. Commissioning and procurement resources are in place within the county council.</p>
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4. Service development

4.1 Activity to develop and co-design the countywide Sanctuary Scheme - SAFER, which includes the Property Security element, was completed between August 2022 and January 2023 and comprised:

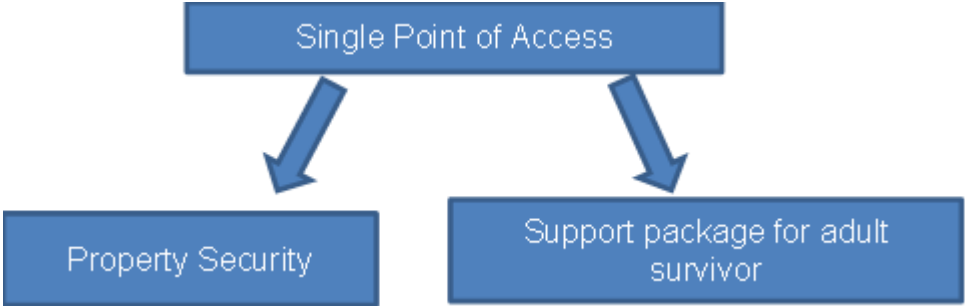
- Research into the new legislation and Statutory Guidance, collation and analysis of data to assess need and demand
- Engagement with identified stakeholders including all district and borough councils across Kent to gain views and insight
- Collaboration with other local authorities to map existing schemes and identify best practice
- Working in partnership with Children's, Young People and Education colleagues to align SAFER with the new support service for children in all forms of 'safe accommodation'
- Seeking feedback from survivors on measures that made or could help make them feel safer in their property and the support areas they felt could help them
- Hosting two market engagement events with potential providers from a variety of local and national organisations.

4.2 This activity has established that nationally, other local authorities have recently awarded a contract or are in the process of procuring a Sanctuary Scheme, utilising their DA Act funding allocations. This includes Cambridgeshire and Suffolk County Councils.

4.3 Feedback from this activity clearly demonstrated support for the proposed model and has informed the development of the SAFER Scheme service design and specification.

5. SAFER Scheme service elements

5.1 It is anticipated that the countywide SAFER Scheme will be split into three service elements, shown in the diagram below.



5.2 **Single point of access** – this element will be countywide, receive the referral, determine eligibility, and notify the organisation/s delivering the Property Security service **and** the support package for the adult survivor. The existing Referral, Assessment and Triage Service that supports KIDAS is delivered via the Office of the Police and Crime Commissioners countywide Victim Support contract and can facilitate this further addition through a contract variation.

5.3 **Property Security** - an organisation responsible for delivering the property assessment and required security measures across the county, to improve safety/delay someone gaining access. (eg door locks/chain, reenforced doors or door bars, fire proof letter boxes, window alarms, panic alarms, close circuit television). It is proposed that this is procured through a competitive procedure as detailed in this paper.

5.4 **Support package for adult survivor** residing in property that has had security measures installed through the SAFER Scheme. (Support could include safety planning, advocacy, therapeutic programmes or counselling). This is able to be aligned with the existing countywide community-based provision delivered through KIDAS.

5.5 Under the DA Act, a child who sees or hears, or experiences the effect of, the abuse, and is related to the adult survivor or perpetrator, is classed as a victim in their own right and therefore also entitled to support if they reside in a property classified as a Sanctuary Scheme.

5.6 Commissioners in Children, Young People and Education (CYPE) have developed a separate service offer, the ‘Safe Accommodation Support Service’ (SASS) to provide support to children residing in all forms of safe accommodation. SASS is anticipated to go live from May 2023 and will work in conjunction with the countywide SAFER Scheme.

6. Commissioning intentions

- 6.1 The planned next steps for the three elements of the SAFER Scheme were shared with the Commissioning Assurance Group on 18 January and members agreed with the intended routes to market.
- 6.2 The single point of access and support package for adult survivor will be delivered via existing contractual arrangements.
- 6.3 Procurement of the property security element will be via a competitive procedure with negotiation, with the aim of successfully identifying and selecting the provider. The proposed contract term is two years with the option to extend for a further two, twelve-month periods.
- 6.4 The invitation to tender for the Property Security service element will include a requirement for
 - partnership working with the other SAFER Scheme service providers,
 - expertise to undertake a robust property assessment,
 - provision and installation of necessary security items, as detailed in full in the Service Specification.
- 6.5 The three main objectives for the SAFER Scheme include but are not limited to.
 - Enabling people to remain in their own homes, within their local support networks.
 - Improving safety, health, and well-being.
 - Preventing harm.
- 6.6 The SAFER Scheme will support the following key outcomes:
 - Improved offer to underserved groups.
 - Reduction in risk
 - Reduction in repeat offences
 - Reduction in homelessness
 - Reduction in use of emergency accommodation
 - Increased prosecution rates
- 6.7 If the decision to proceed with the procurement of the Property Security element of the SAFER Scheme is endorsed, the key milestones are as follows:

Milestone	Date
Invitation to Tender (ITT) issued	April 2023
Tender Evaluation Period	May 2023
Final Negotiation Period	Early June 2023
Contract Award	July 2023
Contract start date	1 August 2023

6.8 A report detailing the outcome of the tender exercise and subsequent contract award will be shared with committee members at the July meeting of the Adult Social Care Cabinet Committee.

7. Financial Implications

7.1 Since 2021, the Department of Levelling Up Housing and Communities (DLUHC) has awarded £12.6m in new Grant funding to KCC, to support implementation of these duties until 2025.

7.2 The proposed contract start date for the Property Security service is 1 August 2023 and will be funded in full by the council’s DA Act funding allocation. The proposed contract length is two years with two one-year extension options. Delivery will be by preferred bidders identified following a competitive tendering exercise.

7.3 Financial modelling has been undertaken based on extensive market consultation and engagement with other local authorities who have implemented a similar scheme.

7.4 The table below outlines the costs to KCC for the initial two years and extension options and can be met within the council’s approved budget.

	KCC Domestic Abuse Act funding
Initial two-year contract term	£800,000
Two, one-year optional extension periods	£800,000
Total (Initial two-year contract term PLUS Two, one-year optional extension periods)	£1,600,000

7.5 To ensure a sustainable offer, engagement will commence with all stakeholders to seek ongoing funding for the Property Security measures and development of an integrated, partnership funded service from year three, if Government grant funding does not continue.

8. Legal Implications

8.1 The change in legislation in 2021, means that the council now has statutory duties to provide support to those residing in ‘safe accommodation’. The Kent SAFER Scheme including the Property Security element will ensure the council meets its new duties under the DA Act.

8.2 Commissioners will follow the Public Contract Regulations (2015) and Spending the Council’s Money guidance in relation to the procurement undertaken.

9. Equalities implications

- 9.1 An Equality Impact Assessment (EQIA) has been completed (attached as Appendix 1) and did not identify any potential adverse effects. This is a live document and will be updated as the new service is procured.

10. Data Protection implications

- 10.1 A full Data Protection Impact Assessment (DPIA) will be developed and amended as necessary for the new service.

11. Conclusion

- 11.1 The DA Act 2021 introduced new statutory duties and funding to Local Authorities to assess need and commission services to support survivors of domestic abuse residing in 'safe accommodation'. The 2021 Needs Assessment and 2022 refresh, identified a gap in statutory provision and finds that there is not a geographically equitable Sanctuary Scheme offer across the county.
- 11.2 Commissioning options have been considered and Option 4, to procure a countywide Sanctuary Scheme including Single point of access, Property Security and support package for adult survivors is preferred.
- 11.3 The proposed countywide SAFER Scheme, has been developed and co-designed through extensive activity to address the findings of the Needs Assessment and support the council in meeting its statutory duties.
- 11.3 Commissioners in Children, Young People and Education (CYPE) have developed a separate service offer, Safe Accommodation Support Service (SASS) to provide support to children residing in all forms of safe accommodation.
- 11.4 It is proposed that the Property Security element of the SAFER Scheme is procured through a competitive procedure as detailed in this paper. The total contract value being £1,600,000, funded in full by DA Act funding and is within the council's approved budget.
- 11.5 Commissioners will follow the Public Contract Regulations (2015) and Spending the Council's Money guidance in relation to the procurement undertaken. An Equality Impact Assessment has been completed and has identified no negative impacts.
- 11.6 To ensure a sustainable offer, engagement will commence with all stakeholders to seek ongoing funding for the Property Security measures and development of an integrated, partnership funded service from year three, if Government grant funding does not continue.

11.7 Delivery of the countywide SAFER Scheme, supports maximisation of the council's offer of support within safe accommodation, in line with the DA Act, and may create future savings to adult social care base budget.

12. Recommendations

12.1 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** the procurement of the Property Security element of the countywide Sanctuary Access for Eligible Residents (SAFER) Scheme; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions to facilitate the required procurement activity.

13. Background Documents

None

14. Report Author

Rachel Westlake
Senior Commissioner
03000 103416
Rachel.westlake@kent.gov.uk

Relevant Director

Richard Smith
Corporate Director Adult Social Care and Health
03000 416838
Richard.smith3@kent.gov.uk

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:

23/00022

For publication: Yes

Key decision: Yes

Title of Decision: Procurement of the Property Security element of the countywide Sanctuary Access for Eligible Residents (SAFER) Scheme

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
a) APPROVE the procurement of the Property Security element of the countywide Sanctuary Access for Eligible Residents (SAFER) Scheme: and
b) DELEGATE authority to the Corporate Director Adult Social Care and Health to take relevant actions to facilitate the required procurement activity.

Reason(s) for decision: Kent County Council (KCC) has a statutory responsibility under the Domestic Abuse (DA) Act 2021 to assess need, publish a strategy and commission Safe Accommodation support services to survivors of domestic abuse. Since 2021, the Department of Levelling Up Housing and Communities (DLUHC) has awarded a total of £12.6m new Grant funding to the council to support implementation of these duties until 2025.

Under the Act the definition of 'safe accommodation' includes refuges, Sanctuary Schemes, move-on, and dispersed accommodation. A Sanctuary Scheme is a property where security measures have been installed, enabling survivors to remain in their own homes safely if they chose to do so. It also incorporates an element of specialist domestic abuse support to the individuals residing there.

The countywide assessment of need for support within 'safe accommodation' identified a gap in provision and found that there is not a geographically equitable Sanctuary Scheme offer across the county.

Procurement of the Property Security element will support the council to address the findings of the needs assessment and meet its statutory duties by maximising the opportunities and offer of support within safe accommodation. In turn removing barriers to underserved groups in accessing existing safe accommodation and improving the councils offer to survivors of domestic abuse.

Service design

Kent's proposed Sanctuary Access for Eligible Residents (SAFER) Scheme has been co-designed through extensive engagement with survivors, stakeholders, the market, and other local authorities with similar successful schemes and will be made up of three service elements.

Procurement of the Property Security element will be via a competitive procedure with negotiation, with the aim of successfully identifying and selecting the provider. The proposed contract term is two years with the option to extend for a further two, twelve-month periods

The invitation to tender for the Property Security service element will include a requirement for partnership working with the other SAFER Scheme service providers and expertise to undertake a robust property assessment, provision and installation of necessary security items, as detailed

in full in the Service Specification

Financial Implications: Since 2021, the Department of Levelling Up Housing and Communities (DLUHC) has awarded £12.6m in new Grant funding to KCC, to support implementation of these duties until 2025.

The proposed contract start date for the Property Security service is 1 August 2023 and will be funded in full by the councils Domestic Abuse Act funding allocation. The proposed contract length is two years with two one-year extension options. Delivery will be by preferred bidders identified following a competitive tendering exercise.

Financial modelling has been undertaken based on extensive market consultation and engagement with other local authorities who have implemented a similar scheme.

The table below outlines the costs to KCC for the initial two years and extension options and can be met within the council's approved budget.

	KCC Domestic Abuse Act funding
Initial two-year contract term	£800,000
Two, one-year optional extension periods	£800,000
Total (Initial two-year contract term PLUS Two, one-year optional extension periods)	£1,600,000

To ensure a sustainable offer, engagement will commence with all stakeholders to seek ongoing funding for the Property Security measures and development of an integrated, partnership funded service from year three, if Government grant funding does not continue.

Legal Implications: The change in legislation in 2021, means that the council now has statutory duties to provide support to those residing in 'safe accommodation'. The Kent SAFER Scheme including the Property Security element will ensure the council meets its new duties under the DA Act.

Commissioners will follow the Public Contract Regulations (2015) and Spending the Council's Money guidance in relation to the procurement undertaken.

Equalities implications: An Equality Impact Assessment (EQIA) has been completed and did not identify any potential adverse effects. This is a live document and will be updated as the new service is procured.

Data Protection implications: A full Data Protection Impact Assessment (DPIA) will be developed and amended as necessary for the new service.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 15 March 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected: Consideration was given to the following options; Option 1 - Do nothing. The Needs Assessment has shown that there is not a consistent offer of sanctuary across the county, resulting in an inequitable offer of support to survivors and their children. Doing nothing will not address this identified gap in services and therefore the council will not be meeting its statutory duties.

Option 2 – Delegate funding and responsibility for delivery of Property Security measures to district

and boroughs across Kent and commission support for adult survivors residing in properties where measures have been applied. It is recognised that this would likely result in multiple procurements and the opportunity for efficiencies through collaborative commissioning would be lost. There would be 12 separate sanctuary offers across the county with separate referral routes, making pathways unclear for survivors and referrers.

Option 3 – Procure a Sanctuary Scheme (Property Security measures and support for adult survivors) for areas where there is not currently a provision in place only. (Canterbury, Gravesham, Thanet, Dover, Sevenoaks, Tonbridge and Malling and Tunbridge Wells) It is recognised that this would likely result in 7 separate sanctuary offers across the county with separate referral routes, making pathways unclear for survivors and referrers. All offers would need to ensure a clear pathway for the provision of support for adults and new support service for children (due to be procured in April 2023) It is viewed that option 3 would be challenging to implement and deliver geographic equitability and the opportunity to achieve full efficiencies through collaborative commissioning would be lost.

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

.....
signed

.....
date

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EQIA Submission – ID Number

Section A

EQIA Title

The SAFER Scheme

Responsible Officer

Ashleigh Cain - ST SC

Type of Activity

Service Change

No

Service Redesign

No

Project/Programme

No

Commissioning/Procurement

Commissioning/Procurement

Strategy/Policy

No

Details of other Service Activity

No

Accountability and Responsibility

Directorate

Adult Social Care and Health

Responsible Service

Strategic Commissioning

Responsible Head of Service

Simon Mitchell - ST SC

Responsible Director

Clare Maynard - ST SC

Aims and Objectives

The Domestic Abuse Act 2021 introduced new statutory duties for Local Authorities to meet the support needs of survivors of domestic abuse residing in 'safe accommodation'.

A Sanctuary Scheme meets the definition of 'safe accommodation' under the Domestic Abuse Act 2021 and involves provision and installation of property security measures alongside the offer of support for all survivors living within the property.

The refreshed Kent & Medway needs assessment, undertaken in 2021, highlighted the disparity of sanctuary provision across Kent and identified that underserved groups face barriers in accessing domestic abuse support within safe accommodation.

The SAFER scheme has been developed to address these identified gaps and enable the council to meet its new statutory obligations under the Act.

The scheme will;

- provide an equitable, countywide offer for survivors of domestic abuse,
- improve accessibility for underserved groups,
- enable people to remain in their own homes, within their local support networks,
- improve safety, health, and wellbeing of survivors,
- prevent/reduce the risk of harm or serious injury to survivors.

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?

Survivors of domestic abuse
Cabinet Member (Cllr Clair Bell) for Adult Social Care and Health
Local Partnership Board Members
Adult Social Care Domestic Abuse Group
Assistant Director and Strategic Commissioners for Children and Young People
District and borough councils (Ashford, Canterbury, Dartford, Dover, Folkestone & Hythe, Gravesham, Maidstone, Sevenoaks, Swale, Thanet, Tonbridge, Tunbridge Wells)
Lead Providers of the Kent Integrated Domestic Abuse Service (Oasis, Clarion, Look Ahead, Victim Support)
Funding partners of the Kent Integrated Domestic Abuse Service (includes ASC, PH, Office of Police and Crime Commissioner, Kent Fire and Rescue)
Other Local Authorities (Devon, Bexley, Sussex, Southampton, Brighton & Hove, Greenwich, Bromley, Bracknell Forest, Cambridgeshire, Medway)
Members of the Kent and Medway Domestic Abuse Executive and Tactical Groups and sub groups including VCS partners and Kent Police, Kent Fire & Rescue, KCC Policy Team, Medway Council, OPCC, Community Safety Team, Public Health, Probation, ICB
Members of the Kent Housing Group and sub-groups (landlords and housing options teams)
Full Market engagement events delivered with attendance from providers of similar schemes across England
Department for Levelling Up Housing and Communities
Office of the National Domestic Abuse Commissioner

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

Staff/Volunteers

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

The SAFER Scheme will improve the councils offer to underserved groups, including older, male, transgender and disabled survivors, providing the option to access safety and support when experiencing domestic abuse from their own homes, in their own communities and retain existing support networks.

Enabling individuals to remain in their own homes, when it is safe and where it is their choice will improve the ability for survivors to retain jobs, social circles, friends, family networks. It will put the survivor in control of their journey and have a positive impact on health and well-being outcomes.

Children are now identified as victims in their own right under the Domestic Abuse Act 2021. The SAFER Scheme will support families to be able to remain together safely and reduce the need to with less need to flee to a new area.

Through the provision and installation of security measures to homes with the aim to delay/deny access to the property by the perpetrator will provide positive impacts to survivors of domestic abuse as the risk of harm or serious injury will be reduced.

Providing sanctuary will see an increase in the requirement of community staff such as IDVAs and outreach support workers, working to support those are experiencing domestic abuse therefore providing job opportunities within local communities.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No. Note: If Question 19a is "No", Questions 19b,c,d will state "Not Applicable" when submission goes for approval

Details of negative impacts for Age

Not Completed

Mitigating Actions for Age

Not Completed

Responsible Officer for Mitigating Actions – Age

Not Completed

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

No. Note: If Question 20a is "No", Questions 20b,c,d will state "Not Applicable" when submission goes for approval

Details of Negative Impacts for Disability

Not Completed

Mitigating actions for Disability

Not Completed

Responsible Officer for Disability

Not Completed

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex

No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval

Details of negative impacts for Sex

Not Completed

Mitigating actions for Sex

Not Completed

Responsible Officer for Sex

Not Completed

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

Are there negative impacts for Gender identity/transgender

No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval

Negative impacts for Gender identity/transgender

Not Completed

Mitigating actions for Gender identity/transgender
Not Completed
Responsible Officer for mitigating actions for Gender identity/transgender
Not Completed
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No. Note: If Question 23a is "No", Questions 23b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Race
Not Completed
Mitigating actions for Race
Not Completed
Responsible Officer for mitigating actions for Race
Not Completed
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No. Note: If Question 24a is "No", Questions 24b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Religion and belief
Not Completed
Mitigating actions for Religion and belief
Not Completed
Responsible Officer for mitigating actions for Religion and Belief
Not Completed
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Sexual Orientation
Not Completed
Mitigating actions for Sexual Orientation
Not Completed
Responsible Officer for mitigating actions for Sexual Orientation
Not Completed
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Pregnancy and Maternity
Not Completed
Mitigating actions for Pregnancy and Maternity
Not Completed
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Completed
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Marriage and Civil Partnerships
Not Completed

Mitigating actions for Marriage and Civil Partnerships
Not Completed
Responsible Officer for Marriage and Civil Partnerships
Not Completed
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No. Note: If Question 28a is "No", Questions 28b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Carer's responsibilities
Not Completed
Mitigating actions for Carer's responsibilities
Not Completed
Responsible Officer for Carer's responsibilities
Not Completed

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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 – 15 March 2023

Subject: **Community Services Contract awards for Mental Health Assessment and Independent Advocacy Services**

Key decision: 23/00023

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

Past Pathway of report: None

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: The current contracts to provide the Kent Advocacy Hub and Mental Health Assessment Services are due to end on 31 March 2023. These contracts allow the council to meet its duties relating to Advocacy and Deprivation of Liberty Safeguards (DoLS) under the Care Act. The Liberty Protection Safeguards (LPS) as a replacement to DoLS were originally due to come into force from October 2020. This change is however still awaited. Following a formal procurement process, it is proposed to award new contracts for Community Services for the provision of Mental Health Assessment and Independent Advocacy Services to suitably qualified providers and extend the current contracts for a short period that allows for the mobilisation of the new contracts in a way that best supports the citizens of Kent.

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) **EXTEND** the current Kent Advocacy Hub and Mental Health Assessment contracts for a period of up to four months;
- b) **AWARD** contracts to successful providers for the provision of Community Services Contracts (Mental Health Assessment and Independent Advocacy Services);
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision; and
- d) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, in consultation with the Cabinet Member for Adult Social Care and Public Health and

the Corporate Director Finance, to agree the relevant contract extensions as required.

1. Introduction

1.1 The current Advocacy Hub Contract meets Kent's duties under the Care Act statutory requirements for the provision of independent advocacy under the terms of:

- the Mental Capacity Act 2005,
- the Mental Health Act 2007,
- the Health and Social Care Act 2012
- the Care Act 2014,
- And across all categories of need, including young people in transition to adult services.

1.2 Advocacy services provide independent support to a person who needs help to express their views and wishes, or help to stand up for their rights. The contract provides:

- **Statutory advocacy services** - Local authorities must involve people in decisions about their care and support and provide an independent advocate where the person has substantial difficulty being involved and has no appropriate individual to support them. Statutory advocacy covers:
 - (a) *Care Act Advocacy*, for when the authority is making decisions about a person's care.
 - (b) *Independent Mental Health Advocacy*, for when someone is being detained under the Mental Health Act.
 - (c) *Independent Mental Capacity Advocacy*, if decisions are being made about serious medical treatment or a change of accommodation.
 - (d) *Independent Health complaints Advocacy*, supporting people to make a formal complaint about the care and/or treatment they have received using the NHS complaints procedure.
- **Community advocacy** - Specialist advocacy for people with particular support or communication needs due to disability, frailty or other vulnerability.
- **Peer advocacy** - Peer advocacy gives the opportunity for people trained in advocacy who share the same experiences or use the same services to help people who have difficulty making their views known to develop the skills to speak up for themselves, to self-advocate, or if required to speak up for others in a similar situation to themselves.

1.3 The Advocacy Hub Contract is due to end on 31 March 2023.

1.4 The current Mental Health Assessment Service ensures that the Council can meet their requirement to ensure that a person subject to Deprivation of Liberty Safeguards (DoLS) has received statutory Mental Health and Eligibility assessments in a timely manner so as not to delay any outcome issued by the Supervisory Body.

1.5 The Mental Health Assessment Contract is due to end on 31 March 2023.

2. Background

2.1 In 2022 the decision was taken to re-procure Community Services to Meet the Requirements of Advocacy, DoLS and Liberty Protection Safeguards (LPS).

2.2 A procurement process was designed that was proportionate to the requirement, clear and accessible. This requirement is subject to the Light Touch Regime (LTR); however, a traditional procurement route was conducted given that there was no need to alter the 'Open Procedure' in this case.

2.3 The table below sets out the procurement timetable

Procurement Timetable	
Publication of advert and Invitation to Tender Documentation on the Kent Business Portal	6 January 2023
Deadline for Tender Responses	13 February 2023
Tender Evaluation and Governance Procedure	7 February – 21 February 2023
Contract Award	w/b 3 April 2023
Contracts Issued	w/b 10 April 2023
Contracts Commencement Date	1 August 2023

2.4 The evaluation of tenders was completed by a team consisting of officers from Strategic Commissioning (both the Adults and Children's and Young People teams), Adult Social Care practitioners and Kent County Council's Peoples' Panel.

2.5 Following the evaluation process, it is recommended that two new contracts to meet the requirements of Advocacy, DoLS and LPS are awarded. The successful providers recommended for the award of contracts are detailed in Exempt Appendix A (Exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially sensitive information).

2.6 The proposal to award these contracts will introduce well-managed contracts for adult social care and put systems and measures in place to manage its operational requirements in relation to Advocacy, DoLS and LPS including:

- Key Performance Indicators (KPIs): Ongoing management and monitoring of quality ensures that all providers remain compliant to their contractual commitments; and
- Contract Management: Regular communication with providers that continues to strengthen the relationship and service delivery. Regular analysis of KPIs, and management information for quality of services and improved contract monitoring.

2.7 The extension to the current contracts for Independent Advocacy Services and Mental Health Assessment Services will allow for a period of transition between contracts as required to ensure that Kent citizens are not adversely affected by the change.

2.8 The following alternatives were considered and rejected:

- **Do nothing:** the contracts will end on 31 March 2023 with the Authority still obligated to deliver statutory functions, but these will be at increased cost, spot purchased, and deliver inconsistent and fragmented services.
- **Extend the current contracts for a longer period:** This offers limited scope to develop the service in the future and as it does not comply with the Public Procurement Regulations (2015), increasing the risk of challenge to do so.

3. Financial Implications

3.1 **Independent Advocacy Services** - The contract will be awarded for a period of 36 months (1 August 2023 to 31 July 2026) with two optional extension periods of 12 months each (1 August 2026 to 31 July 2028). The annual value of Independent Advocacy Services is £1,599,400 (£7,797,000 total, including potential contract extension periods).

3.2 **Mental Health Assessment Services** - The contract will be awarded for a period of 12 months (1 August 2023 to 31 July 2024) with an optional extension period of a further 12 months (1 August 2024 – to 31 July 2025). Although the contract will not give any guarantees to the value of the services, allowing the service to be purchased via this contract as and when required, as it is a demand-led service, the estimated annual value to the council is £420,000 (£840,000 including the potential contract extension period).

4. Legal implications

4.1 The Authority has statutory duties to deliver advocacy services under the Mental Capacity Act (amended 2019), the Mental Health Act (2007), the Health and Social Care Act (2012) and the Care Act (2014), across all categories of need, including to young people in transition to adult services.

4.2 The 2019 Amendments to the Mental Capacity Act and the effect on the Advocacy services are not yet fully understood, due to the delay in the publication of the accompanying Code of Practice.

4.3 Contract extension periods are being recommended under Regulation 72(c) of the Public Contract Regulations 2015, fulfilling the following conditions:

- (i) the need for modification has been brought about by circumstances which a diligent contracting authority could not have foreseen;
- (ii) the modification does not alter the overall nature of the contract;
- (iii) any increase in price does not exceed 50% of the value of the original contract or framework agreement.

5. Equalities implications

- 5.1 An Equality Impact Assessment has been carried out and is attached as Appendix 1. The assessment concluded that there should be no negative impact on those with protected characteristics as a result of these services being commissioned.

6. Data Protection Implications

- 6.1 A Data Protection Impact Assessment is likely to be required and will be carried out during the contract mobilisation process.

7. Other corporate implications

- 7.1 LPS will apply to 16 and 17 year olds as well as Adults, therefore Children's Services will be impacted by the change in legislation. Adult Social Care Commissioners are liaising with colleagues in Children and Young Peoples Commissioning to understand the future impacts.

8. Conclusions

- 8.1 Kent County Council has a statutory duty under the Care Act to provide independent advocacy.
- 8.2 Putting in place contractual arrangements for Community Services to meet the requirements of Advocacy, DoLS and LPS will meet these statutory requirements.
- 8.3 Following the completion of a comprehensive and transparent procurement process, it is proposed to award contracts to the providers identified in Exempt Appendix A (Exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially sensitive information) for the provision of Independent Advocacy and Mental Health Assessment Services.
- 8.4 The extension to the current contracts for Independent Advocacy Services and Mental Health Assessment Services will allow for a period of transition between contracts as required to ensure that Kent citizens are not adversely affected by the change.

9. Recommendations

9.1 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) **EXTEND** the current Kent Advocacy Hub and Mental Health Assessment contracts for a period of up to four months;
- b) **AWARD** contracts to successful providers for the provision of Community Services Contracts (Mental Health Assessment and Independent Advocacy Services);
- c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision; and
- d) **DELEGATE** authority to the Corporate Director Adult Social Care and Health, in consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Finance, to agree the relevant contract extensions as required.

10. Background Documents

Decision Number [22/00004](#) – Advocacy Hub Contract Extension and Permission to Tender for a New Contract.

11. Lead Officer

Simon Mitchell
Interim Head of Adults Commissioning
03000 417156
Simon.Mitchell@kent.gov.uk

Relevant Director

Richard Smith
Corporate Director Adult Social Care and Health
03000 416838
Richard.Smith3@kent.gov.uk

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

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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:

23/00023

For publication

Key decision: YES

Title of Decision: Community Services Contract awards for Mental Health Assessment and Independent Advocacy Services

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
EXTEND the current Kent Advocacy Hub and Mental Health Assessment contracts for a period of up to four months;
AWARD contracts to successful providers for the provision of Community Services Contracts (Mental Health Assessment and Independent Advocacy Services);
DELEGATE authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision; and
DELEGATE authority to the Corporate Director Adult Social Care and Health, in consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Finance, to agree the relevant contract extensions as required.

Reason(s) for decision: The Authority has statutory duties to deliver independent advocacy services under the Mental Capacity Act (amended 2019), the Mental Health Act (2007), the Health and Social Care Act (2012) and the Care Act (2014), across all categories of need, including to young people in transition to adult services.

Decision No. 22/00004 was taken on 9 February 2022 to tender for new Advocacy Services contracts. The council's current contract for Independent Advocacy Services expires on the 31 March 2023.

A procurement process has been undertaken to replace contracts to ensure the continuation of the statutory services that they provide. The extension to the current contracts for Independent Advocacy Services and Mental Health Assessment Services will allow for a period of transition between contracts as required to ensure that Kent citizens are not adversely affected by the change.

Financial Implications

Independent Advocacy Services: The contract will be awarded for a period of 36 months (1 August 2023 to 31 July 2026) with two optional extension periods of 12 months each (August 2026 to 31 July 2028). The annual value of Independent Advocacy Services is £1,599,400 (£7,797,000 total, including potential contract extension periods)

Mental Health Assessment Services: The contract will be awarded for a period of 12 months (1 August 2023 – 31 July 2024) with an optional extension period of a further 12 months (1 August 2024 – 31 July 2025). Although the contract will not give any guarantees to the value of the services as it is a demand-led service, the estimated annual value to the council is £420,000 (£840,000

including the potential contract extension period).

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

Contract extension periods are being recommended under Regulation 72(c) of the Public Contract Regulations 2015, fulfilling the following conditions:

- (i) the need for modification has been brought about by circumstances which a diligent contracting authority could not have foreseen;
- (ii) the modification does not alter the overall nature of the contract;
- (iii) any increase in price does not exceed 50% of the value of the original contract or framework agreement.

Equality Implications: An Equality Impact Assessment (EqIA) has been undertaken, with no negative impacts identified.

Data Protection Implications: A Data Protection Impact Assessment will be completed as part of the contract mobilisation process.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 15 March 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

Do nothing: the contracts will end on 31 March 2023 with the Authority still obligated to deliver statutory functions, but these will be at increased cost, spot purchased, and deliver inconsistent and fragmented services.

Extend the current contracts for a longer period: This offers limited scope to develop the service in the future and as it does not comply with the Public Procurement Regulations (2015), increasing the risk of challenge to do so.

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

.....
signed

.....
date

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Community Services Contracts to Meet the Requirements of Advocacy, Deprivation of Liberty Safeguards and Liberty Protection Safeguards
2. Directorate	Chief Executive's Department
3. Responsible Service/Division	Strategic Commissioning

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Katherine Clark
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Simon Mitchell
6. Director of Service Note: This should be the name of your responsible director.	Clare Maynard

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Tick if Yes	Activity Type
	Service Change – operational changes in the way we deliver the service to people.
	Service Redesign – restructure, new operating model or changes to ways of working
	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
X	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
	Strategy /Policy – includes review, refresh or creating a new document
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

The Council's current contracts for Advocacy Services and Mental Health Assessment Services will end on 31 March 2023. The proposed award of new contracts for Independent Advocacy Services and Mental Health Assessment Services aims to ensure the Authority continues meeting its Care Act statutory duties in provision of independent advocacy under the terms of

- the Mental Capacity Act 2005
- the Mental Health Act 2007

- the Health and Social Care Act 2012: and
- the Care Act 2014

and across all categories of need, including young people in transition to adult services.

The services will provide a comprehensive, and fully inclusive Advocacy Service for the residents of Kent, including:

- **Statutory advocacy:** IMCA, RPR, IMHA, Care Act Independent Advocacy and Health Complaints Advocacy; and
- **Community advocacy:** Specialist advocacy for people with particular support or communication needs due to disability, frailty or other vulnerability. The type of advocacy used should depend on what is best suited for the person who seeks it, rather than belonging to a particular client category, and
- **Peer advocacy:** Sometimes people wish to have the tools to support themselves rather than being supported. Peer advocacy gives the opportunity for people trained in advocacy who share the same experiences or use the same services to help people who have difficulty making their views known to develop the skills to speak up for themselves, to self-advocate, or if required to speak up for others in a similar situation to themselves.
- **Mental Health Assessment Services:** The administration and completion of timely, accurate and good quality DoLS mental health assessments and eligibility assessments, as requested by the Kent MCA DoLS Service.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No	Yes
10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No	Yes
11. Is there national evidence/data that you can use? Answer: Yes/No	Yes
12. Have you consulted with Stakeholders? Answer: Yes/No <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>	Yes
13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i>	
KCC Adult Social Care including SMT on 09/11/2021 Kent & Medway Clinical Commissioning Group via Integrated Commissioning with Quality Team Medway Council Adult Social Care and Public Health meetings and conversations with Contract Officers Contract conversations with the current contracted provider Other Local Authorities	
14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No	Yes

15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i>	Yes
Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>	Upload: <ul style="list-style-type: none"> • Making a Difference Everyday • Contract monitoring data • “Advocacy changed my life” – Research in to the Impact of independent advocacy on the lives of people experiencing mental illness, Scottish Independent Advocacy Alliance, 2014 • Protect, respect, connect – decisions about living and dying well during Covid-19, Care Quality Commission, 2021

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.			
Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	No		
17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? <i>Answer: Yes/No</i>			Yes
18. Please give details of Positive Impacts			

The impact of commissioned services would mean that young people and adults who require advocacy services will continue to be able to access commissioned services across Kent County Council geographical area.

The impacts regarding future commissioned services are assessed below and will continue to be reviewed and assessed during the contracting process.

Age:
 The Advocacy suite of services is commissioned to deliver to people aged 16 and over and delivers positive benefits to young people, particularly those who may be transitioning from Children’s to Adults care services. Older people who may require access to advocacy due to degenerative age-related health conditions such as dementia and/or care needs will also continue to benefit from advocacy under the Care Act 2014.

Disability:
 Reports such as Valuing voices: Protecting rights through the pandemic (2021) and beyond and Protect, Respect Connect (2021), as well as Building the Right Support (2015) highlight the importance of independent advocacy for disabled people, including those with learning disabilities and autistic people. extending this contract will deliver positive benefits that deliver beyond the statutory requirements, arguably at a time (during the Pandemic) when it is most needed.
 Disabled people are likely to have significant interactions with health and social care services as clients. The Care and support statutory guidance specifies in which scenarios independent advocacy must be provided but it’s likely there are scenarios where independent advocacy would be helpful in enabling people with disabilities to make decisions about their own care. The recent impact of the covid-19 on learning disabled

and autistic people provides evidence for this. In addition; the recently amended Mental Capacity Act's (MCA) Liberty Protection Safeguard (LPS) Code of Practice is due to be published imminently. The MCA amendments indicate that while people subject to LPS may not have an automatic right to Independent advocacy, this will be subject to best interest decisions being made. This may particularly impact on people with learning disabilities, autistic people and those with other mental health conditions, or neurodivergence. There is evidence and further emerging research which highlights that neuronormative approaches and structures may be exacerbating inequalities (including mental health issues such as trauma) experienced by people in neurominority groups, including those who are learning disabled and/or autistic. The Lancet (2021) published "the neurodiversity concept viewed through an autistic lense", which reinforces a need for balance between the objective and the subjective experiences of neurodivergent people.

Sex and Gender:

During 2019/20 and 2020/21 more men have accessed Independent Mental Capacity Advocacy and Independent Mental Health Advocacy than women. However, more women access community advocacy services, whilst access to Independent Health Complaints Advocacy Service and Independent Care Act Advocacy is relatively even between the sexes.

The different outcomes experienced between the sexes continues to be highlighted with statistics showing that women continue to live longer in poorer health, experience violence and abuse (highlighted by Refuge and Scie in 2020), whilst for Men, the ONS (2018), supported by the British Psychological Society (2018) reports that suicide remains the biggest cause of death in men under 45 years old.

There is evidence of intersectional inequality where Assigned Men at Birth (AMAB) and Assigned female at birth (AFAB) are also neurodivergent, with evidence of increased suicides in autistic AMAB, and under recognition of Autism in AFAB, underpinned by gender bias, which contributes toward poorer mental health outcomes (Bargeliela et al, 2016). Any Future advocacy services will need to be aware of these in order to effectively advocate for AFAB, AMAB, cisgender and intersex individuals, including being clear about and using people's preferred gender pronouns.

Continued, consistent Advocacy services will have a positive impact on AFAB, AMAB, intersex and cisgender individuals who need support to understand their rights and be empowered to make informed choices.

However, good contractual relationships to understand the difference in access to and experience of the advocacy services between the sexes and genders will ensure the Authority meets its statutory duties under the Care Act and with regard to the Equality Act and in addressing intersectional inequality.

All commissioned service provision will be required to be accessible to all service users.

Pregnancy, Maternity and those with Carer responsibilities:

As above applies with the addition the provisions and accommodation will be made where service users are pregnant and/or breastfeeding, and/or have caring responsibilities.

Sexual orientation:

Emotional, romantic or sexual feelings toward other people is part of the human condition, regardless of sex or gender. Whilst there have been huge strides in people's attitudes over the years, heteronormative expectations are systemic and there are still instances of hate crimes, prejudice and discrimination on the basis of sexual orientation.

Furthermore, due to historical hetero-normative biases and internalised bias, some older people may experience intersectional inequality for example by being estranged from their relatives and lack family support, and therefore more socially isolated.

This may also apply for younger people, particularly if those who may be from black or other minority ethnic groups, with potential for further intersectional inequality experienced by those who are disabled or with mental health needs, and/or whose gender identity is different to their assigned sex at birth.

All commissioned service provision will be required to be accessible to all service users.

Marriage and Civil Partnerships:

Any and all future commissioned service provision will be required to be accessible to all service users.

Race:

Data shows that usage of advocacy services are taken up by a wide range of ethnic groups and this will continue to be monitored.

Advocacy can provide a vital link between services to enable marginalised and disempowered individuals to speak up about their views and concerns. However, the word advocacy can be difficult to translate into some languages. What advocacy means and how it can help, may be difficult for some people from black and minority ethnic groups and their carers to understand.

The principles outlined under disability, and sex and gender with regard to the intersectional inequalities experienced by non-white people will continue to be assessed and addressed with people, in order to deliver effective advocacy services. This will be monitored in the recommissioned advocacy service to ensure there is proportionate referral, uptake and experience.

Any and all future commissioned service provision will be required to be accessible to all service users.

Religion or belief:

Comprehensive information regarding impact of advocacy on people from different religions or beliefs is not available but it is acknowledged that any recommissioned services that Advocacy services to be aware of and address intolerances and prejudices based on this characteristic. Any and all future commissioned service provision will be required to be accessible to all service users.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Age	None
c) Mitigating Actions for age	Not Applicable
d) Responsible Officer for Mitigating Actions - Age	Not Applicable

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
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b) Details of Negative Impacts for Disability	None
c) Mitigating Actions for Disability	Not Applicable
d) Responsible Officer for Mitigating Actions - Disability	Not Applicable
21. Negative Impacts and Mitigating actions for Sex	
a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Sex	None
c) Mitigating Actions for Sex	Not Applicable
d) Responsible Officer for Mitigating Actions - Sex	Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Gender identity/transgender	None
c) Mitigating actions for Gender identity/transgender	

	Not Applicable
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	Not Applicable
23. Negative Impacts and Mitigating actions for Race	
a) Are there negative impacts for Race? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Race	None
c) Mitigating Actions for Race	Not Applicable
d) Responsible Officer for Mitigating Actions - Race	Not Applicable
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Religion and belief	None
c) Mitigating Actions for Religion and belief	Not Applicable
d) Responsible Officer for Mitigating Actions - Religion and belief	Not Applicable

25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Sexual Orientation	None
c) Mitigating Actions for Sexual Orientation	Not Applicable
d) Responsible Officer for Mitigating Actions - Sexual Orientation	Not Applicable
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Pregnancy and Maternity	None
c) Mitigating Actions for Pregnancy and Maternity	Not Applicable
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	Not Applicable
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Marriage and Civil Partnerships	None

c) Mitigating Actions for Marriage and Civil Partnerships	Not Applicable
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	Not Applicable
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Carer's Responsibilities	None
c) Mitigating Actions for Carer's responsibilities	Not Applicable
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	Not Applicable

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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 – 15 March 2023

Subject **Framework for Interpreting and Communication Services for People who are D/deaf and Deafblind – Contract Award**

Non-Key decision: 23/00011

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

Past Pathway of report: N/A

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Summary: Kent County Council's (KCC) statutory responsibilities under the Care Act 2014, Equality Act 2010 and the Accessible Information Standard 2016 are partly delivered through an Interpreting and Communication Framework for People who are D/deaf or Deafblind. The Framework provides a list of pre-vetted and approved communication professionals from whom interpreting and translation services can be purchased as and when required. The current framework commenced in June 2019 and will expire in June 2023. New contractual arrangements for purchasing these services need to be in place by 17 June 2023 and it is proposed to award Framework Agreements to suitably qualified providers, as assessed via a formal procurement process.

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** the award of contracts for Interpreting and Communication Services for People who are D/deaf and Deafblind; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

1. Introduction

- 1.1 KCC has a statutory responsibility under The Care Act 2014 to meet the needs of people assessed as having eligible needs, including people with sensory impairments.
- 1.2 A person's method of communication should not cause for them a barrier which obstructs them from accessing any services that they may need. D/deaf and deafblind people in Kent need to be able to live safely and independently in their local communities. Public sector agencies must also ensure equality of access to services within their communities and prevent discrimination as detailed in the Equality Act 2010.
- 1.3 One of the key ways that KCC achieves its responsibilities in these areas is through the provision of a British Sign Language interpreting service. This service supports D/deaf people to access services and support, and to be able to express, communicate and advocate for themselves. It can be accessed by any department in KCC and by a number of public sector partners who have signed up to access the service.
- 1.4 This report details the procurement process taken in order to recommend the award of contracts for Interpreting and Communication Services for People who are D/deaf or Deafblind.

2. Commissioning intentions

- 2.1 In 2022 an options appraisal reviewed the most effective way to provide the D/deaf and Deafblind interpreting services that the council requires, and this resulted in the recommendation to procure a new framework of external providers that can be used to book communication professionals as and when required. The benefits of this type of contractual arrangement include:
 - Business continuity is maintained;
 - Benefits of the high quality of the current service are maintained;
 - Maintains the current deaf awareness culture of the service;
 - Retains consistency for Contract Partners accessing services through Kent Deaf Interpreting Service (KDIS);
 - It is manageable within the budget;
 - It offers a commercial advantage by giving access to a wide selection of service options and providers in one contract, that providers can join at any time to maintain levels of competition in a limited market;
 - An opportunity to create more social value with greater community wealth and using interpreters local to the Kent community; and
 - Creating a continuous improvement opportunity with long term relationships between providers, people in receipt of the service and other stakeholders.
- 2.2 The proposed Framework will introduce well-managed contracts and have systems and measures in place to manage day-to-day operational requirements

for Interpreting and Communication Services for People who are D/deaf and Deafblind.

- 2.3 A procurement process was designed which was proportionate to the requirement, clear and accessible. This requirement is subject to the Light Touch Regime (LTR); however a traditional procurement route was conducted given that there was no need to alter the 'Open Procedure' in this case.
- 2.4 Table 1 shows the procurement timetable:

Table 1: Procurement timetable

Procurement Timetable	
Publication of advert and ITT Documentation on the Kent Business Portal	2 November 2022
Deadline for Tender Responses	11 December 2022
Tender Evaluation	12 December 2022 – 18 January 2023
Contract Award	27 March 2023
Contracts Issued	7 April 2023
Contract Commencement Date	17 June 2023

- 2.5 The evaluation of tenders was completed by a team consisting of members of Strategic Commissioning and the Adult Social Care Sensory Services Team.
- 2.6 Following the evaluation process, it is recommended that the new Framework of external providers is put in place for a period of four years, commencing in June 2023 and expiring in June 2027.
- 2.7 Once in operation, the Framework will open periodically throughout its period to allow potential new providers to tender and join the list of approved providers.
- 2.8 The successful providers for entry onto the Framework on this occasion are included in Exempt Appendix A (Exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially sensitive information).

3. Financial Implications

- 3.1 As this is a framework approach, there is no fixed contract value or commitment to spend for any provider or service provided under the Framework, however the estimated annual cost of this service to Kent County Council Adult Social Care is £20,000 per annum, or £80,000 over the proposed four-year contract period.
- 3.2 The Adult Social Care and Health (ASCH) budget was £29,400 for 2022/23, this is inclusive of spend for Children's Services. Based on the number of bookings

remaining stable, the estimated annual income to ASCH from booking fees from users of KDIS is £4,500.00.

- 3.3 In addition to ASCH, all other council directorates and the Council's public sector Contract Partners can also use the Framework to purchase communication services. Based on this the total estimated value of the Framework is £50,000 per annum (£200,000 over the four-year period).
- 3.4 Contractual payments will be managed using the Council's budgetary approval hierarchy within the iProcurement system.

4. Legal implications

- 4.1 The procurement of this Framework has been undertaken in line with the Public Contract Regulations (2015).

5. Equalities implications

- 5.1 An Equality Impact Assessment has been carried out (attached as Appendix 1). The assessment concluded that there should be no negative impact on those with protected characteristics.

6. Data Protection Implications

- 6.1 A Data Protection Impact Assessment is likely to be required and will be carried out during the Framework mobilisation process.

7. Other corporate implications

- 7.1 This service enables KCC to meet their requirements under the Public Sector Duty within The Equality Act (2010).

8. Conclusions

- 8.1 The current Framework for Interpreting and Communication services is working well to provide a high service quality for people with specialist communication needs, within budget.
- 8.2 It is therefore proposed to award contracts, to the providers identified in Exempt Appendix A (Exempt from publication by Schedule 12A to the Local Government Act 1972, as it contains commercially sensitive information) on a new Interpreting and Communications Framework, ready for the expiry of the current arrangements in June 2023.
- 8.3 Commissioning these services via a Framework of service provision supports the principles of Making a Difference Every Day, by delivering a person-centred approach to accessing communication support for people who need it.

9. Recommendations

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

- a) **APPROVE** the award of contracts for Interpreting and Communication Services for People who are D/deaf and Deafblind; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

10. Background Documents

None

11. Report Author

Katherine Clark
Commissioner
Number: 03000 411290
katherine.clark@kent.gov.uk

Relevant Director

Richard Smith
Corporate Director of Adult Social Care and Health
03000 416838
Richard.Smith3@kent.gov.uk

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

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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:

23/00011

For publication

Key decision: NO

Title of Decision

Interpreting and Communication Services for People who are D/deaf and Deafblind – Award of Framework Contracts

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

- a) **APPROVE** the award of contracts for Interpreting and Communication Services for People who are D/deaf and Deafblind.
- b) **DELGATE** authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

Reason(s) for decision: Kent County Council's (KCC) statutory responsibilities under The Care Act 2014, Equality Act 2010 and the Accessible Information Standard 2016 are partly delivered through an Interpreting and Communication Framework for People who are D/deaf or Deafblind. The framework provides a list of pre-vetted and approved communication professionals from whom interpreting and translation services can be purchased as and when required. The current framework commenced in June 2019 and will end in June 2023. New contractual arrangements for purchasing these communication services need to be in place by 17 June 2023. This decision supports the principles of Making a Difference Every Day, by offering a person-centred approach to accessing communication support for people who need it.

Once in operation, the Framework will open periodically throughout its period to allow potential new providers to tender and join the list of approved providers.

Financial Implications: As this is a framework approach, there is no fixed contract value or commitment to spend for any provider or service provided under the Framework, however the estimated annual cost of this service to Kent County Council Adult Social Care is £20,000 per annum, or £80,000 over the proposed 4 four-year contract period.

The Adult Social Care and Health (ASCH) budget was £29,400 for 2022/23, this is inclusive of spend for Children's Services. Based on the number of bookings remaining stable, the estimated annual income to ASCH from booking fees from users of KDIS is £4,500.00.

In addition to ASCH, all other council directorates and the council's public sector Contract Partners can also use the Framework to purchase communication services. Based on this the total estimated value of the Framework is £50,000 per annum (£200,000 over the four-year period).

Contractual payments will be managed using the Council's budgetary approval hierarchy within the iProcurement system.

Legal Implications: The procurement of this Framework has been undertaken in line with the Public Contract Regulations (2015).

Equality Implications: An Equality Impact Assessment has been carried out and has concluded that there should be no negative impact on people with protected characteristics.

Data Protection Implications: A Data Protection Impact Assessment is likely to be required and will be carried out during the Framework mobilisation process.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 15 March 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

- Not to put contractual arrangements in place
- To put alternative contract arrangements in place, e.g., a contract with a single supplier

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

.....
signed

.....
date

EQIA Submission – ID Number

Section A

EQIA Title	Interpreting and Communication Services for People who are Deaf and Deafblind
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Responsible Officer	Katherine Clark - ST SC
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Type of Activity

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

Accountability and Responsibility

Directorate	Chief Executives Department
Responsible Service	Strategic Commissioning
Responsible Head of Service	Simon Mitchell – ST SC
Responsible Director	Clare Maynard - ST SC

Aims and Objectives

A person's method of communication should not cause for them a barrier which obstructs them from accessing any services that they may need. D/deaf and deafblind Individual in Kent need to be able to live safely and independently in their local communities. Public sector agencies must therefore ensure equality of access to services within their communities and prevent discrimination as detailed in the Equality Act 2010. Kent County Council also has a statutory responsibility under The Care Act 2014 to meet the needs of people assessed as having eligible needs including individuals with sensory impairments.

- 11 million people in the UK are deaf or hard of hearing.
- There are 151,000 British Sign Language (BSL) users in the UK.
- Deaf people are more likely to have poor mental health - up to 50%, compared to 25% for the general population, and be unemployed - 65% of working age deaf people are in employment, compared to 79% of the general population

KCC currently has a Framework arrangement (contract reference SC18074) for Interpreting and Communication Services for People who are D/deaf and Deafblind used to purchase service from a list of pre-qualified interpreters and interpreting agencies. Other public sector organisations on Kent also have access to use this contract and contract partners currently include Kent Police, Kent Fire and Rescue Service and KMPT.

This Framework contract will expire in June 2023 and alternative purchasing arrangements for this service will need to be established before this date.

Recommendations – A new framework of external providers is put in place from June 2023 for the council to use when required to provide any type of communication support for people who are D/deaf or Deafblind.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?	Yes
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It is possible to get the data in a timely and cost effective way?	Yes
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Is there national evidence/data that you can use?	Yes
Have you consulted with stakeholders?	Yes
Who have you involved, consulted and engaged with?	
Stakeholder Engagement - May 2022: Understanding of impact of service and any potential changes.	
Current service Providers - May 2022: Understanding existing provision and opportunities for service improvements.	
External contract partners - Jun 2022: Understanding of impact of service and any potential changes.	
National Registers of Communication Professionals Working with Deaf and Deafblind People (NRCPD) - 2021:Key knowledge regarding numbers of qualified interpreter across England and in Kent.	
Other local authorities (East Sussex CC & Medway Council) - May 2022: Knowledge of other purchasing and contracting solutions.	
Service user engagement - 2021: Importance of access to high quality interpreters for D/deaf people.	
CMT Equalities paper- 2022: Agreement to proceed with recommendations to improve equality for D/deaf citizens in Kent.	
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	Staff/Volunteers
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	
<p>The procurement of specialist communication support for people who are D/deaf and Deafblind via a framework of qualified external providers will work dynamically to support services which are necessary but not always in high demand, enabling flexibility with bookings and the ability to book assignments efficiently and flexibly for people at a high level of quality.</p> <p>There is a national shortage of registered interpreters for D/deaf people, and demand exceeds supply in Kent as it does elsewhere in the country.</p> <p>Video Interpreting services will ensure high-quality low-cost provision is in place for short provision needs; this negates the need for interpreters requiring long time slots for very short provision e.g., ad-hoc communication requirements, providing best value services and increasing the likelihood that an interpreter can be sourced immediately.</p> <p>An external framework of providers will allow access to a range of communication methods, ensuring equality of access for everyone.</p>	

Research demonstrates that carers have sometimes been asked to act as interpreter for friends/ family/ partners/ which is inappropriate. The provision of externally sourced interpreting services will protect carers' rights.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?	No
Details of negative impacts for Age	
Not Applicable	
Mitigating Actions for Age	
Not Applicable	
Responsible Officer for Mitigating Actions – Age	Not Applicable

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?	No
Details of Negative Impacts for Disability	
Not Applicable	
Mitigating actions for Disability	
Not Applicable	
Responsible Officer for Disability	Not Applicable

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex	No
Details of negative impacts for Sex	
Not Applicable	
Mitigating actions for Sex	
Not Applicable	
Responsible Officer for Sex	Not Applicable

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

Are there negative impacts for Gender identity/transgender	No
Negative impacts for Gender identity/transgender	
Not Applicable	
Mitigating actions for Gender identity/transgender	
Not Applicable	
Responsible Officer for mitigating actions for Gender identity/transgender	Not Applicable

23. Negative impacts and Mitigating actions for Race

Are there negative impacts for Race	No
Negative impacts for Race	
Not Applicable	
Mitigating actions for Race	
Not Applicable	
Responsible Officer for mitigating actions for Race	Not Applicable

24. Negative impacts and Mitigating actions for Religion and belief

Are there negative impacts for Religion and belief	No
Negative impacts for Religion and belief	

Not Applicable	
Mitigating actions for Religion and belief	
Not Applicable	
Responsible Officer for mitigating actions for Religion and Belief	Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation	
Are there negative impacts for Sexual Orientation	No
Negative impacts for Sexual Orientation	
Not Applicable	
Mitigating actions for Sexual Orientation	
Not Applicable	
Responsible Officer for mitigating actions for Sexual Orientation	Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity	
Are there negative impacts for Pregnancy and Maternity	No
Negative impacts for Pregnancy and Maternity	
Not Applicable	
Mitigating actions for Pregnancy and Maternity	
Not Applicable	
Responsible Officer for mitigating actions for Pregnancy and Maternity	Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships	
Are there negative impacts for Marriage and Civil Partnerships	No
Negative impacts for Marriage and Civil Partnerships	
Not Applicable	
Mitigating actions for Marriage and Civil Partnerships	
Not Applicable	
Responsible Officer for Marriage and Civil Partnerships	Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities	
Are there negative impacts for Carer's responsibilities	No
Negative impacts for Carer's responsibilities	
Not Applicable	
Mitigating actions for Carer's responsibilities	
Not Applicable	
Responsible Officer for Carer's responsibilities	Not Applicable

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 – 15 March 2023

Subject: **RISK MANAGEMENT: ADULT SOCIAL CARE AND HEALTH**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper presents the strategic risks relating to Adult Social Care , in addition to the risks featuring on the Corporate Risk Register for which the Corporate Director is the designated ‘Risk Owner’.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented.

1. Introduction

- 1.1 Risk management is a key element of the Council’s internal control framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled. The process of developing the registers is therefore important in underpinning service delivery planning, performance management and operating standards. Risks outlined in risk registers are considered in the development of the Internal Audit programme for the year.
- 1.2 Directorate Risk Registers are reported to Cabinet Committees annually and contain strategic or cross-cutting risks that potentially affect several functions across the Adult Social Care and Health Directorate, and often have wider potential interdependencies with other services across the council and external parties.
- 1.3 Adult Social Care and Health (ASCH) Directors also lead or coordinate mitigating actions in conjunction with other Directors across the organisation to manage risks featuring on the Corporate Risk Register. The ASCH Directors are designated ‘Risk Owners’ (along with the rest of the Corporate Management Team) for two corporate risks.

1.4 The majority of these risks, or at least aspects of them, will have been discussed in depth at relevant Cabinet Committee(s) throughout the year, demonstrating that risk considerations are embedded within core business.

2. Adult Social Care and Health Directorate Led Corporate Risks

2.1 The ASCH Directorate currently leads on 2 of the Corporate Risks.

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since April 2022
CRR0002	Safeguarding – protecting vulnerable adults	20	15	↔
CRR0015	Managing and working with the social care market	25	15	↔

2.2 The annual review of corporate risks in the Autumn of 2022 has led to a reduction in the number of ASCH led Corporate Risks. *Impacts of the ‘People at the Heart of Care’ Social Care Reform White Paper* was added earlier in 2022, but as the key reforms have been delayed as part of the Autumn Statement, the corporate risk is being withdrawn and reassessed pending further information on their implementation. However, one area of reform still progressing is the Care Quality Commission (CQC) Assurance Framework, which may contain risks that require capturing at corporate or directorate level.

2.3 Although there is no change in the direction of travel for the ASCH led corporate risks, there are a number of challenges still being faced:

- **CRR0002** – Number of safeguarding enquiries increased in 2021/22 but remains below pre pandemic levels. Challenges being faced in relation to cost of living and its impact on individuals health and wellbeing could lead to increased demand on services. The proposed change in legislation to Liberty Protection Safeguards Standard has been further delayed by Government with no new implementation date provided.
- **CRR0015** – Continued concern regarding the viability of local care markets. Providers are facing inflationary pressures and impacts of the cost-of-living crisis. The availability of workforce, and increased workloads and pressure on existing staff continues to be a factor. Nationally the number of vacancies across all providers of adult social care increased by 52% in 2021/22 to 165,000.

2.4 These risks were reviewed in December 2022 by the Corporate Management Team (CMT) and Cabinet, in addition the risks will be presented to the Governance and Audit Committee for assurance in May 2023. These are detailed in Appendix 1

3. Adult Social Care and Health Directorate Risk Profile

3.1 The below table outlines the current risks in the Adult Social Care Directorate Risk Register (the detailed register can be seen in Appendix 2)

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since April 2022
AH0005	Continued pressures on public sector funding impacting on revenue and saving efficiencies	25	9	↑
AH0035	Culture Change	20	9	↑
AH0033	Adult Social Care Workforce	16	9	↔
AH0038	Information Governance	12	9	↔
AH0037	Information Asset Management	12	9	↔

3.2 The risk register has been reviewed and amended during the year with quarterly reporting into the Directorate Management team with the most recent review and discussion in February 2023.

3.3 The former Directorate risk **AH0040 Development of Integrated Care System/Integrated Care Partnership** was removed from the risk register with the introduction of the new Integrated Care Partnership.

3.4 The direction of travel for **AH0005 Continued pressures on public sector funding impacting on revenue and saving efficiencies** has increased since our last annual report with the likelihood increased from ‘Possible’ to ‘Very Likely’ and the impact has increased from ‘Serious’ to ‘Major’. The reasons for this increase are due to the current financial pressures facing adult social care in Kent, Kent County Council (KCC) and social care nationally. Additional mitigations and controls have been put in place.

3.5 The direction of travel for **AH0035 Culture Change** has increased since our last annual report with the likelihood increased from ‘Possible’ to ‘Likely’ and impact from ‘Significant’ to ‘Major’. The reasons for this increase are due to the large amounts of transformation taking place across the directorate, particularly in reference to our new locality operating model. The risk has increased to acknowledge the change in practice required from our staff to achieve our ambitions, and support required during a period of large-scale change. New mitigations have been put in place to support our workforce, develop our management and leadership functions and communication methods with our workforce.

3.6 The direction of travel for the following risks has remained static, however actions and controls have been revised during the year to further mitigate and reduce the risk.

- **AH0037 Information Asset Management** – Ongoing contract management is in place to review to improve the performance of systems and resolve issues. Prioritisation of large-scale change requirements to support new operating models and system requirements.
- **AH0038 Information Governance** – Actions continue to support awareness, training, and guidance within the workforce.
- **AH0033 Adult Social Care Workforce** - The level of risk has changed during the course of the year. The population of staff in our new structure has supported a more proportionate allocation of skills and experience across teams and recruitment to key management roles in our new structure. Actions are still in place to support recruitment and retention of the workforce and development is underway for a new recruitment campaign to attract staff to Kent.

4. Recommendation

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented.

5. Background Documents

KCC Risk Management Policy and associated risk management toolkit
<http://knet/ourcouncil/Management-guides/Pages/MG2-managing-risk.aspx>

6. Report Authors

Alison Petters
Risk Manager, Strategic and Corporate Services
03000 421913
Alison.petters@kent.gov.uk

Jade Caccavone
Directorate Business Manager, Adult Social Care and Health
03000 410211
Jade.caccavone@kent.gov.uk

Relevant Director

Paula Parker
Head of Business Delivery Unit, Adult Social Care and Health
03000 415443
Paula.parker@kent.gov.uk

Appendix One – Adult Social Care and Health led Corporate Risks

Risk ID	CRR0002	Risk Title	Safeguarding – protecting adults at risk			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
The Council must fulfil its statutory obligations to effectively safeguard vulnerable adults, in a complex and challenging environment e.g., challenges relating to demand for services and consistent quality of care in the provider market.	Failure to fulfil statutory obligations.	Incident of serious harm or death of a vulnerable adult.	Richard Smith Corporate Director Adult Social Care and Health (ASCH)	Likely (4)	Major (5)	
The change from 'safeguarding alerts' to 'safeguarding enquiries' has led to a significant increase in the number of safeguarding concerns received. There has also been an increase in domestic abuse referrals.	Failure to meet the requirements of the "Prevent Duty" placed on Local Authorities.	Serious impact on vulnerable people. Serious impact on ability to recruit the quality of staff critical to service delivery.	Responsible Cabinet Member(s): Clair Bell, Adult Social Care and Public Health	Target Residual Likelihood	Target Residual Impact	Timescale to Target 1-2 years
The Covid-19 pandemic and the associated 'lockdown' measures raised concerns of increases in hidden harm, self-harm and neglect resulting in impacted demand profiles.	Safeguarding risks are not identified to / by KCC in a timely fashion.	Serious operational and financial consequences. Attract possible intervention from a national regulator for failure to discharge corporate and executive responsibilities.		Possible (3)	Major (5)	
Social care services have made substantial adaptations to service delivery across the system.	Spike(s) in demand impact on quality of controls		Mike Hill (Lead Member for PREVENT)			
In addition, the Counter Terrorism and Security Act 2015 sets out the Government's "Prevent Duty"						

and requires the Local Authority to act to prevent vulnerable people from being drawn into terrorism.	
Control Title	Control Owner
Locality Commissioners and operations teams regularly meet with Care Quality Commission to share intelligence	Simon Mitchell, Strategic Commissioning
Regular liaison between Director Adult Social Care and the Director of Care Quality Commission	Richard Smith, Corporate Director ASCH
Strategic Safeguarding and Quality Assurance team in adult social care and health leads on a strategic framework for policy, service development, strategic safeguarding and quality assurance	Sarah Denson, Assistant Director– Principal Social Worker
Kent and Medway Prevent Duty Delivery Board (chaired by KCC) oversees the activity of the Kent and Medway Channel Panel, co-ordinating Prevent activity across the County and reporting to other relevant strategic bodies in the county. Currently chaired by KCC's Director of Adult Social Care and Health until end of 2023.	Richard Smith, Corporate Director ASCH
KCC is a partner in multi-agency public protection arrangements (MAPPA) for managing sexual and violent offenders, a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a coordinated manner.	Richard Smith, Corporate Director ASCH
KCC contributes to the Multi-agency risk assessment conference (MARAC) process, which allows for the best possible safety planning for victims of domestic abuse who are considered to be at high risk of experiencing further significant harm/injury.	Jim Beale Assistant Director
KCC Safeguarding Competency Framework in place, including Mental Capacity Act requirements.	Sarah Denson, Assistant Director– Principal Social Worker
KCC Safeguarding Competency Framework reviewed to ensure currency and look for areas for improvement.	Sarah Denson, Assistant Director– Principal Social Worker
KCC is a member of the Kent & Medway Safeguarding Adults Board – a statutory service which exists to make sure that all member agencies are working together to help Kent and Medway's adults safe from harm and protect their rights. The Board has an independent Chair and its work carried out by a number of	Sarah Denson, Assistant Director– Principal Social Worker/David Whittle Director

working groups.	SPRCA
Kent and Medway Channel Panel (early intervention mechanism providing tailored support to people who have been identified as at risk of being drawn into terrorism) in place.	Nick Wilkinson, Prevent and Channel Strategic Manager
PREVENT training strategy in place and regularly reviewed.	Nick Wilkinson, Prevent and Channel Strategic Manager
Semi-regional PREVENT model of delivery across Kent and Medway developed.	Nick Wilkinson, Prevent and Channel Strategic Manager
KCC cross-directorate PREVENT group meets regularly and ensures the PREVENT duty is embedded across the organisation. Regular updates are provided to the Corporate Management Team.	Nick Wilkinson, Prevent and Channel Strategic Manager
Joint Exploitation Group (Kent & Medway) focuses on PREVENT agenda, gangs, modern slavery, human trafficking and online safeguarding matters reports to Adults Safeguarding Board and Children's Partnership.	Nick Wilkinson, Prevent and Channel Strategic Manager
The annual assurance statement is a self-declaration approved by the Head of Paid Service which captures the Authority's compliance with the requirements of the Counter Terrorism Act. Actions identified within the annual assurance statement are transferred to the Kent and Medway Action Plan. Kent and Medway Board for PREVENT have oversight of action progress	Nick Wilkinson, Prevent and Channel Strategic Manager
Quarterly safeguarding report brings together key information to enable scrutiny and performance monitoring for management teams and the Cabinet Member.	ASCH Divisional Directors
Safeguarding operating model aligns multidisciplinary safeguarding teams to the locality model	Sarah Denson, Assistant Director– Principal Social Worker
Quality Assurance Framework in place	Sarah Denson, Assistant Director– Principal Social Worker
Practice Framework in place	Sarah Denson, Assistant Director– Principal Social Worker
Programme of training events to support practitioners to develop knowledge and skills as part of continuing professional development. Manager training commenced July 2022.	Sarah Denson, Assistant Director– Principal Social

		Worker
'Be the best we can be' Board oversees quality of practice. Monthly quality assurance board takes place on a quarterly basis.		Sarah Denson, Assistant Director– Principal Social Worker
Programme of training events to support practitioners to develop knowledge and skills as part of continuing professional development.		Sarah Denson, Assistant Director– Principal Social Worker
Performance improvement plan monitors safeguarding activity and supports managers to identify safeguarding concerns for closure		Sarah Denson, Assistant Director– Principal Social Worker
Action Title	Action Owner	Planned Completion Date
KCC Safeguarding Competency Framework in place, including Mental Capacity Act requirements. Reviewing both frameworks in order to amalgamate and potentially have one all-encompassing framework	Sarah Denson, Assistant Director– Principal Social Worker	April 2023
Preparation for introduction of new Liberty Protection Safeguards system under the Mental Capacity (Amendment) Act 2019.	Maureen Stirrup, Head of Deprivation of Liberty Safeguards	April 2023

Risk ID	CRR0015	Risk Title	Managing and working with the social care market			
<p>Source / Cause of Risk</p> <p>The current social care system is under significant strain as a result of the increasing cost and complexity of demand for services and constrained local authority budgets.</p> <p>A significant proportion of adult social care is commissioned out to the private and voluntary sectors. This offers value for money but also means that KCC is dependent on a buoyant market to achieve best value and give service users optimal choice and control.</p> <p>The market has high vacancy levels, and high staff turnover rates. Factors such as the increase to the National Living Wage, inflationary pressures, mandated vaccinations, and a buoyant job market mean that the care market is under pressure to recruit and retain adequate numbers of staff.</p> <p>Recovery from the Covid-19 pandemic has added additional pressures, further threatening sustainability of the market. Latent demand and a reduction in</p>	<p>Risk Event</p> <p>Social Care market particularly domiciliary care is not sustainable.</p> <p>Inability to obtain the right kind of provider supply at affordable prices.</p> <p>Significant numbers of care home closures or service failures.</p> <p>Increases in hand backs of care</p> <p>Providers choose not to tender for services at Local Authority funding levels or accept service users with complex needs.</p>	<p>Consequence</p> <p>Gaps in the care market for certain types of care or in geographical areas meaning difficulty in placing some service users.</p> <p>Unable to offer care packages immediately leading to delays with discharging from Health Services</p> <p>Reduction in quality of care provided due to workforce pressures</p>	<p>Risk Owner</p> <p>Richard Smith, Corporate Director ASCH, in collaboration with Clare Maynard, Interim Strategic Commissioner</p> <p>Responsible Cabinet Member(s):</p> <p>Clair Bell, Adult Social Care and Public Health</p>	<p>Current Likelihood</p> <p>V. Likely (5)</p> <p>Target Residual Likelihood</p> <p>Possible (3)</p>	<p>Current Impact</p> <p>Major (5)</p> <p>Target Residual Impact</p> <p>Major (5)</p> <p>Timescale to Target</p> <p>3+ years</p>	

<p>access to health care has led to an increase in clients presenting with more complex needs. There is increased demand for care and support, and pressures arising from hospital discharges.</p> <p>Increase in use of individual contracts for care and support in the home. Using more independent providers than framework providers. Over reliance on independent providers with significant increase in spend.</p>	
Control Title	Control Owner
KCC is part of local and regional Quality Surveillance Groups that systematically bring together the different parts of the health and care system to share information, identify and mitigate risks to quality, including those relating to care providers.	Simon Mitchell, Strategic Commissioning
New contracts commenced relating to Disability and Mental Health Residential Care services.	Simon Mitchell, Strategic Commissioning
Ongoing monitoring of Home Care market and market coverage. Commissioners and operational managers review the capacity of the Home Care market with a view to developing a strategy to ensure market coverage.	Paul Stephen, Senior Commissioning Manager
Ongoing Contract Monitoring, working in partnership with the Access to Resources team	Clare Maynard, Interim Strategic Commissioner
Opportunities for joint commissioning and procurement in partnership with key agencies (i.e., Health) being regularly explored, including joint work regarding the provision of dementia nursing beds.	Clare Maynard, Interim Strategic Commissioner
Regular engagement with provider and trade organisations	Clare Maynard, Interim Strategic Commissioner
Older Persons Accommodation Strategy refreshed, which analyses demand and need and sets the future	Richard Smith, Corporate

vision and direction for accommodation to support vulnerable Kent residents alongside the Adult Social Care Strategy - Your Life, Your Wellbeing	Director ASCH
Ensuring contracts have indexation clauses built-in, managed through contract monitoring	Michael Bridger, Commissioning Standards Manager
Analytics function utilises data to inform decision making before moving commissioning activity forward.	Rachel Kennard, Chief Analyst
Care in the Home Services refresh completed bringing Supported Living Services under the Care in the Home Umbrella.	Paul Stephen, Senior Commissioning Manager
Care and Support in the Home Services contract combines homecare and community based supporting independence services.	Paul Stephen, Senior Commissioning Manager
Analytical work is being conducted on assessments and reviews in adult social care to help inform key commissioning activity, including winter planning and impact of Covid.	Rachel Kennard, Chief Analyst
Daily risk assessment for people in the community awaiting packages of care and short-term bed provision for those at high risk	Jim Beale, Assistant Director ASCH
Adult Social Care Pressures Plan 2022/23 - 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.	Richard Smith, Corporate Director for Adult Social Care and Health
Community Support Market Position Statements to inform market shaping, oversight and sustainability are in place and regularly refreshed.	Clare Maynard, Interim Strategic Commissioner
Continue to work innovatively with partners, including health services, districts and boroughs, and providers to identify any efficiencies across the wider sector.	ASCH Divisional Directors
Contract for Discharge Services presented to Cabinet Committee and approved by the Cabinet Member.	Paul Stephen, Senior Commissioning Manager
Quarterly market pressure reports to ASCH DMT	Simon Mitchell, Strategic Commissioning
Pipeline prioritisation tool is in place for Strategic Commissioning projects, shared with DivMT and Director of Strategy Policy, Relationships and Corporate Assurance	Michael Bridger, Commissioning Standards Manager

Analytics of the current market, and potential future market to ensure appropriate provision for regulated/unregulated care. Three sets of performance data to be triangulated (Analytic/Performance Data/Budget)	Simon Mitchell, Strategic Commissioning	
Key performance information in relation to strategic commissioning arrangements will be shared with the Corporate Management Team on a regular basis, commencing November 2022.	Clare Maynard, Interim Strategic Commissioner	
Development of micro providers market with partner Community Catalysts. Quarterly contract management reviews take place including focus on performance against targets (engagement and set up).	Paula Parker, Head of Portfolio Management, ASCH	
Action Title	Action Owner	Planned Completion Date
Conversations around recommissioning of care and support in the home framework and home care framework have commenced – options paper being drafted, including lessons learned.	Paul Stephen, Senior Commissioning Manager	April 2023 (Review)

Full Risk Register

Risk Register - Adult Social Care and Health

Current Risk Level Summary

Green	0	Amber	2	Red	3	Total	5
Current Risk Level Changes				1	-4	↓	
				1	-4	↓	

0	0	0	0	1
0	0	0	1	1
0	0	0	2	0
0	0	0	0	0
0	0	0	0	0

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review
AH0005	Continued pressures on public sector funding impacting on revenue and savings efficiencies Levels of spending and growth pressure across the service outstrip spending power. There is not only an increase in demand in adult social care but increased level of complexity and market cost. There are still areas of uncertainty in the operating environment relating to impacts of upcoming Government reforms. There continues to be a need to achieve significant efficiencies year on year and the impact of resourcing pressures on the achievement of our objectives.	Richard Smith	20/02/2023	20/05/2023

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Page 75	Failure to delivery statutory obligations and duties Potential for partner or provider failure – including sufficiency gaps in provision Reduction in resident satisfaction and reputation damage. Increased and unplanned pressure on resources. Decline in performance.	High 25 Major (5) Very Likely (5)		<ul style="list-style-type: none"> Regular reporting and assurance from Adult social care is provided to the Strategic Reset Board. 	Richard Smith	A -Accepted	31/12/2023	Medium 9
				<ul style="list-style-type: none"> Regular meetings are in place with the Corporate Director, Directors and Assistant Directors to review the management of budgets and understand the detail for variance and overspend and determine actions from these. These meetings are also attended by the finance business partner and head of performance. 	Richard Smith	A -Accepted	31/12/2023	Significant (3) Possible (3)
				<ul style="list-style-type: none"> A performance management culture process is underway to enable an overarching plan to deliver our making a difference every day outcomes that covers - practice improvements, quality assurance, monitoring of saving and delivery of benefits. 	Carl Griffiths	A -Accepted	30/11/2023	
				<ul style="list-style-type: none"> Implementation of a locality way of working from April 2023, reducing silo's to support better outcomes for the people in Kent. Improving system benefits and a fit for purpose operating model 	ASCH Divisional Directors	A -Accepted	31/07/2023	

Adult Social Care and Health

Risk Register - Adult Social Care and Health

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			<ul style="list-style-type: none"> Regular meetings are held with the Corporate Director for Adult social care, the Chief executive and Corporate Director of Finance to review the financial position, provide assurance and take forward required actions. 	Richard Smith	Control		
			<ul style="list-style-type: none"> Quarterly meetings are held with the Cabinet Member and Deputy Cabinet member for Adult social care to discuss the financial position. 	Richard Smith	Control		
			<ul style="list-style-type: none"> A full range of options will be developed as potential solutions to any change activity with a full investment appraisal to ensure the cost benefits are acknowledged and approved by the appropriate governance. 	Helen Gillivan	Control		
			<ul style="list-style-type: none"> Making a difference every day approach and supporting activity established to oversee the implementation and delivery of future improvements in a comprehensive programme of activity. All ASCH improvement activity is mapped, managed consistently and prioritised under this approach. 	Helen Gillivan	Control		
			<ul style="list-style-type: none"> Benefits realisation Board is in place to oversee and plan the delivery of : Savings, recovery, medium term financial plan, pressures and sustainability. 	Helen Gillivan	Control		
			<ul style="list-style-type: none"> Monthly forecasting is in place to look at activity, demand and trends and escalating areas of concern for the directorate. Deep dives will take place in certain areas of pressure. 	Michelle Goldsmith	Control		
			<ul style="list-style-type: none"> A Peer review by another finance team in KCC has been undertaken on Adult social care forecast to provide assurance on the forecast position. 	Michelle Goldsmith	Control		
			<ul style="list-style-type: none"> The finance business partner and revenue finance manager will attend locality monthly budget meetings to ensure robust monitoring and action is taken forward. Review of consistency, controls and information will be reviewed. 	Michelle Goldsmith	Control		

Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none">Continue to work innovatively with partners, including health services, districts and boroughs, and providers to identify any efficiencies across the wider sector.	ASCH Divisional Directors	Control		
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Review Comments Reviewed at DMT
20/02/2023

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			
Culture Change			Richard Smith	03/02/2023	03/05/2023			
<p>Staff may be risk averse to changing their practice to align with our new ways of working and therefore we may not be able to fully achieve our ambitions and benefits being realised.</p> <p>Risk that teams are facing large amounts of change at once and may not understand the rationale for change.</p> <p>There is a risk that we may not be able to co-produce all solutions with staff and / or the people we support, and this could lead to a reduction in buy-in from the stakeholders.</p>								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Page 78	This could result in 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, adult social care and the strategic reset programme within KCC. A reduction in buy-in could lead to a low take up in the new solutions, which in turn could lead struggles to fully implement the necessary changes. This could lead to an overall reduction in the benefits being realised.	High		<ul style="list-style-type: none"> A program of work on culture change, champions and delivery of change through staff is underway. An all staff event will be held in February to discuss the outputs of the staff survey and how the directorate will build on the targeted actions in response to the feedback. There will be a key strand of work around Management and leadership following the outputs of the survey. Work is underway to develop a performance management culture across adult social care to empower staff, listen to those who use our services, increase communication and celebrate success, support capacity planning and increase performance and set best practice standards. Further design to implement the supportive mechanisms and roll out is in planning. Following a staffing consultation launched in July 2022 work is underway to populate our new structure and recruitment to new management roles. Workstreams to support the new operating models are underway to support the start of the new model on 3rd April 2023. Recruitment to the new management roles in the operational teams is underway to ensure recruitment of the right people with the right skills. 	Jim Beale	A -Accepted	31/05/2023	Medium
		20			Richard Smith	A -Accepted	28/04/2023	Significant (3)
		Major (5)			Carl Griffiths	A -Accepted	30/04/2023	Possible (3)
		Likely (4)			ASCH Divisional Directors	A -Accepted	03/05/2023	
					ASCH Divisional Directors	A -Accepted	31/03/2023	

			<ul style="list-style-type: none"> • 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	Control		
			<ul style="list-style-type: none"> • Fortnightly dependency workshop in place to help clarify these major inter-dependencies and manage shared resources; using them efficiently across the programme. Individual projects are working collaboratively across the programme where dependencies are known. 	Paula Parker	Control		
			<ul style="list-style-type: none"> • Change support has been commissioned, and is supported by OD team for staff impacted by the proposed locality consultation. 	Richard Smith	Control		
			<ul style="list-style-type: none"> • A revised governance has been established for the programme during January 2022 as it enters its delivery phase. Revised responsible officers, lead operational staff and programme and project staff are being reallocated to ensure the appropriate oversight is in place. Programme governance will ensure priorities are aligned across the whole piece and silo working is avoided. 	Helen Gillivan	Control		
			<ul style="list-style-type: none"> • Programme resource has been allocated to the future ways of working activity to ensure a planned and consistent programme of activity is delivered. 	Helen Gillivan	Control		
			<ul style="list-style-type: none"> • Regular Reporting to Strategic Reset Programme Board 	Helen Gillivan	Control		

Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none"> • Kent has undertaken a self-assessment against the CQC assurance process to identify where we are against Quality, performance and practice. A program of work is underway to look at how we are meeting our statutory duties, how our strategy for adult social care is being delivered and communicated and how we can evidence we are being the best we can be against the CQC assessment criteria. • Open invitation to staff to request attendance at team or one to one meetings with members of DMT and SMT to discuss changes and impact. Regular one to one session are held to meet with the Corporate Director. 	<p>Jennifer Anderton</p> <p>ASCH Divisional Directors</p>	<p>Control</p> <p>Control</p>		
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Review Comments Reviewed with risk leads
 03/02/2023

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 Recruitment and Retention 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, skilled and experienced workforce is in place to deliver services. This includes making sure critical roles are filled with staff who have the right skill sets and support in place. There is a risk that we are not appropriately resourced to deliver key statutory functions and that changes with our locality model may see additional staff movement .			Jim Beale	08/02/2023	08/05/2023			
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Page 81	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	<ul style="list-style-type: none"> A review of market premiums to support recruitment and retention has been undertaken. A paper will be taken in February for DMT approval. Improved methods for recording and reporting changes in vacancy position are being investigated to provide better oversight across the operational workforce. This will be developed alongside any new workforce model. Monthly stats are now produced and will be used for SMT oversight and recruitment decisions. Development of a longer term marketing campaign to support social care recruitment. Further scoping is underway to create campaign content and avenues of marketing. Recruitment Campaign to be held in May 2023 for newly qualified social worker recruitment The ASCH Organisational Development group led the development of a Strategic workforce plan which aligns to our future ways of working and our future workforce requirements. The plan was launched on 05/04/22 and monitored through the Organisational Development group and sub groups. A reformed ASCH Organisational Development (OD) Group was established in Autumn 2020 to have oversight of all workforce issues affecting the Directorate. 	Sydney Hill	A -Accepted	28/02/2023	Medium
		16	4		Jade Caccavone	A -Accepted	31/03/2023	9
		Serious (4)			Jade Caccavone	A -Accepted		Significant (3)
		Likely (4)			Jade Caccavone	A -Accepted	28/02/2023	Possible (3)
					Jade Caccavone	A -Accepted	31/05/2023	
					Jim Beale	Control		

			<ul style="list-style-type: none"> • The resourcing sub group was reinstated to oversee the recruitment activity and develop a coordinated programme of activity to support recruitment and retention. • 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 • The first cohort of Social Work apprenticeships are due to qualify in early 2023 and begin practicing under the ASYE. 18 new social worker apprenticeship are to commence in in early 2023. • 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. • The practice Framework was launched in May, this sets out the principles, approaches and models of intervention for our work with individuals, families and communities. The roll out of the core skill programme is underway. 	<p>Sydney Hill</p> <p>Lisa Clinton</p> <p>Sarah Denson</p> <p>Sarah Denson</p> <p>Sarah Denson</p>	<p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>		
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Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none">• Work within the Integrated care board to create a joint strategy for workforce across the system.• An coordinated recruitment approach is now in place for key roles to support improved and consistent recruitment approaches.	Richard Smith Jade Caccavone	Control Control		
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Review Comments Reviewed with Risk Lead 08/02/22
08/02/2023

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
AH0037	Information Asset Management Fit for purpose configuration of Adult Social Care systems to enable data quality , consistency and trust of data.	Paula Parker	03/02/2023	03/05/2023			
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Page 84	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		<ul style="list-style-type: none"> An upgrade to MOSAIC will be required to ensure we have the latest version and are compliant to contract obligations. Discussions are taking place to discuss the timing of this There are competing large change programmes that require system changes, a proposal will be taken to the System Board to discuss and identify change freezes to effectively support the locality model. MOSAIC servers were transferred to The Access Group in February 2022, which provides clarity on responsibility and resolution of issues more efficiently. There are some current performance concerns which have been escalated for resolution and engagement with the ICT Director. 7 out of 10 files are flowing from MOSAIC to the Kent and Medway Care Record (KMCR). The remaining files will be tested over February and March. Server issues with the viewer remain unsolved and work continues between the System team and Access Group. Disaster recovery testing is in place with The Access Group, there are also penalties that are built into the contract should The Access Group be responsible for any issues resulting in downtime. Annual business continuity planning process is in place to ensure that services are consulted on their requirements should the system be down and relevant actions set in place. 	A	30/04/2023	Medium
		12			-Accepted		9
		Serious (4)					Significant (3)
		Possible (3)			A	01/04/2023	Possible (3)
					-Accepted		
					A	30/04/2023	
		-Accepted					
		A	28/04/2023				
		-Accepted					
		Control					
		Control					

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Page 85			<ul style="list-style-type: none"> • Monthly contract management meetings are in place with Cantium and The Access Group to improve performance of systems and resolve issues 	Paula Parker	Control		
			<ul style="list-style-type: none"> • Change Advisory Board operates on a monthly basis as a user group forum to discuss and escalate any matters of concerns to the Adult Social Care Systems Board. 	Paula Parker	Control		
			<ul style="list-style-type: none"> • 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. 	Paula Parker	Control		
			<ul style="list-style-type: none"> • Emergency client report is produced overnight every day and saved for restricted use should MOSAIC be down. 	Paula Parker	Control		
			<ul style="list-style-type: none"> • A newly formed Adult Social Care System Board was introduced in 2022 as part of revised governance to coordinate and oversee any systems activity. This is chaired by the Head of Business Delivery Unit and involves representation across the services. 	Paula Parker	Control		
			<ul style="list-style-type: none"> • 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		

Review Comments Reviewed with Risk lead
03/02/2023

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 General Data Protection Regulation (GDPR) and Data Protection (2018) obligations are the responsibility of all 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	02/02/2023	02/05/2023			
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Page 86	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		<ul style="list-style-type: none"> A new process of automation and consistency of storage is being explored for supervision records to support our supervision policy. Documented governance process to be detailed for escalation of Information Governance issues or approval in Adult social care. Documented process to be developed for MOSAIC access for internal staff outside of ASCH and external agencies. Review of Retention schedules of MOSAIC data is underway. Discussions are taking place with Cantium on automation processes. As MOSAIC contains a multitude of information there are complexities to the schedules of various data sources , a working group will be set up to review the technical solutions of applying retention schedule processes. All freedom of information requests for adult social care are coordinated from a central point within the directorate to ensure compliance with legislation, timescales and appropriate approval and escalation routes. 	Sarah Denson	A -Accepted	01/06/2023	Medium
		12			Lauren Liddell-Young	A -Accepted	30/06/2023	9
		Serious (4)			Lauren Liddell-Young	A -Accepted	31/03/2023	Significant (3)
		Possible (3)			Lauren Liddell-Young	A -Accepted	31/07/2023	Possible (3)
						Richard Smith	Control	

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Page 87			<ul style="list-style-type: none"> • Process is in place across KCC to support managers with any non compliance of mandatory training by automatic notification. Adult social care also have an internal process of monitoring and escalation of non compliance in Information Governance , GDPR and NHS Data Security. 	Richard Smith	Control		
			<ul style="list-style-type: none"> • Information Governance Lead will continue to increase awareness of key Information Governance topics through briefings, attending team meetings, providing internal guidance and policies, as well as regular communications to staff that include a regular slot in the staff bulletin. Work during February for Information Governance Awareness week with wider KCC colleagues. 	Lauren Liddell-Young	Control		
			<ul style="list-style-type: none"> • Standardised templates for; consent, non disclosure agreement, data processing agreement and data sharing agreement have been co produced with Invicta Law which are available to staff on the KNET page. 	Lauren Liddell-Young	Control		
			<ul style="list-style-type: none"> • Information Governance Lead to continue to monitor Information Governance arrangements across the Directorate and maintain the Information Governance Action Plan to identify improvements and solutions to be compliant with UK GDPR/DPA 2018. 9 areas of improvements remain, from 22 identified originally in 2020. Regular slots at DMT help to monitor progress and seek authorisation to proceed with solutions. 	Lauren Liddell-Young	Control		

Review Comments Reviewed with Risk lead 31/01/23
02/02/2023

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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 – 15 March 2023

Subject: **ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q3 2022/23**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides the Adult Social Care Cabinet Committee with an oversight of Adult Social Care activity and performance during Q3 for 2022/23.

Quarter 3 saw varying changes in activity and delivery for Adult Social Care and Health (ASCH) however activity levels have remained high. There were decreases in those making contact with ASCH, in the number of incoming Care Needs Assessments, decreased numbers of Carers Assessments completed, less people with an active Care and Support Plan and fewer support packages arranged. There were increases in the numbers of Care Needs Assessments and annual Reviews completed, more people accessing ASCH who have a Mental Health need, and Deprivation of Liberty Safeguards applications received.

ASCH did see a decrease in the number of people in short-term beds and people going into long term residential and nursing services in Quarter 3, however where people are in residential or nursing care there has been a decrease of those in a Care Quality Commission (CQC) rated Good or Outstanding care home.

Of the six Key Performance Indicators (KPIs) , one was RAG rated Green, four were Amber, and one was Red. Care Needs Assessments delivered within 28 days remains below the floor target (for Quarter 2) and actions taken in Quarter 3 have led to increases in the numbers of Care Needs Assessments completed; these do however include assessments that have been open for a longer amount of time rather than those newly incoming and part of this KPI.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of services in Q3 2022/23

1. Introduction

- 1.1 A core function of the Cabinet Committee is to review the performance of services which fall within its remit. This report provides an overview of the Key Performance Indicators (KPI) for Kent County Council's (KCC) Adult Social Care and Health (ASCH) services. It includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR).
- 1.2 Appendix 1 contains the full table of KPIs and activity measures with performance over previous quarters and where appropriate against agreed targets.

2. Overview of Performance

- 2.1 ASCH continue to have over 21,000 people making contact each quarter. Work continues designing and building new approaches and platforms for people to manage their own care needs and be able to self-serve for information where appropriate, helping to manage ongoing contact demands. The KPI on the percentage of people who re-contacted ASCH, having had a previous contact resolved with advice and information, continues to achieve the target of 9% (RAG rated Green).
- 2.2 There was a decrease in the number of Care Needs Assessments (CNA) to be undertaken in Quarter 3, a reduction of 6%, at just over 4,600; there was also a decrease in the number of people requiring their CNA to be completed on the last day of the quarter, which was due to the increase in the number of CNAs completed following a series of targeted actions implemented as part of ASCH's Performance Assurance. These completions included both new CNAs as well as those from previous quarters.
- 2.3 Of the incoming CNAs for Quarter 2, 70% were completed within 28 days, which is a decrease on the previous quarter, and below the floor target of 80% (RAG Rated Red). The time taken to complete a CNA is dependent on the person and their needs, however the majority of CNAs can be completed within 28 days (Care Act guidance states that they should be timely). ASCH continues to prioritise completing CNAs as part of its Performance Assurance Framework and have already seen the highest number completed in Quarter 3 compared to the previous five quarters.
- 2.4 There were 955 Carers' Assessments completed in Quarter 3, which is a decrease on the previous quarter. ASCH continue to encourage carers and the people they care for to be assessed. Partner agencies are asked to promote carers' assessments where they identify people who are caring. Carers' assessments remain a delegated authority and can be completed by contracted organisations who often provide the required support as an outcome of their assessment.
- 2.5 Where eligible for support, people receive a Care and Support Plan (C&SP) which details how a person will be supported and the services they may receive. ASCH had 16,211 people with an active C&SP at the end of Quarter 3, which is a decrease on the previous quarter. Not everyone will go on to need a

support package and ASCH has seen varying numbers of new support packages being arranged each quarter. ASCH has seen an increase in the number of people receiving a package for over 12 months, so although new packages have decreased, people are being supported for a longer period of time. The average weekly cost of the newly arranged packages has been increasing, indicating a rise in the cost of care or increases in the complexity of needs.

- 2.6 ASCH increased the number of annual reviews completed in Quarter 3 by 2% leading to a 2% decrease in the number of people requiring an annual review on the last day of the quarter. This reflects the work prioritised as part of ASCH's Performance Assurance, where individualised targets were given to each operational area, with a focus on those most overdue. 3,200 annual reviews were completed in Quarter 3.
- 2.7 Where people need short-term enablement services, ASCH has the Kent Enablement at Home service (KEaH) which aims to keep people independent and in their home. In Quarter 3 there were 1,570 people actively receiving this support.
- 2.8 Some people require residential or nursing care on a temporary basis (either while their longer-term needs or circumstances are assessed, or to provide respite); ASCH saw its first decrease in the numbers of people in short-term beds since before the pandemic, with 1,462 individuals in Quarter 3. Decreases were seen amongst most person groups, but most notably for those with Carer respite, and Older People.
- 2.9 ASCH continue to see fewer people at home 91 days after discharge from hospital having had reablement services, (81% in Quarter 2). The increase in Quarter 2 of those in short-term residential or nursing beds and with people remaining in them for longer than 6 weeks continues to affect this KPI, which remains RAG Rated Amber. Assessing those who have been referred to a short-term bed is a priority to ensure individuals receive the support required to limit their need to remain in these temporary arrangements. ASCH work in partnership with acute colleagues and Commissioning.
- 2.10 Long Term Support is provided either through community (Homecare or Direct Payments for example) or residential/nursing care. A key priority for ASCH is to enable people to remain independent and in their own homes with clear personal choice of their support. Direct Payments are nationally recognised as an effective way of delivering these aims and for Quarter 3 this measure is RAG Rated Amber at 24%, which it has been for some time.
- 2.11 Quarter 2 saw a decrease in older people who had their long term support needs met by admission to residential or nursing homes (RAG Rated Amber) and Quarter 3 saw a decrease in the overall numbers in residential or nursing.
- 2.12 The number of people accessing support who have a Mental Health need continues to increase, there were 1,274 people being supported by ASCH with a Mental Health need in Quarter 3. Supporting Independence Services/ Supported Living remains the most prevalent service provision.

- 2.13 The KPI reporting on the percentage of people in residential or nursing care with a Care Quality Commission (CQC) rating of Good or Outstanding decreased for another quarter to 78% and is now RAG Rated Amber, falling below target. Where providers are rated as Inadequate or Poor, Locality Commissioners provide advice and support to ensure that effective action plans are in place that respond to identified concerns and/or CQC findings. Where necessary contract suspensions are put in place to prevent further placements whilst improvements are being made, currently these are in place for 16 care homes.
- 2.14 The number of Deprivation of Liberty Safeguards (DoLS) applications received in Quarter 3 increased to 2,395 and follows the expected seasonal trend and pattern of activity. The number of completed applications vary quarter on quarter and is influenced by the capacity of the team and the volumes of urgent applications, there were 1,993 completed in Quarter 3 and was a small increase on the previous quarter.
- 2.15 ASCH had 1,144 Safeguarding Enquiries open on the last day of Quarter 3, a decrease on the previous quarter. The Safeguarding Teams worked on 3,929 concerns and 2,539 enquiries in Quarter 3.

3. Conclusion

- 3.1 ASCH is continuing to experience high levels of activity, and has prioritised capacity to focus on enablement services, Care Needs Assessments, annual Care and Support Plan Reviews, Deprivation of Liberty Safeguards and Safeguarding.

4. Recommendation

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to NOTE the performance of services in Q3 2022/23.
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5. Background Documents

None

6. Report Author

Helen Groombridge
ASCH Performance Manager
03000 416180
Helen.groombridge@kent.gov.uk

Relevant Director

Paula Parker
Head of Business Delivery Unit
03000 415443

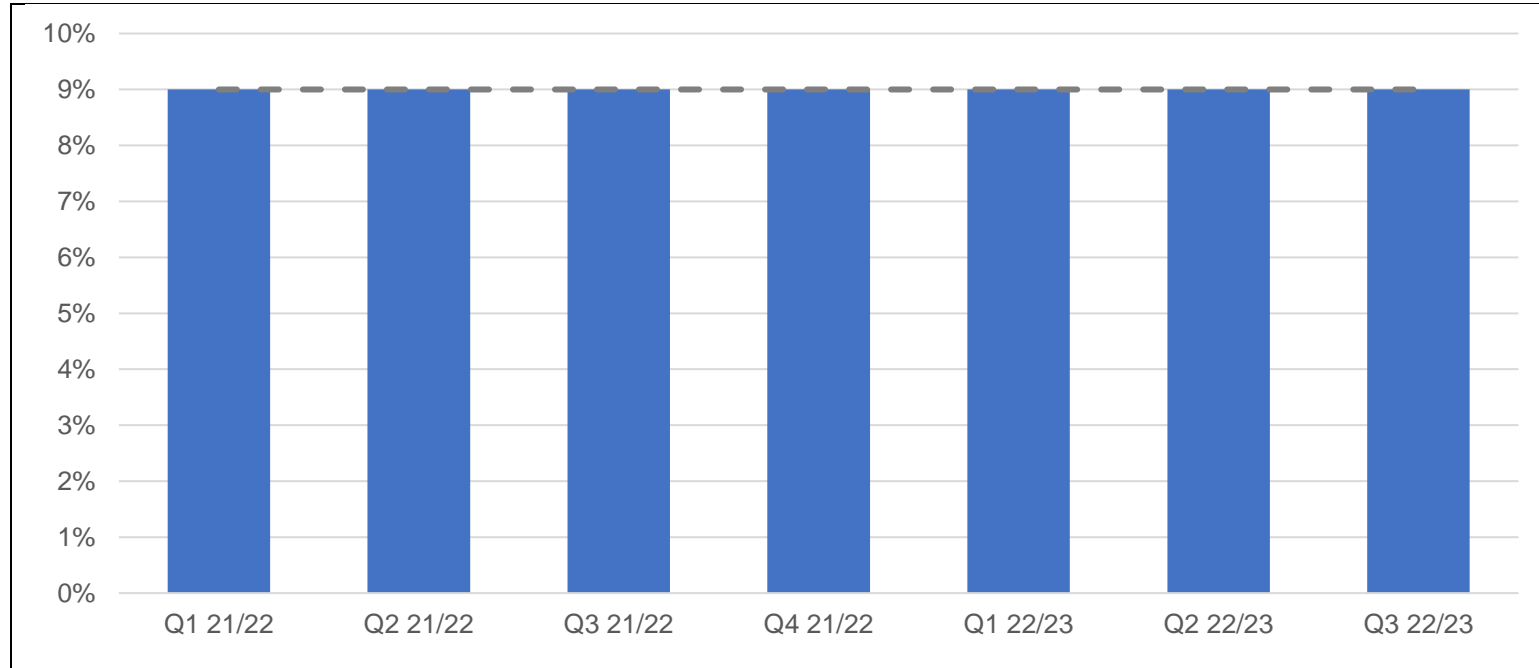
Paula.parker@kent.gov.uk

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Adult Social Care Key Performance Indicator (KPI) and Activity Performance 2022/23

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

GREEN



Technical Notes:

Target set at 9% (dotted line) with an upper threshold of 13%

The Direction of Travel is not significant.

Please note axis does not end at 100%

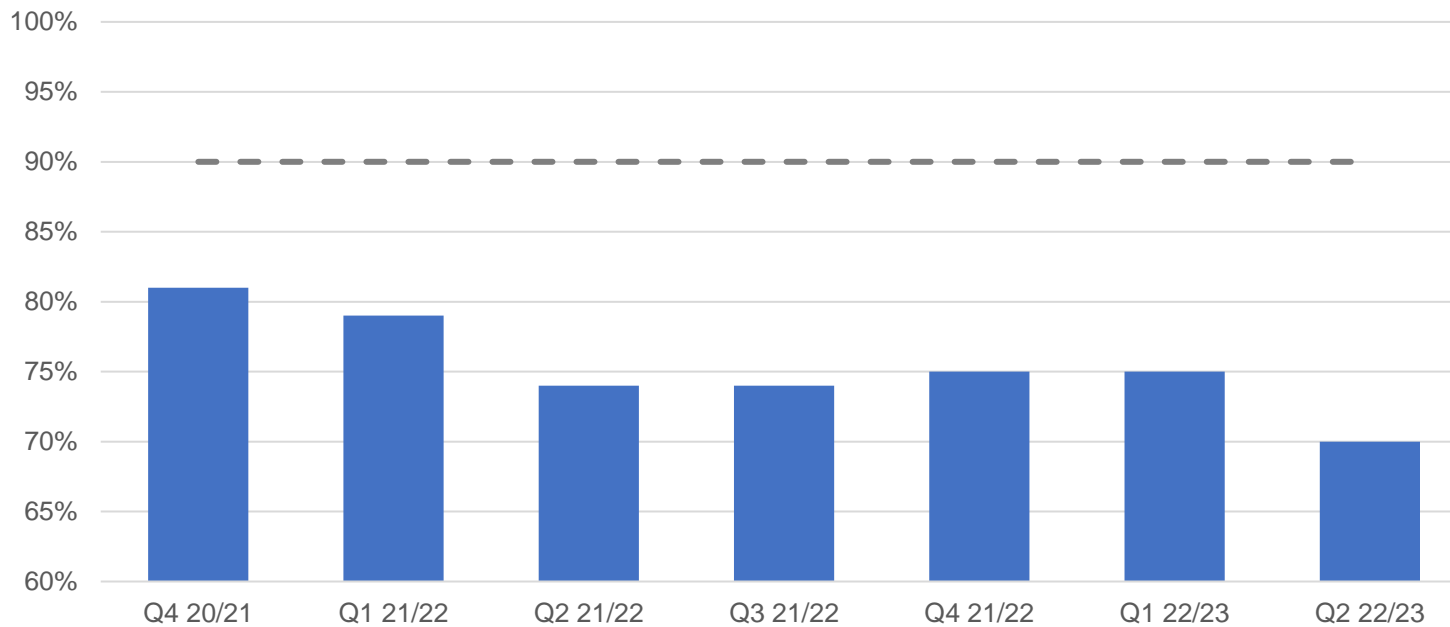
Page 95

Commentary: Adult Social Care continue to have only 9% of those who made contact do so again within 3 months, and the measure remains RAG Rated Green having been at target.

Quarterly, Adult Social Care have over 41,000 contacts with over 21,000 people.

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

RED
↓



Technical Notes:

Target set at 90% (dotted line) Floor Threshold of 80% for 22/23

Please note this measure runs a quarter in arrears to account for the 28 days.

The Direction of Travel is not significant.

Please note axis does not start at 0.

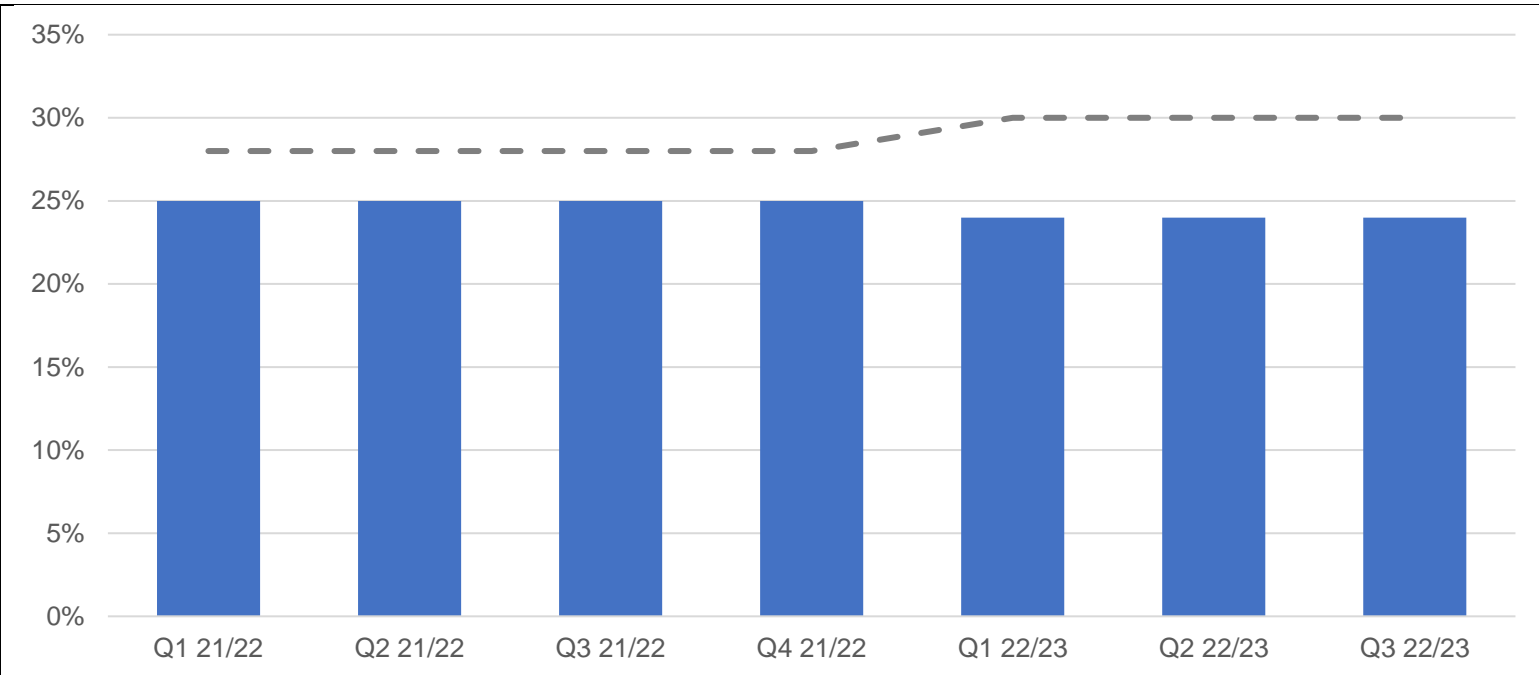
Commentary: Quarter 2 saw an increase, of 4% on the previous quarter, in the number of incoming Care Needs Assessments (CNAs). Of these, 70% were completed within 28 days, which is a decrease on previous delivery and below the floor threshold. However, in general the number of CNAs completed did increase, albeit by 1%, with each month within Quarter 2 showing an increased number of completions, this included completions of CNAs initiated prior to Quarter 2.

Improvements have been made in Quarter 3 where new actions and targets commenced from October 2022 as part of ASCH's Performance Assurance work (see ASCH 8) where colleagues are working on both completing new CNAs timely and addressing CNAs that have been open and worked on for longer.

The time taken to complete a CNA depends very much on the person, their needs and experiences; some will take days whilst others can take months.

ASCH3: The percentage of people in receipt of a Direct payment with Adult Social Care & Health

AMBER
↔



Technical Notes:

Target set at 30% (dotted line) The floor threshold is 24%

Does not include Learning Disability clients aged 18-25 with Children, Young People and Education.

The Direction of Travel is not significant.

Please note axis does not end at 100

Commentary: Performance on this KPI continues to be RAG Rated Amber at 24%. Although the percentage has not increased, Quarter 3 did see an increase in the number of new people receiving a Direct Payment.

The number of people in receipt of a direct payment has not increased significantly however work is being completed to increase the options for people to be supported to manage their direct payment alongside work to increase the support available within communities. Following the introduction of the Personal Assistant (PA) portal in Kent there has been a steady increase in the number of PAs available and the number of people seeking a PA. It is expected that as support for direct payments increased over the coming 6 months the number of direct payments will also increase.

ASCH4: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

AMBER
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Technical Notes:

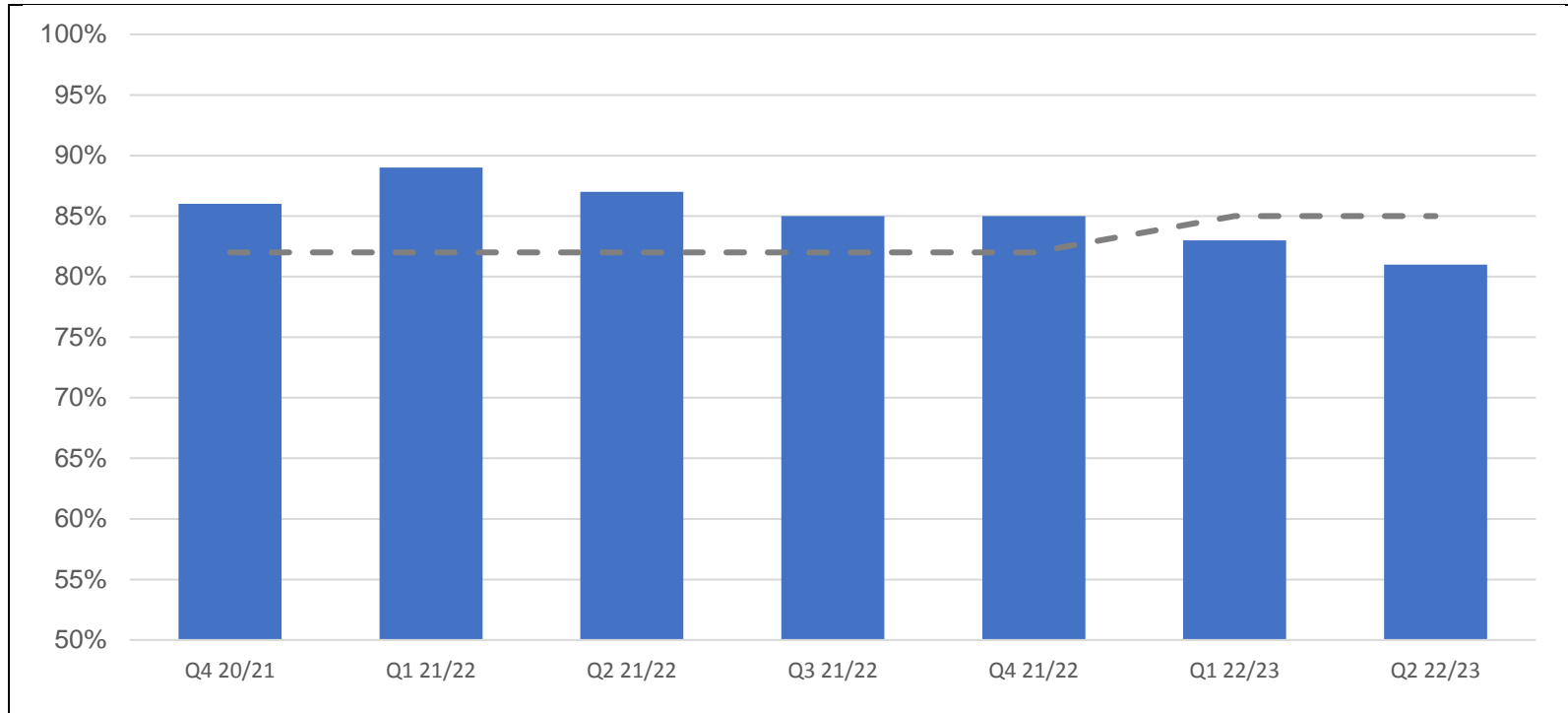
Target set at 85% (dotted line) with a floor threshold of 80% for 22/23

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

The Direction of Travel is significant.

Please note axis does not start at 0.

Better Care Fund Measure

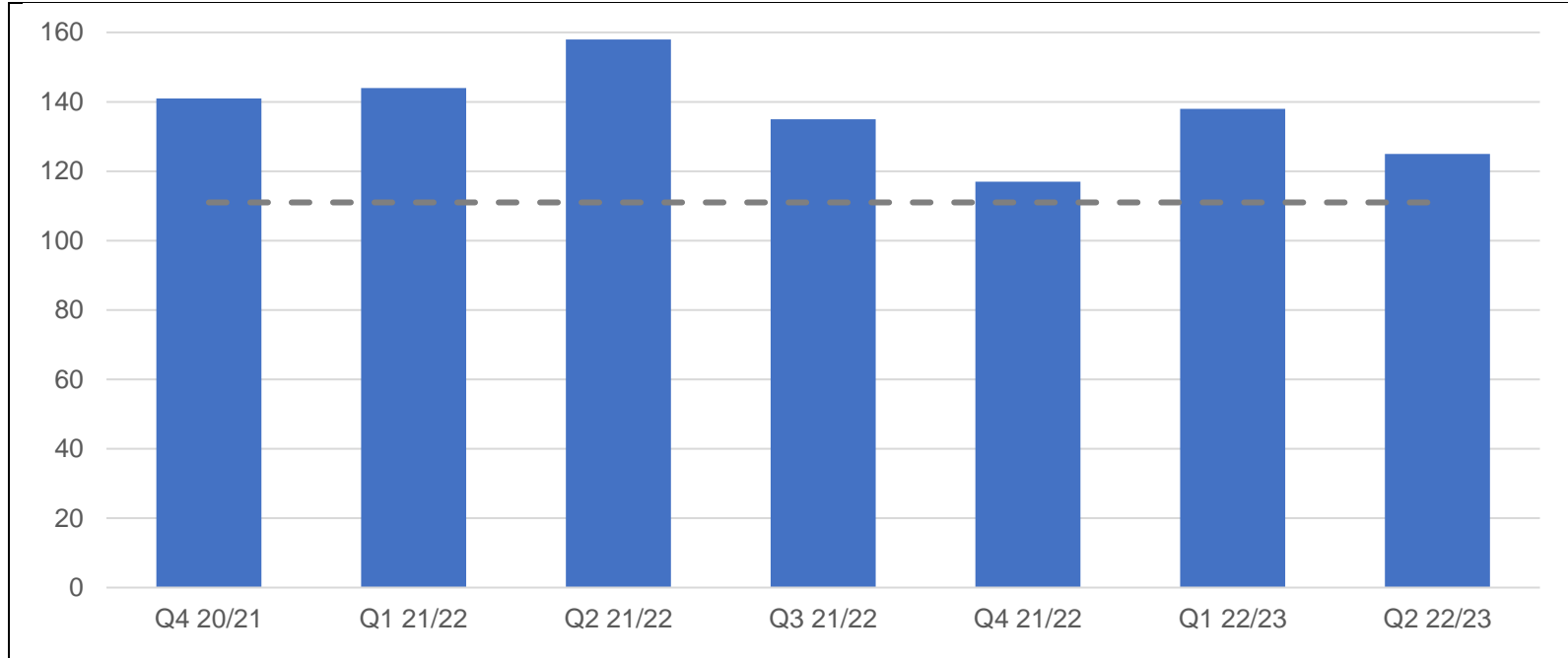


Commentary: ASCH continue to see fewer people at home 91 days after discharge from hospital having had reablement services; there continues to be increases in those in short term residential or nursing beds (in Quarter 2), with people remaining in them for longer than 6 weeks. Ensuring people return home remains a priority for ASCH, as does the appropriate use and timeliness of short-term beds.

There continues to be joint work across health and social care in relation to hospital discharge pathways embedding discharge to assess arrangements with a focus on developing recovery, reablement and rehabilitation in the pathways. A slight increase in care and support in the home (homecare) availability across parts of the County, during Quarter 3, is also leading to the slight reduction in number of those being supported in residential and nursing care due to lack of provision at home.

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

AMBER
↑



Technical Notes:

Target set at 111 per 100,000 (dotted line) with an upper threshold of 138 per 100,000

Rate per 100,000 of the population

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

The Direction of Travel is not significant.

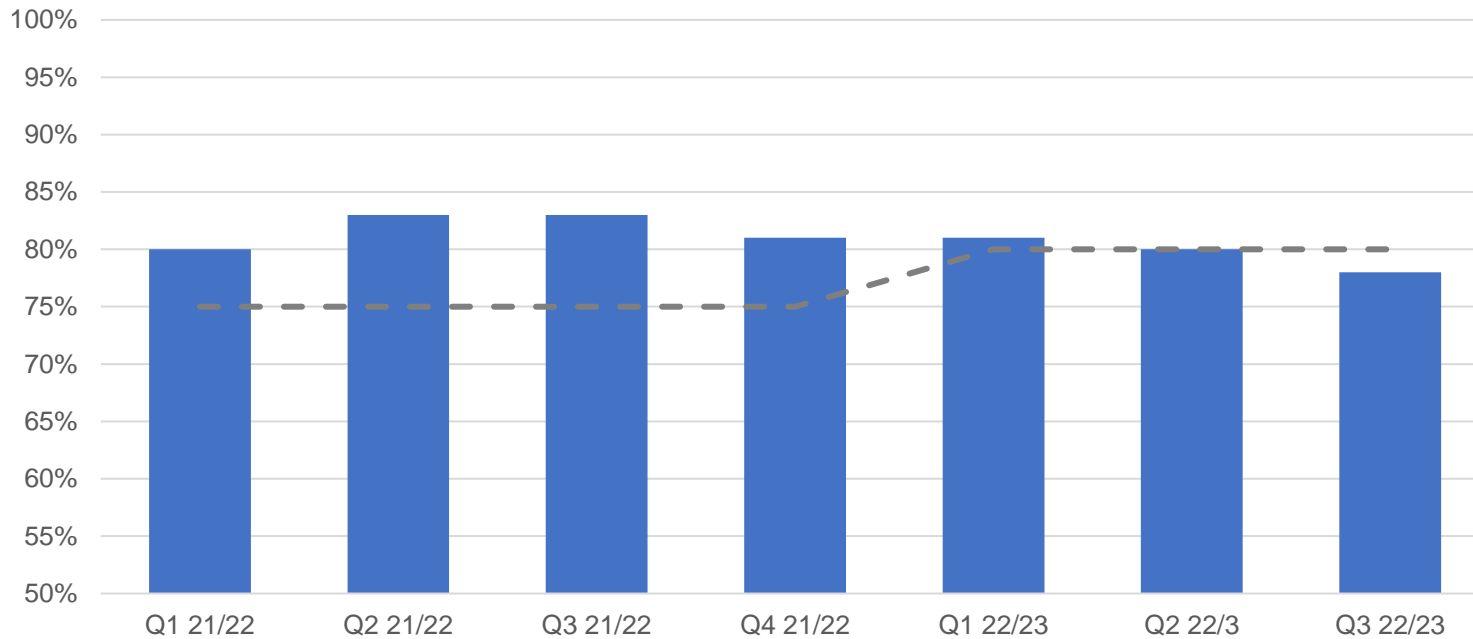
Better Care Fund Measure

Commentary: Quarter 2 saw a decrease in the rate per 100,000 of those entering long term residential or nursing care homes; the rate of 125 is above the target of 111 and remains Rag Rated Amber. In addition, to seeing a decrease in the number of admissions to long term residential or nursing care, there has been a decrease in the overall numbers, by 1%.

There is work continuing with both integrated discharge teams and with Occupational Therapy to create additional opportunities for reablement support for those leaving hospital, which is starting to show a slight decrease in the number of people being supported in residential or nursing care following a stay in hospital, which in turn enables people to remain in the community and not need long term care in residential or nursing settings (Quarter 3)

ASCH6: The % of KCC supported people in residential or nursing care where the CQC rating is Good or Outstanding

AMBER
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Technical Notes:

Target set at 80% (dotted line) with a floor threshold of 75%

The Direction of Travel is significant.

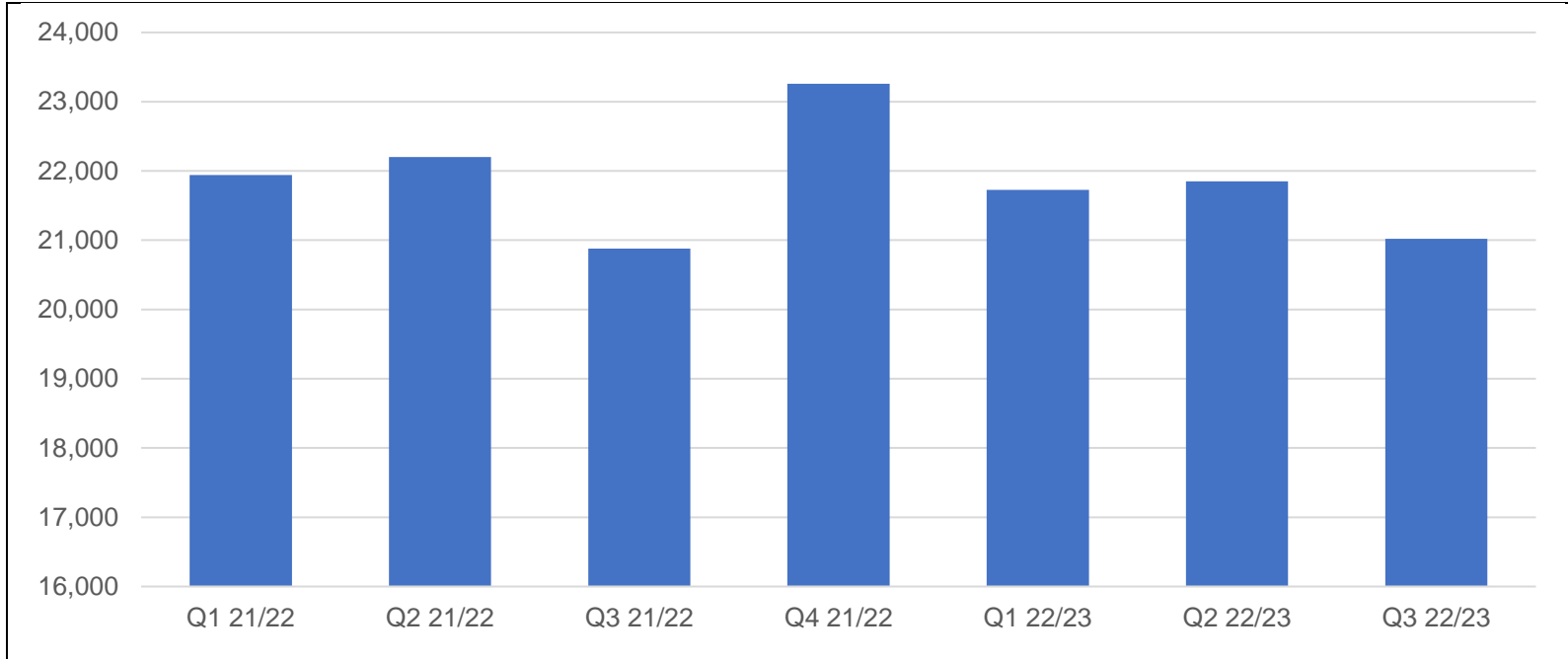
Please note axis does not start at 0.

Corporate Risk Register: CRR0015

Commentary: Quarter 3 continued to see a decrease in the proportion of people in a Care Quality Commission (CQC) rated Good or Outstanding care homes. This measure has now dropped below target and is RAG Rated Amber. There are still over 4,800 people in Good or Outstanding homes, and the proportion of those in an Outstanding home remains the same compared to the previous quarter, with the decrease occurring with those in Good homes. There is an increase in those in homes Requiring Improvement of 2%, with those in Inadequate homes decreasing slightly.

KCC continues to work closely with the CQC and providers to improve the levels of quality in the care home market. Locality Commissioners provide advice and support to ensure that effective action plans are in place that respond to identified concerns. At present, 16 care homes (6 older person and 10 learning disability, physical disability and mental health) have contract suspensions in place to prevent further placements whilst improvements are being made. This is an increase of 2 homes on Quarter 2.

ASCH7: The number of people making contact with ASCH



Technical Notes:

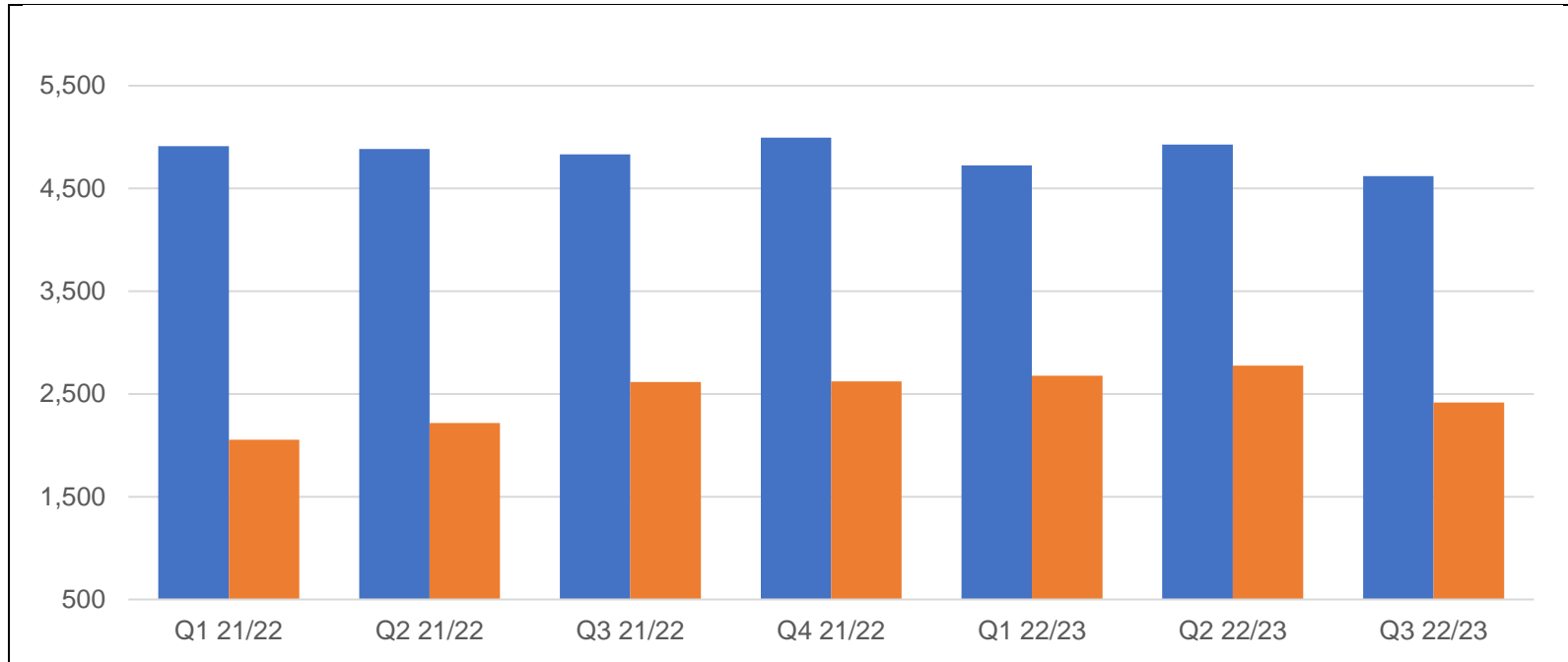
Activity measure, no specified target

Includes all forms of contact.

Please note axis does not start at 0

Commentary: in line with annual seasonal trends the number of people (including professionals) contacting ASCH requesting support reduces in Quarter 3. This is in part due to the extended weekends and Christmas Bank Holiday periods. A marked increase in incoming activity is expected in Quarter 4 as people contact ASCH, having spent time with relatives after the festive period and when referring services resume their usual operating hours.

ASCH8: Care Needs Assessments



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

Blue – New assessments to be undertaken.

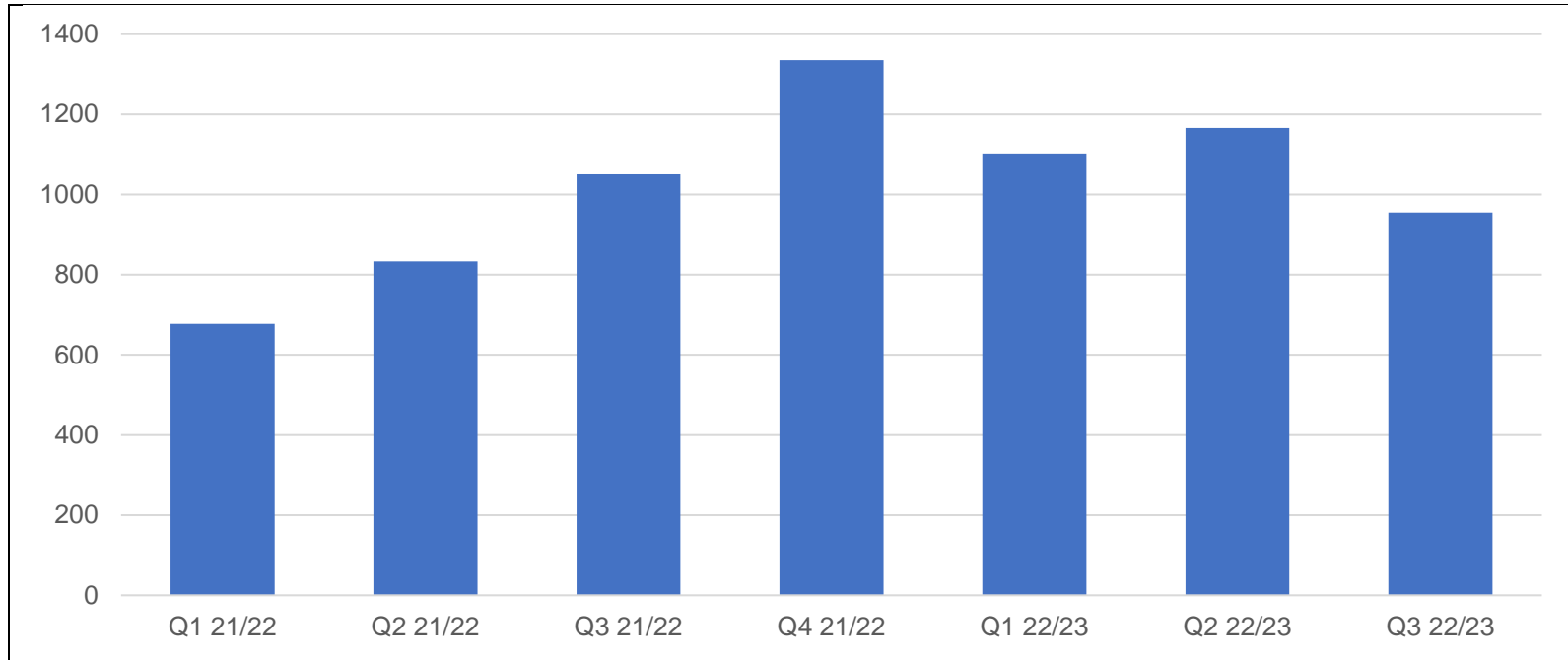
Orange – Assessment needing to be completed.

Corporate Risk Register:
CRR0002

Commentary: Quarter 3 saw a decrease of 6% in the number of incoming Care Needs Assessments (CNAs) with December having the lowest number and reflects a decrease in contacts over the holiday period.

The number of people requiring a CNA to be completed on the last day of the quarter decreased for the first time; this decrease is where targeted actions commenced from October 2022 as part of Performance Assurance where each operational area was given tailored monthly completion targets to work on both incoming CNAs and those in progress; there was an increase of 5% in the number of CNAs completed from Quarter 2 to Quarter 3, 5,005 were completed in Quarter 3 which is the highest volume in the previous 5 quarters.

ASCH9: The number of new Carers assessments delivered



Technical Notes:

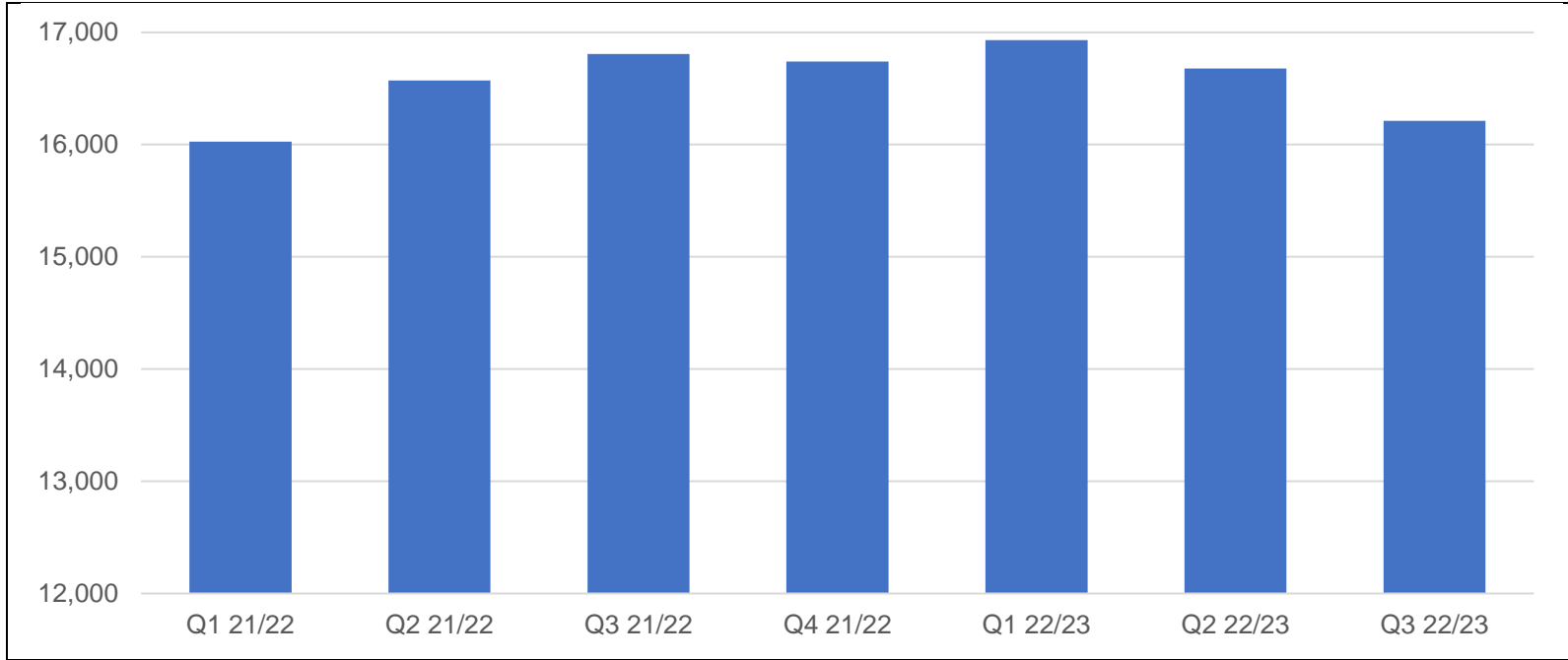
Activity measure,
no specified target

Corporate Risk
Register:
CRR0015

Commentary: Quarter 3 saw a decrease in the number of Carers Assessments delivered. 955 were delivered.

ASCH continue to encourage carers and the people they care for to be assessed. Partner agencies are asked to promote carer assessments where they identify people who are caring. Carers' assessments remain a delegated authority and can be completed by contracted organisations who often provide the required support as an outcome of their assessment.

ASCH10: The number of people with an active Care & Support Plan at the end of the Quarter



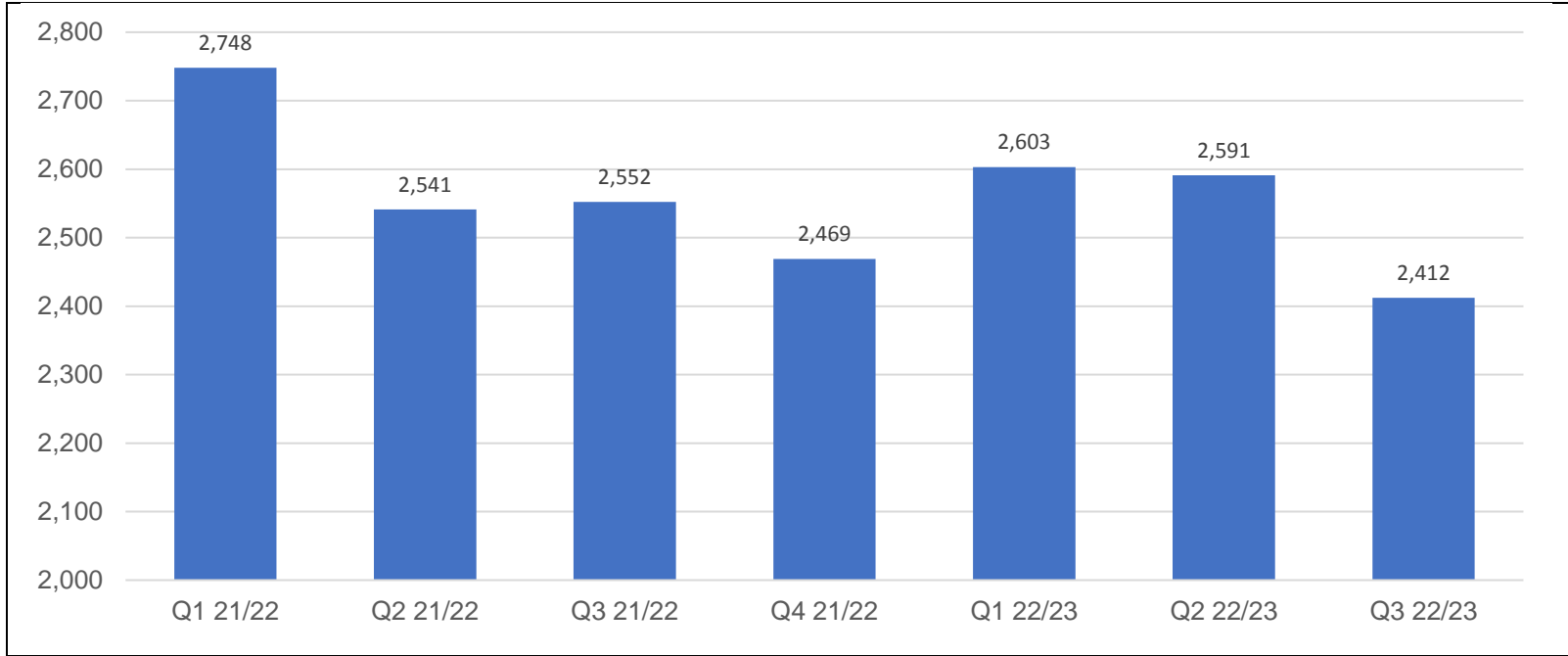
Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0

Commentary: Where appropriate, a Care and Support Plan (C&SP) helps describe how a person will be supported and their needs met. Everyone receiving services with ASCH will have a C&SP in place and this measure demonstrates the volume of people we are supporting. Quarter 3 saw another decrease in the volume of open C&SPs, however there were still over 16,200 people with an active C&SP.

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



Technical Notes:

Activity measure, no specified target

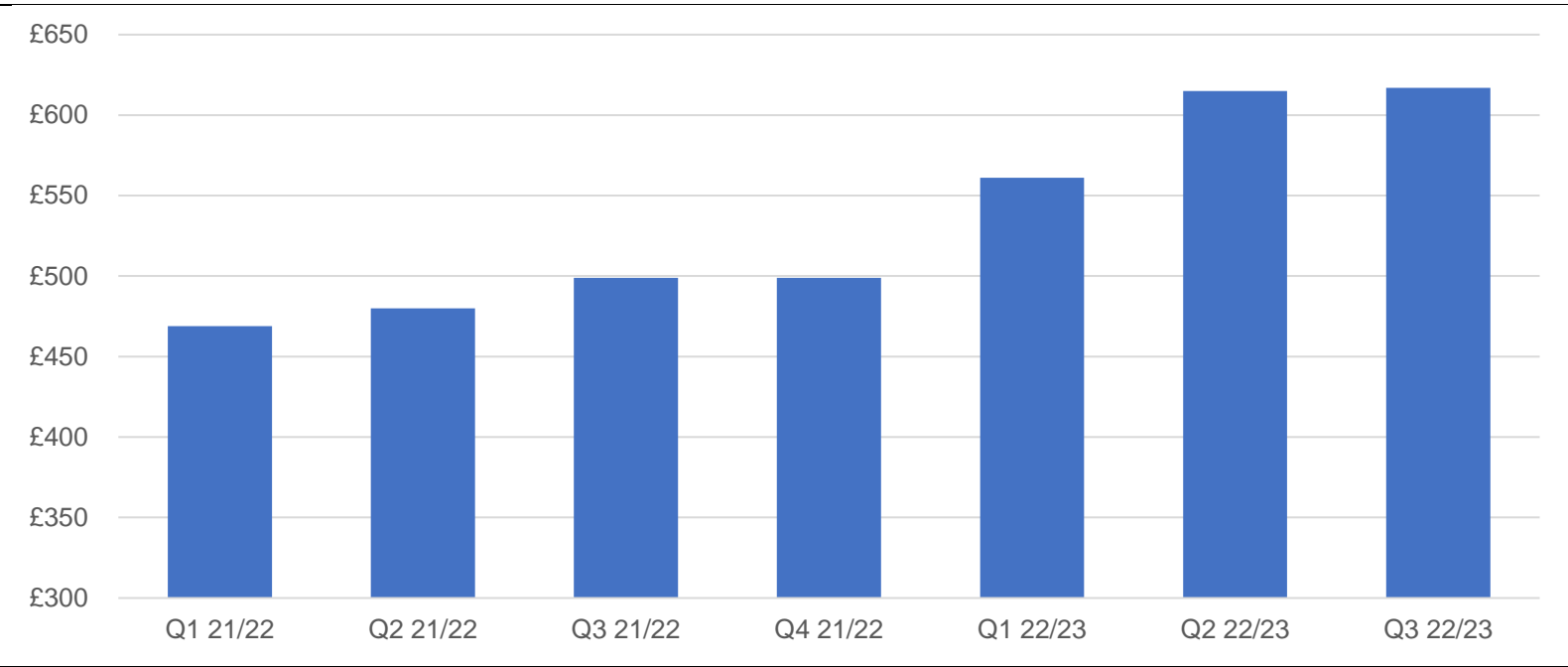
Please note axis does not start at 0

Corporate Risk Register:
CRR0002 & CRR0015

Q1 and Q2 2022/23 figures have been updated.

Commentary: There have been a number of support packages inputted late onto the client recording system, and Quarter 1 and Quarter 2 have been updated, both quarters have increased, and it is expected that Quarter 3 will increase too. However the decrease in new support packages arranged reflects the decrease in those with an active Care & Support Plan (ASCH 10).

ASCH12: The average cost of new support packages arranged for people in the quarter



Technical Notes:

Activity measure, no specified target

Average weekly cost at end of quarter

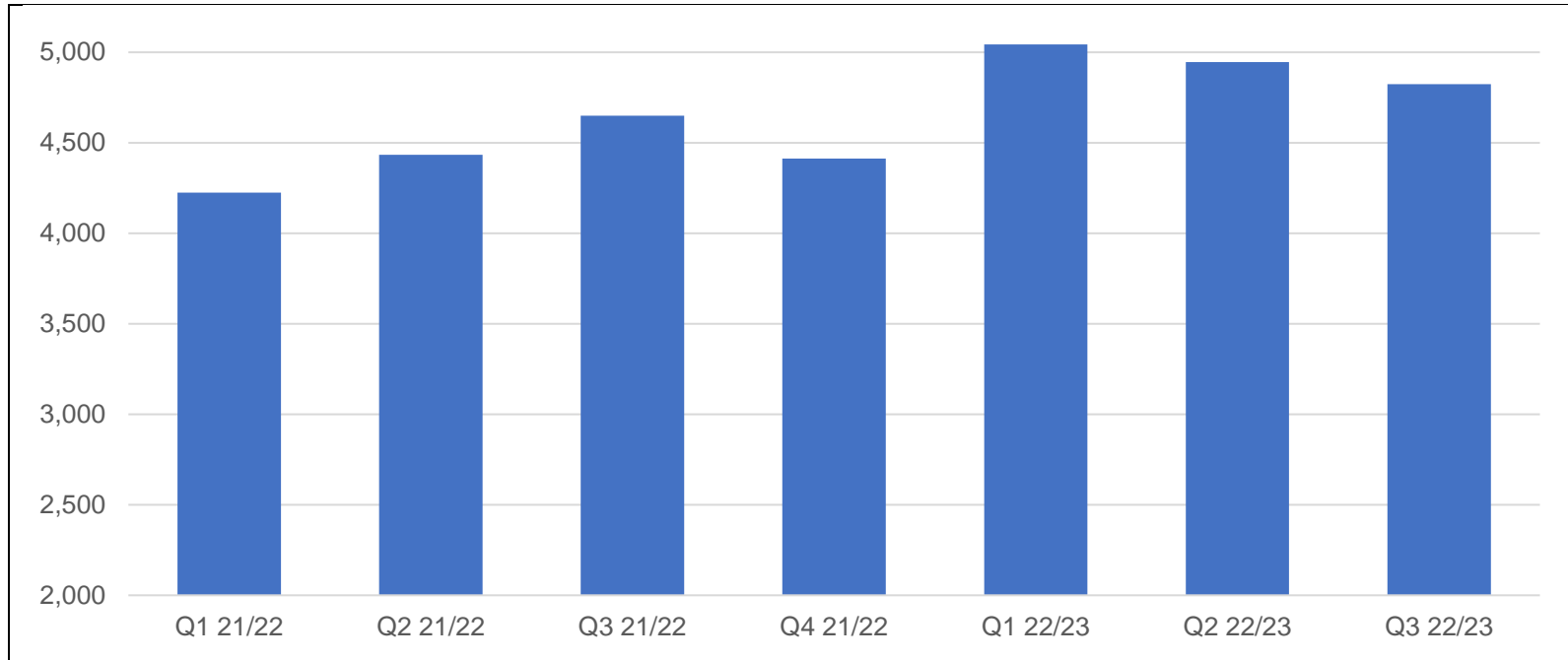
Please note axis does not start at 0

Q1 and Q2 2022/23 figures have been updated.

Commentary: There have been a number of support packages inputted late onto the client recording system, and Quarter 1 and Quarter 2 have been updated. Average weekly costs of new support packages continue to increase. It is expected that the Quarter 3 figures may increase more once the inputting of new services on the Adult Social Care Case Management system (MOSAIC) has caught up.

Costs of packages vary greatly and is dependent on the needs of the person and the needed services. Higher cost packages tend to be those with longer term and complex needs who need more services with more care provision, such as Nursing Services. We are also seeing high cost packages of support for people with mental health needs when discharged from hospital, this reflects the complexity of need for some people and the level of support being provided to help their recovery

ASCH13: The number of people requiring an annual review to be completed on the last day of the quarter



Technical Notes:

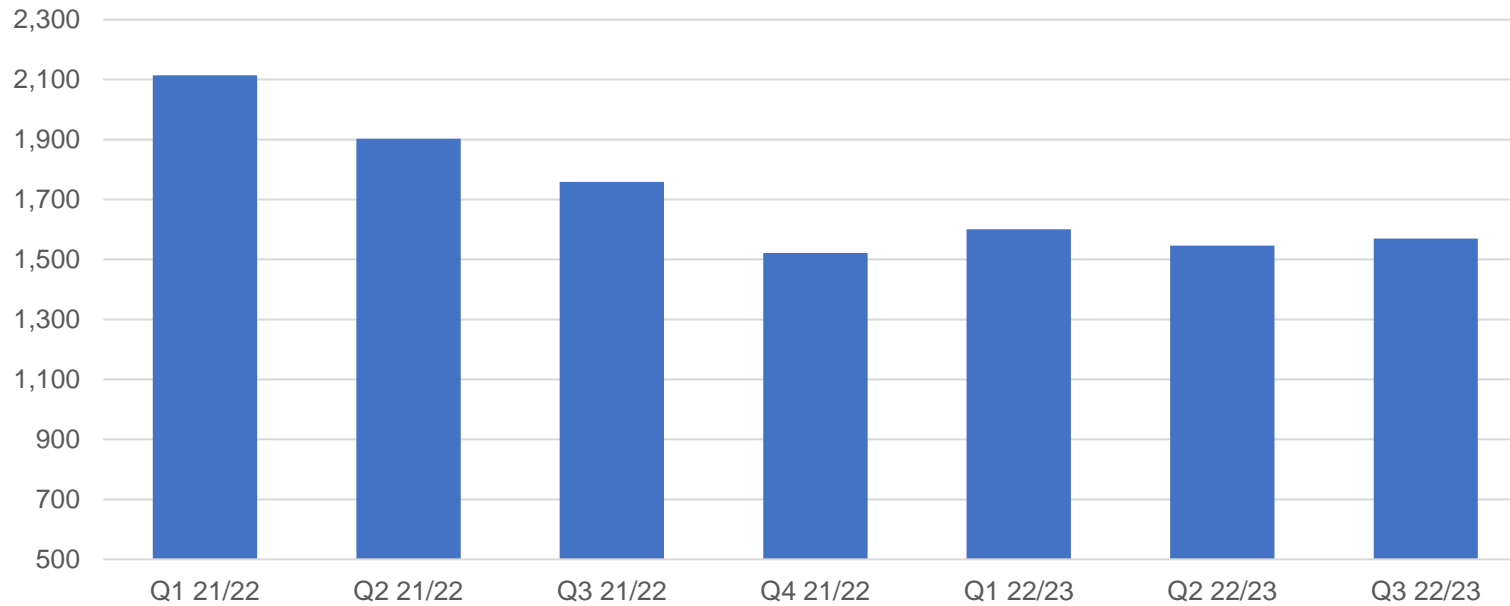
Activity measure, no specified target

Please note axis does not start at 0

Corporate Risk Register:
CRR0002

Commentary: The number of people requiring an annual review continues to decrease with Quarter 3 by 2% decrease, following a 2% increase of annual reviews completed in Quarter 3. Reviews are also part of Performance Assurance and as with CNAs each operational area were given targeted monthly targets. 3,200 annual reviews were completed.

ASCH14: The number of people in Kent Enablement at Home



Technical Notes:

Activity measure, no specified target

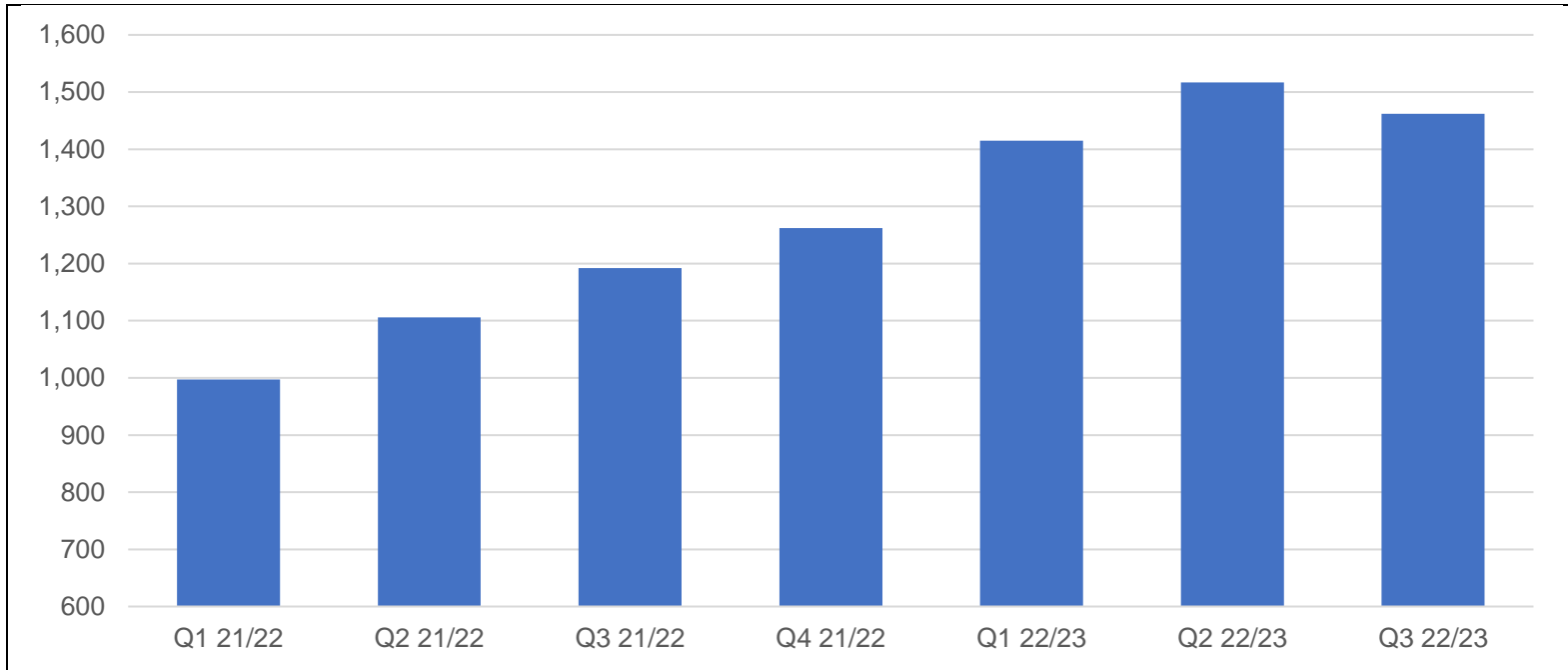
People receiving services with Kent Enablement at Home (KEaH)

Please note axis does not start at 0

Commentary: The numbers accessing Kent Enablement at Home (KEaH) look to be stabilising following an ongoing decrease in 2021/22.

Activity of KEaH is part of Performance Assurance and actions are taken across all areas of ASCH not just the KEaH Team, to ensure more people are accessing the service.

ASCH15: The number of people in Short Term Beds



Technical Notes:

Activity measure, no specified target

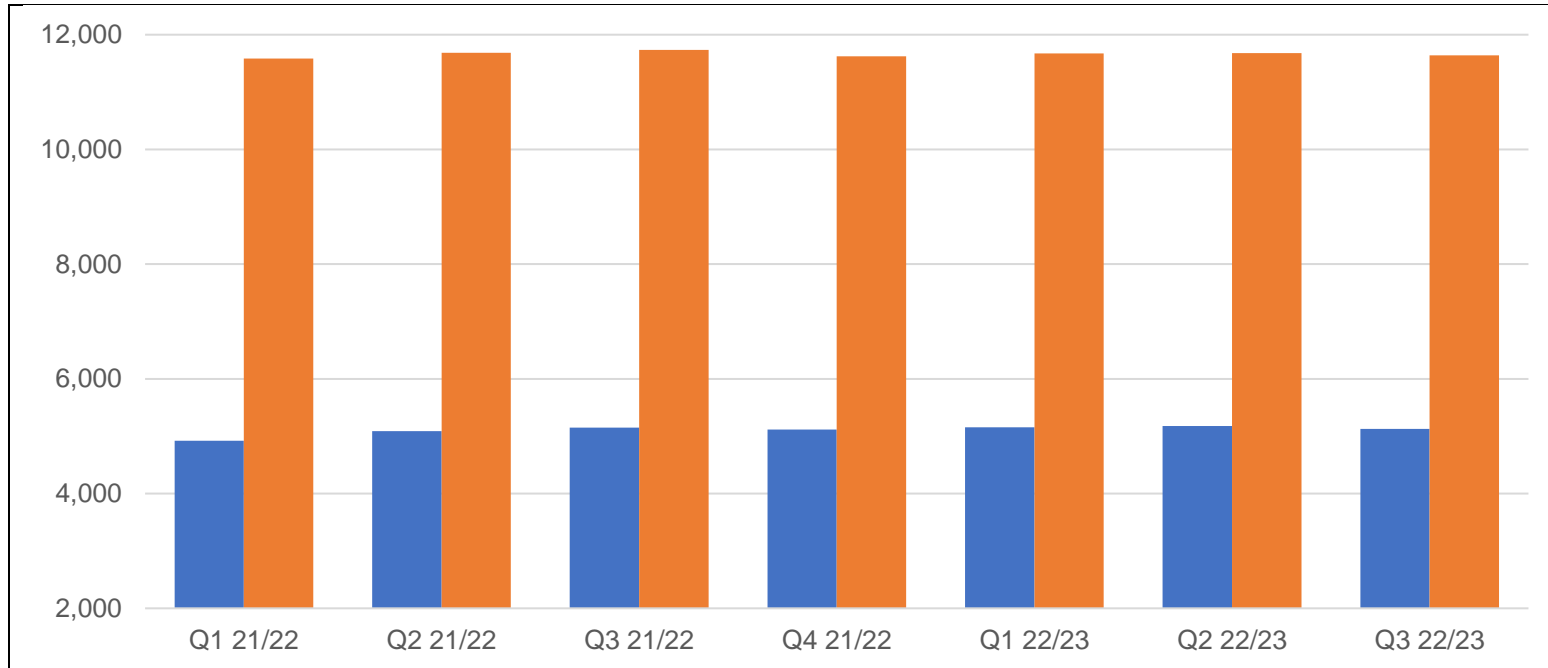
Please note axis does not start at 0

Q1 and Q2 2022/23 figures have been updated.

Commentary: The number of people receiving support in a short term residential, or nursing bed decreased in Quarter 3. Decreases were seen amongst most person groups, but most notably for those with Carer respite, and Older People.

The use of short term residential or nursing beds is a focus for the Senior Management Team as part of the Performance Assurance Framework, with actions being taken to ensure the use is appropriate and time limited.

ASCH16: The numbers of people in Long Term Services



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0

Blue – Residential or Nursing services

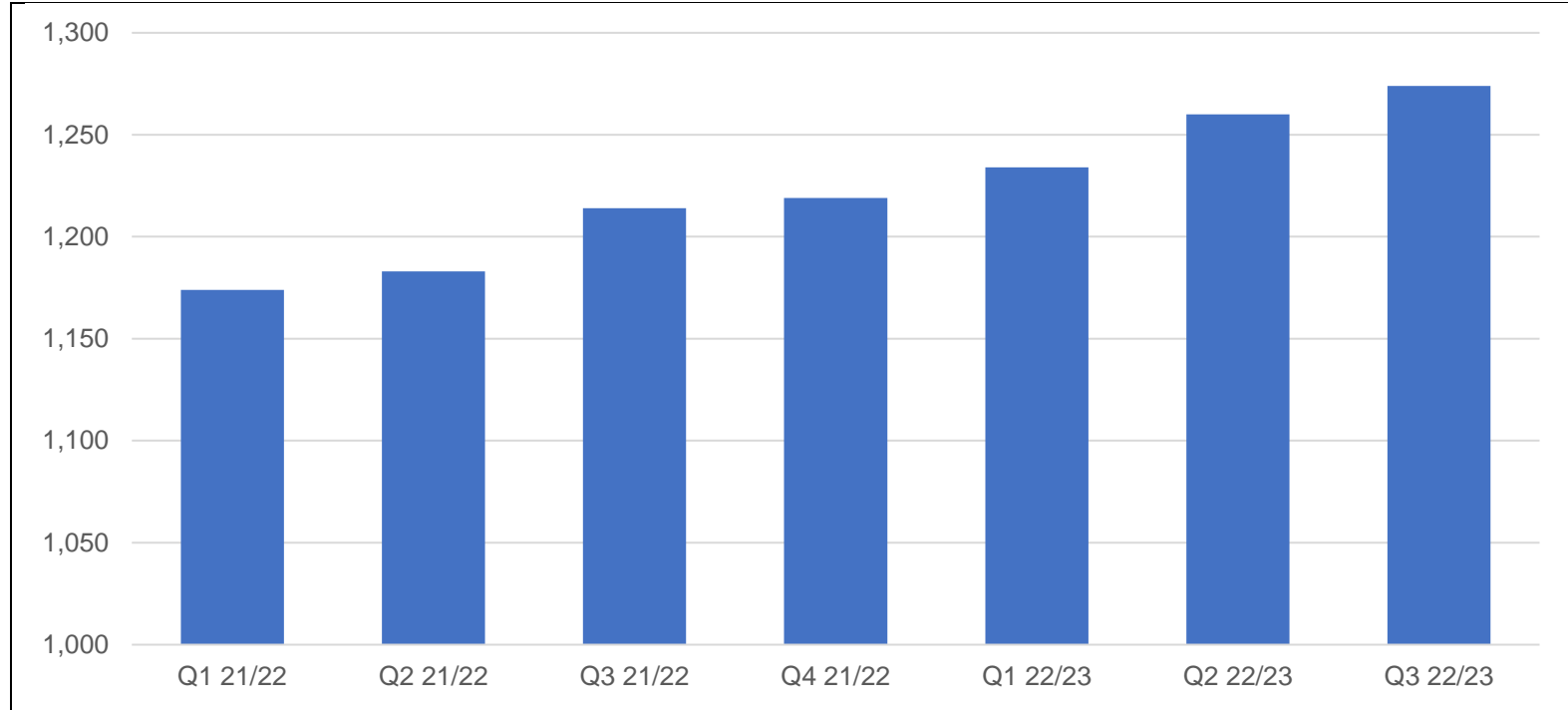
Orange – Community Services

Q1 and Q2 2022/23 figures have been updated.

Commentary: ASCH saw decreases in both the number of people on community services and those in residential or nursing, and is a trend seen when looking at the numbers with an active C&SP (ASCH 10)

The decrease in residential or nursing also reflects the trend that as the home care market is developing more capacity, for example with use of community catalysts or the voluntary sector, respite care is being used less and people can remain independent in their own home for longer. With respite care provision (depending on length of stay) individuals lose the desire/ability to maintain independence and don't return home. By using this less the demand for residential or nursing has dropped.

ASCH17: The number of people accessing ASCH Services who have a Mental Health need



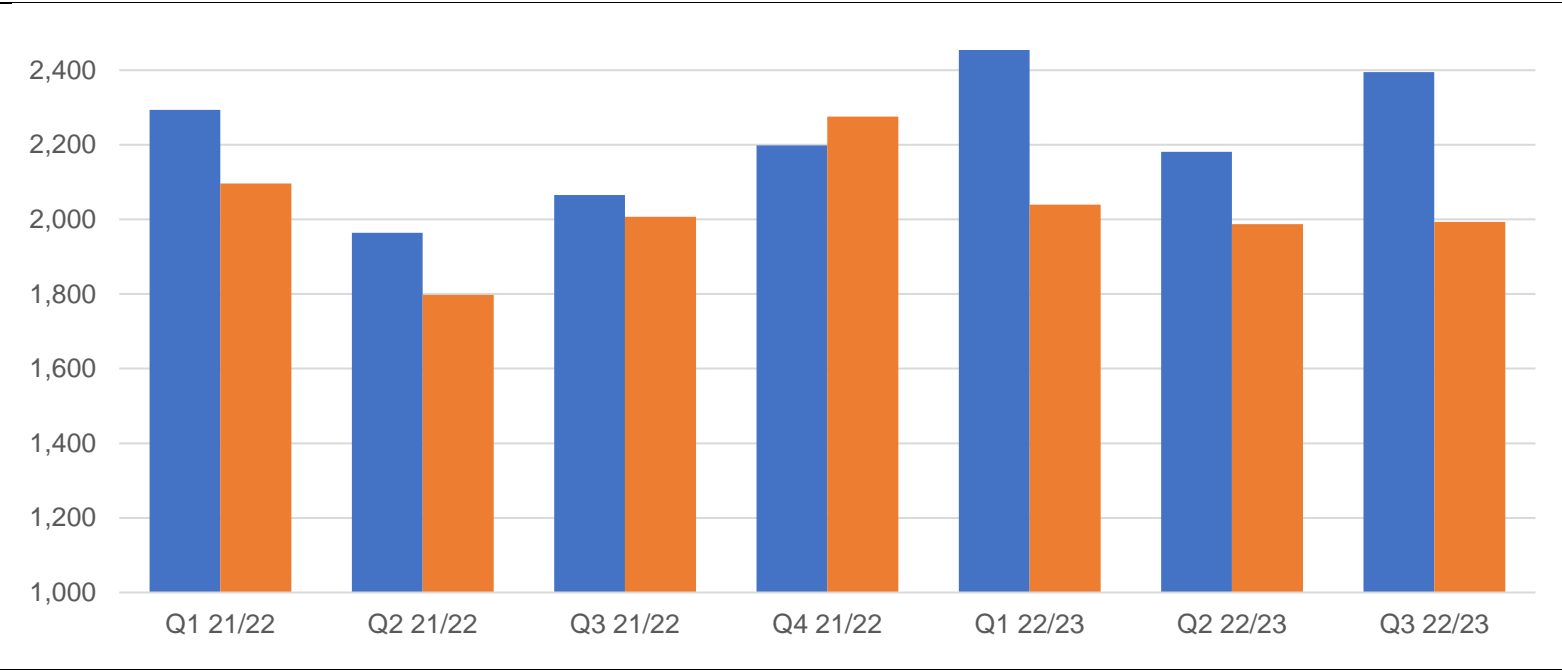
Technical Notes:
Activity measure, no specified target
Please note axis does not start at 0
Q1 and Q2 2022/23 figures have been updated

Commentary: There continues to be quarter on quarter increases in the number of people accessing ASCH with a mental health need. There were 1,274 people during Quarter 3.

This reflects the rise in demand for Mental Health support seen nationally and is placing additional pressure on the service. Alongside higher demand we are seeing an increase in the cost of new services in comparison with service ends.

The most prevalent service received is SIS/Supported Living Services, which enables the person we support to stay in the community and retain independence.

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



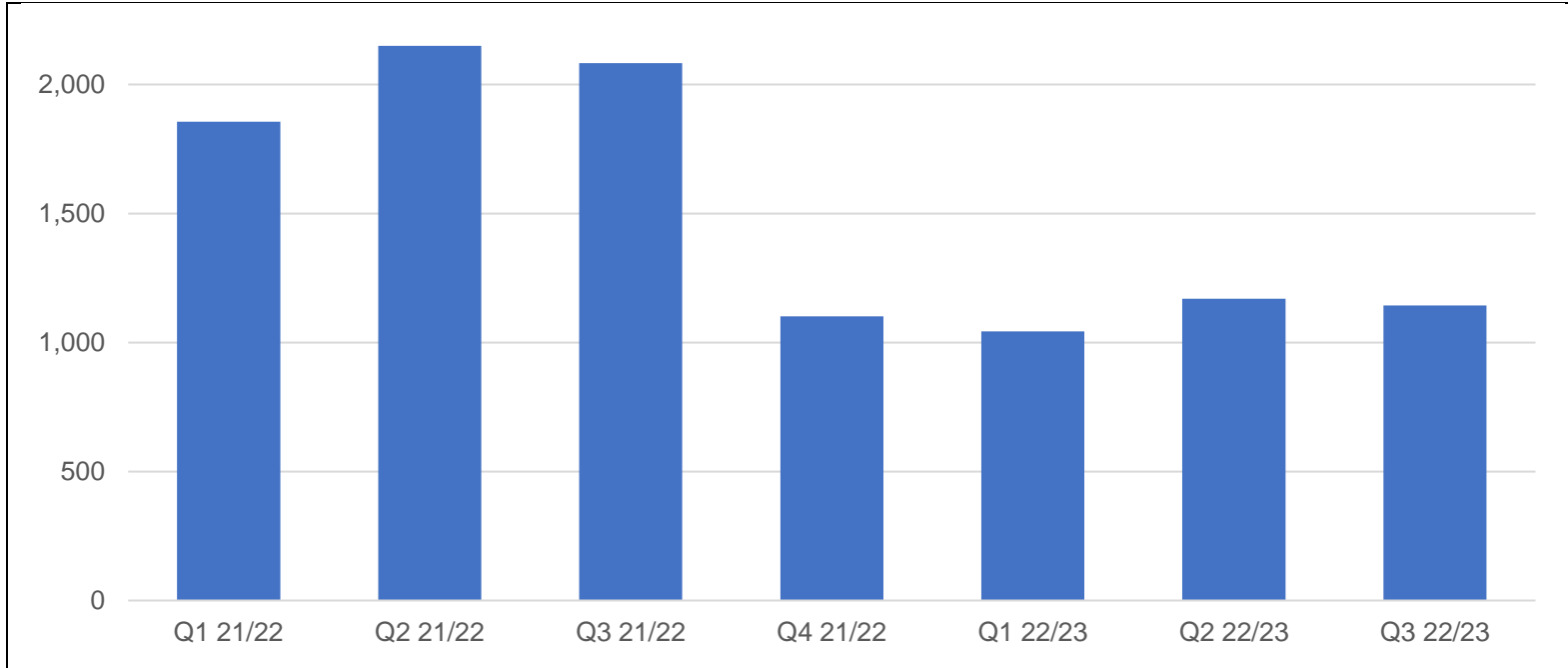
Technical Notes:
 Activity measure, no specified target
 Please note axis does not start at 0
 Corporate Risk Register: CRR0002
 Blue – applications received
 Orange – Applications completed
 Q1 and Q2 2022/23 figures have been updated

Commentary: Quarter 3 saw a 10% increase in DoLS applications received compared to Quarter 2, and a 16% increase on Quarter 3 the previous year. The trend was expected and follows the pattern of previous years and continues to show activity at higher levels than experienced previously. The number of DoLS assessments completed was at a similar level to Quarter 2.

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

Technical Notes:

Activity measure,
no specified target



Commentary: The number of safeguarding enquiries open on the last day of the quarter decreased slightly for Quarter 3; with 1,144 open on the last day of December.

Safeguarding remains a priority as part of the ASCH Performance Assurance Framework.

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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 – 15 March 2023

Subject: **REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR ADULT SOCIAL CARE SERVICES IN 2023-24**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Summary: This paper sets out the revised rates payable and charges levied for adult social care services for the forthcoming financial year.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the revised rates payable and charges levied for adult social care services in 2023-24, which were agreed as part of the administration's budget presented to County Council on 9 February 2023.

1. Introduction

- 1.1 This report sets out the revised rates payable and charges levied against Kent County Council (KCC) services provided in-house for the forthcoming financial year, along with any potential changes to the Directorate's charging policy.
- 1.2 This report does not cover the financial assessment process (means testing) which is covered by legislation and KCC's charging policies. This process determines what individuals are asked to pay towards the costs of their care. The report just therefore covers the costs of care for services provided in-house by the Council that are considered within the financial assessment.
- 1.3 All rates payable and charges levied for adult social care services are listed primarily to service users in the attached appendix and represent those published on the Kent.gov.uk website. Appendix 1 details the revised rates payable and charges levied for adult social care services for 2023/2024.
- 1.4 The majority of the rates payable and charges levied detailed in this report have been uplifted in line with either the Kent Pay Award for 2023-2024 or the Consumer Price Index (CPI) as at September 2022.
- 1.5 CPI as at September 2022 was 10.1%, and the average Kent Pay Award, agreed at County Council on 9 February 2023, was 6.76%.

- 1.6 The effective date, unless otherwise stated, for the revised rates payable and charges levied for adult social care services will be the week beginning 10 April 2023, which coincides with the date of inflationary increases to client related benefits.
- 1.7 Rates charged to Other Local Authorities for the use of KCC Homes and Day Centres are not published within the Rates Payable and Charges Levied. The service will agree with finance what the full cost of each unit is, and this will be used as a basis to charge the full cost to Other Local Authorities.

2. Client Contributions for Residential Care

- 2.1 For those clients with the ability to meet the full cost of a placement in the County Council's own provision, the maximum contributions are as follows:

2.1.1 Older People

This rate will increase in line with the average Kent Pay Award figure as at April 2023, of 6.76%.

The rate will be £574.33 for 2023-24.

2.1.2 People with Learning Difficulties

This rate will increase in line with the average Kent Pay Award figure as at April 2023, of 6.76%.

The rate will be £782.92 for 2023-24.

3. Deferred Payments

- 3.1 Information regarding the Deferred Payment scheme can be found on the Kent.gov.uk site: [Deferred Payments for Care and Support](#). The charges linked to Deferred Payments will be dealt with as follows:

3.1.1 Interest to be applied

For Deferred Payments post Care Act the national maximum interest rate will change every six months on 1 January and 1 July. It will track the market gilts rate specified in the most recently published report by the Office of Budget Responsibility (OBR) plus a 0.15% default component. January 2023 has been published as 3.18% (inclusive of the 0.15% component), this is the rate applied effective from 1 January 2023.

KCC has no influence over these rates.

3.1.2 Administrative charge

Under section 35 of the Care Act and Regulation 10 of The Care and Support (Deferred Payment) Regulations, an amount for administration costs can be charged to people entering a Deferred Payment agreement. This amount can be added to the amount deferred or paid separately.

An exercise was completed for 2020-21 to review and recalculate the various elements of the costs which resulted in an increase to the administration fee which was endorsed at the Adult Social Care Cabinet Committee on 4 March 2020.

The 2023-24 fee also includes an uplift by the Consumer Price Index.

The new rates will be:

Initial Fee	£385.79
Annual Fee	£249.38*

* equates to £4.78 per week and is charge from the second year onward.

Clients with *existing* deferred payment agreements in place before April 2020 are to be transitioned to the new annual fee at £10 per year.

The transitional annual fee for these existing clients with deferred payment agreement prior to April 2020 will be:

Transitional Annual Fee: £109.54

* equates to £2.10 per week and is charge from the second year onward.

4. Administration fee for self-funders – Non-Residential Care

- 4.1 The charge by KCC includes the following, cost of raising an invoice, cost of paying a provider invoice and the cost of negotiating and arranging a care package.

The annual arrangement fee will increase in line with the average Kent Pay Award figure as at April 2023, of 6.76%.

The new charge will be £127.59 which equates to £2.44 per week.

5. Better Homes Active Lives (PFI) Schemes

5.1 Non-residential charging rules will also apply to these schemes. However, when working out the cost of the care and support, an additional cost will be added to the cost of any hours of care and support.

5.1.1 Extra-care schemes for older people

This is the cost of the 24-hour emergency cover available (for example if a person falls).

The rate will be uplifted in line with CPI as at September 2022 which is 10.1%.

The rate will be £18.44 for 2023-24.

5.1.2 Schemes for people with learning difficulties

This is the cost of the sleeping night support service.

The rate will be uplifted in line with CPI as at September 2022 which is 10.1%.

The rate will be £55.29 for 2023-24.

6. Blue Badges

6.1 With effect from 1 April 1983, this charge was introduced to cover the administration of the application. The regulations governing the Blue Badge scheme give local authorities the discretion to charge a fee on the issue of a badge.

This fee currently cannot exceed £10. As from 1 January 2012, KCC has charged £10 so it will remain the same.

7 Day Care Charging for In-House Services

7.1 A standard rate applies to in-house day care charges. People who have savings under £23,250 will be assessed to see if they are able to contribute to the cost of their day care.

The standard rate for in-house day care will be increased in line with the average Kent Pay Award figure as at April 2023, of 6.76%. The rates are as shown in the table below for 2023-24.

Care Item	Unit	Revised Unit Charge
Learning Disability Standard - Day	Day	£45.42
Learning Disability Standard - Half Day	Session	£22.70
Learning Disability Enhanced - Day	Day	£102.25
Learning Disability Enhanced - Half Day	Session	£51.13
Learning Disability Specialist - Day	Day	£153.38
Learning Disability Specialist - Half Day	Session	£76.70
Older People - Day	Day	£37.20
Older People - Half Day	Session	£18.62
Physical Disability - Day	Day	£44.40
Physical Disability - Half Day	Session	£22.21
Older People with Mental Health Needs - Day	Day	£43.96

8. In House Homecare Rates

- 8.1 These are the charges applied to services provided by Kent Enablement at Home (KeaH) after the initial period of enablement ends, in instances where external provision of homecare has not been obtained.

This rate will increase in line with the average Kent Pay Award figure as at April 2023, of 6.76%. The rates for 2023-24 are as follows:

Care Item	Revised Unit Charge
Social (1/2 hour)	£9.49
Social (3/4 hour)	£12.66
Social (1 hour)	£16.43
Unsocial (1/2 hour)	£10.76
Unsocial (3/4 hour)	£14.23
Unsocial (1 hour)	£18.21

9. Fees Charged for Managing Client Financial Affairs via a Deputyship Arrangement

- 9.1 These are fees charged by KCC to clients whose finance they manage. The Court of Protection permits Corporate Deputies to charge a range of fees. The following are the fees currently charged by the Authority:

One Off Fees

Initial Fee – for clients with between £3k and £16k - 3.5% of net assets

Initial Fee – for clients with more than £16k - £745

Annual Fees

1st Year Anniversary -

For clients with between £3k and £16k - 3.5% of net assets

For clients with more than £16k - £775

Completion of a report for clients with more than £3k - £216

2nd Year Anniversary and thereafter -

For clients with between £3k and £16k - 3.5% of net assets

For clients with more than £16k - £650

Completion of a report for clients with more than £3k - £216

Kent currently charges the maximum that the Court of Protection allows Authorities to charge. These fees are reviewed by the Ministry of Justice and can be changed and published at anytime during the year.

10. Meals Charges/Other Snacks - Local Authority (LA) Day Centres

10.1 There are two meal charges: (i) meals (ii) meals and other snacks.

The rate will be uplifted in line with CPI as at September 2022 which is 10.1%. The rates for 2023-24 are as follows:

Meal Charge	£4.81
Meals and other Snacks	£5.81

10.2 For refreshments a flat rate charge of £1 is to be applied.

11 Voluntary Drivers/Escort Mileage Rates

11.1 The current rate is usually reviewed in line with the Chancellor of the Exchequer's annual budget announcement. This rate is currently set at 45p per mile.

12 Other Local Authority Charges for Review and Assessment of Adult Services

12.1 Historically there was an Inter Authority Protocol in place in relation to Inter Authority charges. This hourly charge only applied to those local authorities who are signatories to the protocol.

This rate will increase in line with the average Kent Pay Award figure as at April 2023, of 6.76%.

The hourly rate will be £85.43

13. Home Support Fund

13.1 In some instances (where extreme hardship can be evidenced) extra financial help is available from Kent County Council to top-up the help provided via Disabled Facilities Grants (administered by the District Councils). The DFG is currently subject to a means test. The loan from KCC is interest free but liable to be repaid in full, over a five-year period.

13.2 There is no change to these arrangements for 2023-24.

14. Recommendation

14.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the revised rates payable and charges levied for adult social care services in 2023-24, which were agreed as part of the administration's budget presented to County Council on 9 February 2023.

15. Background Documents

None

16 Report Author

Michelle Goldsmith
Finance Business Partner Adult Social Care and Health
03000 416519
Michelle.Goldsmith@kent.gov.uk

Relevant Director

Richard Smith
Corporate Director Adult Social Care and Health
03000 416838
Richard.Smith3@kent.gov.uk

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APPENDIX 1: Adult Social Care Rates Payable and Charges Levied

	2022-23 Published Rates & Charges £	2023-24 Revised Rates & Charges £	Basis of Increase
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Client Contributions for Residential Care

For those clients with the ability to meet the full cost of a placement in the County Council's own provision, the maximum contributions are as follows:

<u>Older People - Maximum</u>	per week	537.96	574.33	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
<u>People with Learning Difficulties - Maximum</u>	per week	733.35	782.92	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.

Deferred Payments

Information regarding the Deferred Payment scheme can be found on the Kent.gov.uk site: Deferred Payments for Care and Support

Initial Fee	350.40	385.79	Based on CPI rate as at Sept. 2022 of 10.1%
Annual Fee	226.50	249.38	Based on CPI rate as at Sept. 2022 of 10.1%

Clients with existing Deferred Payment agreements in place before April 2020 are to be transitioned to the new annual fee at £10 per year.

Transitional Annual Fee	99.54	109.54	
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Administration Fee for Self-Funders - Non Residential Care

The charge by KCC includes the following, cost of raising an invoice, cost of paying a provider invoice and the cost of negotiating and arranging a care package.

Annual Fee	119.51	127.59	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Weekly	2.29	2.44	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.

Better Homes Active Lives (PFI) Schemes

This is the cost of the 24-hour emergency cover available (for example if a person falls).

<u>Older People</u>	per week	16.75	18.44	Based on CPI rate as at Sept. 2022 of 10.1%
<u>People with Learning Difficulties</u>	per week	50.22	55.29	Based on CPI rate as at Sept. 2022 of 10.1%

Blue Badges

per application	10.00	10.00	No change to Rate for 21-22
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In House Day Care

Learning Disability Standard - Day	per day	42.54	45.42	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Learning Disability Standard - Half Day	per session	21.26	22.70	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Learning Disability Enhanced - Day	per day	95.78	102.25	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Learning Disability Enhanced - Half Day	per session	47.89	51.13	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Learning Disability Specialist - Day	per day	143.67	153.38	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Learning Disability Specialist - Half Day	per session	71.84	76.70	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Older people - Day centre	per day	34.84	37.20	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Older people - Day centre half day	per session	17.44	18.62	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Physical disability - day centre	per day	41.59	44.40	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Physical disability - day centre half day	per session	20.80	22.21	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Older people with mental health needs - day centre	per day	41.18	43.96	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.

Homecare notional costs

Social	1/2 hour	8.89	9.49	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Social	3/4 hour	11.86	12.66	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Social	1 hour	15.39	16.43	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Unsocial	1/2 hour	10.08	10.76	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Unsocial	3/4 hour	13.33	14.23	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
Unsocial	1 hour	17.06	18.21	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.

Meals Charges/Other Snacks - Local Authority Day Centres

Meal Charge	per meal	4.37	4.81	Based on CPI rate as at Sept. 2022 of 10.1%
Meals and Other Snacks	per meal	5.37	5.81	Same as hot meal + £1 for snacks
Refreshment	flat rate	1.00	1.00	No Change

Voluntary Drivers/Escorts Mileage Rate

per mile	0.45	0.45	Based on the Chancellor of Exchequer budget strategy
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Other Local Authority Charges for Review and Assessment of Adult Services

Hourly Rate	80.02	85.43	Based on the average Kent Pay Award, agreed at County Council on 9 February 2023, of 6.76%.
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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 – 15 March 2023

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

Classification: Unrestricted

FOR INFORMATION ONLY

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

Recommendation: The Cabinet Committee is asked to note that the following decision has been taken in accordance with the process in Part 2 paragraph 12.36 of the Constitution:

23/00029 Fee Uplifts for Adult Social Care Providers for 2023/2024

1. Introduction

- 1.1 In accordance with the council's governance arrangements, all significant or Key Decisions must be listed in the Forward Plan of Key Decisions and should be submitted to the relevant Cabinet Committee for endorsement or recommendation prior to the decision being taken by the Cabinet Member or Cabinet.
- 1.2 For the reason set out below it has not been possible for this decision to be discussed by the Cabinet Committee prior to being taken by the Cabinet Member. Therefore, in accordance with process set out in Part 2 paragraph 12.36 of the Constitution, the following decision has been taken and published to all Members of this Cabinet Committee and the Scrutiny Committee.

2. Decision 23/00029 Fee Uplifts for Adult Social Care Providers for 2023/2024

- 2.1 In previous years, practice has been to increase provider fees across services at a standard, blanket, percentage rate, in accordance with stipulations in the contracts, either relating to average changes in the CPI (Consumer Price Index) or other review clauses. Constraints in available funding coupled with both the cost-of-living crisis and recent increasing inflationary pressures have had a material impact on the profitability and, in some cases, the viability of care providers in the light of current fees paid by local authorities.

- 2.2 The proposed allocations are those which are affordable in the Council's recently agreed budget.
- 2.3 Due to various market pressures facing the sector it is proposed that the percentage fee increase paid to framework providers, varies according to the service provision, in line with the budget availability and the Adult Social Care Making a Difference Every Day approach. Leads from Commissioning and Finance have scoped the impact of each service, applying the percentage award to fees based on market sustainability factors.
- 2.4 The Homecare sector has the greatest current issues with supply and cost control owing to market pressures specific to it. This has led to an increasing reliance on non-contractual spend, with 45% of homecare packages purchased off contract in January 2023 compared to 18% at the beginning of the 2021/22 financial year.
- 2.5 Conversely, failing to increase fees for framework providers sufficiently leads to a reduction in framework capacity and supply, an increasing reliance on non-framework provision, and significantly increased costs. To a lesser extent, there have been similar impacts on the Older Person's residential and nursing care market. It is therefore proposed to apply differing standard percentage rates to different services to ensure markets are managed appropriately.
- 2.6 The fee uplifts need to be finalised by 3 March 2023 to enable them to be applied to the Council's Adult Social Care system in time for providers to be able to submit invoices for the revised rates from April 2023.
- 2.7 The decision could not reasonably be deferred to the Adult Social Care Cabinet Committee which is on 15 March 2023.

3. Recommendation

3.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** that the following decision has been taken in accordance with process set out in Part 2 paragraph 12.36 of the Constitution:

23/00029 Fee Uplifts for Adult Social Care Providers for 2023/2024

4. Background documents

[23/00029 - Fee Uplifts for Adult Social Care Providers for 2023/2024](https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2687)
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2687>

5. Report Author

Lesley Standing
Directorate Governance Officer
03000 416720
Lesley.standing@kent.gov.uk

From: Ben Watts, General Counsel
To: Adult Social Care Cabinet Committee – 15 March 2023
Subject: **Work Programme 2023**

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 2023.

- 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 2023**
 - 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.

5. **Recommendation:** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **NOTE** its work programme for 2023.

6. Background Documents

None.

7. Contact details

Report Author:
Dominic Westhoff
Democratic Services Officer
03000 412188
dominic.westhoff@kent.gov.uk

Lead Officer:
Ben Watts
General Counsel
03000 416814
benjamin.watts@kent.gov.uk

**ADULT SOCIAL CARE CABINET COMMITTEE
WORK PROGRAMME 2023/24**

Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2022/23	Standing Item
Key Decision Items	
Performance Dashboard	May 23, Sep 23, Nov 23, Mar 24, May 24
Draft Revenue and Capital Budget and MTFP	Annually (January)
Risk Management: Adult Social Care	Annually (March)
Annual Complaints Report	Annually (November)

17 MAY 2023 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Performance Dashboard	
7	Adult Social Care Pressures Plan	
8	Technology Enabled Care Service – Contract Award	Key Decision (added 1/3/23)
9	Work Programme	Standing Item

6 JULY 2023 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Work Programme	Standing Item

13 SEPTEMBER 2023 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item

5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Work Programme	Standing Item
15 NOVEMBER 2023 at 2pm		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Annual Complaints Report	
7	Work Programme	Standing Item
18 JANUARY 2024 at 2pm		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Draft Revenue and Capital Budget and MTFP	
7	Work Programme	Standing Item
13 MARCH 2024 at 2pm		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Risk Management: Adult Social Care	
7	Work Programme	Standing Item
15 MAY 2024 at 2pm		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Work Programme	Standing Item

3 JULY 2024 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Work Programme	Standing Item

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

Down Syndrome Act 2022	Suggested by Mr Ross (ASC CC 1/12/21)
Adult Social Care Workforce and Recruitment/Careers Pathways	Suggested by Mr Streatfeild at ASC CC 18/01/22, discussed at ASC Agenda Setting 18/05/22
Bespoke Support Service – Service Update	Suggested by Mr Streatfeild at ASC CC 18/5/22 – mid 2023
Kent Enablement at Home - presentation on work being done	Suggested by Mr Meade at ASC CC 18/5/22
External Community Opportunities for People with Learning and Physical Disabilities Update - positive impacts of the service on users	Suggested at ASC CC 31/3/22
Social Prescribing – Evaluation and Progress	Suggested by Mrs Hamilton at ASC CC 13/7/22
Dementia Strategy	Deferred from November agenda
DOLS (transition of service)	Approx. September 2023
Transition from SEND – inc. cost implications, joint ASC/Integrated Care Partnership Paper	March 2023 (Mr Streatfeild 17/11/22)

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